

Approved: 3-6-96
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on February 26, 1996 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Joann Wiley, Kansas Silver-Haired Legislature
Clarence Arndt, Kansas Silver-Haired Legislature
Rev. Donald H. Moses, Kansas Silver-Haired Legislature
Randi Dale, Manhattan
Albert Burgstagler, Ph. D., Professor of Chemistry, University of Kansas, Lawrence

Others attending: See attached list

Hearing on SCR 1620 - Urging the legislature to provide funding for retired senior volunteer program

Joann Wiley, Kansas Silver-Haired Legislature, urged the Committee to adopt SCR 1620 that would provide funding within the Department on Aging budget for expansion of the retired and senior volunteer program. (Attachment 1)

Clarence Arndt and Rev. Donald H. Moses, both long time advocates of the SHL, also urged members of the Committee to adopt the Resolution. (Attachments 2 and 3)

There were no opponents to SCR 1620.

Opponents to SB 681 - Fluoridation required for public water supply systems

Randi Dale, Manhattan, appeared in opposition to SB 681 stating that if this legislation becomes law, Kansans will have no freedom of choice, not even a vote, on having fluoridation in their public water supply. (Attachment 4)

Albert Burgstagler, Ph. D., K.U., also expressed opposition to the bill. Dr. Burgstagler noted that although small-scale studies of preselected communities often purport to show significantly less tooth decay among children in fluoridated than in nonfluoridated areas, this is not always true. He also pointed out that current data indicates that the incidence of dental fluorosis is often 30 percent or higher, and other forms of fluoride intoxication linked directly to the ingestion of fluoride in drinking water in the 1-ppm range has been reported since 1955. (Attachment 5)

Action on SB 538 - Board of nursing authorization to issue exempt licenses and collect certain fees

Staff briefed the Committee on balloon amendments to the bill which is a combination of proposals from the Kansas State Nurses Association, Kansas Hospital Association, Kansas Organization of Nurse Executives and the Kansas Board of Nursing. (Attachment 6) Senator Langworthy made a motion the Committee adopt the balloon amendments to the bill, seconded by Senator Papay. The motion carried. After Committee discussion, Senator Hardenburger made a motion the Committee recommend SB 538 as amended favorably for passage, seconded by Senator Langworthy. The motion carried.

Action on SB 625 - Retired dental licensees authorized to provide charitable dental services

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on February 26, 1996.

Staff briefed the Committee on balloon amendments to the bill which inserts the purpose section and causes the subsections to be relettered. The bill would also retain the 200% poverty level income guidelines and also keep the provision that a retired dentist providing charitable dental services shall be required to comply with the annual renewal requirements of the Kansas dental board. (Attachment 7)

During Committee discussion, Senator Walker expressed concern that the "purpose section" or preamble is rarely legislated in a bill and should not be included in **SB 625**. It was also pointed out that it is not the intent of the Committee to allow corporate dentistry. Senator Walker recommended striking the "purpose section" as noted in the balloon of the bill, reletter the existing subsections, and adopt the existing proposed amendments, seconded by Senator Hardenburger. The motion carried.

Senator Walker made a motion the Committee recommend **SB 625 as amended** favorably for passage, seconded by Senator Langworthy. The motion carried.

Action on SB 684 - Practice of optometry defined

Staff briefed the Committee on balloon amendments to **SB 684** that were submitted by the Kansas Optometric Association that would define a person licensed under the optometry law to manage and treat adult open-angle glaucoma by non-surgical means, including the prescribing, administering and dispensing of topical pharmaceutical drugs, but not other pharmaceutical drugs. Another proposed amendment was offered by the Kansas Association of Osteopathic Medicine that would seek language to expand the number of ophthalmologists' names submitted as nominees to the advisory committee from six to eight, two of them submitted by KAOM. Staff also suggested for clarification a comma needed to be inserted on page 4, line 23 after "diagnostic" and strike the word "and". Staff also pointed out a technical amendment needed to be made on page 3, line 17, after the word "section", insert "who is".

