Approved 2-27-91
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH
Chairperson
at

10:00 a.m. ~~p.m.~~ on February 21, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research
Norman Furse, Revisor's Office
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Carl C. Schmitthenner, Executive Director, Kansas Dental Association
Carol Dennison, D.D.S.
Scott Kennedy, D.D.S.

Chairman Ehrlich called the meeting to order at 10:00 a.m. announcing continuation of hearing on SB 82 - Dental hygienists practice and licensure requirements.

Carl Schmitthenner, Kansas Dental Association, introduced two opponents who appeared before the committee. Presenting written testimony on the bill were Carol Dennison, D.D.S. from Leawood, and Scott Kennedy D.D.S. from Topeka. Both dentists expressed their concerns regarding reduced supervision of hygiene services and anesthesia injection by dental hygienists as reasons to oppose the bill. (Attachments 1 and 2)

The chairman called upon Senator Salisbury who introduced her two pages from Topeka who served in the Senate and assisted at the committee meeting. Senator Hayden also introduced the Mayor of Garden City who was present for the committee meeting.

The chair asked for committee bill requests, and six bills were introduced to the committee: (1) Carl Schmitthenner, Kansas Dental Board, stated his bill would define unprofessional conduct as relates to dental practice. Senator Salisbury made the motion to introduce the bill, seconded by Senator Burke. The motion carried. (2) Chuck Simmons, Department of Corrections, stated his bill request allows disclosure by physicians of inmates who contact AIDS. Senator Reilly made the motion to introduce the bill, seconded by Senator Strick. The motion carried. (3) Tom Hitchcock, Kansas State Board of Pharmacy, asked for introduction of a bill that would update the Kansas controlled substances act. Senator Burke moved to introduce the bill, seconded by Senator Hayden. The motion passed. (4) Chairman Ehrlich stated the Board of Emergency Medical Technicians and the Fire Department of Great Bend, requested a bill addressing the issue of defibrillation. Senator Hayden moved to introduce the bill, seconded by Senator Burke. The motion carried. (5) Chairman Ehrlich introduced two other bills regarding the commission for the homeless and poor; and a request that would address the issue of registered nurse practitioners requested by former State Representative Jessie Branson. Senator Reilly moved to introduce the two bills, seconded by Senator Walker. The Motion carried. (6) Chairman Ehrlich introduced a bill requested by the Kansas Assn. of Rehabilitation

Facilities, that would address reporting of abuse of mentally retarded. Senator Hayden moved to introduce the bill, seconded by Senator Langworthy. The motion carried.

Final action on:

SB 55 - Qualifications for registration as a masters level psychologist.

A balloon of SB 55, showing the summary of the suggestions of various conferees, was distributed to the committee. Staff Furse explained the suggested changes step by step to the committee. (Attachment 3) After committee discussion, the Chairman asked for the wishes of the committee, and Senator Walker moved to adopt the Gentry - Lichtenberg amendment, seconded by Senator Reilly. No discussion followed. The motion carried. Senator Langworthy made the motion to adopt the change to "Kansas register," seconded by Senator Hayden. No discussion followed. The motion carried.

The Chairman asked for wishes of the committee on SB 55. Senator Walker made the motion to recommend the bill as amended favorably for passage, seconded by Senator Reilly. No discussion followed. The motion carried. Senator Walker will carry the bill.

Final Action on:

SB 54 - Homecare and in-home services; transfer of powers from SRS to Department of Aging.

Senator Hayden moved to recommend the bill favorably for passage, seconded by Senator Anderson. Discussion followed with Senator Anderson stating he had visited with the director, area agency on aging in Sedgwick County, and indicated they would have no problem with this bill. Senator Reilly inquired about the fiscal impact of the bill. Staff Furse stated it would be $1.178 million. Senator Burke expressed his concern regarding the fiscal note of the bill, and after further committee discussion, Senator Burke and Senator Langworthy requested their vote on the bill be recorded as "No". The motion carried. Senator Anderson will carry the bill.

