

Approved April 11, 92  
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Carol H. Sader at  
Chairperson

1:30 4:40 p.m. on March 19, 1992 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

- Emalene Correll, Research
- Norman Furse, Revisor
- Sue Hill, Committee Secretary

Conferees appearing before the committee:

- Carl Schmitthenner, Kansas Dental Association
- Cynthia Sherwood, D.D.S., Kansas Dental Association
- Scott Hamilton, D.D.S.
- David Hanson, Kansas Dental Assistants Association
- Melanie Mitchell, Dental Assisting Program, Wichita Area Vocational/  
Technical School (Written only)
- Representative Anthony Hensley
- Representative Marvin Smith
- Randy Speaker, President, Contemporary Housing Alternatives, Topeka, Kansas
- R. Mark Mathews, Ph.D., Acting Director, University of Kansas Gerontology  
Center, KU Medical School
- Doug Glenn, Vice President of Board of Topeka Alzheimer's Association
- Carol M. Robbins, Executive Director of Contemporary Housing Alternatives
- Dr. Henrietta Cox, concerned citizen
- Kathleen Speaker, concerned citizen
- Orville Love, member of Topeka Chapter National Association of Retired  
Federal Employees, Alzheimers' Disease Program Coordinator
- Commissioner Robert Epps, Department of SRS
- Joseph R. Kroll, Director of Bureau of Adult/Child Care, Kansas Depart-  
ment of Health/Environment

Chair called meeting to order drawing attention to Committee minutes. After having read minutes, Rep. Hackler moved the minutes of March 3rd be approved as submitted, seconded by Rep. Cozine. No discussion. Motion carried.

HEARINGS CONTINUED ON HB 3126.

Carl Schmitthenner, Executive Director of Kansas Dental Association, stated his opposition to HB 3126, then introduced Dr. Sherwood, Chair of Kansas Dental Association's Council on Legislation.

Cynthia Sherwood, D.D.S., a practicing dentist in Independence, Kansas, offered hand-out (Attachment No. 1). She stated opposition to HB 3126, noting she regrets this legislation has been brought before this Committee. She detailed the process through the Board and by a narrow vote, the Board did recommend to ask this legislation to be introduced on behalf of a splinter group in the Association. She drew attention to a letter from Dr. Ken Riley that appears in her hand-out. She noted during testimony given at hearings yesterday on HB 3126, that this legislation was patterned after the Texas Dental Practice Act, however there are many differences, and she detailed those. She stated concern in regard to supervision for dental hygienists, and detailed those concerns, i.e., even though well-trained, they cannot evaluate and identify abnormal conditions in the mouth; might not identify an early oral cancer condition. She noted many nursing homes transport patients to a dentist's office for dental care, and to permit a hygienist to work in a nursing home without direct dental supervision could be dangerous to the patients.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 a/m/p.m. on March 19, 1992.

HEARINGS CONTINUED ON HB 3126.

Dr. Sherwood continued, the proposed HB 3126 is controversial, stemming from two competing philosophies, i.e., placing money ahead of patient care. She detailed proposed amendments in a balloon provided in her hand-out, stating in the event HB 3126 is considered by this Committee, she would strongly recommend changes proposed in this balloon. She explained the amendments section by section detailing rationale. She answered numerous questions.

Dr. Scott Hamilton noted that in response to this proposed legislation he had directed a poll of Orthodontists and he gave a detailed explanation of the statistics collected on what should be delegated duties for a dental assistant and what should not be delegated to them. The survey indicated the Orthodontists believe that only 2 of 10 procedures listed in the poll should be delegated to a dental assistant. (See Attachment No. 2).

Mr. David Hanson, representing the Dental Assistants Association provided a hand-out (Attachment No.3). He expressed concerns regarding HB 3126. He noted additional amendments were needed to define/clarify what types of duties may be delegated by dentists to their dental assistants and under what conditions. There is a need for clarification on the delegation of duties. Current language indicates no criteria, or restrictions, or regulation of dental assistants. If the Dental Board and the Dental Association cannot agree on this bill, how can we expect one dentist to make a decision that someone else won't disagree with. We are concerned about acting responsibly toward the public.

Mr. Hanson drew attention to written testimony provided to members from Melanie Mitchell, Dental Assisting Program Specialist, Wichita Vocational/ Technical School. (See Attachment No. 4). Mr. Hanson then drew attention to a balloon provided, (see Attachment No. 5). He detailed recommended amendments to HB 3126. He answered numerous questions and requested Ms. Brenda Long, Vice President of Dental Assistant's Association to help with technical questions. She did so.

HEARINGS CLOSED ON HB 3126.

BRIEFING BY STAFF ON HB 3156.

Mr. Furse gave a comprehensive explanation of HB 3156.

HEARINGS BEGAN ON HB 3156.

Representative Hensley, as a sponsor of HB 3156 noted there has been over \$500,000 (non-state money) already committed to this demonstration program and the city of Topeka has donated land for the project. It is vitally needed and he stated full support. He then yielded the microphone to Rep. Smith.

Representative Smith, also a sponsor of the bill, offered hand-out (Attachment No. 6). He stated support of HB 3156 and noted this will enhance the opportunity for group housing for Alzheimer's clients in Kansas. To avoid or delay admission to a nursing home for those who require daily help with their lives has many advantages as to the care required and costs for that care. He commends the efforts to provide alternative housing for Alzheimer's patients. He urged support.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 /a.m./p.m. on March 19, 1992

HEARINGS CONTINUED ON HB 3156.

Randy Speaker voiced his avid support of **HB 3156**. He drew attention to page 3 of his hand-out (see Attachment No. 7), and summarized his comments in the interest of time. He quoted statistics of persons with Alzheimers and related diseases; the objectives of the alternative housing proposed; outlined the group home concept; current alternatives, i.e., nursing homes are inappropriate for persons in the early stages of this disease, and it is also inappropriate for persons to remain in their own homes with noncontinuous services. He detailed the merits of this project, i.e., saves money for the state; provides better services for Alzheimer's patients; provides a more stimulating environment. He detailed funding the commitments; funding for services; cost analysis; and detailed comprehensively the benefit analysis, i.e., savings to the state.

Funding that has been provided will not be available unless ground is broken by December 15, 1992. He answered numerous questions, i.e., the \$326,652 needed annually is in addition to medicaid reimbursement. The demonstration project is for 2 years, and after that time they are hopeful this could be a roadmap upon which to show there are alternatives for housing/respite care for Alzheimers patients.

Chair asked conferees to be as brief as possible in order that all conferees would have an opportunity to present their testimony.

Mark Mathews, Ph.D., Acting Director, University of Kansas Gerontology Center, offered hand-out (Attachment No. 8). He noted an increasing number of people living to advanced ages accounts for the increasing numbers of persons with functional impairments. With advanced ages comes a greater likelihood for needed assistance from care-givers for daily living activities for these individuals. Currently, few appropriate and affordable options exist for these disabled elders. The proposed demonstration project has the potential to provide disabled elders such an option, has the potential to provide substantial cost savings to the state. He urged support and full funding for this project.

Dr. Henrietta Cox, a care giver of an Alzheimers patient, related her personal story to members. She is faced with the decision of whether or not she must place her husband in an institutional setting. He is an Alzheimers patient. She realizes the change will be traumatic for him, going from their private home into a congregate home and sharing a room with someone he does not know, taking his meals in a congregate dining situation would also be a shock to him. She is concerned for herself, having to share the space with others when she spends time with him, it will no longer be private time. She supports the concepts in **HB 3156** which would allow them to remain relatively independent, and could have the assistance she needs, medications for her husband when she can no longer care for him herself. She urged support.

Doug Glenn provided 2 hand-outs (see Attachment No. 9 and 10). He spoke on behalf of the Alzheimer's Association Board. He stated **HB 3156** is a significant step forward. Too often patients are placed prematurely in an institution. This legislation will provide alternatives so that problem will be lessened. He noted the life of a caregiver is a 36-hour-a-day job, and he cited a personal family story regarding his mother who is a caregiver for his father, an Alzheimer's patient. Respite care would be a great support system for these care-givers. He urged support.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S Statehouse, at 1:30 a.m./p.m. on March 19, 1992

HEARINGS CONTINUED ON HB 3156.

Nadine Dexter, Director of Gerontology Center, Stormont Vail Medical Center, spoke in support of HB 3156. She detailed procedures of care necessary for patients with dementia, and noted the increasing number of this type of patient. Statistics reveal the caregiver is preceding this type of patient in death because their own health fails due to the stress and strain. By the year 2000, one in five families will be affected with Alzheimers-related diseases. This is an epidemic issue that this country must deal with now. Perhaps Kansas can be a pro-active state and begin with the project indicated in HB 3156.

Carol Robbins, Executive Director of Contemporary Housing Alternatives, offered hand-out, (Attachment No. 11). She stated because she is a licensed Nursing Home Administrator and Social Worker she can attest that nursing homes are not the proper placement for those in early to middle stages of Alzheimers disease because, i.e., the environment is too large, and disorientation can be a problem; programs offered in nursing homes are not designed for Alzheimers patients, they are designed for the frail, well, elderly. Because of these conditions, the Alzheimers patient does not participate and often wanders aimlessly. It is difficult for them to mix socially. The staff ratio in a nursing home is typically 10-1 and when the staff has only time to focus on medical emergencies that happen every day, it is difficult to give the time needed to the Alzheimers patient. In the Contemporary Housing Alternatives project, the patient/staff ratio will be 4-1 which will allow staff to work more closely offering proper stimulation to slow the degenerative disease process. She discussed respite care advantages and urged support of HB 3156.

Kathleen Speaker, (Attachment No. 12), cited a personal story of her mother having been diagnosed with Alzheimers disease, and the search for the proper care for her mother who remains physically well. Home services and mobile meals have not worked for her in this early stage of the disease. Affordable and proper housing and care is difficult to find. For years she stated she has watched the fears of other families as they dealt with needs of loved ones for group homes and personal care. Now that need for her is a very personal one. She urges support so those with Alzheimers can be offered a chance to live their remaining years with dignity. (See Attachment No. 12-A for a new article on programs available to aid Alzheimers patients).

Orville Love, National Association of Retired Federal Employees, Chapter 2, Alzheimers Disease program Coordinator, offered hand-out (Attachment No. 13). He detailed the work of volunteers working to raise money for financing local Alzheimer's services and programs. He stated support for HB 3156 which would offer alternative housing for individuals who need assistance to live independently. He urged support. He introduced other members of his volunteer group.

At this point, Chair excused members who needed to leave because of other Committee meetings. She noted hearings could be concluded in the next few minutes with cooperation from those remaining conferees. Chair announced meeting schedule for next Monday and Tuesday, 12:30 p.m. both days, and next Friday on adjournment.



CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 a/m./p.m. on March 19, 1992

HEARINGS CONTINUED ON HB 3156.

Commissioner Robert Epps, Department of SRS, offered hand-out (Attachment No. 14). He stated the Department agrees with the concept for Contemporary Housing Alternatives (CHA). He noted SRS has two programs which may fulfill some of CHA's needs. The Home/Community-Based Services (HCBS) program would be available to Medicaid-eligible people who would meet medical criteria of needing nursing facility placement. The Income Eligible Home Care Program offers some needed services, but both of these programs offer services in limited amounts which will not meet the entire CHA plan. If a demonstration project such as this is approved, adequate funding should be included. This project should not be funded at the expense of existing home care programs.

Joseph Kroll, Department of Health/Environment, offered hand-out (Attachment No. 15.) He noted concerns on whether a demonstration program for Alzheimers is necessary since there are many other diseases that are not specifically funded in this manner. He expressed concerns about whether or not Alzheimer's patients will benefit significantly by the project as proposed in HB 3156. The Department believes substantial information on treatment and treatment settings currently existing makes a special project unnecessary. The Department is concerned that the bill proposes making SRS responsible for establishing standards for this project. The Department of Health/Environment, through adult care home regulations, provides a variety of settings in which care can be provided. This appears to be a funding issue. If funds were available, HB 3156 would not be before this Committee. We believe Mr. Speaker can accomplish what he wants under standards that are already in place. What HB 3156 does do is establish another layer of bureaucracy. If the Legislature does agree to this project, it would be more consistent to have the Department of Health/Environment be the regulating Agency. Mr. Kroll believes that Commissioner Epps would agree to that. We are not looking for more work, but it would be more consistent to have this under the Department's authority. He answered questions.

