



February 14, 2017

To: Representative Dan Hawkins, Chair
Members of the House Health and Human Services Committee

From: Brenda R. Sharpe, President and CEO
REACH Healthcare Foundation

Subject: House Bill 2139 – Licensure of Dental Therapists

Dear Members of the House Health and Human Services Committee, thank you for holding hearings on House Bill 2139 – Licensure of Dental Therapists – which lays out a path for a proactive, safe and cost-effective solution to the state’s oral health care shortage. As the president of a health philanthropy that focuses on access to health services, including oral health, I believe this bill offers a timely opportunity for Kansas to address longstanding barriers to oral health care.

Increasing access to oral health care for low-income children and medically underserved adults has been a priority of REACH since our establishment 13 years ago. The foundation has invested millions of dollars in programs to improve oral health, including school-based screenings, fluoride varnish treatments, prevention programs for pre-K students, a mobile dental unit and other initiatives. Still, thousands of low-income and uninsured Kansans go without care because there are not enough dentists to meet demand.

House Bill 2139 would establish dental therapists in Kansas, expanding the dental workforce and helping dentists grow their capacity to serve underserved populations. The REACH Foundation began looking at this model six years ago. Since that time, dental therapy has been studied and adopted in several states. In 2015, the Commission on Dental Accreditation (CODA) adopted accreditation standards for dental therapy education programs. CODA is nationally recognized by the U.S. Department of Education as the sole agency to accredit dental and dental-related education programs at the post-secondary level – including the training of our nation’s dentists.

Dental therapists are part of the dental team. They work with general supervision of the dentist to provide routine and preventive care. They can work in dental offices and in community settings, such as schools, Head Start centers, nursing homes and programs for individuals with disabilities, to expand the dentist’s practice and treat patients who otherwise face barriers to care.

I have visited with dentists and dental therapists in other states. In the past year, I traveled to Minnesota, which has had dental therapy in place for five years, to visit practices in Minneapolis and in rural Minnesota that are employing dental therapists. A dentist who leads one of those practices currently employs four dental therapists and has found these midlevel providers to be essential in serving vulnerable populations. In Minnesota, dental hygienists who pursued the additional training said dental therapy offered them a way to grow as professionals and help meet health needs in their communities. The dentists I spoke with said that these individuals had enhanced their practice, allowing their team to operate more efficiently. Our foundation has helped to bring a couple of these dentists to Kansas to talk with our dentists. They’ve spoken about the practice advantages, the safety and how dental therapists can complement their work.

As lawmakers you are faced with difficult decisions around how to direct the state's resources in ways that spur growth, attract workers and businesses, and produce economic vitality. The Kansas Legislature can establish dental therapists without spending valuable tax dollars. Dental therapy would enhance higher education programs, create new career pathways for dental hygienists throughout the state, and make it more cost-effective for dental practices and safety net clinics to serve medically underserved people.

As you are aware, the state's dental association has maintained that higher Medicaid reimbursement rates and building a dental school in Kansas are better solutions. Passing legislation to authorize licensed dental therapists is the more economical approach to expanding dental care than these other options.

I encourage you to give serious consideration to this common sense approach. The workforce model proposed in House Bill 2139 will address lawmakers' interest in improving health care for people while managing the state's costs. Oral health advocates, higher education institutions, dental hygienists, public health professionals and dentists who recognize the need and the opportunity stand ready to assist in the implementation of this provider model.

For REACH, we are committed to financially support curriculum development with Kansas higher education partners, and third-party evaluation efforts to assess the extent to which access to vulnerable populations is being achieved.

Thank you for the opportunity to provide written testimony today on House Bill 2139. On behalf of the REACH Foundation, I strongly encourage your support of this legislation.



Brenda R. Sharpe
President and CEO, REACH Healthcare Foundation