Approved 3-11-85
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE.

The meeting was called to order by Senator Roy M. Ehrlich at
Chairperson

10:00 a.m./~~p.m.~~ on March 7, 1985 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Conferees appearing before the committee:
Elizabeth Taylor
Joseph R. Musser, DDS, FICD
Joye L. Howe, R.D.H.
Hugh H. Bruner, Jr., DDS
Barbara Haring
Donna Houser
Valerie D. Rush, R.D.H.
Pamela Gaudreau R.D.H., B.H.S.
Maginnis & Associates
Carl Schmitthenner, Kansas Dental Association
Donald M. Williams, DDS
Ann Koprivica, DDS
Harold Sheer, DDS
William Nice, M.D.,
A. W. Martin, DDS
Secretary Barbara Sabol, Department of Health & Environment

Others Attending: See attached list

Elizabeth Taylor presented written testimony in support of SB-275 from the following people as time did not permit them all to testify personally.

Joseph R. Musser, DDS, FICD	Attachment I
Joye L. Howe, R.D.H.	Attachment II
Hugh H. Bruner, Jr., DDS	Attachment III
Barbara Haring	Attachment IV
Donna Houser	Attachment V
Valerie D. Rush, R.D.H.	Attachment VI
Pamela Gaudreau, R.D.H., B.H.S.	Attachment VII
Maginnis & Associates	Attachment VIII

Carl Schmitthenner, Kansas Dental Association testified and presented written testimony opposing SB-275. Mr. Schmitthenner testified that the Kansas Dental Association was opposed to this bill on the basis that no benefit to the citizens of Kansas will result from the changes and in some cases the health care of Kansans would be adversely affected. Attachment IX

Donald M. Williams, D.D.S., testified and presented written testimony opposing SB-275. Dr. Williams testified that he feels the dentist should be the primary provider of dental health services. If general services of hygienists is allowed they in fact, become the primary provider when a dentist is not present. They alone would observe conditions in the patients' mouths, answer the patients' questions, make decisions and consult with or in consultation with the dentist, as they are able to judge to the best of their training and ability. He further stated that he did not believe they would have this ability as their training covers only a limited segment of the total field of dentistry. Attachment X

Ann Koprivica testified and presented written testimony in opposition to SB-275. Dr. Koprivica testified that since hygienists were not trained to diagnose pathology, it could result in fragmented treatment if the patient had to return and see the dentist for diagnosis and then treatment. Attachment XI

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 526-S, Statehouse, at 10:00 a.m./p.m. on March 7, 1985.

Harold Sheer, DDS from Wichita, testified and presented written testimony concerning SB-275. Dr. Sheer stated that there is a definite need for concern and action for dental care for the geriatric patient either in a care facility or even homebound. This group of senior citizen people generally represent the group with the most over all health problems and the care and supervision of these people should be done or overseen by the person with the most skill and knowledge. Attachment XII

William Nice, M.D., President of the American Nursing Home Association, presented written testimony. Dr. Nice stated that most residents are transportable and the most professionally qualified to provide dental care and treatment to this group of citizens medically is the dentist. Attachment XIII

Written testimony by A. W. Martin, DDS was presented. Dr. Martin was concerned that under "general" supervision, it would be possible for a patient to have their teeth cleaned several years in a row without being examined by a dentist and existing potential disease problems could be overlooked and the patient not informed of these situations. Attachment XIV

SB-238 - certification of facilities which provide services and care for the trauma injured; establish a demonstration program to determine the feasibility for effectiveness of this type of facility for the care of the trauma injured persons

Secretary Barbara Sabol presented testimony requesting support of SB-238. The Secretary feels that these demonstration programs are needed by severe trauma patients, especially head injury patients, who are in greater need of rehabilitation treatment rather than medical treatment. It is felt that community based facilities would be feasible if standards were such that application could be made for medicare reimbursement.

Senator Salisbury's Pages, Sara Ross, Ann Henson, and Tom McElroy, were introduced.

SB-295 - concerning payment for care of persons suffering from hemophilia

Secretary Barbara Sabol testified that this bill would authorize her department to pay claims incurred in one fiscal year and submitted to be paid within 6 months even though it was in another fiscal year. Senator Walker moved that this bill be passed out favorably. The motion was seconded by Senator Riley and the motion carried. SB-295 was passed out of committee favorably.

SB-297 - concerning the disposition of fee moneys received from food services establishments

Secretary Barbara Sabol testified and presented written testimony that SB-297 would return 3/5 of fees collected from food services establishments located in a municipality to the local agency for that municipality. Senator Morris moved that this bill be passed out favorably. The motion was seconded by Senator Riley and the motion carried. SB-297 was passed out of committee favorably. Attachment XV

Meeting adjourned.