Other Attachments recorded were written testimony only. (Attachment No. 16) Jennifer Samarah, Manor Care Nursing Center  
(Attachment No. 17) Michael J. Schoeberl, The Ks Rehabilitation Hospital  
(Attachment No. 18) Marge Fiedler, Concerned health provider  
(Attachment No. 19) Julie DeJean, CEO, Ks. Rehabilitation Hospital  
(Attachment No. 20) Joanne Ramberg, Director of Mental Health Program/  
Human Services Division, Washburn University.

Chair thanked all for their participation and patience.

Meeting adjourned at 3:17 p.m.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE \_\_\_\_\_

NAME	ORGANIZATION	ADDRESS
BRICK R. SCHEER D.M.D	DENTIST	WICHITA, KS
Rosanne Limson R.D.H.	Dental Hygienist	Wichita, KS
Pam Winter RDH	KS Dentistry for Progress	Wichita, KS
Paula Costner RDH	" "	" "
Joyce Thompson	KS Dentistry for Progress	Shawnee KS
Kathy Specker	Contemporary Housing Altern.	Topeka
Marion E. Smith	Rep 50th District	"
Robert Zips	JRS	Topeka
Douglas Glenn	Alzheimer's Assn Topeka Chapter	Topeka KS
Mareene Grimer	Alzheimer's Assn, Topeka Chapter	Topeka, KS
Orville W. LOVE	National Association of Retired Federal Employees - Alzheimer's Committee	Topeka, KS
Hennetta Cox	Alzheimer Assoc., Top.	1413 S.W. Jackson City
Trish Walters	Washburn Univ. - <sup>social work</sup> dept.	Topia, KS
Cindi Sherwood	K. D. A.	Independence KS
David Hanzlick	K. D. A.	Topeka
Carl Schmitthener	Kansas Dental Assn.	Topeka
<del>Linda</del>	Contemporary Hous Altern.	Topeka
John Peters	KS Dentistry for Progress	Topeka
ESTEL LANDRETH	KANSAS DENTAL BOARD	Wichita
Richard RADKE	KANSAS Dental Bd	Of the
Marilyn Bradt	KINAT	Lawrence
Bonnie Brickhouse	KDOA	
Joan Traudt	KS Geot Consulting	Topeka
Beth Brungardt	FHSU Student Nurse	Hays, KS
Terri Kohl	FHSU Student Nurse	Hays, KS.
Lisa Reiter	FHSU Student Nurse	Hays, KS
Cindi Smith	FHSU Student Nurse	Hays, KS







Statement by Cynthia Sherwood, D.D.S.  
House Committee on Public Health and Welfare  
House Bill 3126  
March 19, 1992

Madam Chairman and members of the Committee, my name is Cynthia Sherwood. I am a dentist in general practice from Independence, Kansas. I also serve as the Chairman of the Kansas Dental Association's Council on Legislation.

I appreciate the opportunity to express my opposition to the bill that is before you. First, I oppose the process that brought this bill to you and the economic self-interest it represents in terms of permitting assists to perform additional procedures. Second, I believe that permitting dental hygienists to work in nursing homes will not solve the problem of access to care. Third, the bill does nothing to address the critical shortage of hygienists in Kansas. I will close by explaining the KDA's balloon amendment to assure a high standard of care in our state.

First, I regret that this legislation is before you. The Association carefully reviewed its policies on the proper role of dental hygienists and dental assistants this winter. As Ms. Maseman, from the Dental Board, and Phil Elwood, the Board's attorney, stated yesterday, H.B. 3126 is brought to you by a splinter group of dentists who cannot accept the decision of their peers. By a narrow vote, the Board voted to introduce the legislation on behalf of the splinter group.

Why is this splinter group of our own members opposing the policy of their Association. The reason is economic. These dentists simply want to make more money by increasing the number of procedures their assistants can legally perform, increase the number of patients who can flow through their offices, and increase their incomes.

Dr. Ken Riley is a dental board member who opposes this legislation. I would like to quote from a letter from Dr. Riley to the President of the Kansas Dental Association. Dr. Riley states: "It is my opinion that the new proposal was drawn up by a special interest group for the purposes of simply lining their own pockets without any desire to provide good quality dental care or protection for the safety and welfare of the citizens of Kansas."

5200 Huntoon  
Topeka, Kansas 66604  
913-272-7360

*PHW*  
*3-19-92*  
*Attn #1.*



Yes, it was stated yesterday that the new Texas Dental Practice Act was the pattern for this bill. Please note, however, that the Texas law prohibits assistants from bonding orthodontic brackets, taking final impressions, and performing pulpotomies and pulp capping. This bill, on the other hand, would permit those things.

If this bill is considered, I would ask you to reach the same judgement your counter-parts in Texas reached--there are a number of procedures that only a dentist should do. Dr. Landreth, from the Dental Board, expressed his concern for public protection, and should therefore, support this vital amendment.

I strongly echo the Dean from the dental school's sentiment that good dental judgement is vital. Part of that judgement is knowing what should not be delegated. The State of Texas, the Kansas Dental Association, and the American Dental Association agree that assistants should not bond orthodontic brackets, take final impressions, or perform work on the interior of the tooth itself. I am hopeful that you will agree as well.

My second concern is supervision for dental hygienists. My concerns are two fold. First, permitting dental hygienists to work without the on-site supervision of a dentist in a dental office is ill-advised. Hygienists are highly skilled and highly trained people. I know. I was trained as a hygienist at Wichita State and worked for seven years as a hygienist before going to dental school.

But well trained as they are, hygienists are not able to evaluate the patient and identify abnormal conditions in the mouth. An oral cancer can develop very quickly -- within weeks or months. [ A cancer that is not caught can develop into a life threatening problem.] Oral cancer as you may know is one of the leading types of cancer in this country.

In addition, I am also concerned that permitting hygienists to work without the dentist on-site may be viewed as a solution to access to care problems in nursing homes. Eliminating on-site supervision would be dangerous to the patients as my colleague described yesterday. It is not a solution to this pervasive problem.

We need to keep in mind that about half the nursing home population in Kansas is on Medicaid. These people received little dental treatment because there is no money to pay for it. Medicaid in Kansas does not cover any adult dental procedures. The federal Omnibus Reconciliation Act of 1989 makes nursing homes responsible for emergency dental care. The home must pay for the care if the patient cannot. Cleanings by dental hygienists in not emergency care. The patients have to rely on their small monthly allowance or charitable care to receive treatment. It is absurd to think that dental hygienists will go to nursing homes and work for free.

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3-19-92  
Attn #1.  
292811.



In fact, there are surveys from three states that allow hygienists to work without onsite supervision; Colorado, California, and Washington, that show that the access to dental care for nursing home patients is not improved.

The half of the nursing home population who are private pay can obtain care from a dentist and pay directly for the care. I treat patients in nursing homes when the patient cannot be transported to my office. Transporting nursing home patients to my office is the best way to give them good dental treatment. In fact, many nursing homes have vans to transport patients. Treating patients in a nursing home setting is an extraordinary challenge. There is no dental chair, no equipment to suction the mouth, no drill and inadequate lighting. If patients are ambulatory we sit near a window for extra light. If they are confined to the bed, I treat the patient while an assistant holds a flashlight. The quality of treatment suffers due to the inadequacy of the environment.

If I had my wishes, all nursing homes would have a fully equipped operatory that can be maintained to the infection control standards required by the Occupational Safety and Health Administration. But they do not and in these tight economic times my wishes will not soon become a reality. But we do the best we can.

Unfortunately, this bill does not do the best we can for nursing home residents. In addition to holding out the false hope that routine dental care needs will be met by volunteer hygienists, it clearly states that people in nursing homes for whatever reason do not deserve and are not entitled to the same level of care as the rest of society.

Please note too that the language of the bill appears to open the door for hygienists to work with absolutely no dental supervision of any type, as I will discuss with my balloon amendment.

My third reason for opposing the bill is that it does nothing to address the critical shortage of hygienists in Kansas. I understand that the Dean of the dental school at the University of Missouri at Kansas City appeared yesterday to express his concern about the shortage of hygienists, the lack of hygiene education opportunities for men and women in smaller cities and rural areas, and the need to develop programs that will allow these people to study hygiene through innovative programs that lead to licensure.

*-PKW*  
*3-19-92*  
*Attn #1.*  
*pg 3 3 11.*

Madam Chairman and members of the Committee, that is what the Kansas Dental Association wants as well. We want the Kansas Dental Board to have the authority to approve rigorous, high quality hygiene programs that require equivalent classroom and hands-on training and identical written and clinical board examinations for licensure. And we want to be sure that people in Salina, Pittsburg, Dodge City, and elsewhere have access to such a program.

We propose nothing that is sinister or dasterdly. We would accept nothing less from an alternative hygiene program than the same high quality of hygienist that is educated in the Johnson County or WSU programs.

In conclusion, this legislation is controversial. The controversy stems from two competing philosophies. One philosophy places money ahead of patient care. To get their way, they will team up with the hygienists, ride the wave to sympathy for nursing home residents, and then bargain away the hygienists at the first opportunity. That's stating bluntly what Ms. Maceman, the hygiene member of the Dental Board, said yesterday.

Please do not think that these orthodontists and their lobbyist are pushing this issue because of their concern for nursing home residents. They were here because there is big money at stake for some orthodontists who want their assistants to bond brackets and perform other procedures on patients.

The other philosophy of dental care says dentists should take care of their patients, direct their assistants appropriately, and supervise the hygienists on-site.

Which philosophy better serves the needs of the people of Kansas? Which one better protects the public health and welfare? That is for this Committee to decide.

I would now like to briefly explain the balloon amendments that are offered by the Kansas Dental Association in the event that this bill is considered by the Committee.

-P.H.W.  
3-19-92  
Attn. #1.  
Pg 4. 311.

FEB - 3 1992

K. R. RILEY, D.D.S., P.A.  
107 SOUTH 6TH  
HIAWATHA, KANSAS 66434

January 16, 1992

Dr. Howard Schneider  
113 East Lincoln Street  
Box 703  
Wellington, Kansas 67152

Dear Howard:

I am writing in order to inform you as to what has happened in regards to the Dental Practice Act. On December 13, 1991, I met with you and Jim for an honest purpose and that was to negotiate with you in good faith in order to develop a Dental Practice Act that would protect the safety and welfare of the citizens of the State of Kansas, and also an act that would be fair and enforceable for the dentists of Kansas. I enjoyed working with you and Jim and I thought it was a very productive meeting.

It was my opinion that the meeting of December 14, 1991, went quite well as the Kansas Dental Association was able to give the Kansas Dental Board the needed input. It was refreshing to find that after four long years of poor communication that both entities were so close to an agreement.

It was my understanding that the Kansas Dental Board would vote on January 11, 1992, to accept the proposed Dental Practice Act that I had worked out with you and Jim. To my complete surprise, another Practice Act was presented. I was completely unaware of this other draft and had not had the opportunity to review it in any manner. It is my understanding that only two of the Board members knew about this proposal.

X

It is my opinion that the new proposal was drawn up by a special interest group for the purposes of simply lining their own pockets without any desire to provide good dental care or protection for the safety and welfare of the citizens of Kansas.

I am ashamed at the actions taken by the Dental Board and I apologize to you, Jim, and the Kansas Dental Association.

Sincerely,  
*K.R. Riley*  
Dr. K.R. Riley

KRR:dmc

PHell  
3-19-92  
Attn #1  
Pg 5/11



## HOUSE BILL No. 3126

By Committee on Public Health and Welfare

2-25

8 AN ACT concerning dentistry; relating to the delegation of certain  
9 acts; concerning the practice of dental hygiene; authorizing del-  
10 egation of certain dental acts to dental assistants; amending K.S.A.  
11 65-1423 and 65-1456 and repealing the existing sections.