The meeting was adjourned at 11:00 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 2-21-91

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
John Peterson	Ks Assn Post Psychologists
MaryAnn Gabel	BSRB
Kim Stubbs	KDHA
ROBERT A. JOHNS DDS. C.P. KS	Private Practice Dentist
Scott Kennedy, DDS Topeka	Kansas Dental Assoc.
CYNTHIA BARRETT, TOPEKA	KANSAS DENTAL BOARD
Charen Simmons	Ks. Department of Corrections
David Hanzlik	KS Dental Assn
Carl Schmitt Hauser	Ks Dental Assn.
Gary J Newman, DDS	KS DENTAL ASSN
Carol Ann Dennison DDS	KS Dental Assn
George A. Hopkins, O.D.	Mayor of Garden City
Stuart M. Frager, Ph.D	Council of Administrative Psychologists of SRS
Jim Yonally	Kan Dent. Hygienist Assoc.
KEITH R LOWDS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Tom Hitchcock	Bd. Pharmacy
	KU/Osawatomie State Hosp

The
Wichita
State University
Department of Dental Hygiene

February 19, 1991

To: Senate Public Health and Welfare Committee

My testimony is submitted in support of Senate Bill 82. Specifically, I would like to address the educational preparation of dental hygienists. There are two dental hygiene programs in Kansas, at Johnson County Community College (JCCC) and at Wichita State University (WSU). Both award Associate of Science degrees and have full approval, the highest classification of accreditation, from the Commission on Dental Education.

Dental hygiene students have college curriculum which includes courses in general education, basic sciences, dental and dental hygiene sciences. The clinical training of students involves four semesters of 12-16 hours a week of patient care. Patient care requires patient assessment which includes reviewing medical histories, taking blood pressure, dental charting, periodontal probing, x-rays, and oral inspection. Once a treatment plan is determined, the hygienist provides therapeutic and preventive services such as oral prophylaxis (cleaning and polishing), root planing, pit and fissure sealants, fluoride treatments and oral hygiene instruction.

In my opinion, this extensive preparation makes dental hygienists capable of providing oral prophylaxis under general supervision. The Kansas Dental Hygienists' Association is also proposing the administration of local anesthesia for hygienists. Currently, both dental hygiene programs in Kansas teach local anesthesia. Three border states of Kansas (Oklahoma, Missouri, and Colorado) along with 11 other states allow hygienists to administer anesthesia.

At WSU students take separate courses in Head and Neck Anatomy and Pharmacology. The anesthesia content is included in Dental Hygiene Concepts II with lecture, laboratory, and clinical experience. Students must pass written and clinical examinations to receive a letter of certification. WSU and JCCC have had their anesthesia training accepted by other states. Both programs would be willing to provide continuing education for those hygienists not currently certified in local anesthesia.

In summary, Kansas hygienists have been and will continue to be educationally prepared to practice under general supervision and administer local anesthesia. I urge you to support Senate Bill 82. Thank you for your consideration.

Respectfully submitted,

Denise C. Maseman

Denise C. Maseman, R.D.H., M.S.
Program Director

Senate P H&W
Attachment #1
2-20-91

February 18, 1991

Senate Public Health and Welfare Committee
State House
Topeka, Ks. 66612

My name is Barbara Zillner, R.D.H.. I am a Registered Dental Hygienist. I graduated in dental hygiene from Johnson County Community College in 1976. Prior to that education, I had been a dental assistant for 7 years, with a combined total of 24 years in the field of dentistry. I am here to speak in favor of Senate Bill #82.

The Kansas Dental Hygienists' Association has been working for several years to effect legislative changes for the practice of dental hygiene. The main thrust has always been...ACCESS TO CARE FOR THE KANSAS RESIDENTS. Kansas dental hygienists are limited by indirect supervision to provide preventive services to those Kansas residents that are unable to come to the dental offices. Such populations may inclued: nursing home residents, hospital patients, and other public and private institutions where oral hygiene care currently is not available on site. WE ARE NOT ASKING TO ESTABLISH OUR OWN PRACTICES!!!!! We are asking that by working in cooperation with a supervising dentist, dental hygiene preventive care services may be provided for special needs groups without the supervising dentist physically present at the facility, but with their knowledge and intent of services being performed. Registered Dental Hygienists have been educated to review health histories and activate emergency care. The supervising dentist would review health histories and medical implications before assigning oral preventive care services to be performed for those persons of need.

This leads me to address one of the other areas that we are seeking change. I feel that it is important that ALL health care providers and their auxillaries be knowledgable in cardiopulmonary resuscitation. As the change indicates: Sec 3 K.S.A. 65-1457 (b) On and after July 1, 1992, no licensed dental hygienist who was issued a license and license certificate under K.S.A. 65-1455 and admendments thereto prior to July 1, 1992, shall be issued a renewal certificate unless such person has successfully completed a course of instruction in cardiopulmonary resuscitation approved by the board. The board may grant waivers or extensions of time to complete the requirement of this ubsection (b) for good cause shown because of sickness, disability, hardship or such other good cause beyond the control of the licensee as the board may determine.

