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Home and Community Based Services Oversight Committee October 11, 2011

Madam Chair and members of the Committee, thank you for the opportunity to testify about the registered dental practitioner model. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,200 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

We believe access to oral health is of utmost important for all Kansans, but we believe access is not just one thing. Oral health access is akin to a three-legged stool. The three legs are access to a provider, access to a payment source, and willingness to access services. A variety of approaches to all three types of access must be present in order for all people to have adequate access to oral health care. If a person has the willingness to access services and the means to pay for them, they still do not have access without a provider.

The introduction of the registered dental practitioner model provides Kansas with the opportunity to continue to build the provider access leg of the stool. The Kansas dental workforce is shrinking. A September 2011 workforce study released by the KDHE Bureau of Oral Health builds on a similar study released in 2009. The study proves what we previously knew through anecdotal evidence: access to primary care dentists is not equal for all Kansans. In particular, the study shows there are four "dental service area deserts" in the state, in which residents must drive more than a half an hour to reach a dental provider. The registered dental practitioner model offers a unique solution, because the practitioners would be able to work outside of the regular dental office, under a dentist's general supervision.

A survey released by the Kellogg Foundation on October 4, 2011, showed that thirty percent of Americans say they do not have a place to receive regular dental care near where they live. The Kansas workforce study shows this to be true right here at home.

Oral Health Kansas supports the model introduced in SB 192 and HB 2280 as a concrete intervention to address the workforce needs in the state. We also support the Extended Care Permit expansion as outlined in SB 132 as another way to expand access to a dental provider.

Interventions must occur to expand and strengthen a dental provider network that will meet the oral health needs of all Kansans in the coming years and decades. We welcome the proposals that have been made to do just that.

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