12  
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 65-1423 is hereby amended to read as follows:  
15 65-1423. Nothing in this act shall apply to the following practices,  
16 acts, and operations:

17 (a) To the practice of his profession by a physician or surgeon  
18 licensed as such a person licensed to practice medicine and surgery  
19 under the laws of this state, unless he such person practices dentistry  
20 as a specialty; or

21 (b) to the giving by a qualified anaesthetist or registered nurse  
22 of an anaesthetic for a dental operation under the direct supervision  
23 of a licensed dentist or physician person licensed to practice med-  
24 icine and surgery;

25 (c) the practice of dentistry in the discharge of their official duties  
26 by graduate dentists or dental surgeons in the United States army,  
27 navy, public health service, coast guard, or veterans' bureau; or

28 (d) the practice of dentistry by a licensed dentist of other states  
29 or countries at meetings of the Kansas state dental association or  
30 components thereof, or other like dental organizations approved by  
31 the board, while appearing as clinicians;

32 (e) to the filling of prescriptions of a licensed and registered  
33 dentist as hereinafter provided by any person or persons, association,  
34 corporation, or other entity; for the construction, reproduction, or  
35 repair of prosthetic dentures, bridges, plates, or appliances to be  
36 used or worn as substitutes for natural teeth, provided that such  
37 person or persons, associations association, corporation, or other  
38 entity, shall not solicit or advertise, directly or indirectly by mail,  
39 card, newspaper, pamphlet, radio, or otherwise, to the general public  
40 to construct, reproduce, or repair prosthetic dentures, bridges,  
41 plates, or other appliances to be used or worn as substitutes for  
42 natural teeth;

43 (f) to the use of roentgen or x-ray machines or other rays for

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3-19-92  
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Page 11.

1 making radiograms or similar records, of dental or oral tissues under  
2 the supervision of a licensed dentist or physician. Provided, how-  
3 ever, person licensed to practice medicine and surgery except that  
4 such service shall not be advertised by any name whatever as an  
5 aid or inducement to secure dental patronage, and no person shall  
6 advertise that he such person has, leases, owns or operates a roent-  
7 gen or x-ray machine for the purpose of making dental radiograms  
8 of the human teeth or tissues or the oral cavity; or administering  
9 treatment thereto for any disease thereof;

10 (g) ~~except as hereinafter limited to the performance of any~~  
11 ~~dental service of any kind by any person who is not licensed~~  
12 ~~under this act, if such service is performed under the super-~~  
13 ~~vision of a dentist licensed under this act at the office of such~~  
14 ~~licensed dentist. Provided, however, That such nonlicensed~~  
15 ~~person shall not be allowed to perform or attempt to perform~~  
16 ~~the following dental operations or services:~~

17 (1) ~~Any and all removal of or addition to the hard or soft~~  
18 ~~tissue of the oral cavity.~~

19 (2) ~~Any and all diagnosis of or prescription for treatment for~~  
20 ~~disease, pain, deformity, deficiency, injury or physical condi-~~  
21 ~~tion of the human teeth or jaws, or adjacent structure.~~

22 (3) ~~Any and all correction of malformation of teeth or of the~~  
23 ~~jaws.~~

24 (4) ~~Any and all administration of general or local anaesthesia~~  
25 ~~of any nature in connection with a dental operation.~~

26 (5) ~~A prophylaxis.~~

27 Sec. 2. K.S.A. 65-1456 is hereby amended to read as follows:  
28 65-1456. (a) The board may suspend or revoke the license, license  
29 certificate and renewal certificate of any registered and licensed den-  
30 tist who shall permit any dental hygienist operating under such  
31 dentist's supervision to perform any operation other than that per-  
32 mitted under the provisions of article 14 of chapter 65 of the Kansas  
33 Statutes Annotated, or acts amendatory of the provisions thereof or  
34 supplemental thereto, and may suspend or revoke the license of any  
35 dental hygienist found guilty of performing any operation other than  
36 those permitted under article 14 of chapter 65 of the Kansas Statutes  
37 Annotated, or acts amendatory of the provisions thereof or supple-  
38 mental thereto. No license or certificate of any dentist or dental  
39 hygienist shall be suspended or revoked in any administrative pro-  
40 ceedings without first complying with the notice and hearing re-  
41 quirements of the Kansas administrative procedure act.

42 (b) (1) The practice of dental hygiene shall include those edu-  
43 cational, preventive, and therapeutic procedures which result in the

Insert new section:

Amend K.S.A. 65-1455 as follows:

(a) No person shall practice as a dental hygienist in this state until such person has passed an examination by the board under such rules and regulations as the board may adopt. The fee for such examination and the certificate fee shall be fixed by the board pursuant to K.S.A. 65-1447 and amendments thereto. An annual registration fee shall be paid to the board in the amount fixed by the board pursuant to K.S.A. 65-1447 and amendments thereto.

(b) The board shall issue licenses and license certificates as dental hygienists to those who have passed the examination in a manner satisfactory to the board. Each license certificate shall be posted and displayed in the office in which the hygienist is employed, but no person shall be entitled to such license and license certificate unless such person shall be more than 18 years of age, of good moral character and a graduate of a school approved by the board for dental hygienists or has completed such other training program for dental hygiene as the board may approve. The board shall approve only those dental hygiene schools which require the study of dental hygiene and which the board determines have standards of education not less than that required for accreditation by the commission on dental accreditation of the American Dental Association or its equivalent.

(c) The board shall adopt rules and regulations establishing the criteria which a school for dental hygienists shall satisfy in meeting the standards of education established under subsection (b). The board may send a questionnaire developed by the board to any school for dental hygienists for which the board does not have sufficient information to determine whether the school meets the requirements 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 school to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about schools. In entering such contracts the authority to approve schools shall remain solely with the board.

(d) Any person practicing dental hygiene in violation of the provisions of this act shall be guilty of a misdemeanor, and the board may revoke or suspend such person's license therefor.

PHM  
3-19-92  
Alvin #1  
pg 5 811



1 removal of extraneous deposits, stains and debris from the teeth and  
2 the rendering of smooth surfaces of the teeth to the depths of the  
3 gingival sulci.

4 (2) Included among ~~those educational,~~ the preventive and ther-  
5 apeutic procedures are the instruction of the patient as to daily  
6 personal care;

7 (A) Protecting the teeth and supporting structure from dental  
8 caries, and disease;

9 (B) the scaling and polishing of the crown tooth surfaces and;

10 (C) administration of local (block and infiltration) anesthesia  
11 and nitrous oxide;

12 (D) removal of overhanging restoration margins and periodontal ----- strike "removal of overhanging restoration margins and"  
13 surgery materials;

14 (E) the planing of the root surfaces, in addition to the curettage  
15 of those soft tissues lining the free gingiva to the depth of the gingival  
16 sulcus; and

17 (F) such additional ~~educational,~~ preventive and therapeutic pro-  
18 cedures as the board may establish by rules and regulations.

19 (c) Subject to such prohibitions, limitations and conditions as the  
20 board may prescribe by rules and regulations, any licensed dental  
21 hygienist may practice dental hygiene and may also perform such  
22 dental service as may be performed by a dental assistant under the  
23 provisions of K.S.A. 65-1423 section 3 and amendments thereto.

24 (d) The practice of dental hygiene shall be performed under the  
25 direct or indirect general supervision of a licensed dentist at the

26 office of such licensed dentist except that the administration of local  
27 anesthesia shall be under the direct supervision of a licensed dentist  
28 at the office of the licensed dentist. The board may designate by

29 rules and regulations the procedures which may be performed  
30 by a dental hygienist under direct supervision and the pro-  
31 cedures which may be performed under the indirect supervi-  
32 sion of a licensed dentist. The administration of local anesthesia

33 shall be performed by a dental hygienist who has completed a course  
34 of instruction as the board may designate by rules and regulations.

35 The degree of supervision of any additional procedures not listed  
36 under subsection (b)(2) shall be determined by the board.

37 (e) As used in this section, "indirect supervision" means that  
38 the dentist is in the dental office, authorizes the procedures  
39 and remains in the dental office while the procedures are being  
40 performed and:

41 (1) "Direct supervision" means that the dentist is in the dental  
42 office, personally diagnoses the condition to be treated, personally  
43 authorizes the procedure and before dismissal of the patient evaluates

*to clarify language*

insert:  
(G) application of fluoride treatments as a prophylactic measure, used in conjunction with a prophylaxis;  
(H) application of dental sealants.

strike "general" in line 25; reinsert "direct or indirect".

*to strike general supervision*

reinsert lines 28 through 32

strike lines 35 and 36

reinsert lines 37 through 40

*3-19-92  
Allan #1,  
G.P. B.P.R.  
P.N.W.C.*

1 the performance.

2 (2) "General supervision" means a licensed dentist may delegate  
3 verbally or by written authorization the performance of a service,  
4 task or procedure to a licensed dental hygienist under the supervision  
5 and responsibility of the dentist, if the dental hygienist is licensed  
6 to perform the function, and the supervising dentist examines the  
7 patient at the time the dental hygiene procedure is performed, or  
8 during the seven calendar months preceding the performance of the  
9 procedure, except that the licensed hygienist shall not be permitted  
10 to diagnose a dental disease or ailment, prescribe any treatment or  
11 a regimen thereof, prescribe, order or dispense medication or per-  
12 form any procedure which is irreversible or which involves the in-  
13 tentional cutting of the soft or hard tissue by any means. A dentist  
14 is not required to be on the premises at the time a hygienist performs  
15 a function delegated under this paragraph (2).

----- strike lines 2 through 15

16 (f) Nothing in this act shall be construed to prevent a dentist  
17 from authorizing a dental hygienist employed by the dentist to in-  
18 struct and educate a patient in good oral hygiene technique or to  
19 provide a medication as ordered by the dentist to a patient. This  
20 act does not prohibit removal of cementum by a dental hygienist  
21 during root planing and curettage.

*7mo issue  
except where  
employed by  
schools*

22 (g) All work performed by a dental hygienist in the practice of  
23 dental hygiene, as defined in this act, shall be performed in the  
24 dental office of the supervising dentist or dentists legally engaged  
25 in the practice of dentistry in this state, by whom the dental hygienist  
26 is employed, or under the supervision of a supervising dentist in an  
27 alternative approved setting, including, but not limited to, an adult  
28 care home or the patient's home, provided that the hygienist is  
29 licensed to perform the delegated procedure and the supervising  
30 dentist examines the patient during the seven months preceding the  
31 performance of the procedure by the dental hygienist or at the time  
32 the procedure is performed, except where employed by schools, hos-  
33 pitals, state institutions, public health clinics or other institutions  
34 that have applied to and been approved by the Kansas dental board  
35 as a proper location for the performance of a dental procedure.

----- strike lines 22 through 35

36 (h) The board may issue a permit to a licensed dental hygienist  
37 to provide dental screening as an employee of the state of Kansas,  
38 or any subdivision thereof, at any public institution or facility under  
39 the supervision of the governing body of such public institution or  
40 facility under such terms and conditions as the board may reasonably  
41 establish in such permit. Such permit shall be for a period of one  
42 year and shall be subject to renewal annually at the time the license  
43 for dental hygiene is renewed.

*3-19-99  
P. H. H. #1  
09.98.11*



1 New Sec. 3. (a) A person licensed to practice dentistry may del-  
 2 egate to any qualified and properly trained dental assistant acting  
 3 under the dentist's direct supervision any dental act that a reasonable  
 4 and prudent dentist would find is within the scope of sound dental  
 5 judgment to delegate if, in the opinion of the delegating dentist,  
 6 the act can be properly and safely performed by the person to whom  
 7 the dental act is delegated and the act is performed in its customary  
 8 manner, not in violation of this act or any other statute, and the  
 9 dental assistant to whom the dental act is delegated is not repre-  
 10 sented to the public as being authorized to practice dentistry. A  
 11 dentist may not:

12 (1) Delegate an act to an individual who, by order of the board,  
 13 is prohibited from performing the act;

14 (2) delegate the administration and monitoring of nitrous oxide  
 15 to a dental assistant unless such person has completed a course of  
 16 instruction in the administration and monitoring of nitrous oxide  
 17 approved by the board;

18 (3) delegate the performance of any of the following acts to a  
 19 person not licensed as a dentist or dental hygienist:

20 (A) The removal of calculus from the natural and restored surfaces  
 21 of exposed human teeth and restorations in the human mouth, pro-  
 22 vided that nothing herein shall be deemed to limit the delegation  
 23 by a dentist of the polishing of exposed human teeth to a qualified  
 24 dental assistant;

25 (B) root planing or the smoothing of roughened root surfaces;

26 (C) administration of local (block and infiltration) anesthesia; or

27 (D) any other act the delegation of which is prohibited by the  
 28 rules and regulations of the board.