As a personal note--Our dental office, including dental assistants, dental hygienists and dentists have been renewing our CPR certification as an office for the past 5 years. We have had two personal experiences outside the office. One of our dental assistants initiated Emergency CPR at a softball game. Dr. Richard Danforth, one of my employers, was recently cited by the American

Senate P H&W
Attachment #2
2-20-91

Heart Association for saving a woman's life by initiating Emergency CPR while he was out shopping at a Venture store. The knowledge of CPR can be crucial to any of us at any given time, not just in our work places.

I'd like to thank you for your time in hearing my testimony on Senate Bill #82 and urge your support in the legislative changes that will help us move forward in providing ACCESS TO CARE FOR MORE KANSANS.

Sincerely,

Barbara

Barbara J. Zillner, R.D.H.

THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
STATE HOUSE ROOM 138 NORTH
TOPEKA, KANSAS 66612

FEBRUARY 20, 1991

HONORABLE COMMITTEE MEMBERS:

I am here in support of Senate Bill No. 82, the dental hygiene practice act. My name is Kenneth J. Frick, D.D.S., and practice general dentistry in both Kansas and Missouri. I am a member of the American Dental Association (ADA), the Academy of General Dentistry (AGD), and a graduate of the US Air Force General Practice Residency Program. I have been a licensed practicing dentist for a total of five years. Passage of Senate Bill 82 will greatly benefit the people of Kansas for three reasons:

FIRST. It recognizes and reflects the high standards and clinical excellence of dental hygiene education and practice. Dental hygiene forms the backbone of preventive dentistry today. Few dentists posses the skill or patience to provide the services at a level comparable to the dental hygienist, who is considered the preventive oral health care specialist. Dental hygiene requires a minimum of two years education in an accredited institution, involving specialized clinical practice in non-surgical periodontal therapy, preventive health education, and pain control. The administration of local anesthesia under the direct supervision of a dentist is a vital part of that education, especially since many of the procedures performed by hygienists during periodontal therapy require local pain control. My personal experience dictates that it also saves time and has high patient acceptance. It is interesting to note that dental students spend substantially less time in their education developing hygiene skills as compared to dental hygiene students. This may sound unreasonable, but is perfectly logical. The educational objectives and requirements of the two professions are quite different. The dentist is still responsible for the proper diagnosis and treatment of oral disease, as defined by his education and licensure. The dentist either provides treatment or refers to other licensed professionals for that treatment, dental hygiene being one. It is logical, therefore, that the dental practice act for dental hygiene be updated to reflect the clinical training of dental hygiene education.

Senate P H&W
Attachment #3
2-20-91

THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
SENATE BILL NO. 82
KENNETH J. FRICK,D.D.S., TESTIMONY

SECOND. It allows greater public access to preventative oral health care. General supervision will allow licensed hygienists to reach out in their communities, under the supervision of a dentist, to provide preventive oral health care and oral screenings to nursing homes, schools, hospitals, or any organization which might benefit from these services. Presently, the frequency of these activities is limited due to the high cost involved to the institution or dentist since a dentist is required by law to be physically present in the facility during such activity. Senate Bill No. 82 removes this obstacle and allows federally funded nursing homes to more easily comply with the Omnibus Budget Reconciliation Act of 1987 (#PL100-203), mandating routine and emergency dental care for nursing home residents.1

THIRD. Required CPR certification for licensure and renewal is of obvious value to the general public. Being currently certified in CPR and previously in advanced cardiac life support, I can only hope this becomes a requirement of all health care professionals. Adequate emergency preparedness of all professional health offices is of prime importance to public safety.

In summary, I support all the proposals of Senate Bill No. 82. I urge all of you to objectively consider this legislation and vote for its passage through this committee. Thank you.

Kenneth J. Frick, D.D.S.

1. Cited source: ADA Washington News Bulletin, Jan. 1989.

I am here today to offer my views in support of Senate Bill Number 82.

The practice of dentistry, including dental hygiene, is by no means static. Changes must occur that allow for more comprehensive treatment for those who need dental care, while at the same time, do not compromise the excellence of treatment. This proposed bill, in my opinion, accomplishes both.

