

January 26, 2012

To: Committee on Children and Families  
Re: Kansas Dental Project  
From: Suzanne Wikle, Kansas Action for Children

Kansas Action for Children thanks you for the opportunity to present to the Children and Families Committee regarding our work on the Kansas Dental Project.

The Kansas Dental Project is a collaborative effort of three non-profit organizations: Kansas Action for Children, Kansas Association for the Medically Underserved and Kansas Health Consumer Coalition. Our three organizations joined together because access to timely and affordable dental care is a top concern for the constituencies we represent and advocate on behalf of. Collectively, we are proposing the implementation of a mid-level dental provider, a Registered Dental Practitioner (RDP), as a means to address the dental workforce shortage in Kansas, particularly in rural and underserved areas of Kansas.

Dental care remains the number one unmet health need of children. In fact dental decay is the most prominent childhood illness and across the country is the cause of one million missed days of school each year. The facts are reflected in stories we have heard all across the state – children, particularly those on HealthWave, are struggling to find access to dental care.

The proposal brought forth by the Kansas Dental Project during the 2011 Legislative Session was the result of more than a year of research and planning, including the input of key stakeholders and citizens across Kansas. The model we brought forth in SB 192 and HB 2280 is a mid-level provider that builds on the education and training of dental hygienists. When completed with their education, Registered Dental Practitioners will have completed three to four years of training. Additionally, they must pass a clinical examination prior to licensure, ensuring their ability to provide safe, high-quality care.

A key provision of our proposal is that Registered Dental Practitioners will work under the supervision of dentists. They will not practice independently, but rather be part of the current dental team, working under the supervision and guidance of a dentist. The proposal defines two types of supervision under which RDPs can work: direct and general. Direct supervision means working in the dental office. General supervision would allow the RDP to work in community settings, much like extended care permit hygienists already do. Under general supervision, the supervising dentist and RDP would have a written supervision agreement, in which the dentist would detail exactly what elements from the



*Shaping policy that puts children first*

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RDP's scope of practice could be performed in a community setting. It's the use of general supervision that will bring dental care to people in their communities –

to children in school or after-school settings, to seniors in nursing homes, and to small towns whose residents currently have to travel far distances to access basic and routine dental care.

The scope of practice outlined in the proposal was developed by oral health care professionals – by dentists and hygienists in Kansas and across the country. The goal of the scope of practice is for RDPs to be able to provide treatment. By doing so, patients will have a shorter wait time for care and dentists will be able to focus their time on the most complex procedures.

In our effort to meet our goal of increasing access to care in underserved communities, we have proposed limiting the practice areas of Registered Dental Practitioners to those that have been federally designated as a workforce shortage area, safety-net clinics, nursing homes, head start locations, and hygienists' extended care permit locations.

Lastly, I want to touch on the subject of quality and safety. Dental mid-level providers have been practicing in numerous countries for decades, and are currently working in Minnesota and Alaska. There is a long list of studies proving that mid-levels provider quality and safe care. Notably, there is not one study that suggests they don't. We have presented a proposal that begins to eliminate the disparity that currently exists between those who are able to access dental care and the Kansans that must go without this critical care.

The Kansas Dental Project strongly believes that we have brought forth a proposal that will increase access to safe and quality dental care, while at the same time putting Kansas on the map in terms of cost-effective health care. We have the opportunity to do something that improves the lives of the most vulnerable citizens in Kansas while creating jobs in our rural communities. Kansas has a long history of leading the way, and the Kansas Dental Project asks you to continue this tradition by supporting our proposal to implement Registered Dental Practitioners.

Status of the Legislation: SB 192 is currently in Public Health and Welfare. HB 2280 is currently in Health and Human Services. Both bills received hearings during the 2011 Session and were supported by dentists, Kansas Dental Hygienists' Association, safety-net clinics, and multiple advocacy organizations.