SENATE

PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 7

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Harold C. Pitts	TARTA
Tom Fasciano	Kansas Dental Hygienists Assoc.
Linda Zaudke	Ks. Dental Hygienist Assoc.
John Schneider	SRS
Ken Schatermeyer	KS Pharmacists Assoc.
Gary Robbins	Ks Optometric Assn
Jim Yeager	United Way
Tracie Mathis	Sen. Walker's office
Tom Bell	Ks. Hosp. Assn.
Scott C. Kennedy DDS	Ks. Dental Assoc.
Carl Schmitt Kenner	Ks Dental Assn
Paul McKeever DDS	Ks Dental Assn
Dan Kopriwica, DDS	Ks Dental Assn
Jim GRACE	KS Homes for Aging
B.J. Sabol	KDH&E
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
BILL Dean	Merrell Dow Pharm.
Karen Ball	AP
Roger K. Popkess	Sabetha Community Hospital Board of Directors, member
Peta Becker	Sabetha Comm. Hospital
Charles Koch	SABETHA COMM HOSP. Board of Directors
John Gulick MD	Sabetha Comm. Hosp.
John Peterson	Chanter Medical Corp.

SENATE

PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 7

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
William R Gibson	Cheyenne Medical Corporation
Elizabeth E. Taylor	Ks Dental Hygienists Assn
Phillis Setzkell	Ks Dental Hygienists Assn
Karla Hembree	KS Dental Hygienists Assoc.
MARY VINCENT	AGC OF KANSAS
Norma Weiser	Ks Dental Hygienist Assoc.
Claire Cumbie	HSANEK
[illegible]	KDNE
Dick Hummel	KACA

February 28, 1985

Public Health & Welfare Committee

Re: Kansas Senate Bill #275

I would like to express my sincere approval and concurrence to the well written bill #275 in regard to Dental Hygienist duties and functions.

I am particularly interested in the utilization of the dental hygienist in regard to the issue of general supervision.

I am a primary care dentist for the 60 bed ambulatory and non-ambulatory residents Nursing Home Care Unit of the Veterans Administration Hospital in Wichita, Kansas. I can attest to the need and value of an expanded duty hygientist in the status of general supervision. Under my general supervision the hygienist at this hospital performs many functions. Some of her primary duties are dental examinations, oral prophylaxis of the patient as well as the patients prosthetic dental replacements, and emphasizing not only to the patient but to the nursing home care employees the importance of good oral hygiene as well as preventive dentistry instruction. With the hygienist having the capability of general supervision it allows me to concentrate on the higher priorities of the patient and nursing home.

It is imperative that this bill pass so that dental hygienists may be utilized at their full potential.

Sincerely,

Joseph E. Musser, D.D.S., F.I.C.D.

JOSEPH E. MUSSER, D.D.S. FICD
Kansas Dental Association
Past President (1972-73)
Sr. Staff Dentist
Veterans Administration Hospital
Wichita, Kansas

3/7/85
Attachment I

1 March, 1985

Public Health & Welfare Committee

Re: Kansas Senate Bill #275

I am Joye Howe, Registered Dental Hygienist, currently employed by the Federal Service at the Veterans Administration Hospital, Wichita, Kansas. I am writing in support of changes in the Dental Practice Act relating to dental hygienists in the State of Kansas. I urge passing of this entire bill.

Under the Federal Service position-classification standard for the position of dental hygienist, it states, " Dental hygienists are licensed dental auxiliaries who practice under the general supervision of a dentist." I currently am functioning in this capacity for a 60 bed ambulatory and non-ambulatory hospital and nursing home facality. I do extensive expanded duties both at the hospital and nursing home completely under general supervision. With the hygienist having this capacity of general supervision, it allows the dentist to concentrate on the higher priorities of the patient.

I feel that it is imperative that this bill be passed so that all dental hygienists may be utilized at their fullest potential in alternative practice settings.

Joye L. Howe, R.D.H.

Joye L. Howe, R.D.H.

3/7/85
Attachment III

Hugh H. Bruner, Jr., D.D.S.
Diplomate, American Board of Periodontology
Bel-Air Professional Association • 5600 West 95th Street • Overland Park, Kansas 66207 • (913) 649-0166

10 January 1984

Mr. Phil Kline
Member
House Public Health & Welfare Committee
Representative 19th District
State Capitol
Topeka, Kansas 66612

Dear Mr. Kline:

My father entered a Nursing Home in November, 1982. Part of the Nursing Home's contractual obligation includes his dental care. The primary deliverence of that dental care is accomplished by the Nursing Staff. Those same persons who make his bed, cut his fingernails, change his clothes and give him his medication are also responsible for his dental health.