By mandating training in cardiopulmonary resuscitation, this bill would help assure that dental hygienists, as a part of the dental team, would be prepared to intervene in medical emergencies. While I am confident that all dental professionals hope to avoid situations in which CPR would be necessary, there are times when those situations do occur. Those times require sure and swift action. Mandatory CPR training and recertification for hygienists enhances the ability for crises to be managed effectively, and is a logical extension of the current American Dental Association and American Association of Dental Schools guidelines under which CPR training is included in the curriculum of institutions where dentists and hygienists receive their educations.

This bill would allow hygienists who have completed a course of instruction approved by the State Dental Board to administer local anesthesia under the direct supervision of a liscensed dentist. Dental hygiene schools can, and do, include in their curriculum courses of instruction in the administration of local anesthesia that meet the carefully established guidelines of the American Association of Dental Schools. Individuals who are properly educated to perform

Senate P H&W
Attachment #4
2-20-91

a task ought to be able to perform that task. By placing the administration of local anesthesia under the direct supervision of the dentist, the bill hopefully irradicates any fear that anesthetic might be given injudiciously.

General supervision, as stated in this bill, will afford a change in the practice of dental hygiene, but, much of the burden as to how these changes occur lies on the dentist. The provision allowing for care "with the intent and knowledge of the supervising dentist" effectively safeguards against destruction of the current concepts of private practice. Dentists nurture their practices by establishing and maintaining good rapport with their patients. It seems inconceivable, then, that with the establishment of general supervision, a dentist would jeopardize a thriving practice by neglecting to maintain his patient relationships, that is, by failing to see the patients whom his or her hygienist treats.

Instead, general supervision would allow a dentist, for instance, to assess the needs of those in a long term care nursing facility and write orders for their dental hygiene needs. The liscenced hygienist could then carry out the dentist's orders at an appropriate time without the dentist being present on the premises.

It is toward ends such as these that general supervision becomes a vital issue, and remains less as a springboard toward independent practice. In fact, the proposed bill is quite clear in its prohibition of the establishment of independent dental hygiene practice.

In conclusion, let me reiterate that the laws governing the practice of dentistry and dental hygiene are in place to protect

the welfare of the general public, who allows us, as professionals, to meet their dental needs. At the same time, the law ought to allow those who meet those needs to utilize their education to the fullest extent. Excellence in all facets of dental care is desirable. This proposed bill would serve to make that excellence more easily attainable.

Respectfully Submitted,

Robert A. Johns DDS

Robert A. Johns, D.D.S.

4-3

KDA
KANSAS DENTAL ASSOCIATION

Statement by Carl C. Schmitthenner, KDA Executive Director
Senate Committee on Public Health and Welfare
Senate Bill 82
February 20, 1991

Mr. Chairman and members of the Committee, my name is Carl Schmitthenner. I am the Executive Director of the Kansas Dental Association. On behalf of the KDA, I appreciate the opportunity to appear before you to express our opposition to Senate Bill 82.

The Kansas Dental Association believes the legislation would reduce the quality of dental care available to the people of Kansas.

First, we believe the dentist must be on the premises when the hygienist is working. That is in keeping with the way hygienists are trained. Hygienists are not trained to provided unsupervised hygiene services. Without dental supervision, there is the risk that diseases will not be recognized and patients will go untreated. Too, the dentist would still be liable for the hygienist's work even when the dentist is away from the office.

Second, the Kansas Dental Association views anesthesia by both block and infiltration as a powerful and potentially dangerous procedure that can produce life-threatening reactions. Anesthesia should be injected only by
dentists whose training includes three academic years of closely supervised clinical training in anesthesia administration.

Third, the Kansas Dental Association firmly believes that every member of the dental care team should be certified in cardiopulmonary recusitation on an annual basis. CPR training is in the best interests of the patients. We do not believe, however, that the failure to pass a CPR test is a valid reason to deny a dental hygiene license. Therefore, CPR should not be mandatory for obtaining or renewing a dental hygiene license.

Finally, Senate Bill 82 contains several other sections that are inconsistent with good patient care.

Mr. Chairman, with us today are three dentists who would like to share their reasons for opposing Senate Bill 82.

5200 Huntoon
Topeka, Kansas 66604
913-272-7360

:ATEMENT OF CYNTH HERWOOD, D.D.S.

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

2/20/91

Chairman Ehrlich and members of the committee, my name is Cynthia Sherwood. I am a dentist in private practice in Independence, Kansas. I am President of the Southeast District Dental Society and Chairman of the KDA Council on Dental Legislation. I took dental hygiene training at Wichita State and worked as a hygienist in Wichita and Kansas City for seven years.