After Committee discussion, Senator Ramirez made a motion the Committee adopt the amendment offered by the Kansas Association of Osteopathic Medicine that would allow KAOM to nominate two members to the board that would be inserted on page 7, line 17 of the bill, seconded by Senator Hardenburger. The motion carried.

Senator Lee made a motion the Committee adopt the amendments offered by the Kansas Optometric Association and the Kansas Medical Society, seconded by Senator Harrington. The motion carried.

Senator Walker made a motion the Committee recommend **SB 684 as amended** favorably for passage, seconded by Senator Harrington. The motion carried.

Action on SCR 1620

Senator Lee made a motion **SCR 1620** be adopted by the Committee, seconded by Senator Jones. The motion carried.

Discussion on SB 152

Senator Walker expressed concern on the split liability of shift change of the anesthesiologist, and also with conflicting medicaid language. It was noted that staff would draft appropriate language in the bill to address these concerns and other technical changes.

Adjournment

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

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-26-96

NAME	REPRESENTING
Clarence Arndt	KS SILVER HAIR LEGIS.
Melissa Wangemann	Hein Ebert & Weir
Austin Lowry	Against fluoridation
Brendi Dale	^{Self} Against Fluoridation
Wanda Gilliland	Against Fluoridation
Edna Johnson	Against Fluoridation Wichita - self
Pat Hayes	self
Joann Wiley	Ks. Silver-Haired Legis (Speaker)
Ruth Mann	Ks. Health Institute
Joe Zurpanic	KCA
John Peterson	Ks. Governmental Council
GARY Robbins	KS OPT ASSN
Perri Roberts	Kansas State Nurses Assn.
David Hanzlick	Ks Dental Ass'n
Pat Johnson	Board of Nursing
JOHN FEDERICO	PETE McGill + Assoc.
Meg Henson	KMS



Kansas Silver-Haired Legislature, Inc.

Senate Public Health & Welfare
February 26, 1996
Subject: KSHL 1204 and SCR 1620

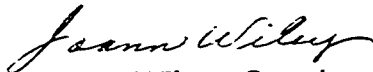
Senate Concurrent Resolution No. 1620: A CONCURRENT RESOLUTION URGING THE Kansas legislature to provide funding within the Department on Aging budget for expansion of the retired and senior volunteer program.

The Kansas Silver Haired Legislature endorses the RSVP Program as a vital proponent of services to senior citizens of Kansas.

The 125 members of the KSHL are ourselves volunteers and our own budget reflects the many hours and in-kind contributions made without reimbursement. We are aware of the changing economy. Therefore, we continue to support SCR 1620 as being fair, prudent, and economical in the sense that without volunteers, many services would cease to exist or become effective.

Home and community based care of the elderly and disabled is the option of choice only if such services are available. RSVP programs serving 33 counties fill those needs. In addition, RSVP volunteers serve in schools, libraries, museums, hospitals, day care centers, and many other public and non-profit agencies.

The Kansas legislature is hereby urged to make provision for continued funding of the current 15 RSVP programs.


Joann Wiley, Speaker

SPEAKER

Joann Wiley
218 Summertree Lane
Lawrence, KS 66049

SPEAKER PRO TEM

Wayne Comer
P.O. Box 54
Moscow, KS 67952

FLOOR LEADER

David Stallard
1318 Carolyn
Derby, KS 67037

Senate Public Health & Welfare
Date: 2-26-96
Attachment No. 1

COMMITTEE: : SENATE PH & W
DATE: FEBRUARY 26, 1996
SUBJECT: SHL 1204 & SB 1620
TESTIMONY: CLARENCE W. ARNDT

Chairwoman Praeger and Members of the Committee:

My name is Clarence Arndt; a resident of Overland Park. I am a member of, and officer in the Kansas Silver Haired Legislature, National Silver Haired Congress, and AARP Chapter #2333.

Would like to thank you for the opportunity to testify in behalf of SHL Resolution No. 1204 and SB 1620. Our resolution urges the Kansas Legislature to provide an expenditure of \$75,000 per year to fund the Retired and Senior Volunteer Program.