29 (4) delegate the performance of any of the following acts to a  
 30 person not licensed as a dentist:

31 (A) Comprehensive examination or diagnosis and treatment  
 32 planning;

33 (B) a surgical or cutting procedure on hard or soft tissue;

34 (C) the prescription of a drug, medication or work authorization;

35 (D) the placement of any final restoration; or

36 (E) the administration of a general anesthetic agent.

37 (b) As used in this section, a "dental assistant" is a person who  
 38 is employed by and works in the office of a licensed, practicing  
 39 dentist and who performs one or more delegated dental acts under  
 40 the direct supervision, direction and responsibility of such dentist;  
 41 "direct supervision" means the dentist is in the dental office, per-  
 42 sonally diagnoses the condition to be treated, personally authorizes  
 43 the procedure and, before dismissal of the patient, evaluates the

line 2, delete "dental assistant"; insert "no licensed person"

line 9, delete "dental assistant"; insert "non-licensed person"

insert:

(F) the taking of an impression for a final restoration, appliance or prosthesis;

(G) the making of an intraoral occlusal adjustment;

(H) the performance of direct pulp capping and pulpotomy;

(I) the final placement and intraoral adjustment of a fixed or removable appliance;

(J) any other act the delegation of which is prohibited by the rules of the Board.

*make by legal council*

delete "comprehensive"

delete "or"

line 37, delete the word "a" through the semi-colon on line 40.

*3-19-92 PMSD PMSD 11  
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 3-19-92 PMSD PMSD 11*

1 performance.

2 (c) The delegating dentist remains responsible for a dental act  
3 by a person performing a delegated dental act.

4 (d) The board may by rule and regulation establish guidelines  
5 not inconsistent with this section regarding the types of dental acts  
6 that may be properly or safely delegated by a dentist to a qualified  
7 dental assistant including a determination as to which delegated  
8 dental acts, if any, require competency testing before a person may  
9 perform the act.

----- delete lines 4 through 9

10 (e) A dental act that may be delegated by a dentist to a dental  
11 assistant may also be delegated by a dentist to a dental hygienist.

12 (f) The board may adopt and enforce rules and regulations not  
13 inconsistent with the laws of this state to determine the number of  
14 dental hygienists which may be employed by a dentist as necessary  
15 to protect the public health and safety.

----- delete lines 12 through 15

16 Sec. 4. K.S.A. 65-1423 and 65-1456 are hereby repealed.

17 Sec. 5. This act shall take effect and be in force from and after  
18 its publication in the statute book.

insert:

(e) The board may adopt and enforce rules not  
inconsistent with the laws of this state.

*PHWLD*  
*3-19-92*  
*Attn #1.*  
*CG 11-2-11*





**DRS. HAMILTON and HAMILTON, P.A.**

Orthodontics, Orthopedics and TMJ for Adults and Children

**RICHARD H. HAMILTON, D.D.S.**

**SCOTT D. HAMILTON, D.D.S.-M.S.D.**

March 19, 1992

RE: KANSAS DENTAL PRACTICE ACT

In response to pending legislation concerning the Kansas Dental Practice Act, the Kansas Orthodontic Association was directed to poll its members concerning delegable functions of a dental assistant. Approximately 75% of the membership responded to the mail questionnaire with the following results:

Do you feel an orthodontist should allow a dental assistant to (under direct supervision):

	AGREE	DISAGREE
1) Take impressions	48	1
2) Take radiographs	47	2
3) Insert and tie archwires	41	8
4) Untie and remove archwires	49	0
5) Place orthodontic bands and brackets	26.5	23.5
6) Remove orthodontic bands and brackets	37	12
7) Place orthodontic retainer	33	16
8) Place active removable orthodontic appliances	20	29
9) Removal of cement from coronal portion of teeth	47	1
10) Comprehensive diagnosis and treatment planning should remain a Doctor function	48	0

As you can see the majority of orthodontists felt dental assistants should be allowed to perform the above functions with direct supervision, except the placement of active removable appliances.

Sincerely,

Scott D. Hamilton, DDS-MSD  
President, Kansas Orthodontic Association

*Approved*  
*3-19-92*  
*Attn # 2*

House Bill No. 3126

To: The House Public Health and Welfare Committee

Madam Chairperson and Members of the Committee:

I am David Hanson appearing on behalf of the Kansas Dental Assistants Association, an organization for dental assistants here in Kansas. The Association has been in existence over sixty years and currently has about 200 member dental assistants across the state of Kansas.

We appreciate this opportunity to appear before you to express our concerns regarding amendments to the dental practices act as proposed in HB 3126. We would like to offer additional amendments to help define and clarify what types of duties may be delegated by dentists to their dental assistants and under what conditions. You may notice that our balloon amendments contain some of the same provisions as the language proposed in HB 3155. Our changes would affect New Section 3 of HB 3126 and would essentially provide a qualification level for delegation of duties to dental assistants.

We believe there is a growing public need for such clarification to protect the public in connection with duties that may otherwise be delegated to assistants who may not be properly qualified, especially duties that involve substantial risk, such as administration of nitrous oxide and infection control. We concur with the provisions of HB 3126 that

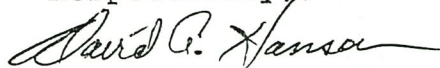
PH&W  
3-19-92  
Attn. #3



recognize the need for additional instruction in conjunction with nitrous oxide and suggest the same recognition for infection control. We also recognize the potential benefit of expanding the duties that may properly be delegated by dentists to dental assistants, although we all must also recognize the increased risk of unrestricted delegation. We believe the provisions of New Section 3(a) allowing dentists to delegate any dental act that may be considered reasonable and prudent should be restricted to dental assistants who have satisfactorily completed educational, training and testing requirements no less stringent than the requirements and qualifications prescribed by the Dental Assisting National Board. Our provisions would allow reasonable and prudent delegation to such qualified dental assistants and then allow delegation of the more routine duties to dental assistants who are not so qualified. We believe this will give the State more control in those areas that involve dangers to the public and provide a clearer definition of delegable duties.

Our proposal specifically addresses these areas and limits what can be delegated to dental assistants who are not properly qualified. We would therefore ask that this Committee amend HB 3126 to include the language we have proposed.

Respectfully,



David A. Hanson for the Kansas  
Dental Assistants Association

3509K

*PHW*  
*3-19-92*  
*attn #3*  
*09272*

WICHITA PUBLIC SCHOOLS  
Unified School District No. 259  
Central Vocational Building  
324 North Emporia  
Wichita, Kansas 67202

*Wittler  
only*

Wichita Area Vocational-Technical School  
Health Occupations Education

March 18, 1992

Dear Representative Sader:

On behalf of the Wichita Area Vocational-Technical School's Dental Assisting Program, I am writing to express opposition to the portion of House Bill 3126 regarding delegation of functions to dental assistants. This bill does not address the issue of training or competency testing for dental assistants. While a bill to change delegation of functions to dental assistants is desirable to make dentistry more affordable to patients and to comply with the current standard of dental practice in Kansas, I feel that House Bill 3126 does not adequately define a "qualified" dental assistant. All dental consumers in Kansas have a right to a standard level of quality dental care. Without a formal definition of a "qualified" dental assistant and a mechanism for measurement, the consumer will have no assurance of a basic level of competence for dental assistants.

I feel that the dental profession has an obligation to designate a minimum level of competence for all dental assistants who will be delegated duties involving direct patient care; and I feel that the State Dental Practice Act should stipulate these standards. Therefore, I endorse the balloon amendment as proposed by the Kansas Dental Assistants Association.

If you have questions or would like further information about available training programs, please contact me at (316) 833-4370. Thank you for your attention to this matter.

Sincerely,

*Melanie Mitchell*

Melanie Mitchell, CDA  
Dental Assisting Program Specialist,  
Wichita Area Vocational-Technical School

*Office  
3-19-92  
attn #4*

# HOUSE BILL No. 3126

By Committee on Public Health and Welfare

2-25

8 AN ACT concerning dentistry; relating to the delegation of certain  
9 acts; concerning the practice of dental hygiene; authorizing del-  
10 egation of certain dental acts to dental assistants; amending K.S.A.  
11 65-1423 and 65-1456, and repealing the existing sections.

12  
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 65-1423 is hereby amended to read as follows:  
15 65-1423. Nothing in this act shall apply to the following practices,  
16 acts, and operations:

17 (a) To the practice of ~~his profession by a physician or surgeon~~  
18 ~~licensed as such a person licensed to practice medicine and surgery~~  
19 under the laws of this state, unless ~~he~~ *such person* practices dentistry  
20 as a specialty; or

21 (b) to the giving by a qualified anaesthetist or registered nurse  
22 of an anaesthetic for a dental operation under the direct supervision  
23 of a licensed dentist or ~~physician~~ *person licensed to practice med-*  
24 *icine and surgery;*

25 (c) the practice of dentistry in the discharge of their official duties  
26 by graduate dentists or dental surgeons in the United States army,  
27 navy, public health service, coast guard, or veterans' bureau; or

28 (d) the practice of dentistry by a licensed dentist of other states  
29 or countries at meetings of the Kansas state dental association or  
30 components thereof, or other like dental organizations approved by  
31 the board, while appearing as clinicians;

32 (e) to the filling of prescriptions of a licensed ~~and registered~~  
33 dentist as hereinafter provided by any person or persons, association,  
34 corporation, or other entity, for the construction, reproduction, or  
35 repair of prosthetic dentures, bridges, plates, or appliances to be  
36 used or worn as substitutes for natural teeth, provided that such  
37 person or persons, ~~asseeiations~~ *association*, corporation, or other  
38 entity, shall not solicit or advertise, directly or indirectly by mail,  
39 card, newspaper, pamphlet, radio, or otherwise, to the general public  
40 to construct, reproduce, or repair prosthetic dentures, bridges,  
41 plates, or other appliances to be used or worn as substitutes for  
42 natural teeth;

43 (f) to the use of roentgen or x-ray machines or other rays for

*Approved  
3-19-92  
atm #5*



*PPH  
3-19-92  
Attm #5  
Cg 276*

1 making radiograms or similar records, of dental or oral tissues under  
2 the supervision of a licensed dentist or ~~physician~~. Provided, how-  
3 ever, *person licensed to practice medicine and surgery except* that  
4 such service shall not be advertised by any name whatever as an  
5 aid or inducement to secure dental patronage, and no person shall  
6 advertise that ~~he~~ *such person* has, leases, owns or operates a roent-  
7 gen or x-ray machine for the purpose of making dental radiograms  
8 of the human teeth or tissues or the oral cavity, or administering  
9 treatment thereto for any disease thereof;

10 (g) except as hereinafter limited to the performance of any  
11 dental service of any kind by any person who is not licensed  
12 under this act, if such service is performed under the super-  
13 vision of a dentist licensed under this act at the office of such  
14 licensed dentist. Provided, however, That such nonlicensed  
15 person shall not be allowed to perform or attempt to perform  
16 the following dental operations or services:

17 (1) Any and all removal of or addition to the hard or soft  
18 tissue of the oral cavity.

19 (2) Any and all diagnosis of or prescription for treatment for  
20 disease, pain, deformity, deficiency, injury or physical condi-  
21 tion of the human teeth or jaws, or adjacent structure.

22 (3) Any and all correction of malformation of teeth or of the  
23 jaws.

24 (4) Any and all administration of general or local anaesthesia  
25 of any nature in connection with a dental operation.

26 (5) A prophylaxis.