I sincerely appreciate the opportunity to appear before you today to share the reasons I oppose unsupervised hygiene services and anesthesia administration for hygienists.

I appreciate the important work done by hygienists. They are highly skilled providers of important preventive and educational services. I can certainly sympathize with dental hygienists who feel capable and have a desire to be more responsible and productive. But they are not trained adequately to perform the functions they are requesting in Senate Bill 82.

Opposing dental hygienists is painful for me personally and for the members of the Kansas Dental Association. It is not without a certain amount of personal pain that I stand before the committee and oppose the legislation of respected former colleagues. In addition, many members of the Kansas Dental Association even have family members who are hygienists.

But as a dentist my first concern is for my patients and the quality of the care they receive. Senate Bill 82 is not in the best interests of the public, of dentistry, or of dental hygiene. Simply put, this bill will lower the quality of care in Kansas.

The two specific areas of concern I would like to address are

educing the denti supervision of the hygie and permitting t hygienist to administer local anesthesia.

With regard to general supervision, I will state unequivocally that reduced dental supervision of the hygienist, as proposed in Senate Bill 82, is, in effect, the elimination of supervision.

Unsupervised hygiene services will reduce the quality of care the public receives. The bill would permit the hygienist to perform prophylaxis when the dentist is not on the premises. The only requirement is that the procedures are provided with the "intent and knowledge" of the dentist -- whatever that means.

Let's examine the impact of unsupervised hygiene services on the quality of patient care. First and most important, dental hygienists' 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.

As I read the bill, it would provide that following an initial examination by the dentist, the hygienist could legally perform scaling, root planing, curettage or prophylaxis without subsequent examinations of the patient by the dentist and without the dentist on the premises.

The end result is that the hygienist becomes the dentist. The hygienist is then responsible for assessing the oral health of the patient. It is possible the patient may not receive regular checkups by a dentist.

As a result of unsupervised practice, diseases of the mouth might not be recognized. As we all know, early detection and treatment of such diseases as oral cancer, periodontal disease, and dental caries are critical for successful outcomes.

The second haz of general supervision is at prophylaxis involves much more than simply scraping the teeth with a dental instrument. The dentist must be available in the office to provide professional judgement in the event of unexpected findings. Prophylaxis requires an evaluation of the health of the total patient -- an evaluation that only the doctor has the judgement to make.

Moreover, complications can and do arise during prophylaxis that require the intervention of the dentist. One common complication of prophylaxis is transient bacteremia.

This condition can occur any time there is significant bleeding as there often is in a routine cleaning. Bacteria are introduced into the blood stream where they can cause anything from a slight fever to a life threatening infection of the heart. It is important to keep in mind that next to the extraction of teeth, prophylaxis can be one of the bloodiest, most invasive procedures in dentistry.

A dentist on the premises evaluates the patient's condition and health history and, if necessary, prescribes antibiotic therapy. Many conditions require antibiotics such as certain heart valve conditions and artificial heart, knee and hip prostheses. Dental hygienists cannot prescribe medication.

Without the dentist on premises and available for consultation, the hygienist would be placed in the position of determining whether antibiotic therapy is indicated. That is a role the hygienist is not prepared to assume.

In special population groups like the elderly, the risks of unsupervised prophylaxis are far greater. Many elderly people have severe and multiple health conditions that make teeth cleaning especially hazardous. These conditions include heart disease, neurological conditions, diabetes, hypertension, and kidney and liver disease which are treated with complex medications. In these cases,

t is essential tl the dentist evaluate the ient prior to the cleaning and be available for consultation as the cleaning is performed.

The consequences of permitting hygienists to perform prophylaxis without direct dental supervision could be tragic to the patient.

The second area of grave concern in Senate Bill 82 is permitting hygienists to administer anesthesia by block and infiltration. Infiltration involves injecting anesthesia into the gum to numb a small area. Block anesthesia involves an injection to numb half of the jaw.

Senate Bill 82 would require hygienists to take an additional training course prescribed by the Kansas Dental Board to administer local anesthesia under the direct supervision of the dentist.

Anesthesia, if administered incorrectly, can be life threatening. Anesthesia is a powerful substance that affects the brain or nerve transmittance. It is injected into the most vascular area of the body, that is the region of where the greatest number of veins and arteries are located.

There is a great difference between training someone to give a tetanus shot in the shoulder and the advanced education necessary to evaluate the patient's condition, inject anesthesia two inches from the brain.