My father is a dentist who is suffering from the sequalae of a stroke. My father is partially paralyzed; he cannot use his left arm, and is bed-fast and chair-fast. He is dependent upon others. But he has an alert mind. He was frustrated with the assistance he was given concerning his dental maintenance. Just the simple act of brushing his teeth was difficult. And, interestingly enough, part of this difficulty was not just his physical impairment. He ran into difficulties from the Nursing Staff that was a result of their mentality.

The Nursing Staff is simply reacting to my father, and to other patients, from the basis of their own intelligence, education, experience, training, and attitudes. Which means that from a dental management aspect, it is subjective and sometimes inadequate.

My personal experience with dentists and dental hygienists leads to generalizations. One generalization that I can offer is that the dental hygienists, that I work with, are as qualified as dentists when it comes to toothbrushing guidance, plaque control and dental health maintenance. Another generalization is that these dental personnel know more about dental care than do Nurses (and physicians for that matter.)

Con't

3/7/85
Attachment III

There is at least one drug that is given to my father that may affect his life or death. This medication is given to my father on the orders of a physician. However, this physician is rarely physically present when the medication is administered. If you wish to use the term, "General Supervision" to define the relationship between the nurse and the physician, then do so.

Just think about this for a moment. It is all right for a nurse to administer to the life and death needs of a patient; but (under our current law) it is not all right for a dental hygienist to administer to the prosaic dental needs of a patient.

Any reasonable, non self-serving person would have to agree that this is nonsense.

It would be in the best interest of society and the citizens of the State of Kansas to allow dental hygienists to be able to perform their services under the definition of "General Supervision."

In a personal note, such a Public Policy would be marvelous for my father.

Respectfully Submitted,

Hugh H. Bruner, Jr., D.D.S.

HHB/kmf

TESTIMONY

My name is Barbara Haring. I am currently President of the Kansas Dental Hygienists' Association and have been a licensed Dental Hygienist for 10 years. I practiced Dental Hygiene for 5 years and am currently employed in an unrelated field.

During my career as a Dental Hygienist, I was employed by the University of Kansas Medical Center in Kansas City, Kansas. The Dental Clinic was affiliated with the Children and Youth Program in Kansas City, the Kansas City Childrens' Dental Program and the Kansas Crippled Children's Commission. The availability of care was not limited to children. Any adult who was mentally or physically handicapped was also accepted for treatment.

Throughout my employ, the parents and guardians of handicapped persons I treated were overly grateful that someone, somewhere would even attempt to see the patient. Handicapped people need a great amount of care and usually have more that one major medical condition to be treated. Oral health is not usually a priority in their lives. It is not because of ignorance. They realize the need exists, but usually encounter difficulty in seeking treatment or education.

In a recent conversation with another Dental Hygienist, she stated that she had seen only one handicapped person in the seven years she had been employed by a dentist in private practice. Her statement is not uncommon. Who does provide oral health education and dental treatment for all the other handicapped persons in Kansas?

The current Kansas law governing the practice of Dental Hygiene does not permit me to practice my profession as I would desire. The frustration this has caused has forced me to leave active practice of Dental Hygiene and to become more involved in voluntary education. I have instructed employees of private schools, institutions and extended care facilities in the maintenance of optimum oral hygiene of handicapped persons. One cannot expect teachers, nurses and physicians to place Oral Hygiene Instruction and Dental Care as a top priority in their facilities. Their numerous responsibilities make it impractical. A Dental Hygienist is a licensed, trained professional that should be permitted to provide such services to these facilities.

5/7/85

Attachment IV

It does require a special individual to be able to establish rapport with a handicapped person. Means of effective communication may only be restricted to a soft voice, a gentle touch or a smile. A change in Kansas law would permit me to pursue this challenging aspect of Dental Hygiene practice. The most rewarding experience as a Dental Hygienist treating a handicapped person is knowing that in my own "small" way I have helped a very special individual.

As a Dental Hygienist, I must reach out to educate, inform and treat handicapped persons. If they are unable to be treated in a Private Dental Practice or an established Dental Clinic, we must make dental care more accessible to them. This can only be accomplished by changing Kansas law to permit Dental Hygienists to be employed in private schools, institutions and extended care facilities under the general supervision of a Dentist.

Barbara K Haring, R.D.H.

Dear Legislators:

Having actively practiced my profession, dental hygiene, twenty-five years, I had to seek employment in a different field. Seeking employment wasn't prompted by any action on the part of my dentist or my patients. In fact, I was excellent with my manual skills, loved dentistry and enjoyed my patients.

Even though I now teach drama and English in the public school system, dentistry and it's concerns are still quite important to me. The reason I sought another profession is there are no alternative practice settings (i.e. public institutions, etc.). When a hygienist's hand becomes crippled, she's finished! Isn't that a shame because my mind, my knowledge, and my enthusiasm are quite active. When I looked around, I realized I had few alternatives in my chosen field of dentistry. Dentistry has restricted the hygienist and in doing so, dentistry restricts the public's choices of care, public's assessibility of trained hygienists, and narrows practice settings for patients to receive care, which in the end, these factors cause the patients' costs to rise.