27 Sec. 2. K.S.A. 65-1456 is hereby amended to read as follows:  
28 65-1456. (a) The board may suspend or revoke the license, license  
29 certificate and renewal certificate of any registered and licensed den-  
30 tist who shall permit any dental hygienist operating under such  
31 dentist's supervision to perform any operation other than that per-  
32 mitted under the provisions of article 14 of chapter 65 of the Kansas  
33 Statutes Annotated, or acts amendatory of *the provisions thereof or*  
34 *supplemental thereto*, and may suspend or revoke the license of any  
35 dental hygienist found guilty of performing any operation other than  
36 those permitted under article 14 of chapter 65 of the Kansas Statutes  
37 Annotated, or acts amendatory of *the provisions thereof or supple-*  
38 *mental thereto*. No license or certificate of any dentist or dental  
39 hygienist shall be suspended or revoked in any administrative pro-  
40 ceedings without first complying with the notice and hearing re-  
41 quirements of the Kansas administrative procedure act.

42 (b) (1) The practice of dental hygiene shall include those edu-  
43 cational, preventive, and therapeutic procedures which result in the

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3-19-92  
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Pg 386

1 removal of extraneous deposits, stains and debris from the teeth and  
2 the rendering of smooth surfaces of the teeth to the depths of the  
3 gingival sulci.

4 (2) Included among these educational, the preventive and ther-  
5 apeutic procedures are the instruction of the patient as to daily  
6 personal care;

7 (A) Protecting the teeth and supporting structure from dental  
8 caries, and disease;

9 (B) the scaling and polishing of the crown tooth surfaces and;

10 (C) administration of local (block and infiltration) anaesthesia  
11 and nitrous oxide;

12 (D) removal of overhanging restoration margins and periodontal  
13 surgery materials;

14 (E) the planing of the root surfaces, in addition to the curettage  
15 of those soft tissues lining the free gingiva to the depth of the gingival  
16 sulcus; and

17 (F) such additional educational, preventive and therapeutic pro-  
18 cedures as the board may establish by rules and regulations.

19 (c) Subject to such prohibitions, limitations and conditions as the  
20 board may prescribe by rules and regulations, any licensed dental  
21 hygienist may practice dental hygiene and may also perform such  
22 dental service as may be performed by a dental assistant under the  
23 provisions of K.S.A. 65-1423 section. 3 and amendments thereto.

24 (d) The practice of dental hygiene shall be performed under the  
25 direct or indirect general supervision of a licensed dentist at the  
26 office of such licensed dentist except that the administration of local  
27 anesthesia shall be under the direct supervision of a licensed dentist  
28 at the office of the licensed dentist. The board may designate by  
29 rules and regulations the procedures which may be performed  
30 by a dental hygienist under direct supervision and the pro-  
31 cedures which may be performed under the indirect supervi-  
32 sion of a licensed dentist. The administration of local anesthesia  
33 shall be performed by a dental hygienist who has completed a course  
34 of instruction as the board may designate by rules and regulations.  
35 The degree of supervision of any additional procedures not listed  
36 under subsection (b)(2) shall be determined by the board.

37 (e) As used in this section, "indirect supervision" means that  
38 the dentist is in the dental office, authorizes the procedures  
39 and remains in the dental office while the procedures are being  
40 performed and:

41 (1) "Direct supervision" means that the dentist is in the dental  
42 office, personally diagnoses the condition to be treated, personally  
43 authorizes the procedure and before dismissal of the patient evaluates



1 the performance.

2 (2) "General supervision" means a licensed dentist may delegate  
3 verbally or by written authorization the performance of a service,  
4 task or procedure to a licensed dental hygienist under the supervision  
5 and responsibility of the dentist, if the dental hygienist is licensed  
6 to perform the function, and the supervising dentist examines the  
7 patient at the time the dental hygiene procedure is performed, or  
8 during the seven calendar months preceding the performance of the  
9 procedure, except that the licensed hygienist shall not be permitted  
10 to diagnose a dental disease or ailment, prescribe any treatment or  
11 a regimen thereof, prescribe, order or dispense medication or per-  
12 form any procedure which is irreversible or which involves the in-  
13 tentional cutting of the soft or hard tissue by any means. A dentist  
14 is not required to be on the premises at the time a hygienist performs  
15 a function delegated under this paragraph (2).

16 (f) Nothing in this act shall be construed to prevent a dentist  
17 from authorizing a dental hygienist employed by the dentist to in-  
18 struct and educate a patient in good oral hygiene technique or to  
19 provide a medication as ordered by the dentist to a patient. This  
20 act does not prohibit removal of cementum by a dental hygienist  
21 during root planing and curettage.

22 (g) All work performed by a dental hygienist in the practice of  
23 dental hygiene, as defined in this act, shall be performed in the  
24 dental office of the supervising dentist or dentists legally engaged  
25 in the practice of dentistry in this state, by whom the dental hygienist  
26 is employed, or under the supervision of a supervising dentist in an  
27 alternative approved setting, including, but not limited to, an adult  
28 care home or the patient's home, provided that the hygienist is  
29 licensed to perform the delegated procedure and the supervising  
30 dentist examines the patient during the seven months preceding the  
31 performance of the procedure by the dental hygienist or at the time  
32 the procedure is performed, except where employed by schools, hos-  
33 pitals, state institutions, public health clinics or other institutions  
34 that have applied to and been approved by the Kansas dental board  
35 as a proper location for the performance of a dental procedure.

36 (h) The board may issue a permit to a licensed dental hygienist  
37 to provide dental screening as an employee of the state of Kansas,  
38 or any subdivision thereof, at any public institution or facility under  
39 the supervision of the governing body of such public institution or  
40 facility under such terms and conditions as the board may reasonably  
41 establish in such permit. Such permit shall be for a period of one  
42 year and shall be subject to renewal annually at the time the license  
43 for dental hygiene is renewed.

PAKED  
3-19-92  
Attn # 5  
Pg 4 of 6



1 New Sec. 3. (a) A person licensed to practice dentistry may del-  
 2 egate to ~~any qualified and properly trained dental assistant~~ acting  
 3 under the dentist's direct supervision any dental act that a reasonable  
 4 and prudent dentist would find is within the scope of sound dental  
 5 judgment to delegate if, in the opinion of the delegating dentist,  
 6 the act can be properly and safely performed by the person to whom  
 7 the dental act is delegated and the act is performed in its customary  
 8 manner, not in violation of this act or any other statute, and the  
 9 dental assistant to whom the dental act is delegated is not repre-  
 10 sented to the public as being authorized to practice dentistry. A  
 11 ~~dentist may not:~~

- 12 (1) Delegate an act to an individual who, by order of the board,  
 13 is prohibited from performing the act;
- 14 (2) delegate the administration and monitoring of nitrous oxide  
 15 to a dental assistant unless such person has completed a course of  
 16 instruction in the administration and monitoring of nitrous oxide  
 17 approved by the board;
- 18 (3) delegate the performance of any of the following acts to a  
 19 person not licensed as a dentist or dental hygienist:
- 20 (A) The removal of calculus from the natural and restored surfaces  
 21 of exposed human teeth and restorations in the human mouth, pro-  
 22 vided that nothing herein shall be deemed to limit the delegation  
 23 by a dentist of the polishing of exposed human teeth to a qualified  
 24 dental assistant;
- 25 (B) root planing or the smoothing of roughened root surfaces;
- 26 (C) administration of local (block and infiltration) anesthesia; or
- 27 (D) any other act the delegation of which is prohibited by the  
 28 rules and regulations of the board.
- 29 (4) delegate the performance of any of the following acts to a  
 30 person not licensed as a dentist:
- 31 (A) Comprehensive examination or diagnosis and treatment  
 32 planning;
- 33 (B) a surgical or cutting procedure on hard or soft tissue;
- 34 (C) the prescription of a drug, medication or work authorization;
- 35 (D) the placement of any final restoration; or
- 36 (E) the administration of a general anesthetic agent.

37 ~~(b)~~ As used in this section, a "dental assistant" is a person who  
 38 is employed by and works in the office of a licensed, practicing  
 39 dentist and who performs one or more delegated dental acts under  
 40 the direct supervision, direction and responsibility of such dentist;  
 41 "direct supervision" means the dentist is in the dental office, per-  
 42 sonally diagnoses the condition to be treated, personally authorizes  
 43 the procedure and, before dismissal of the patient, evaluates the

properly qualified dental assistant as provided in this section,

dental assistant shall be considered properly qualified for the purposes of the dental practices act if the dental assistant has satisfactorily completed educational, training and testing requirements and qualifications as determined by the Kansas dental board, which requirements and qualifications shall be in no particular less stringent than the requirements and qualifications prescribed by the dental assisting national board for general or specialized dental assisting. A person shall be considered a qualified dental assistant for the purposes of the dental practices act if the person has been properly trained and has been employed by a dentist on a full-time basis as a dental assistant for a period of at least six months immediately preceding the effective date of this act, but shall not include any dental assistant who, from and after July 1, 1993, has not satisfactorily completed educational, training and testing requirements and qualifications as established by the Kansas dental board under this subsection.

(b) A dentist may delegate to a dental assistant who has not completed the requirements and qualifications prescribed by the Kansas dental board in accordance with subsection (b), the following acts to be done under the dentist's direct supervision:

- (1) Office and business management procedures;
- (2) taking and recording of medical and dental histories and vital signs;
- (3) taking of intra/extra oral photographs;
- (4) retracting cheek, tongue or other tissues and suctioning of debris created during the course of a dental treatment;
- (5) mixing and handling of dental materials;
- (6) infection control procedures after completion of a course of instruction approved by the Kansas dental board.

(c) A dentist may not:

(d)

*Added  
3-19-92  
Attom #5  
Pg 5 of 6*

*Repealed  
3-19-92  
Attorney # 5  
Pg 6 of 6*

1 performance.

2 ~~(e) The delegating dentist remains responsible for a dental act~~  
3 ~~by a person performing a delegated dental act.~~

4 ~~(d) The board may by rule and regulation establish guidelines~~  
5 ~~not inconsistent with this section regarding the types of dental acts~~  
6 ~~that may be properly or safely delegated by a dentist to a qualified~~  
7 ~~dental assistant, including a determination as to which delegated~~  
8 ~~dental acts, if any, require competency testing before a person may~~  
9 ~~perform the act.~~

10 ~~(e) A dental act that may be delegated by a dentist to a dental~~  
11 ~~assistant may also be delegated by a dentist to a dental hygienist.~~

12 ~~(f) The board may adopt and enforce rules and regulations not~~  
13 ~~inconsistent with the laws of this state to determine the number of~~  
14 ~~dental hygienists which may be employed by a dentist as necessary~~  
15 ~~to protect the public health and safety.~~

16 Sec. 4. K.S.A. 65-1423 and 65-1456 are hereby repealed.

17 Sec. 5. This act shall take effect and be in force from and after  
18 its publication in the statute book.

(e)

(f)

adopt and enforce rules and regulations  
the laws of this state

[ or other dental assistant, as may be necessary to  
protect the public health and safety,

(g)

(h)



MARVIN E. SMITH  
 REPRESENTATIVE, FIFTIETH DISTRICT  
 JACKSON AND SHAWNEE COUNTIES  
 123 N.E. 82ND STREET  
 TOPEKA, KANSAS 66617-2209  
 (913) 484-3417  
 CAPITOL-ROOM 155E  
 TOPEKA, KS 66612  
 (913) 296-7646



TOPEKA

HOUSE OF  
 REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
 MEMBER: EDUCATION  
 TAXATION  
 TRANSPORTATION

March 19, 1992

HOUSE PUBLIC HEALTH & WELFARE COMMITTEE

HB 3156

Madam Chairman and Members of Committee:

Thank you for introducing this bill and providing a hearing today on the merits of legislation to enhance the opportunity for group housing of alzheimer's clients of Kansas.

Many of us are vitally concerned about those Kansans who require some help daily with some structure and guidance. To avoid or delay admission to nursing home surely has many advantages as to required care and costs. Therefore, I commend the efforts to provide housing that is an alternative to nursing home or institutionalization.

