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House Bill 2139
House and Human Services Committee

Chairman Hawkins and Member of the Committee:

I am a dental hygienist with over 32 years clinical experience in private practice and public health. I have been a dental hygiene educator for 26 years and a dental hygiene program site visitor with the American Dental Association, Commission on Dental Accreditation (CODA) for 8 years. I wish to thank you for this opportunity to submit my testimony in support of House Bill 2139.

Trained dental therapists have the ability to reduce the barriers to oral health care in the state of Kansas. Similar to other states, Kansas dental provider shortages and maldistribution of dental providers continue to impact the declining health of underserved and uninsured populations. Utilizing licensed dental therapists in a collaborative workforce model with other licensed dental providers (hygienist and dentist) has the ability to significantly reduce the barriers to care in Kansas Communities. Federally Qualified Health Centers (FQHC), and Medicaid accepting dentists could employ licensed dental therapists to provide dental services within the scope of the dental therapy practice act while allowing dentists the opportunity to treat more complicated oral procedures, and reduce overhead costs of service.

Curriculum requirements in dental therapy **expands on the existing curriculum of dental hygiene** which includes: coursework in head and neck anatomy, general anatomy and physiology, microbiology, immunology, general pathology, nutrition, pharmacology, dental science (cariology, pain management, dental materials, periodontology, dental public health, oral pathology, oral histology, radiography, tooth morphology), written communication, social/psychological sciences, and over 1000 clinic hours of patient care. Curricula in dental hygiene, dental therapy and other dental specialties are accredited by a national accreditation agency, ADA, *Commission on Dental Accreditation*.

Access to, and utilization of dental therapists in the state of Kansas will reduce the burden of acquiring timely oral care. Currently, many patients seeking treatment in our JCCC clinics report **no option to obtain restorative care** or report long wait lists of several months in FQHC clinics before treatment can commence. Over the last 9 years JCCC mobile clinic has been providing dental hygiene services at our county service agency JCDS, to consumers with intellectual and physical disabilities. Not specific to the county service center in Johnson County, special needs populations in Kansas suffer from lack of dentist providers available to provide secondary preventive restorative procedures.

This is not a battle of superiority. This is an opportunity to advance the health of Kansans, and increase job opportunities for well-trained licensed hygienists. I urge you to look at the potential reduction in disease that can be accomplished with well-trained dental therapy providers. Dentists serving Medicaid patients have the opportunity to expand their practice by employing a licensed dental therapist, which would provide a greater source of revenue with less provider expense. We have all experienced wellness from medical mid- level providers (nurse practitioner and physician assistant) in our lifetimes. In the changing landscape of medical and dental care, it's time to expand the scope of practice in dental occupations to meet the health needs of Kansas.

Thank you Chairman Hawkins and members of the committee for the opportunity to testify.
Respectfully,
Heather S Flick RDH, MS, MPH