The dental public has lost a very caring hygienist. However, the one good thing that has evolved from the narrow mindedness of the dental practice act is it provided a fantastic teacher in the school system. Dentistry's loss is the school system's gain. My principal, students and supporters of public education are grateful to you. They hope you continue to have tunnel-vision. However, the dental public should be and is appalled because I have more dental knowledge in my head than some dentists obtain in a lifetime. You've cheated the dental public.

For the above reasons, I testify for an immediate change of the dental practice act. It is long overdue.

Donna Houser

Donna Houser
120 W. Garfield
Iola, Ks. 66749

3/2/85
Attachment V

March 6, 1985

Kansas State Legislature

Senate Public Health and Welfare Committee:

I totally support the enactment into law of legislative measure Senate Bill 275, to allow the legality of a Dental Hygienist in the State of Kansas to practice preventive dentistry under the general supervision of a licensed dentist, and mandatory Cardiopulmonary Rescuitation to maintain licensure. Based on my active practice as a dental hygienist in the last six years I have seen many opportunities to serve my community but only find I am not able to legally. (i.e., County Health Fairs) Recalling back to my pedagogy days in dental hygiene at Wichita State University an instructor made the statement prior to graduation, " You will find when you graduate and start practicing you will be overqualified for what you will do according to the State Dental Practice Act. " Little did I know but she was trying to prepare us for actually that !

To entreat the passing of S.B. 275 will only release us from the dentist " apron strings " and to allow us to perform preventive dentistry with the qualifications we well earned. The result of mandatory C.P.R. will employ the greatest possible advantage of our abilities to perform superior preventive care.

Last I would like to state that I am extremely proud to be here today to give testimony on behalf of my profession and I am honored to be a member of this affluent profession.

Thank You,

Valerie D. Rush R.D.H.

3/7/85

Attachment VI

February 29, 1984

To the Members of the Senate Public Health and Welfare Committee:

I support the changes in the dental practice act.

I would like to address general supervision.

I have worked in various practice settings including private practice but primarily in public health settings such as the Wichita-Sedgwick County Department of Community Health as a dental health educator, U.S.D. 259 and the National Preventive Dentistry Demonstration Program as a dental hygienist and educator, and Wichita State University Department of Dental Hygiene as a clinical instructor and lecturer.

I have been able to do oral screenings and dental prophylaxis due to dental screening permits from the Kansas Dental Board as an employee of the State of Kansas.

I have reached the conclusion that there is a high need for oral screenings and oral prophylaxis in nursing homes, hospitals, school systems, and other settings I have visited because many people who need dental care and dental education are not obtaining or receiving it.

Many times dental hygienists are asked to volunteer time to do oral screenings and have to decline because of the practice act's limitations. I believe that general supervision would enable dental hygienists to reach out and serve the community and fulfill some dental needs that are not being met.

Thank you for your consideration.

Sincerely,

Pamela Gaudreau

Pamela Gaudreau, R.D.H.,B.H.S.

3/7/85
Attachment VII

MAGINNIS AND ASSOCIATES

PROFESSIONAL INSURANCE ADMINISTRATORS

October 24, 1984

Mr. Robert Mankisky
Manager, State Government Affairs
American Dental Hygienists' Association
444 N. Michigan Avenue, Suite 3400
Chicago, Illinois 60611

Re: Professional Liability
Insurance Coverage

Dear Mr. Mankisky:

Per our recent telephone conversation, this letter will acknowledge the fact that Dental Hygienists are protected by Professional Liability Insurance at the same rate, no matter what their position is as a Hygienist. Of course, their is a different premium for each of the limits available - $200,000/$600,000/$200,000, $1,000,000/$1,000,000/$1,000,000 and $1,000,000/$3,000,000/$1,000,000.

In addition, the Liability Protection for a Self-Employed Hygienist is more expensive than the Protection provided for a Hygienist who works for a dentist.

Should you have any further questions concerning this matter, please let me know.

Kindest personal regards.

Yours truly,

Lynn M. Bean

Lynn M. Bean
Account Executive

LMB/dm

Serving our clients professionally for over 30 years

Reply to Chicago Office

MAIN OFFICE: 332 S. MICHIGAN AVENUE • CHICAGO, ILL. • 60604 • (312)427-1441 • ADMINISTRATIVE OFFICE: 2135 WISCONSIN AVENUE • WASHINGTON, D.C. • 20007

3/7/85

Attachment VIII

REPLY MESSAGE

TO Jan Warren
119 Grand Canyon
White Rock, NM 87544

FROM

MAGINNIS & ASSOCIATES
332 S. Michigan Avenue, Suite 1900
CHICAGO, ILLINOIS 60604
(312) 427-1441

SUBJECT:

DATE: 2-7-85

FOLD

Dear Ms. Warren,

Per our phone conversation today, this will serve to verify that general supervision in your state for dental hygienists has not resulted in an increase in the premiums for liability coverage for dental hygienists. The same thing holds true for other states that also require general supervision.