This is a proposal for a demonstration program for facilities to provide services and care for persons with alzheimers disease and related disorders. I would urge your favorable consideration of HB 3156.

*PAH*  
 3-19-92  
 Attn #6

TESTIMONY

Before the Committee on Public Health and Welfare  
Kansas State House of Representatives

in Support of House Bill No. 3156

Presented by:

Randy L. Speaker, President

Contemporary Housing Alternatives of Topeka, Inc.  
534 South Kansas Avenue Suite 910  
Topeka, Kansas 66603  
(913) 232-8338

March 19, 1992

*PH/W*  
*3-19-92*  
*Attn # 7*

Contemporary Housing Alternatives of Topeka, Inc.  
534 South Kansas Ave. Suite 910  
Topeka, Kansas 66603

March 19, 1992

Representative Carol Sader, Chairperson &  
Members of the Committee;

I would like to communicate my avid support of House Bill No. 3156 which would establish a demonstration program for the development and operation of two group homes for persons with Alzheimer's Disease (AD) and related disorders.

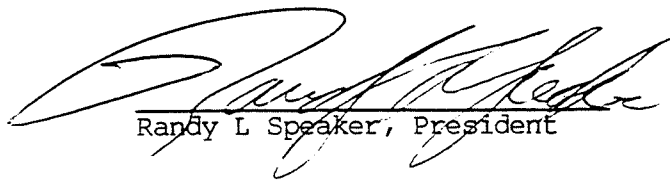
A prevalent, recurring theme is continually being heard and promoted throughout the halls of the capitol and those of various state agencies, among which are the Departments on Aging, Social & Rehabilitation Services and Health & Environment:

**"Find alternatives to institutions for elderly and disabled Kansans which can be more responsive to their needs and at an economical cost"**

This legislation can be the vehicle upon which our state can initiate a formal, organized effort in pursuit of this theme. This vehicle has a very distinct advantage should the legislature act positively. Non-state funds totaling \$504,760 for structures, equipment and vehicles have been committed. To procrastinate the pursuit of this theme would require that the state of Kansas start from the beginning to raise funds. Decisive action is needed this legislative session.

To promote expediency, I have attached an "Executive Summary" from which I would like to highlight a few important points. (See Attachment)

Respectfully,



Randy L. Speaker, President

Enclosures:

*PHW*  
*3-19-92*  
*attn #7*  
*39275*

# EXECUTIVE SUMMARY

## Proposal for Demonstration Project

### "An Alternative To Institutional Care For Persons With Dementia (Of The Alzheimer's Form)"

#### Statistics Alzheimer's Disease Identified:

- \* 4 million Americans are afflicted
- \* 54,000 persons over age 65 at risk in Kansas
- \* 8,251 persons currently reside in Kansas nursing homes who have Alzheimer's or similar forms of Dementia (only 80% sampling)

#### Objective of Proposal:

- \* Prevent inappropriate nursing home placement
- \* Postpone the need for institutions
- \* Provide housing alternatives to institutionalization
- \* Promote "affordability" in housing and support services

#### Current Alternatives:

- \* Nursing homes (inappropriate for persons in early stages)
- \* In own home with noncontinuous services (inappropriate)

#### Group Home Concept:

- \* Residential neighborhoods; two (2) scattered sites
- \* Six (6) long-term residents and two (2) respite care slots / home
- \* 1/2 of persons served will be Medicaid recipients
- \* Support services for persons in earlier stages (non medical)

#### Merits:

- \* Socially more acceptable
- \* Psychologically more stimulating environment
- \* Saves money for state
- \* Better services

#### Current Funding Commitments:

- \* \$504,760 for structure, equipment and vehicles (non state monies)

#### Funding for Services:

- \* Two potential federal sources; regulations not yet written on one

D. Hall  
3-19-92  
Attn # 2  
09375

Window of Opportunity:

- \* \$471,850 of current funding will be lost if construction does not start before December 15, 1992
- \* Federal programs for service dollars may not be ready in 1992
- \* Demonstration project will enhance state's chances of receiving federal monies

Cost Analysis:

- \* Program will cost \$434,091 to operate first year.
- \* Resident will pay 20% of gross income plus utilities for rent subject to Minimum Rent and Maximum Rent guidelines
- \* Minimum Rent will be \$237 per month (targeted toward SSI recipient)
- \* Maximum Rent will be \$372 per month plus utilities
- \* Respite care charges will be \$8.00 per hour during "Prime Time" (7:00 AM to 11:00 PM); \$5.00 per hour other times plus meals.
- \* Cost to state for first year will be \$326,652

Benefit Analysis:

- \* State now pays \$7,482 per person per year for geriatric institution
- \* 108 persons will benefit from demonstration project (12 long-term + 96 respite) (1/2 to be Medicaid recipients)
- \* Demonstration project will save Kansas \$404,028 in the first year (net savings = \$77,376 in first year)
- \* Savings can be restated as: \$1,433 per medicaid person served per year

*pp/rev*  
*3-19-92*  
*attmt. # 7*  
*of 75*

## B I O G R A P H Y

RANDY L. SPEAKER

534 South Kansas Avenue, Suite 910

Topeka, Kansas 66603

(913) 232-8338

Mr. Speaker has had fifteen (15) years experience in real estate development, marketing and management within the Midwest region. During that time, he has participated as an owner/developer or consultant for forty-five (45) completed projects. Presently, he is involved with fourteen (14) projects which are under construction or in various stages of development. To date, he has successfully raised over forty five million dollars (\$45,000,000) for housing projects. Mr. Speaker specializes in projects designed for the low to moderate income elderly and various disability groups, including the developmentally disabled, physically handicapped, and the chronically mentally ill. His views and techniques for housing these special populations have been published in several books and periodicals over the past several years. Additionally, he has been called upon on numerous occasions to provide input to the U.S. Department of Housing & Urban Development as new regulations are drafted which are responsive to the housing needs of the elderly and disabled. Mr. Speaker is also the Employing Broker for the firm Speaker & Associates, Inc. which specializes in property management and the sale and revitalization of repossessed real estate. He holds a BBA Degree with an emphasis in Economics; is a licensed Real Estate Broker; holds the GRI (Graduate of Real Estate Institute) and CHM (Certified Housing Manager) designations and serves as a real estate development consultant to the Small Business Development Center of Washburn University. He is also a member of the Mayor's Commission on Affordable Housing for Topeka and serves as a board member for Contemporary Housing Alternatives, Inc, a not-for-profit organization dealing with a variety of local and national housing issues.

December - 1991

*P&A/W*  
*3-19-92*  
*Attn # 7-*  
*pg 5 of 5*



# The University of Kansas

March 17, 1992

Gerontology Center

To: House Public Health and Welfare Committee, Kansas Legislature  
From: R. Mark Mathews, Ph.D., Acting Director, University of Kansas Gerontology Center  
Re: Support for House Bill 3156 "An alternative to institutional care for persons with dementia (of the Alzheimer's form)"

Thank you for the opportunity to provide testimony in support of a creative, community-based alternative to institutional care for persons with dementia. With this demonstration project, Kansas can be at the forefront of creating more humane, appropriate, and cost-effective approaches to providing housing and needed human services to elders with dementia.

The numbers and overall proportion of persons with functional impairments are rapidly increasing, and are projected to continue to increase over the next several decades. An ever increasing number of people living to advanced ages accounts for much of this trend. With advanced age, comes a greater likelihood of functional disabilities and the need for assistance from others for daily living activities. However, few appropriate and affordable options currently exist for disabled elders.

Traditionally, housing and human services have been viewed from both the practice and policy perspective as very separate issues, except when subsumed under the institutional model. Increasing dissatisfaction has been expressed by elders and their family members toward institutional care, which continues to be the predominant model. Recent data suggest that many people currently living in nursing homes could be more appropriately cared for in less restrictive settings. Further, the rapidly escalating costs of long-term care demands that we examine other approaches to providing for residential and service needs of our disabled elders.

These new approaches will require a better integration and coordination of the housing and human service delivery systems. The goal of such endeavors should be to more appropriately and adequately address the desires of elders to live in environments which support independence and autonomy, while making available and accessible a broad range of affordable health and supportive services.

The proposed demonstration project has the potential to provide disabled elders just such an option. Located within residential neighborhoods, the program would provide a socially-acceptable and psychologically stimulating environment that integrates both basic housing and service needs. In addition, it would address the critical need for respite for family members that continue to care for an elder with dementia in their own home. At the same time, this demonstration project has the potential to provide substantial cost savings to the State. I urge you to support this needed legislation and provide full funding for the project.

*RMW*  
*3-19-92*  
*attm # 8*

March 17, 1992

Kansas House of Representatives  
Public Health and Welfare Committee  
State Capitol Building  
Topeka, Kansas

Dear Members of the Committee:

As a member of the Board of Directors of the Alzheimer's Association: Topeka Chapter and an Alzheimer's family member, I want to urge you to vote in favor of House Bill No. 3156. The group home concept specifically targeting the Alzheimer victims and their families is a much needed service not only in Topeka, but across the entire State of Kansas. These homes would serve a two fold purpose, an alternative to premature nursing home placement and as a source for desperately needed respite for family caregivers. I can tell you from personal experience that there is truly a need for these alternatives.

A tremendous amount of time and effort has been expended by Randy and Kathy Speaker on this project and since passage of House Bill No. 3156 is the "last hurdle", I want to urge you to vote for passage and full funding of this legislation.

Respectively,

*Douglas W. Glenn*

Douglas W. Glenn

*Done  
3-19-92  
Attn #9*





Topeka Chapter  
P. O. Box 1427  
Topeka, KS 66601

TESTIMONY IN FAVOR OF H.B. 3156  
FROM THE ALZHEIMER'S ASSOCIATION-TOPEKA CHAPTER

1992 Officers

*President*  
Patsy Congrove  
Executive Director  
Volunteer Center of Topeka

*First Vice-President*  
Doug Glenn, CPA  
Braunsdorf, Carlson &  
Clinkenbeard

*Second Vice-President*  
Vicky Walters, MSW  
Social Service Consultant

*Secretary*  
Diane Bottorff, MN, RNC  
Director of Nursing  
United Methodist Home

*Treasurer*  
Eva McGlone  
Homemaker

Board Members

Linda Carlson  
Kansas Expocentre

Daryl V. Craft, President  
The Guardian Trust Co.

Fern Freeman  
ZAX, Inc.

Addie Hanna  
Homemaker

Richard Maxfield, Ph.D.  
Private Practice of  
Clinical Psychology

Dea Olson  
Interior Designer  
Linda Lee Design Associates

Debbie Pryer  
The Security Benefit Group  
of Companies

Kathy Speaker  
Housing Advocate  
Contemporary Housing  
Alternatives of Topeka, Inc.

Alice Vernon  
YMCA Fitness Instructor

Tam Vincent  
Realtor - Kirk and Cobb

Sterling Waggener  
Attorney

Joan Walrafen  
Homemaker

Opal Wheeler  
Homemaker

*Executive Director*  
Marcene Grimes

I am Doug Glenn, first vice-president of the Board of Directors of the Topeka Alzheimer's Association and a member of the Public Policy Committee. My father has Alzheimer's Disease. I am here to speak briefly in support of H.B. 3156.

A year ago January, Randy and Kathy Speaker spoke to our Board about their proposed project to build two group homes in Topeka especially designed for Alzheimer and other dementia victims. While the Board was supportive, I have to admit there was some skepticism that the project would ever get off the ground. Now a year later we are awed and impressed at how far the project has come. I am told a few others may have had this kind of a dream project in their heads for a long time, but here we have an actual project ready to fly. I understand that passage of H.B. 3156 is a sort of "last hurdle" for the Speakers. I also know they have done their homework well.