This would allow \$5,000 to be distributed to each of the 15 centers enabling expansion of volunteer services. This should result in an overall savings of tax dollars spent by governmental agencies for services that could be provided by volunteers.

There are 15 RSVP Centers in Kansas involving a total of 8,670 volunteers. In 1994 they provided a total of $1\frac{1}{2}$ million hours of volunteer services. If we valued these services at a minimum wage of \$4.25 the dollar value of volunteer services would calculate to \$6,375,000.00. What an outstanding pool of volunteer resources, and what a significant return on the investment!

RSVP encourages Seniors to remain active, contributing to society by becoming involved in volunteer programs. This raises self-esteem, and results in increased longevity, with a more positive outlook on life, thus the rewards are two-fold: The volunteer is rewarded, as is the recipient of the services. There is decreased need for institutional care for both parties.

Last week, I received the Long Term Care Ombudsman 1995 Annual Report from the Kansas Department on Aging. I knew things were bad in this area, but not until I looked at the chart which you will find attached. Which state would you rather be a patient in a nursing home?

Senate Public Health & Welfare
Date: 2-26-96
Attachment No. 2

TWO

I am 83 years of age, and will probably be in a nursing home a few years down the road. For me, Iowa looks like the place to be!

So what does that have to do with RSVP? The office of the U.S. Inspector General has recommended that a volunteer ombudsman program be initiated in states where ombudsman cannot respond to all requests due to insufficient staffing and travel allocations. The Kansas Secretary of Aging has said she wants to use volunteers in this area, since Kansas Attorney General's opinion 95-108 now permits the use of designated volunteers. However, the long term care ombudsman program's budget does not permit any recruitment, development, or supervision activity. Where will she turn for help in this situation? I think it will be to RSVP.

The Kansas Silver Haired Legislature applauds the work of the Volunteer Centers, and strongly urges greater state support for the RSVP program.

Again, I am most appreciative of your attention, and the opportunity to speak with you today.

Clarence W. Arndt

Clarence W. Arndt
8501 Glenwood
Overland Park, KS 66212
(913) 642-6233

Ombudsman to resident comparisons with other states (according to a recent Institute of Medicine study or more recent data (includes paid and volunteer staff):

State	# of LTCO	# of Beds	Ratio LTCO to Beds
Kansas	4	*32,000	1 to 8,000
Nebraska	21	19,492	1 to 928
Missouri	355	55,274	1 to 156
Iowa	750	35,391	1 to 47
Kentucky	302	24,800	1 to 82
New Hampshire	73	6,919	1 to 81
Tennessee	320	36,112	1 to 110
Oklahoma	273	34,429	1 to 127
Ohio	249	91,589	1 to 367
Oregon	303	28,371	1 to 93
New York	606	106,124	1 to 175
California	1,478	130,955	1 to 88
Michigan	90	50,961	1 to 566

* (Kansas, Iowa, Missouri, and Nebraska are in the same regional unit: Iowa uses Community Resident Councils so every facility has an advocate and Missouri is trying to place a volunteer ombudsman under the direction of paid staff in each facility).

* Kansas has 27,664 nursing home beds, but the LTCO program is responsible for additional LTC facilities as defined in KSA 39-923. so the access rate is actually worse than it would seem from the chart.

TESTIMONY ON BEHALF OF SCR 1620

The Honorable Madam Senator Praeger,
Chair of the Kansas State Senate,
Committee on Public Health & Welfare:

Madam Chair, senators and guests:

Today, in SCR 1620, the people of Kansas led by the Kansas Senate, have the opportunity to continue funding one of more beneficial programs to the aging of our state.

The Retired Senior Volunteers Program, perhaps better known by its initials, RSVP, has provided support services to its own peer constituency than more costly and labor intensive programs. Let me illustrate by one specific example.

Throughout many rural areas of state, nutrition programs, and in particular, home delivered meals to shut-ins, would not be available to an extremely large number of Kansans. RSVP funds make available through the Area Aging network mileage reimbursement for volunteer drivers, who wouldn't otherwise be able to assist by driving/volunteering.