Thank you.

SIGNED Earl Mendoza, Liability Department Manager

REPLY

DATE: SIGNED

THIS COPY FOR PERSON ADDRESSED

RENEWAL APPLICATION - PROFESSIONAL LIABILITY

POLICY NUMBER 00926105 RENEWAL DATE 03/23/85 TO 03/23/86
COVERAGE: $1,000,000/$3,000,000/$1,000,000 PREMIUM DUE $ 43.00
$1,000,000/$1,000,000/$1,000,000 PREMIUM DUE $ 38.00

ASSOCIATION: AMN DENTAL HYGIENISTS ASSOCIATION
OCCUPATION: DENTAL HYGIENIST

BIRTH DATE 10/03/46

SEX F

PHONE(____)____-_____ SOC.SEC. 512-48-0426

SHOW NAME/ADDRESS CHANGE HERE

JAMIE B MENEES
2101 W 70TH ST
SHAWNEE MISSION KS 66208

SIGNATURE:_____DATE_____

----------RETURN ABOVE SECTION WITH PAYMENT----------

POLICY NUMBER 00926105 RENEWAL DATE 03/23/85 TO 03/23/86
COVERAGE: $1,000,000/$3,000,000/$1,000,000 PREMIUM DUE $ 43.00
$1,000,000/$1,000,000/$1,000,000 PREMIUM DUE $ 38.00

DEAR JAMIE B MENEES

Malpractice suits have not escaped inflation. We have received numerous requests for higher limits of protection. In response, we now offer as an option $1,000,000 per occurence, and $3,000,000 per year aggregate for professional coverage. The cost of this option is only slightly more than you are now paying.

Our records indicate that you currently participate in category 1. However, your situation may have changed since that category was chosen. There are five (5) categories of coverage and annual rates.

CATEGORY	$1,000,000/ $3,000,000	$200,000/ $600,000
1 Employed only, no indeperdent contracting	$ 43.	$ 25.
2 Employed with independent contracting 10 hours or less a week	52.	38.
3 Employed with independent contracting 11 hours or more a week	138.	100.
4 Independent contracting only, 20 hours or less a week	52.	38.
5 Independent contracting only, 21 hours or more a week	138.	100.

Select the applicable category and write its number and the proper rate on the above applicatcn. Complete the balance of the application, and sign it, and return it with your payment.

This is basic coverage that protects you for your acts only. If you have employees or if you have need for extended protection, the basic coverage is inapplicable. If that is the case, call us at 800-368-5715 (tollfree outside Illinois) or 312-427-1441 (in Illinois).

Sincerely,

Maginnis & Associates, Inc
Liability Department

P.S. In accordance with insurance cancellation and non-renewal provisions, failure to complete the application and remit with payment will cause the policy to lapse on the renewal date shown. Membership in the American Dental Hygienists Association is a requirement.

KANSAS DENTAL ASSOCIATION

SENATE BILL 275

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The Kansas Dental Association is opposed to the General Supervision of Hygienists on the basis that no benefit to the citizens of Kansas will result from the changes and, in some cases, the health care of Kansans would be adversely affected. We believe that the law should remain as it is and that direct and indirect supervision levels are appropriate.

Independence and self-rule are noble goals and understandable to the extent that each of us, if given the option would prefer to be considered capable of working without supervision. Unfortunately, independence and self-rule of dental hygienists has the potential of seriously compromising patient care to the detriment of the public and should not be allowed to occur.

To quote the ADA's 1982 House of Delagate's "Statement on Dental Hygienists", "The dental hygienist is an auxiliary position created by the dental profession to assist dentists in providing certain delegated preventive procedures. Those delegated procedures are limited to those which the dental hygienist can perform, with minimal potential for adverse consequences, under the supervision of a dentist. The dental hygienist has been educated and trained to perform these delegated duties to improve efficiency and as a means of cost containment in the delivery of dental care. The dental hygienist's educational curriculum does not provide adequate preparation to properly enable a graduate to competently practice in an independent status. National educational accreditation standards are predicated on the presumption that the hygienist will be under the supervision of a dentist. The technical ability of the hygienist to perform limited delegated procedures presumes no underlying ability to diagnose the necessity for treatment or to coordinate comprehensive oral health care".

The close link which now exists within the dental profession between the dentist and that dentist's auxiliary personnel must be maintained. To allow dentistry to become a fragmented discipline which would allow the public to receive unsupervised primary care from hygienists, a group not trained to diagnose disease, would ill-serve the public.