We believe having these facilities declared a demonstration program is an excellent idea. It will constitute a first for Kansas in testing a new way to provide needed services, residential accommodations, and care for Alzheimer patients. Entirely too many Alzheimer patients are being placed in nursing homes prematurely but for good reason - more often than not because the home caregiver has been compelled to give up. We are finding that an alarming number of caregivers are preceding their patients in death lately. Caring for an Alzheimer patient has got to be one of the most stressful jobs possible, when you consider that reasoning with the patient is out of the question, that the patient may wander off mentally and physically at any moment, and yet may look and act "healthy as a horse," so that other family members may think there's nothing wrong. From what I have been told about these proposed demonstration group homes, they sound ideal as a way to keep the early stage patients in a non-stressful, safe setting, small in size which will help reduce confusion, and with a truly caring staff (I am told there is a very long waiting list already of health care workers

*PHW*  
3-19-92  
att #10

eager to go to work for the Speakers.)

Our Chapter is equally excited about the respite features to be incorporated in these homes. I am sure the whole state must be short on respite services for Alzheimer families. While Topeka has a number of respite services where someone comes into the home to let the caregiver get away for a while, we do not have enough adult day care type facilities where the caregiver can drop off the patient for a few hours or an occasional overnight stay. While not all patients will cooperate in being dropped off somewhere strange, if they are taken slowly and gently into a pleasant, homelike atmosphere with friendly people around who know how to communicate with Alzheimer patients, it may work for them.

When our Chapter is asked what needed services for Alzheimer patients it is not currently providing, we immediately shout "RESPITE." Someday we may get involved in helping deserving Alzheimer families pay for respite services. Right now we do not have the funds to do that but we certainly do look with favor on any new respite services that we can report to our families.

We urge you to accept H.B. 3156 and I thank you for letting me speak in support of it.

P4/rel  
3-19-92  
attn #10  
pg 272

Carol M. Robbins LNSAD, BSW  
2652 "C" SW Arrowhead  
Topeka, Kansas 66614  
(913) 273-0717

TESTIMONY IN SUPPORT OF HOUSE BILL #3156

March 18, 1992

Kansas House of Representatives  
Public Health and Welfare Committee

Representative Carol Sader, Chairperson

I would like to briefly share with you some new and very startling statistics about the Alzheimer's Disease and a little bit about what a nursing home is not.

You may know there are four million people diagnosed with Alzheimer's Disease, but what you probably don't know is that by the year 2020 there will be an estimated 10 to 12 million people diagnosed with this disease. That is an incredible increase in less than 30 years.

Today the Alzheimer's Disease is the FOURTH leading cause of death among adults. 10% of people over age 65 are afflicted and that percentage rises to 47.2% for people age 80 and over. And age 80 and over is the fastest growing segment of our population. Additionally, 50 to 60% of the people in nursing homes today are Alzheimer's Disease victims. With the increasing numbers of people being diagnosed with the Alzheimer's Disease and the already high percentage of people in nursing homes that have this dementing illness, it is very apparent that we need alternatives to nursing home care.

Because I am a Licensed Nursing Home Administrator and a Social Worker I can attest to you that nursing homes are not the proper placement for people in the early to middle stages of the Alzheimer's Disease. There are three distinct reasons for this:

1) The environment alone is much too large. People with dementia become disoriented and confused in a large unpredictable environment. This disorientation can bring on combative and aggressive behavior.

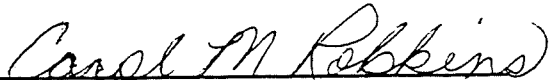
2) The programs offered in nursing homes are not designed for the Alzheimer's victim. They are designed for the frail well elderly, because of this the person with dementia just does not participate. Instead, they will tend to wander aimlessly. It is extremely difficult to socially mix the frail well elderly with the Alzheimer's resident. Their level of cognitive ability is so extremely different from each other that their social needs are also very different. Our programs at Contemporary Housing Alternatives of Topeka, Inc. (CHA) will enable residents to continue in normal social roles that have had a purpose and meaning in their past lives.

PHW  
3-19-92  
Attn #11

3) The patient to staff ratio in a nursing home is typically 10 to 1. With such a high ratio, the staff only has time to focus on the many medical emergencies that happen everyday. The people in the early stages of the Alzheimer's Disease are usually in excellent physical health and do not need the medical care, they do need however, a social model of care. CHA will have a patient to staff ratio of 4 to 1. This will allow staff to work with residents on a one to one basis offering the proper stimulation to slow the degenerative disease process.

Respite care is also desperately needed in our community to give the family caregiver relief. CHA will offer Long term and Short term respite care.

The goal of Contemporary Housing Alternatives is to alter the premature placement to a nursing home and to provide a safe, supportive, yet warm, enjoyable and stimulating environment for our loved ones. All human beings deserve that, even if afflicted with a dementing illness.

  
Carol M. Robbins

Carol M. Robbins

*JAW*  
*3-19-92*  
*Attn #11*  
*Pg 232*

Kathleen A. Speaker  
4031 NW Brickyard Road  
Topeka, Kansas 66618  
(913) 286-2311

March 19, 1992

Representative Carol Sader, Chairperson &  
Members of the Committee on Public Health and Welfare  
Kansas House of Representatives

Subject: **TESTIMONY IN SUPPORT OF HOUSE BILL NO. 3156**

Dear Chairperson Sader and Members of the Committee,


Two years ago my mother (67 at that time) was diagnosed with Alzheimer's Disease. at the Stormont Vail Senior Diagnostic Unit here in Topeka. It was recommended to me that she be placed in a nursing home for her safety and added structure. I went and looked at two which would take medicaid and decided at that time she was not ready for that environment. Desperately, I searched for other alternatives and found that as physically healthy as my mother was the home services and mobile meals did not work for her at that particular Stage in her disease. I had talked with the Shawnee County Health Department, The Department of Social Services, and the Jayhawk Area On Aging. In my own decision making I felt what was best for her was 1) Nutrition 2) Socialization 3) and her trust in me to help her make some life decisions.

Two months later I moved her into some independent living apartments. With her limited income, we all help financially. Mom is still living there and it has been said that she has been given two more years of life because of her being able to live in a more residential environment and not the wing of a nursing home.

One month ago I had a nightmare which was so devastating. My mom had died. She needed help and no one was there. I kept asking why did she die and no one would tell me because of the guilt they knew I was feeling.

I have also been very protective of her. There is a certain way which you relate to a person with Alzheimer's. Training of caregivers is essential!

For 11 years I have been watching the tears from the families having other needs for Group Homes and thanking Randy for his help. Now the need is a personal one. PLEASE ALLOW THIS BILL TO PASS and give those with Alzheimer's disease a chance to live our their remaining years with dignity.

  
Kathleen A. Speaker

PH&W  
3-19-92  
Attn. #12



## Few programs available to aid Alzheimer's patients, families

BOWLING GREEN, Ohio (AP) — Mary Alexander says her husband, Ben, was intelligent, active and tender.

He biked five miles a day into his late 60s. He read and played bridge, had a master's degree in business. And the couple went ballroom dancing every Friday.

But five years ago, his mental capabilities began to fail. A doctor told him he had Alzheimer's disease, a degenerative brain disorder for which there is no cure. His sister had died of the disease.

"It broke his heart to see what happened to his sister," said Mrs. Alexander, 66. "It got to a point where he couldn't read anymore. He couldn't ride his bicycle. And he knew he would continue to deteriorate."

Slowly, Mrs. Alexander became her husband's voice. She read newspapers to him. When they went to restaurants, she ordered the food.

Finally, with no hope that his condition would improve, he decided last year, at 71, that life wasn't worth living. On Dec. 8, Mrs. Alexander helped him write a suicide note.

Two days later, when he was alone, he put a gun in his mouth and pulled the trigger.

Mrs. Alexander said her husband thought long and hard about killing himself.

"He was a rational man. He knew there was no hope that he was going to get better," she said.

About 4 million Americans, most of them over 65, are afflicted with Alzheimer's. That figure could increase to 14 million by 2050, said Susan Nowicki, spokeswoman for the Chicago-based National Alzheimer's Association.

Many families of Alzheimer's victims hold out hope that a cure will be found and are eager to try experimental medical treatment.

Mrs. Alexander tried to get her husband into a clinical trial program for the drug Tacrin at the Medical College of Ohio in Toledo, about 30 miles west of Bowling Green.

"There were just too many people who applied. The hospital couldn't take everybody," she said.

Creighton Phelps, a neurologist who is the association's vice president of medical and scientific affairs, said the drug has shown little promise, anyway.

"It's supposed to bolster brain levels of one of the chemicals that plays an important

role in memory. But the results are quite minimal. It's been in clinical trials all over the nation for the last five years," he said.

Phelps said eight drugs are being tested to help Alzheimer's victims.

"In about five years, we might be able to delay the progress of the disease by as much as five years, sort of slow it down so people can live healthy lives longer," he said.

The Alzheimer's association has 250 chapters, which have established more than 2,000 support groups across the nation.

"The key is therapeutic programs," said Nina Fouts, who ran an adult day care center for Intergenerational Services Inc. in Toledo. The non-profit agency also offered psychotherapeutic services to 2,000 Alzheimer's patients at 66 nursing homes in Ohio.

"You can take somebody to somebody's house or a day care center and sit them down and let them watch TV all day. That's not a therapeutic program. It's got to be specifically designed because there are so many different levels of the disease," Ms. Fouts said.

Intergenerational went out of business in 1990 after Nationwide Insurance, the sole carrier of Medicare in Ohio, began rejecting its claims for psychotherapy services. Nationwide contended the services were recreational and social.

Some families who had relatives in Intergenerational's day care center had to put them in nursing homes after it closed. Others had to quit their jobs to stay home with them.

"Intergenerational's demise has meant total hardship for many families," said Judy Messinger, chairwoman of Advocates for Alzheimer's Victims. "People in the area are placing loved ones in nursing homes sooner than they have to because there's nothing out there."

Families across the country are dealing with the same problem.

"It's difficult to find services, and it's been that way for a long time," said Thomas Kirk, director of patient and family services for the National Alzheimer's Association.

For Alexander, there was only one solution.

"He resigned himself to the inevitable," said his wife. "He knew he was going to get worse. He wasn't going to clutch at any straws. I miss him. But he felt he didn't have a choice."

## Coming Soon

The Senior Circuit, a column about senior sports, including bowling, golf, running, tennis, fishing, etc. The column will be written by W.L. "Buck" Jones. Those who wish to submit information for the column may call him at 651-5073.

PXW  
3-19-92  
Attn #  
12-A





NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES

CHAPTER 2

1331 SW 31st Terrace  
Topeka, Kansas 66611

March 19, 1992

TESTIMONY IN SUPPORT OF HOUSE BILL NO. 3156

Public Health & Welfare Committee  
House of Representatives  
State Capitol Room #423-S  
Topeka, Kansas 66612

This is to advise that I am a member of the Topeka Chapter 2, National Association of Retired Federal Employees. There are 51 chapters in Kansas and more than 1,700 nationwide.

Fighting Alzheimer's Disease has been a priority of the Topeka NARFE Chapter since 1988. During this time, I served as our Chapter Alzheimer's Disease program coordinator.

Our Topeka NARFE group consisting of 700 members raised \$700 each of the past four years for the Alzheimer's Association's research endowment fund. The \$2,800 in contributions helped the National Association of Retired Federal Employees reach its national goal of One Million Dollars in donations to the Alzheimer's Association for research into the causes, cures, treatment and possible prevention of Alzheimer's Disease.

In 1990 and 1991, the Topeka NARFE Chapter raised an additional \$520 that was presented to the local Alzheimer's Association Chapter to help finance local Alzheimer services and programs.

The purpose of this letter is to express our support for Contemporary Housing Alternatives, Inc.'s effort to provide appropriate and affordable housing for those individuals having Alzheimer's and who need assistance to live independently. Hopefully, House Bill No. 3156 will pass fully funded.

Bill Kasten, President of our Topeka NARFE Chapter, approved of my writing this letter on behalf of our group.

Sincerely,

*Orville W. Love*  
Orville W. Love  
Alzheimer's Coordinator

*PHW  
3-19-92  
Attn # 13*

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES**  
**On Behalf of Donna L. Whiteman, Secretary**

**Committee on House Public Health and Welfare**  
**Testimony on House Bill 3156**

**March 19, 1992**

The Kansas Department of Social and Rehabilitation Services (SRS) supports Mr. Speaker's concept for Contemporary Housing Alternatives (CHA). Development of new ideas for community-based long-term care (LTC) living arrangements will be a deciding factor in altering the course of LTC in Kansas.