In administering anesthesia, the dentist must evaluate the patient's health history and the number and types of medication the patient is taking.

Complications of anesthesia include soreness at the injection site, swelling and bruises, fainting, increased and irregular heart beats, permanent numbness, anaphylactic reaction, respiratory arrest and death caused by cardiac complications. Although these may not be common, there is the potential for any of these problems to occur.

Dental school training includes classroom training in anesthesia and two and half years of closely supervised experience in the dental clinic. Yet the complications of anesthesia injections can and do arise when dentist administer anesthesia.

The issue for the committee is how much more often could these complications occur when anesthesia is administered by a hygienist. My anesthesia training in hygiene school consisted of one semester in class and one practice injection on my lab partner.

Regardless of the training program the dental board might approve, it cannot approach the years of supervised training dentists receive in dental school.

From a practical standpoint, there is no advantage to permitting hygienists to administer anesthesia since the dentist must be in the office. At most, the change might save the dentist five minutes or so each day in the average practice. That small gain cannot offset the potential dangers to the patient of permitting hygienists to administer anesthesia.

Again, Mr. Chairman, I appreciate the opportunity to share these comments with you and the committee.

STATEMENT OF CAROL DENNISON, D.D.S.
SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
2/20/91

Mr. Chairman and members of the Committee, my name is Carol Dennison. I am a dentist in private practice in Leawood, Kansas, and a member of the KDA's Council on Insurance. I was originally trained as a dental hygienist at the University of Missouri at Kansas City. I worked as a hygienist for seven years, and I have practiced dentistry for 13 years.

I would like to share with the committee my perspectives on reduced supervision of hygiene services and anesthesia injection. At the outset let me say that hygienists are a valuable part of the dental team. As a former hygienist and as a dentist, I believe hygienists perform well the duties they are trained to provide under the supervision of the dentist.

My concern is that hygiene training is not adequate to permit unsupervised services which will result in a decreased standard of care.

I will provide a comparison of dental education and hygiene training. Hygiene training, at a minimum, is two years of post high school study leading to either an associate degree or certificate. Hygiene training assumes that the hygienist will work under the on-site supervision of a dentist as required by Kansas law.

The chart clearly shows that the training of hygienists falls almost completely within the areas of preventive services and patient education. Hygiene training (in patient assessment, diagnosis, pharmacology, management of complications and emergencies) is geared toward professional enrichment rather than toward making the hygienist responsible for diagnosis and treatment.

Dental education stands in stark contrast to hygiene training. Dental education generally requires a four year college degree usually in the sciences and followed by four years of post-graduate education. Dentists are educated to take full responsibility for managing the oral health needs of their patients, including diagnostic and therapeutic services and the management of the medically compromised patient.

In short, there are significant and important differences between hygienists and dentists. Dentists possess competencies by virtue of their professional training that cannot be taught within the two years of hygiene training.

Given that background, my point becomes clear: reduced supervision and expanded functions are not in the best interests of the public. Quality care demands that a dentist examine the patient and assess the patient's general and oral health. Quality care demands that the dentist remain on the premises to evaluate and diagnose any unexpected findings in the course of a prophylaxis.

Mr. Chairman and members of the committee, I would like to emphasize that as the law stands now, when the dentist is out of the office, patient treatment stops. With Senate Bill 82, the hygienist would be permitted to work in the absence of the dentist. The hygienist and the dentist make an income, but the patient doesn't receive an exam and diagnosis. Quality care goes by the wayside. When the patient visits the dental office, they need to see a dentist.

The Kansas Dental Association's concern about maintaining a high standard of care comes first. I sincerely regret that a small, vocal minority of dentists are more concerned about making money than they are about assuring quality care for their patients. It's my personal recommendation to these dentists that want the hygienist to work in their absence to associate or to hire another dentist to ethically cover the responsibilities that they have to their patients.

For hygienists who may feel unchallenged, and if they want to diagnose and treat patients without supervision, I recommend they pursue a dental degree with all of the rights and privileges that the license accords as well as accept the responsibility to the patient.

Again, Mr. Chairman, thank you for allowing me this opportunity to express my opposition to Senate Bill 82.

STATEMENT OF SCOTT C. KENNEDY, D.D.S.
SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
2/20/91

Senator Erhlich and members of the committee, my name is Scott Kennedy. I am a dentist in private practice here in Topeka. I am also the Secretary of the Kansas Dental Association. I would like to thank the committee for allowing me this opportunity to discuss the reasons I oppose Senate Bill 82.