The Kansas Dental Association is opposed to allowing hygienists to practice under general supervision for the following reasons:

- By definition, "general supervision" does not require the responsible dentist's presence during treatment. We, therefore, consider "general supervision" to be no supervision at all.

5200 Huntoon
Topeka, Kansas 66604
913-272-7360

3/7/85
Attachment IX

- The dental hygienist's training curriculum and licensing standards are based on the assumption that a person with much greater training (i.e. the dentist) will be directly responsible for the hygienist's actions and will be close at hand at all times should some unforeseen circumstance arise requiring a dentist's attention.

- Treatment by a hygienist without the physical presence of a dentist may, indeed, present a hazard to the safety of some patients, especially those having compromising medical conditions which dictate the concurrent administration of prescription medications while undergoing treatment. The hygienist has not been trained to recognize those conditions nor is she qualified to prescribe the needed medications.

- While being competent at providing the services for which they have been trained, dental hygienists have not received training in diagnosis or treatment planning, nor have they been trained to deal with emergencies which may arise from related medical conditions, infections, allergic reactions or even severe hemorrhage, all of which are potential complications which could arise during even the most innocuous procedures.

- A "general supervision" provision would still hold the supervising dentist responsible in any malpractice litigation which might be directed at a hygienist's improper or negligent practice.

- Providing for mere "general supervision" of dental hygienists will not enhance the quality of care received by the patient, in fact the reverse will be true. "General supervision" would have the effect of severly fragmenting the dental profession which has proven to work most effectively and most efficiently as a team.

The dental hygienist plays an important role - along with the dentist - in providing complete oral health care to all patients. The Kansas Dental Association would like to see dental hygienists in nursing homes -- screening patients, teaching nursing home personnel how to help care for patients' oral health on a daily basis and providing nutritional instruction. These are <u>preventive</u> services which may be provided under the current statute. We would also like to see dental hygienists provide oral hygiene care to nursing home patients -- but we emphasize strongly that this intraoral treatment should take place only when a dentist is present to evaluate the treatment provided and to respond to emergencies. This is important for all dental patients, but it is vital for nursing home patients who are among the highest risk groups when receiving dental treatment due to chronic debilitating disease and complex medication. We cannot stress enough the importance of complete dental care for these patients, including the availability of diagnostic skills, treatment of tooth, gum, denture and other oral conditions.

March 7, 1985

DONALD M. WILLIAMS, D.D.S.
GAGE CENTER DENTAL GROUP, P.A.
913-273-4770
1271 WOODHULL TOPEKA, KANSAS 66604

TESTIMONY

SENATE BILL NO. 275

March 7, 1985

Good Morning!

I am Dr. Donald Williams, a dentist in general practice here in Topeka. I graduated from the University of Kansas City School of Dentistry in 1948 and, after two years spent in the United States Public Health Service, have practiced here continuously since 1950.

During that period of time I have witnessed many changes in the field of Dentistry. One of the most notable changes and advances has been the evolution of auxiliary personnel in the dental office. This has enabled the dentist to see and treat a larger number of patients more efficiently, while maintaining or improving the quality of care, and keeping the cost of services below the inflationary trend.

One of the key personnel categories that has played a significant role in this success story has been the dental hygienist. As dentistry has moved from a reparative to a preventative science many new dental hygiene schools have been opened to supply the numbers of hygienists needed. We are fortunate to have three dental hygiene schools in our state or nearby. These schools are located at Wichita State University, Johnson County Community College, and at the University of Missouri at Kansas City School of Dentistry. They have a combined output of about 80 graduates each year, many of whom find employment here in Kansas. For a number of years now there seems to be a reasonably good balance between the demand for hygienists in the work force and the numbers being trained in schools.

Through the years I have been a friend of dental hygiene, served for many years on liaison committees between the Dental Association and the Dental Hygiene Association, and am genuinely interested in their welfare. I also happen to have a daughter who is a dental hygienist in Texas.

But I am here today to speak in support of maintaining the present statute as it pertains to the supervision of dental hygienists. This is the position held by the Kansas Dental Association. The most recent poll taken of the Kansas Dental Association membership shows a strong majority in favor of retaining direct or indirect supervision. The Executive Council of the Kansas Dental Association has repeatedly voted to take this position. I am a recent President of this Association and have heard all of the arguments pro and con. I think that what it boils down to is that the dentist should be the primary provider of dental health services. If general supervision of hygienists is allowed, they in fact, become the primary provider when a dentist is not present.

3/7/85
Attachment X

They alone will observe conditions in the patient's mouth, answer the patient's questions, make decisions, and consult with or not consult with, the dentist, as they are able to judge to the best of their training and ability. I do not believe they have this ability, as their training covers only a limited segment of the total field of dentistry.

