

# John T. Fales, Jr. D.D.S., M.S.

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To: House Committee on Health and Human Services

From: John T. Fales, Jr., D.D.S., M.S.

RE: Support to SB 312 – Dental Therapist Compromise Bill

Chairman Hawkins and members of the committee, I am John Fales and I am a pediatric dentist with a practice in Olathe, Kansas. I am currently the Immediate Past President of the Kansas Dental Association and the President of the Kansas Association of Pediatric Dentists and I am here representing those organizations and myself. I have practiced dentistry in Kansas since 1982 and have specialized in pediatric dentistry since 1989. I have been an active Medicaid provider since 1982 and I am here today because I am supporting Senate Bill 312.

I have testified before this committee regarding previous legislation that has been proposed to create a dental therapist in Kansas. I have been steadfastly opposed to the creation of a dental therapist. SB 312, for the first time in 8 years is legislation that I believe effectively addresses many of my major concerns. First and foremost, has been safety.

As a pediatric dentist, I am an advocate for my child and special healthcare need patients. As such, I believe that previous proposed legislation was not adequately protecting patients. Previous bills would have allowed many very difficult procedures be performed by individuals with less than adequate training in settings with no on-site supervision by a Kansas licensed dentist. This is referred to as "General Supervision." I could easily envision a situation where a dental therapist in Sharon Springs, for example, supervised by a dentist in Lansing, treating a small child with a massive number of decayed teeth and gets into a difficult to restore tooth where the solution is beyond the abilities of the dental therapist. What then? With no dentist in the facility, the child is now in a worse situation then when mom brought her to the dental therapist.

Primary molar teeth, in a four-year-old, that are abscessed and need to be extracted can be rather difficult to remove with roots that sometimes are wider by 2 times than the crown portion visible in the mouth. Many times, these teeth need to be removed in a fashion very similar to a wisdom tooth extraction. Previous dental therapy bills would have allowed a dental therapist to attempt such extractions. Permanent tooth extractions which can also prove to be very difficult would also have been allowed.

Previous dental therapy bills would have allowed almost unlimited restorations of primary and permanent teeth in a "General Supervision" environment. Restorative dental care, surgical dental care and the diagnosis of oral and dental disease conditions are parts of dental care that make it a complex science. The training and experience that a licensed dentist brings to the table in Kansas are invaluable to allowing for safe and effective care to be delivered to our patients.

SB 312 has found a compromise place where I can find comfort in knowing that patients are in a safe and well supervised environment. The requirement that allowed irreversible procedures are performed only under the "Direct Supervision" of a Kansas licensed dentist is key. I would like to take a few moments to illustrate some of the important facts about procedures that would be allowed with "Direct Supervision."

Only primary teeth with a majority of tooth root resorbed will be allowed to be extracted by a dental therapist. To help understand this qualification, I would like you to think of a small tree with roots spread out under the ground. Removing the tree from the ground would be near impossible. If half of the root system or more was rotted away, the tree would be much easier to remove and cause less damage to it's surroundings.

Restorations that may be directly fabricated in the mouth would be allowed to be prepared and placed. The preparation of the tooth is an irreversible procedure and the need for "Direct Supervision" is necessary. These situations would be diagnosed, and treatment planned, by the supervising dentist with patient safety in mind so as to prevent the dental therapist from finding themselves in a situation they are unable to manage.

SB 312 is designed to maximize patient safety while at the same time increasing access to much needed dental care. Kansas has several problems that lead to access to care limitations. Lack of dollars to adequately fund Medicaid reimbursements to dental providers is one problem. This directly leads to a limited number of dentists willingly to see Medicaid covered patients. A dental therapist would potentially allow a dentist to be more efficient just as currently happens in dental practices where dental assistants and dental hygienists help the dentist be more efficient.

This legislation would allow a Medicaid participating dentist to employ and supervise up to three dental therapists. Previous bills would have allowed an unlimited number of dental therapists to be supervised by a dentist. I believe this improves safety for the patient because the dentist will be able to focus more effectively on the care being provided to his patients.

As an example, as I mentioned previously, I am a Medicaid provider. Although my practice is in Johnson County, let's think of a scenario where my practice was in Garden City. I would be able to employ and supervise up to three dental therapists. I envision that I would utilize their skills in this way. A patient would come to my office as a new patient and I would see the patient as I do now and perform a thorough clinical exam with necessary radiographs and other necessary diagnostic information. After developing a treatment plan to repair and restore existing dental issues, I would decide which procedures one of the dental therapists would be able to perform. The patient would be appointed for appropriate appointments and upon their return at a future date, the dental therapist would do the prescribed care permissible under the dental practice act. I would check the care at the conclusion of the visit prior to the patient being dismissed from the appointment. Please understand that I would not be checking multiple steps along the way. I would diagnose and treatment plan as one event. I would check the work as a second event.

This is exactly how I directly supervise a dental hygienist in my office today. There are no provisions in this bill that require a dentist to have many interactions with the patient being cared for by a dental therapist. "Direct Supervision" in this bill has the same definition that it does in the dental hygiene sections of the current Dental Practice Act.

The KDA KIND scholarship program, which is privately funded, has been successfully locating dentists in areas of Kansas that are designated need areas for the past several years. Currently, these dentists are increasing access to dental care in places that previously were underserved. With the utilization of a dental therapist created by SB 312, even more patients would receive care in these offices.

Previous dental therapist bills were designed to create two tiers of dental care for the people of Kansas. Those less fortunate and recipients of Medicaid assistance were the individuals that the dental therapist would treat. Those with private insurance and financial resources would be seen by a dentist. SB 312 is not designed that way. The intention is to have trained qualified dental therapists working under the "Direct Supervision" of a Kansas licensed dentist provide care for all patients with dental needs that are specified in this bill. There will be no tiers of care because no one deserves lesser care than another.

I would like to thank Chairman Hawkins and the members of this committee for working with us to create a solution that will work for Kansas to increase access to care while protecting the safety of our citizens. While I am not completely happy with the final version of this bill, I believe that it represents an excellent compromise. With that, I am optimistic that good change is on the horizon and we can make a meaningful step forward to improve dental care access for all Kansans.

Thank you for your time and allowing me the opportunity to share my thoughts with you today. I am happy to answer questions when it is appropriate.