I strongly oppose the bill for the fundamental reason that it is inconsistent with good dental practice and accepted standards of care.

Specifically, Senate Bill 82 would lower the quality of care by permitting a two-tiered system of oral health care, enabling hygienists to perform tasks they are not trained to perform.

On the first point, Senate Bill 82 creates a two-tiered system of oral health care. The bill does this by allowing the hygienist to work without the on-site supervision of a dentist and by permitting the hygienist to perform oral screenings.

Children and the elderly will be the victims of this two-tiered system. The institutionalized elderly frequently have multiple health conditions that require evaluation by a dentist before and during treatment. The results of permitting free-lance hygiene services could be truly unfortunate.

Similarly, the bill would permit hygienists to perform dental screenings in a number of settings. Because screenings may be considered the diagnosis of dental disease, the hygienist would become, in effect, the provider of primary care without the supervision of the dentist. That provision directly conflicts with the bill's prohibition on permitting hygienists to be primary providers.

On the second point, the bill would permit hygienists to inject anesthesia by both block and infiltration. Both of these procedures have the potential to be life threatening.

Because professional liability insurance rates for dentists are based largely on how anesthesia is administered in the dental office, it is reasonable to assume that premiums will increase.

Also in regard to liability, it is interesting to note that this bill allows hygienists to expand their duties, but carefully places the liability exposure on the employing dentist.

If hygienists are allowed to give anesthesia injections, the potential exists for the hygienist to be required to give injections not just to relieve the discomfort of hygiene services, but also for the dentist's other patients. Some dentists do not like giving injections and might delegate that chore to the hygienist, who would become the office anesthetist.

I had the opportunity to discuss this bill with Senator Salisbury earlier this week. The Senator raised an important question concerning Missouri's laws that permit hygienists to provide infiltration anesthesia, or injecting anesthesia to numb a small area of the mouth.

I would point out to the committee that Kansas requires a higher standard of care for the public's protection than Missouri. We should not consider lowering the quality of care to match that of a neighboring state.

Missouri allows hygienists who have taken a 2-day class to inject anesthesia. Dentists, by contrast, have the equivalent of three academic years of closely supervised anesthesia experience in dental school.

Senate Bill 82 would also permit hygienists to remove "overhanging restorations." An overhanging restoration is a filling that extends beyond the tooth cavity. But the language does not limit the hygienist to remove only the overhanging portion of the filling, but rather the entire filling.

Hygienists are in no way qualified to remove fillings from teeth. That function should be performed only by the dentist.

I would also like to explain my concerns about mandated CPR training for licensure. I strongly support CPR training. In my own practice, each and every employee is trained and recertified annually. I believe CPR training is important for everyone, not just health care providers.

Because CPR training is in the best interests of the patient, all dental office personnel should be certified. However, failure to pass the CPR examination is not a valid reason to deny a dental hygiene license.

Finally, Mr. Chairman, I would like to address the matter of access to care for residents of nursing homes. It has been stated that reduced supervision will increase access to care. I sincerely regret that the institutionalized elderly have been used in an attempt to further the narrow interests of one group.

As I have stated, the results of unsupervised hygiene services in nursing homes would be regrettable.

Moreover, many dentists provide care to nursing home residents either in the office or at the facility. Many dentists provide care regardless of whether the patient can pay. We must remember, though, that Kansas does not have an adult dental program under Medicaid.

Senator Salisbury also raised the access issue for nursing home residents. I would like to point out that, in the first place, we are in the midst of a hygiene shortage, especially in rural areas. There are simply not enough hygienists to work in nursing homes even if there was money to pay them. Second, Colorado hygienists can work independently, yet only two hygienists are currently providing services in nursing homes.

It is unlikely that a change in the statute will assure care to the nearly 12,000 public pay patients in Kansas nursing facilities.

Again, Mr. Chairman, thank you for this opportunity to share with you the reasons for my opposition to the legislation.

Session of 1991

SENATE BILL No. 55

By Committee on Public Health and Welfare

1-24

AN ACT concerning the registration of master level psychologists; relating to qualifications for registration; amending K.S.A. 1990 Supp. 74-5363 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1990 Supp. 74-5363 is hereby amended to read as follows: 74-5363. (a) Any person who desires to be registered under this act shall apply to the board in writing, on forms prepared and furnished by the board. Each application shall contain appropriate documentation of the particular qualifications required by the board and shall be accompanied by the required fee.

