

Date: December 14, 2016

To: Special Committee on Organization of Public Health Boards

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony on Public Health Board

Chairman Hawkins and members of the Committee thank you for the opportunity to address you today, I am Kevin Robertson, Executive Director of the Kansas Dental Association (KDA) representing the 1,532 active licensed dentists practicing in Kansas. Today I am here to provide comments on a proposal to merge the administrative functions of the Kansas Dental Board under a single administrative entity.

Let me begin by saying that the Kansas Dental Association has an amicable relationship with the Kansas Dental Board and its administration as we work together to ensure Kansans receive safe quality dental care. As such, the KDA and Dental Board partner with two different programs: peer review and well being.

Often complaints regarding dental care do not rise to the level of poor standard of care. In these instances, a patient may be dissatisfied with the fit of a denture or the dental restoration did not work as expected. In these types of cases the KDA Peer Review Committee works to mediate the disagreement and work to a mutually satisfactory conclusion between the dentist and patient. This KDA program saves the Dental Board in staffing and financial resources as the KDA is usually able to settle these minor complaints without their involvement. As per our agreement with the Dental Board, three Peer Review complaints by patients regarding a single dentist over a period one year will trigger a Dental Board investigation. As the Dental Board refers patients to the KDA for Peer Review, the KDA also refers patients that contact us for Peer Review to the Dental Board to file a complaint regarding the dentist's standard of care which can lead to disciplinary action against the dentist including, remediation, suspension, fine and forfeiture of their dental license. In this way, the KDA and Dental Board filter complaints to the proper entity to see that the consumers' needs are met and quality dentistry is maintained.

The KDA also works with the Dental Board with dentists who are impaired via substance abuse or physical or mental disability. The KDA "Well Being Program" contracts with the Heart of America Professional Network to provide these services. Dentists are referred to this program by the Dental Board (compliant) or self-referral.

The real question today is whether the Kansas Dental Board is efficient in the delivery of their services to dental professionals and ultimately Kansas taxpayers. The KDA believes it is. As we heard last week from the Executive Director of the Dental Board, the Board has privatized both

the inspection and the legal services it requires. This privatization provides maximum flexibility for the Board and minimizes expenses. Dentists and dental offices with an active complaint are timely inspected and all dental offices are routinely inspected on a minimum three-year rotation for sterilization and other compliance.

As evidence of the Board's efficiency, the Dental Board has actually REDUCED the application, licensure and other fees it charges to dentists and dental hygienists in recent years.

Though the KDA understands that the Dental Board itself would remain intact under the A and M study, the KDA is concerned that staffing and financial resources that support the Dental Board could be redirected under a single administrative umbrella. The many functions of the Board of Healing Arts and the administrative complexities that are part of its staffing flow chart would pale compared to an entity with oversight of all the public health boards that the Special Committee heard from last week.

Economies of scale generally supports the rationale for exploring a single public health board administration, however, economic theory also recognizes that there is a point where economies of scale have limits and efficiencies decrease. I would suggest smaller Boards are more efficient, and create revenue for the state through the renting of state facilities and paying the 10% administration fee. Ultimately, NO SGF dollars directly support Kansas Dental Board as it derives all its revenue from fees provided by its licensees, namely dentists and dental hygienists.

Thank you for your consideration. I will be happy to answer any questions at this time.