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House Bill 2139 House Health and Human Services Committee

Chairman Hawkins and Members of the Committee:

My name is Melinda Miner DDS. I own a private dental practice in Hays, Kansas that employs 12 people. Until Jan 1, 2017 we served a clientele that included over 3000 children enrolled in Kan Care along with 4000 other patients. I had accepted Medicaid (Kan Care) patients since moving to Hays in August of 2000; we were the only providers for the first 9 years. There had not been a Dentist in our town that would take it since 1997. Seventeen years later I was forced to make a difficult decision. I decided to cease being a provider for Kan Care. This was not an easy decision but was necessary to keep my practice from going bankrupt. You see, the reimbursement from Kan Care was cut another 4% and we were already struggling to afford to see these kids. That blow from the state forced me and many others out of the Kan Care network. I personally know of 5 Dentists that left the Network in the past 6 months. Had I been able to hire a Dental Therapist 6-7 years ago I would currently have lower overhead and would be able to stay in the program. My Therapist could handle the bulk of the Kan Care patients while I focus on procedures that pay the bills better. It would be a win for my practice and a win for the 3000 kids that now do not have a Dentist.

There are few Dentists that enjoy treating children and even fewer that will accept 35% of their fees as payment. We now have 1 temporary Dentist in Hays at our FQHC that will accept Kan Care. FQHCs get paid different but they still struggle financially even with their grants. Our community of Western Kansas has only about 35 Dentists in the Kan Care network in the whole half of the state. Many of these Dentists will not take on any new patients. There simply are not enough Dentists that can afford to lose money by taking these kids into their practice. The problem is not getting better and there have been no real solutions. A new Dentist out of school is never going to decide to provide for Kan Care in a private practice setting because getting paid 35% of our fees does not keep the office open. It's economics. There are not enough Dentists in the state for all the people and so why fill your office with Kan Care when you can have patients that pay you in full? House Bill 2139 establishing a Dental Therapist is ideal for a practice that wants to take Kan Care but not go bankrupt.

The main argument I keep hearing against the Therapist is a fear of public safety. That a therapist will hurt the public is silly. Therapists work in Alaska in remote villages and have not had a single complaint or bad outcome! They are doing the easy part of Dentistry. We all know that no profession wants to think that someone else could do their job. I believe its not fear for the public but fear for the Dentists. Therapists would have supervision and most would work with a Dentist in the building. It would be up to the Dentist to decide what their Therapist can or can't do. Any Dentist that would agree to supervise, and then fail that Therapist by not ensuring quality, would have to face the dental board when the outcome is not good. Just as any other employee there is a responsibility to assure quality in what they do for us. As long as the Therapist is held to the same standard of care, the same clinical board exam, the same continuing education requirements, and they are supported by their supervising Dentists, there is no need to worry about their competence. If they were to take the exact dental board as the Dentists from UMKC and were to pass would we not agree that they are competent to practice? I would ensure quality from my therapist; they will be treating my patients.

The reality is that providers for a lot of the low-income children of Western Kansas are the ones that would utilize this model and our patients would benefit from it greatly. I support House Bill 2139. The employing Dentist would be responsible for the outcomes in our own offices and we would assure the same quality we give currently. I ask the Dentists in opposition: why are you opposed to something that would help me to serve low-income patients when you are not willing or able to do so? Do you oppose your Hygienists and Assistants? Please understand that Dental Therapists would be beneficial to my community of Western Kansas. We desperately need some solution to the Kan Care network problem. Adding Dental Therapists is a solution that is tax dollar neutral and will make a huge difference for the citizens of Kansas. Every new Therapist would work under a dentist in the Kan Care network. Think how much that would help out the current network crisis.

Thank you for your time,



Melinda Miner DDS