(b) The board shall register as a registered masters level psychologist any applicant for registration who pays the fee prescribed by the board under K.S.A. ~~1989~~ *1990* Supp. 74-5365 and amendments thereto, which shall not be refunded, who has satisfied the board as to such applicant's training and who complies with the provisions of this subsection (b). An applicant for registration also shall submit evidence verified under oath and satisfactory to the board that such applicant:

(1) Is at least 21 years of age;

(2) has received at least a master's degree in clinical psychology based on a program of studies in psychology from an educational institution having a graduate program in psychology consistent with state universities of Kansas [or has received *at least* a master's degree in psychology and during such ~~graduate program~~ *master's or post-master's coursework* completed a minimum of 12 semester hours or its equivalent in psychological foundation courses such as, but not limited to, philosophy of psychology, psychology of perception, learning theory, history of psychology, motivation, and statistics and 24 semester hours or its equivalent in professional core courses such as, but not limited to, two courses in psychological testing, psychopathology, two courses in psychotherapy, personality theories, developmental psychology, research methods, social psychology [*or has met all the requirements for a Ph.D. or Psy.D. in psychology with the exception of the dissertation or final Psy.D. paper*] and during *such graduate program completed a minimum of 12 semester hours*

Rebecca Rice, Assn. Mental Health Centers

1. Line 28, after "psychology" insert "or a master's degree in psychology with a clinical emphasis, as defined by the educational institution" [;]
2. Lines 30 and 31, strike "consistent with state universities of Kansas"
3. Line 32, strike "in psychology"

[;] Gentry, Lichtenberg

[passed comprehensive examinations or equivalent final examinations in a doctoral program in psychology]

or its equivalent in psychological foundation courses such as, but not limited to, philosophy of psychology, psychology of perception, learning theory, history of psychology, motivation, and statistics and 24 semester hours or its equivalent in professional core courses such as, but not limited to, two courses in psychological testing, psychopathology, two courses in psychotherapy, personality theories, developmental psychology, research methods, social psychology;

(3) has completed 750 clock hours of academically supervised practicum or 1,500 clock hours of postgraduate supervised work experience; and

(4) is in the employ of a Kansas licensed community mental health center, or one of its contracted affiliates, or a federal, state, county or municipal agency, or other political subdivision, a duly chartered educational institution, a medical care facility licensed under K.S.A. 65-425 *et seq.* and amendments thereto or a psychiatric hospital licensed under K.S.A. 75-3307b and amendments thereto and whose practice is a part of the duties of such applicant's paid position and is performed solely on behalf of the employer.

(c) Until October 1, 1988, the board shall waive the educational or degree and supervision requirements, or all such requirements, under subsection (b) so long as the person applying for registration as a registered masters level psychologist has a graduate degree and either (1) has been employed for at least three years as a psychologist by a licensed community mental health center, or one of its contracted affiliates, or a federal, state, county or municipal agency, or other political subdivision, or a duly chartered educational institution, or a medical care facility licensed under K.S.A. 65-425 *et seq.* and amendments thereto or a psychiatric hospital licensed under K.S.A. 75-3307b and amendments thereto; or (2) as of July 1, 1987, was employed in this state as a psychologist or was recognized as a masters level psychologist by the professional standards committee of the association of community mental health centers of Kansas.

(d) Upon application for registration as a registered masters level psychologist made prior to January 1, 1989, the board shall waive the educational, degree and supervision requirements under subsection (b) and shall grant such registration if the applicant for registration at the time of application has been employed for 10 years or more as a psychologist by an institution within the department of social and rehabilitation services, as defined under K.S.A. 76-12a18 or 76-12b01, and amendments to such sections.

(e) The board shall adopt rules and regulations establishing the criteria which an educational institution shall satisfy in meeting the requirements established under item (2) of subsection (b). The board

Gabel, Lichtenberg

Do not place two-year time limit on registrations.
(Letter, February 8, 1991)

may send a questionnaire developed by the board to any educational institution for which the board does not have sufficient information to determine whether the educational institution meets the requirements of item (2) of subsection (b) and rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the educational institution to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about educational institutions. In entering such contracts the authority to approve educational institutions shall remain solely with the board.

Sec. 2. K.S.A. 1990 Supp. 74-5363 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

Gentry

Kansas register

Young

Proposed amendment to 74-5367 to allow "all but dissertation" trained person as being eligible for a temporary permit of not to exceed two years.