Dentistry in the United States is generally recognized as the best in the world. And we in Kansas are fortunate to be able to provide dental care in an environment under our laws and regulations that produces the highest quality of care for our citizens. Sometimes these laws are not popular but they must be formulated for the benefit and protection of our citizenry as a whole. In this particular issue I know dentists who would like to see the law changed so their hygienist could remain in the office and produce income while they are away. They do have a point, but it is self-serving, and not in the best interest of the patient.

Also, hygienists would like to open up new job opportunities in rest homes and institutions and they do have a point. But in this day and age, dentists are not in short supply and they too, are looking for opportunities in rest homes and institutions. I believe that dentists can best serve these under-served people, and also provide an opportunity for hygienists to work right along with them.

In the other proposed area, I would favor the change in the law requiring training in cardiopulmonary resuscitation as a condition of licensure. I feel that this should be a requirement for all members of the healing arts, and I commend the hygienists for taking this forward step.

My name is Ann Koprivica and I have been practicing dentistry in Wyandotte County for the last year and a half. I attended Dental School at UMKC. Prior to that I attended UMKC Dental Hygiene School in 1977 and 1978 and practiced dental hygiene for one year full time in Kansas City then part time while attending dental school.

I have employed a hygienist in my office for the last year and have thoroughly enjoyed having her as part of our dental team. I emphasize the word "team" because I feel that the dental hygienist functions best and provides the most complete care within this team. I truly believe that "direct and indirect supervision" allows the most complete and thorough dental care with respect to the public.

The hygienist is not trained to diagnose pathology. Under direct supervision, if pathology such as decay, peridontal disease, possible malignancy, etc. is noted then the dentist may examine and provide a proper diagnosis at the time of the prophylaxis visit. Under the proposed general supervision concept the hygienist might detect the pathology then possibly make recommendations for the patient to return to see the dentist. I feel that this fragmented treatment lends itself to inconsistant follow-up care.

I also have a problem with this bill from the standpoint of responsibility. As the dentist, I represent myself to my patients as the one person responsible for the quality of the treatment provided as well as for any complications that may arise in my office. For this reason I feel that I should be available to my patients when they are being treated.

Yesterday treatment in the Nursing Home was mentioned. I am personally on staff at Presbytarian Manor Nursing Home in Kansas City, Kansas and see patients in that nursing home at least once a month. I feel that the medical conditions involved are significant; the patients are on numerous medications and the health histories are often quite complicated. I feel that a dentist should certainly be on the premises when this compromised patient is being treated probably even MORE so than in the private practice setting. The medical conditions and medications need to be evaluated at the time of the dental visit by the dentist.

Economically, I think we need to concentrate our efforts toward motivation of the patients when possible but certainly the aids who are already employed by the nursing home. They should at least perform daily oral hygiene procedures such as toothbrushing.

In summary, I am opposed to the passage of Senate Bill Number 275. Having been educated in both a dental hygiene program and dental school program I feel strongly that during my experience as a hygienist I would not have felt comfortable treating patients without the direct and indirect supervision of a dentist.

Thank you.

3/7/85
Attachment XI

TESTIMONY

SENATE BILL 275

My name is Harold Scheer. I have been practicing general dentistry in Wichita, Kansas for 39 years and have been associated with dentistry all my life as my father was also a dentist. I am still in active practice and I now represent the Kansas Dental Association as Vice President.

Over the last few years as my practice matures and more of my patients enter the so called "senior citizen" arena I have become more concerned about the dental health of the geriatric patient. Consequently for the past eight to ten years I have served on the advisory board of several nursing homes in Wichita, Kansas. More recently (six years) I have worked with one nursing home on a program whereby I visit the home on a regular basis. At these visits I do entrance examinations on all new residents, annual examinations on all residents, denture identification marking, and cancer detection. If further dental service is needed, it will be rendered either in the facility, in a dental office or hospital setting. Residents may or may not part icipate in the program.

In 1983 the Kansas Dental Association appointed me Chairman of the Committee on Geriatric Dental Health to establish the need for care for the geriatric patient, and the manner by which this care could be given if a need was shown. As a result of the committee's study a recommendation was sent to the Kansas Nursing Home Association and to the Director of the SRS that entrance and annual oral examinations of all nursing home residents be made and that in the case of Medicare residents that the cost be part of that funding.

The Kansas Nursing Home Association responded negatively stating that they felt that there was not a justifiable need and would not make that recommendation. The Director of the SRS felt that they were not yet ready to include this in their funding.

Because some nursing home administrators did favor this, a pilot program is being set up in Lyons, Kansas whereby the above recommendations will be carried out. In addition, attempts will be made to obtain funds to equip a room in the care home with dental equipment so total dental care can be given. This funding may be done through local dentists contributing, or possibly some service club taking this on as a service project.

