

Date: February 12, 2019

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE
Executive Director

RE: Opposition to HB 2146 – Written

Chairman Landwehr and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing the state's 1,571 licensed dentists. Thanks for the opportunity to discuss with you the Kansas Dental Associations' thoughts on HB 2146.

As a philosophy the KDA supports healthcare providers licensed and practicing in Kansas owning medical practices. This promotes the public welfare and best ensures that the line of responsibility from the healthcare provider to the patient is not broken. As such, the **KDA is opposed to HB 2146**. Though dental practices are not specifically included in HB 2146, dentistry has long witnessed that other healthcare models - regardless of how poor or ill-conceived - often follow the path first taken by medicine. As written, HB 2146 is quite broad in its scope and the KDA would ask, at the very least, HB 2146 be more narrowly tailored so that it does not allow ALL business entities to own medical practices.

Current state law for dental practices require the practice to be owned by a dentist(s) licensed and practicing in Kansas, however, dentists may enter into an agreement with an incorporated dental service organization (DSO) franchisor for the purpose of providing management, equipment, etc. necessary for the practice of dentistry. As such, the DSO franchisor cannot own the dental practice or interfere with the professional judgment of the dentist.

In addition, though I'm not aware of any company that employs an on-site dentist to treat that company's employees, KSA 65-1425 allows them to do so as a corporate practice exception as follows, *"any corporation which provides dental service for its employees at no profit to the corporation."*

The relationship of confidence between healthcare provider and patients is essential to patient welfare and treatment success. The best interest of the patient should not be compromised as a result of a relationship or arrangement by a healthcare provider working for an out of state corporation.

Decisions regarding the finances and profitability can create external pressures from owners on employee healthcare providers that affect patient care. Such decisions should be made only by healthcare providers, licensed by the state of Kansas. The KDA fears that healthcare provider's professional responsibilities may be undermined if a provider is answerable to a corporate board of directors or lay managers. Some organizations may encourage under-treatment of patients in order to maximize the "bottom line," while others may encourage over-treatment with more expensive, marginally necessary procedures. Though I'm sure potential owners would argue that they would never interfere with the clinical judgment of a healthcare provider, the promise of bonuses, ownership and advancement to a healthcare provider can be as harmful to patient care decisions as edicts and quotas.

Current law is very specific about the oversight for healthcare professions which delivered by specific state licensing boards that have the ability to suspend, restrict, revoke and otherwise discipline healthcare providers who abuse their privilege of professional licensure. It is essential that the Board of Healing arts have this same authority and power over a business entity that receives complaints, violates the law, etc.

Thank you for the opportunity to share the KDA's comments with you today.