

Date: February 8, 2012

To: House Committee on Health and Human Services

From: Dr. David Hamel, DDS

**RE: Support of HB 2631**

Chairperson Landwehr and Members of House Health and Service Committee

I am Dr. David Hamel a dentist in general practice in Marysville, KS. And I speak in favor of HB 2631.

These are initiatives presented by the KDA. They represent a multifaceted approach to provide dental care for Kansans no matter where on the spectrum of prosperity or geography they reside. These initiatives achieve both new opportunities for prevention, palliative care and treatment of dental disease.

For our at risk population we first want to provide more opportunities for them to break a cycle that many times exists in low income populations with regards to dental health. We know that literacy is important for the caregivers responsible for children in this population.

*•Lower Caregiver literacy was associated with deleterious oral health behaviors, including nighttime bottle use and no daily brushing/cleaning. Caregiver literacy has a multidimensional impact on reported oral health outcomes in infants and young children.  
Journal of Dental Research Oct 2010*

All children begin with health and life long habits are learned at the toddler age.



**Our first goal is to help preserve the oral health we are all blessed with during the formative ages of 2 to 4. Extended Care permits III for dental hygienists will provide additional PREVENTION access needed and even Palliative access when required for any age including long-term care residents.**

By focusing upon prevention and literacy we create opportunities, through an ECP III initiative, for children and their caregivers to receive preventive care and education in facilities other than a dental office, such as Headstart facilities. This initiative will also develop opportunities for people of all ages, including nursing home residents to receive triage care and facilitate any needed dental surgical care directly with a dentist.

However, what about caring for the adults that haven't made positive choices about their diet and oral health and now they need care? Zero, Philstrom, Armitage, Selwitz research resources.

This is an example of persons who are part of the large population that no matter what their economics, they seek only episodic care.



For this group that wants episodic, or even if they wish regular dental care and cost is a restriction for them, one part of our initiative will make that easier.

A couple of years ago, a sample survey of our members showed interesting possibilities for non traditional ways to provide dental care for our at risk / low income population. Of course being non traditional also means that at this time they are not included in existing programs. However the KDA initiated a pilot project to test it.

The concept is to provide days of access or charity days.

**We found that this non-traditional avenue could provide 2 possible applications.**

1. As a completely volunteer funded in office charity care event.
2. As a funded program for at risk population using Medicaid/program funding and providing opportunities for significant savings in those programs.

Our Bill HB 2631 addresses only the 100% charity access days of care.

We want to encourage dentists to participate in efforts to provide charity care to our most needy population and ask your help.

The charitable healthcare provider act now provides exemption from liability to dentists providing charitable care (100% gratis) while participating in events like KMOM (Kansas Mission Of Mercy) and community health clinics. It has been unclear whether individual events are included in that bill.

We are asking the state to clarify and extend the exemption of liability to include dentists that are participating in local and in office charity events to promote this

non-traditional approach to care through the charity projects within individual offices

All the initiatives from the KDA will help provide a foundation from which Kansas residents can receive dental care and more importantly provide opportunities for IMPROVED ORAL HEALTH without building a larger publicly funded system.

I ask that you support this bill presented by the KDA.

Thank-you,

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