

Mark Troilo
Written opposition to Senate Bill 312

It has come to my attention that you have been pushing hard for a mid-level provider in the state of Kansas, and it has really struck a nerve in me to the point that I had to speak up about it.

I can see no benefit to the public for this, allowing people to operate on the public with so little education. I understand that one of their arguments for being able to do this is the Dental Practice Act creates unnecessary regulation and limits free market “economic freedom” of individuals wishing to provide dental care. Think about that seriously for a second - don’t eliminate my ability to provide glasses to the public, or fly an airplane, or practice law, for example, because I want to do it and I shouldn’t have my freedom limited to earn a living doing that by any laws.

Secondly, there is the point to be made about the amount of talent this takes. I’ve been in private practice for almost 40 years. Extractions are not always simple - what do you do when the tooth breaks off and surgery is required to remove it? Most general dentists don’t even do this procedure, because they don’t feel adequately trained to do so.

When you talk about this compromise bill to allow them to remove non-ankylosed primary teeth, you think this is a simple thing. Because you have no idea about extracting teeth, and neither do those wanting to do it, you think it is always easy, because you watch us docs with experience do it. It takes a long time to learn what’s ankylosed and what’s not. What happens when they break off the roots between two permanent tooth buds and they need to get them out without damaging the permanent teeth, even when the teeth are not ankylosed? What do they do when they remove a primary molar and they damage the permanent tooth under it, or worse yet, take it out by accident because it’s pinned between the roots of the primary tooth.

A filling is a surgical procedure that is irreversible. A tooth is a living thing, with nerves and blood vessels in it. What does that provider do when the decay is much larger than expected - which happens a lot? Do you realize that placing a composite filling is one of the hardest things to do well in all of dentistry, and yet your opinion is that this is no big deal. This is unfortunately an opinion formed by you without the proper knowledge of the true difficulty in doing these procedures.

This is one of the worst things to come down the pike I’ve seen in a long time. Have we become so enamored with mediocrity in this society today, that we even legislate it on the public in the health care arena. I ask you - would you want one of these people doing dentistry on you. If you can **HONESTLY** say yes to that, then vote for it. My guess is that that’s not your answer. The fact of the matter, when I’ve confronted legislators in the past (and I have talked to a lot of them over the years about this) about them sitting in one of these people’s chairs, they told me things like “fortunately, they don’t have to”. What kind of answer is that!!!

Does the public that is disadvantaged financially have to receive the type of care they are going to receive from a mid-level provider? Do they not deserve the same as the rest of us - and they can and do receive treatment from many sources for nothing or at a very reduced rate. Most of my colleagues work hard to do their fair share of treatment on this group of people every year. I really am amazed at how little credit politicians give dentists and physicians for all the work they do for free and reduced rates – **without have to be legislated into doing it!!!**

I am so disappointed for all these young professionals that have spent 8 years of their lives and hundreds of thousands of dollars to learn their craft, and now someone comes in with a couple years of training to do the same thing. It's really sad. Please do not allow this to happen in our state - the public deserves better! Thank you so much for taking the time to read this and give it strong consideration.