Contemporary Housing Alternatives (CHA) currently seeks funding for habilitation services for their residents. SRS has two programs which may fulfill some of CHA's needs. The Home and Community-Based Services (HCBS) Program would be available to Medicaid-eligible residents who meet the medical criteria of needing nursing facility placement. The Income Eligible Home Care Program offers some of the needed services such as residential and nonmedical attendant to residents whose income is less than \$827 per month or \$1,110 per month for a couple (150% of poverty). Both programs offer services in limited amounts which will not meet the entire CHA Plan.

Section 4711 Medicaid Funds are available to states offering HCBS services to Alzheimer's victims. These funds are distributed among all participating states based on their population over age 65. Currently, only two states, Florida and Texas, participate in Section 4711 and do so because they have no state match for their HCBS programs. HCFA has advised against Kansas' participation in Section 4711 due to the instability of the funds and the requirement of a state's continuing participation for a minimum of three years even if federal funds become unavailable. Kansas would receive proportionately small amounts of the funds compared to the other participating states. Final regulations are still not available; and, as written, these funds do not provide an expansion to existing HCBS programs or services.

An HCBS waiver for Alzheimer's victims would require long-range enhanced funding commitments to expand existing HCBS services. CHA's proposal to operate as a demonstration project may be a more practical approach to developing services for this new concept in LTC. Existing SRS Home Care programs cannot support the needed \$299,130 annual service plan with current funding levels. If a demonstration project is approved, adequate funding should be included. This project should not be funded at the expense of existing home care programs. Creating a demonstration project may be perceived as an inequity within the SRS service delivery system if allocations to existing programs are cut to fund this project.

SRS welcomes the introduction of the CHA housing concept and continues to assist Mr. Speaker in identifying available funding sources for this project.

Robert L. Epps  
Commissioner  
Income Support/Medical Services  
(913) 296-6750

*PHW*  
*3-19-92*  
*Attch #14*

ELIGIBILITY GUIDELINES

HCBS

INCOME-ELIGIBLE

	<u>HCBS</u>	<u>Income-Eligible</u>
<u>NONFINANCIAL</u>	<ol style="list-style-type: none"><li>1. 65 yrs. of age or older or disabled.</li><li>2. Medically in need of institutional care.</li><li>3. Medicaid-Eligible.</li></ol>	<ol style="list-style-type: none"><li>1. 18 yrs. of age or older.</li><li>2. Meet the personal needs assessment guidelines.</li><li>3. All critical needs met by SRS.</li></ol>
<u>FINANCIAL</u> (one person)	<ol style="list-style-type: none"><li>1. Nonexempt resources below \$2,000 total.</li><li>2. Client obligation may be established.</li></ol>	<ol style="list-style-type: none"><li>1. Nonexempt income below \$827/mo.</li><li>2. No monthly fee for service assessed.</li></ol>
<u>LIMITATIONS</u>	<ol style="list-style-type: none"><li>1. Total cost of care must be less than institutionalization. (Current cap - \$1,012/mo.)</li></ol>	<ol style="list-style-type: none"><li>1. Service hours limited to 10 hrs./week total.</li><li>2. Funding must be available.</li><li>3. Respite Care limited to HCBS recipients.</li></ol>

3/19/92

PHW  
3-19-92  
Alm #14  
Pg 272





Department of Health and Environment

Azzie Young, Ph.D., Secretary

Reply to:

Testimony presented to

The House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

House Bill 3156

The Kansas Department of Health and Environment appears as an opponent to HB 3156. The bill has two components which need to be addressed separately. One is the development of a demonstration project for a health care facility specifically designed for persons with Alzheimer's disease and related disorders. The second component is a provision for the secretary of Social and Rehabilitation Services to develop standards and requirements for these health care facilities.

Our first concern is whether a demonstration program for Alzheimers is necessary. There are a number of specific diagnoses which may require specialized interventions. In addition to Alzheimer's disease and related dementias one could include Huntington's disease, traumatic head injury, Parkinson's disease, and AIDS. It is not feasible to develop special demonstration projects for all specific diseases.

The question, therefore, is whether persons with Alzheimer's disease will significantly benefit from such a special project as proposed in the bill. The Kansas Department of Health and Environment believes that substantial information on the treatment of persons with Alzheimer's disease along with already existing treatment settings makes a special project unnecessary.

Our second concern is making the Department of Social and Rehabilitation Services responsible for establishing standards for such a project. Development of standards and requirements by the Department of Social and Rehabilitation Services is a duplication of services and responsibilities. The Kansas Department of Health and Environment, through adult care home regulations, provides a variety of settings in which appropriate care can be provided. Standards of services have been developed for special care units in nursing facilities through a regulation interpretation. The regulations for adult care homes are in the process of being revised. In the proposed draft of these regulations, there are provisions for special care units. These regulations are intended to give facilities flexibility to provide services to persons with dementia as well as persons with other specific care needs.

For the reasons noted above, KDHE respectfully requests House Bill 3156 not be favorably reported.

Presented  
by:

Joseph Kroll, Director  
Bureau of Adult and Child Care  
Kansas Department of Health and Environment  
March 19, 1992

*J. Kroll*  
*3-19-92*  
*Attn # 15*

*Wetter only*

# MANOR CARE

NURSING CENTER

7101 EAST 21ST STREET NORTH WICHITA KANSAS 67206 316 654-8018

TESTIMONY IN SUPPORT OF HOUSE BILL 3156

March 19, 1992

Representative Carol H. Sader, Chairperson  
House Public Health and Welfare Committee  
State Capitol Building, Room 115-5  
Topeka, Kansas 66612

Dear Chairperson Sader,

I am currently Director of a 47-bed special care unit for dementia victims. Moreover, both my professional and educational background is based in health care: specifically, care of dementia victims.

This letter is written to encourage your support of funding for alternative housing/care options for these victims. Time and time again I have seen exhausted family members place their loved ones in a nursing center because they can no longer cope. Or, more tragically, they use drugs or physical restraints to manage the person at home, trying to avoid nursing center placement. I believe Group homes for long-term or respite stays are an important missing option in Kansas.

Group homes will:

1. Save the state thousands of dollars in just the first year by avoiding SRS payments to nursing centers.
2. Increase the dignity of, and quality of life for, dementia victims.
3. Maximize and maintain their functioning abilities through a psychologically and socially less-restrictive environment.

Again, I urge you to support Bill 3156 for the sake of the needful Kansans.

Most sincerely,

*Jennifer K. Samarah*

Jennifer K. Samarah, M.A. n.h.a.  
Arcadia Director

*JHW*  
*3-19-92*  
*Attn #16*

# The Kansas Rehabilitation Hospital

March 18, 1992

*Written  
only*

Kansas House of Representatives  
Public Health and Welfare Committee

RE: House Bill 3156

Dear Member:

Please consider this letter as my endorsement of HB 3156--a two year "Demonstration Project" for "Alternative to Institutional Care for Persons with Dementia (Of The Alzheimer's Form)".

I am a practicing licensed social worker and during my many years of experience I have worked first-hand with patients and families coping with this disease. Non-institutional settings have always been the preferred setting for patients who are still manageable with modified structure. A home-like setting can delay the loss of self and dignity that often accompanies this disease. It also helps to maintain the fabric of the remaining family members who must continually cope with the stress of seeing a parent or spouse deteriorate. In a home-like setting with specific activities aimed at facilitating ongoing independence, the patient and family maintain their dignity and the shock of the disease is greatly diluted.

I very much support this bill and hope that those of us who have parents or families or know people who have family members with Alzheimer's recognize the importance of this type of project. With our population aging this is just the beginning of the need for these types of alternative living situations to meet current and future needs of our citizens.

It has been said that a society is judged by the care given to the least fortunate of its citizens. This is a chance for Kansas to be judged positively.

Your consideration is greatly appreciated.



Michael J. Schoeberl, LSCSW  
Director of Social Services

*PH+W  
3-19-92  
attn #17*



*Written  
only*

Testimony  
House Bill No. 3156  
Committee on Public Health & Welfare  
March 19, 1992

Members of Public Health and Welfare Committce, thank you for your concern and your time.

My name is Marge Fiedler, I am the Mother of eight grown sons. I have worked in the Nursing field for thirteen years, the past three being in Social Services and Program Director for an Alzheimers unit.

I am in full support of House Bill No. 3156. There is a two fold reason. The Human element of providing the best quality of life for all people, that we are capable of, and our grave concern of financing long term Terminal Illness's.

When we can give Therapeutic Programing in a STRUCTURED HOME enviorment, we can help maintain higher levels of functioning for longer periods of time, thus actually shortneing the extreme financial burden of total care in the later phases of Alzheimers Disease.

I believe we can attain this goal and help relieve the State of some responsibility in providing all the financial needs for our dementia residents with the passing of this Bill No. 3156.

Again, Thank You for your time.

Sincerely,

Marge Fiedler

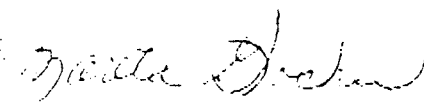
*Marge Fiedler*

*DFW  
3-19-92  
Attn #18*

## ALZHEIMER'S PATIENT

by Janis Hogan Applin

Oh, how can this be  
You and I are losing me  
Some day soon  
May be morning  
May be noon  
I will no longer be the me  
You and I know as me  
I ask, what is happening to me,  
And the answer seems to be  
Words, and thoughts frequently scramble  
And my conversations seem to ramble.  
Oh, how can this be  
You and I are losing me.  
What do I see when I look into your eyes?  
And neighbors come just to pry?  
Confusion, hurt, pity and pain,  
For I am ill and not insane.  
Oh Lord, help me I pray,  
and this is what He seems to say,  
"Fear not my child, I will come to take you  
home to be with me for all eternity."  
What can we do to keep from losing me?  
"Nothing" say the experts.  
But in my confused and foggy state,  
to you I plea,  
"Love me  
Remember me  
Help me to be  
All that I can be  
For as long as I can be  
The me we know as me."

  
Marjorie Gochee  
Program Coordinator

PHW  
3-19-92  
Attn #18  
P9282

## The Kansas Rehabilitation Hospital

*Written only*

March 18, 1992

Rep. Eloise Lynch  
Room 272-W  
State Capitol  
Topeka, KS 66603

RE: HB 3156--Alzheimer's Demonstration Program

Dear Representative Lynch:

I would like to express endorsement of HB 3156 on behalf of myself and the staff of The Kansas Rehabilitation Hospital.

As a rehabilitation hospital providing care to the Topeka community, the need for alternative housing has been a concern for the hospital when discharging many of our patients. There currently is a lack of alternative housing for the disabled in Topeka. This bill will initiate the long, overdue process of developing alternative facilities.

People with the Alzheimer's disease frequently present a difficult management problem for families. This type of housing will allow both the patient and family to operate at a maximum level of functioning while remaining in a home-like setting. Not only will this initiate the process of developing appropriate housing for Alzheimer's patients in Topeka, but will also lead the way in development of other types of alternative housing.

Please join us in supporting and passing HB 3156. Thank you in advance for your consideration.

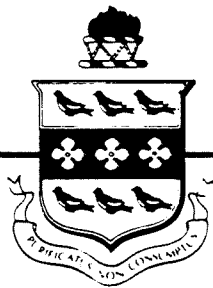
Sincerely,

  
Julie DeJean  
Chief Executive Officer

JD/lj

*PHW  
3-19-92  
Attn # 19*





# WASHBURN UNIVERSITY OF TOPEKA

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School of Applied and Continuing Education  
Topeka, Kansas 66621  
Phone 913-295-6619

18 March 1992

## LEGISLATIVE COMMITTEE STATE OF KANSAS

### H.B. 3156

Please be advised that I fully support H.B. 3156 and full funding for the demonstration project that provides homes in the community for the elderly/disabled population, particularly those in the early stages of Alzheimer's Disease.

Joanne A. Ramberg, R.N., Ph.D.  
Director of Mental Health Program  
Human Services Division

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DHW  
3-19-92  
attn #20