All this discussion leads up to the realization that there is a definate need for concern and action for dental care for the geriatric patient whether in a care facility or even homebound.

Dentists are more and more realizing this need and are growing more interested in participating in aiding this rapidly growing segment of the population.

The Dentist and the Dental Hygienist can work well as a team performing those procedures that best serve that resident's oral needs.

However, since this group of "senior citizen" people generally represent the group with the most overall health problem the care and supervision of these people should be done or overseen by the person with the most skill and knowledge. I believe then that a dentist should be present at any time oral and dental procedures are being conducted on geriatric patients, regardless of the locale.

3/7/85
Attachment XII

WILLIAM NICE, M. D.
112 MEDICAL ARTS BUILDING
TENTH AND HORNE STREET
TOPEKA, KANSAS

March 6, 1985

To Whom It May Concern:

There are a large number of nursing home patients who are unable to be transported to the dental office for evaluation and treatment. A dental unit for the dentist to examine and treat the teeth of residents would be advantageous. A dental hygienist could be employed as well, if under the direct supervision of a dentist.

Currently, very few nursing homes are equipped to provide dental services for their residents. The main obstacle in obtaining dental care for these people is transportation between the nursing home and the dental office. Most residents of nursing homes are transportable. The professional most qualified to provide dental care and treatment to this group of sometimes medically compromised patients is the dentist. Under no circumstances should auxillary, such as a dental hygienist, be allowed to treat patients in a nursing home environment unless under the direct supervision of a dentist on the premises.

Yours truly,

William Nice

William Nice, M. D.

SN/sjk

3/7/85
Attachment XIII

2-A SB-275 - Martin - 3-7-85

AUG 7 1984

ANTHONY W. MARTIN, D.D.S., F.A.G.D., P.A.
1620 East Kansas Ave. Garden City, Kansas 67846-6298 Telephone 316-276-7681

August 1, 1984

Carl C. Schmitthenner, Jr., Executive Director
Kansas Dental Association
4301 Huntoon
Topeka, Kansas 66604

RE: Direct Supervision of Hygentists

Currently there is a move underway to attempt to have the legislature pass legislation allowing dental hygentists to practice under general rather than direct supervision. We are opposed to this legislation.

Dentistry is a very complex science. Most dentists have more than 300 to 500 hours of extra advanced continuing education during the first 10 years after graduation. Much of this time is spent in learning new skills in diagnosis and treatment of bone and gum disease. This is a very difficult disease to diagnose and treat. Hygentists certainly play a part in mechanical treatment of periodontal disease, but it is necessary for a dentist to diagnose and suggest treatment for any disease. With general supervision it is likely that dental disease could go undiagnosed with no reccomendation for treatment. This would be a disservice to the public. (The most common malpractice suit in California at this time is pertaining to failure to diagnose and reccommend treatment of gum disease.) Direct supervision would put this responsibility on the dentist and not the dental hygentist. If I am going to be responsible for the supervision of my patients dental health then I want to see that patient at each recall appointment (or have one of the other doctors in the office see the patient.)

Under general supervision it would be possible for a patient to have their teeth cleaned several years in a row without being examined by a dentist. Many existing or potential disease problems could be overlooked and the patient not informed about these situations. This could result in the eventual deterioration of the dental health of the patient.

We believe tha publics needs are best served in dentistry with direct supervision of the hygentists.

Sincerely,

A.W. Martin, D.D.S.

3/7/85
Attachment XIV

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON SB 297

PRESENTED TO SENATE PUBLIC HEALTH & WELFARE

March 7, 1985

This is the official position taken by the Kansas Department of Health and Environment on SB 297.

BACKGROUND INFORMATION:

This is an act relating to the disposition of fee moneys received from food service establishments for license application and licensure. KSA 36-510 authorizes the Secretary, Department of Health and Environment, to contract with local health departments for the purpose of conducting food service establishment inspections. KSA 36-512 provides that the Secretary shall, at least monthly, remit all moneys collected under the act to the state treasurer. Senate Bill 297 provides that the Secretary shall remit all moneys received under the provisions of KSA 36-512 to the state treasurer at least monthly except moneys received by the Secretary for fees from food service establishments located in a municipality where food service inspection services are provided by a local agency under contract with the Secretary. If the local agency has completed and filed the required papers with the Secretary, 3/5 of the moneys received from food service establishments in the municipality shall be paid to the local agency for that municipality. The Secretary shall remit the balance of the money to the state treasurer.

STRENGTHS:

This increases from about 50% of previous year fees collected to 3/5 of current year collections, the rate of reimbursement to local health departments for inspection services.

This act expedites the return of such funds to local health agencies, and removes such funds as a budget item.

WEAKNESSES:

None

DEPARTMENT'S POSITION:

The Secretary recommends that this proposal be adopted.

3/7/85
Attachment XV