I bring you this testimony as a long-time advocate for the aging. Since 1989, I have been chaplain at Brewster Place, a retirement and care facility in Topeka. I served five years on Shawnee County Advocacy Council on Aging. Currently, I am Assistant Chair of the Executive Committee of the Kansas Silver Haired Legislature.

In this critical time of fiscal responsibility, balanced budgets and drastic reduction of programs for people's needs, let us continue to fund essential programs that assist our aging populace to maintain their independent living.

Thank you for attention and continued support of RSVP.

Faithfully yours,


The Rev'd Donald H. Moses

Senate Public Health & Welfare
Date: 2-26-96
Attachment No. 3

2416 Rogers Blvd.
Manhattan, Ks. 66502-1827
913-539-5767

Dear Public Health & Human Services Committee Kansas Senate:

I am opposed to a bill which would mandate forcing each city in Kansas with a population of 3,300 or more to put artificial fluoride in the public water.

Fluoride is an enzyme poison. **One-tenth of an ounce would be acutely poisonous or fatal to most people.** Even though per proponents say 1 ppm is a safe concentration the water it is still toxic in the smallest amount.

In order to purchase fluoride a dentist or doctor is consulted and a prescription is given to the patient. **Forcing cities all over Kansas to add artificial fluoride to the water is nothing more than mass medication.** In school children can not be given an aspirin with out permission of a parent. So why should concerned citizens for less government control and unfunded mandates want forced fluoride in the water.

If this proposal becomes law Kansans have no free of choice, not even a vote. Remember the Boston Tea Party, No Taxation without representation. This unfunded mandate would cause each city citizens to pay more taxes to install the equipment with out being able to say NO. Again No Freedom of Choice.

Thank you for taking the time to study this issue carefully.

Randi Dale



Senate Public Health & Welfare
Date: 2-26-96
Attachment No. 4

Summary of Statement to
THE HEALTH AND WELFARE COMMITTEE
The Kansas State Senate - February 26, 1996

Concerning Proposed Legislation to Mandate Further Fluoridation

by

Albert W. Burgstahler, Ph.D.
Professor of Chemistry
The University of Kansas
Lawrence, Kansas 66045

1. Motivation. I offer this testimony out of concern that any legislation to improve public health should be based on reliable scientific evidence. My knowledge about water fluoridation is derived from my independent research and study of the scientific literature and reports on the biological effects of fluorides and fluoridation that I began over 30 years ago. Although I do not formally represent any particular group, organization, or institution, I am aware that my views are shared by many other scientists and by a large number of well-informed individuals not only in Kansas but throughout the world. Biographical information about me is contained in the accompanying material. I have lived in Kansas since late August 1956.
2. Fluoridation and Tooth Decay. Although small-scale studies of preselected communities often purport to show significantly less tooth decay among children in fluoridated than in nonfluoridated areas, this is not always true. Since the 1970s dental surveys of various randomly selected communities and of large whole populations, including those conducted by public health agencies, have revealed little or no evidence of significantly less tooth decay in fluoridated areas compared to nonfluoridated areas. Reports of several of these surveys are appended.
3. Toxic Effects on Teeth. Originally it was anticipated that the recommended increase of water fluoride to 1 part per million of water would produce at most only about 10 percent of barely detectible dental fluorosis. In fact, current data indicate that the incidence of dental fluorosis is often 30 percent or higher and that clearly visible, unsightly dental fluorosis is occurring in individuals born and raised in fluoridated communities to a much greater extent than in those born and raised in low-fluoride communities (see accompanying pictures).
4. Other Toxic Effects. Besides dental fluorosis, other forms of fluoride intoxication linked directly to the ingestion of fluoride in drinking water in the 1-ppm range have been reported since 1955. Recently such findings have been confirmed by clinical research at the All India Institute of Medical Sciences in New Delhi. The symptoms include muscular weakness, joint pain and stiffness, extreme fatigue, and gastric distress, all of which were reversed and largely eliminated after a few weeks without medication when the patients were simply placed on low-fluoride water for all drinking and cooking.

Another recent finding, now verified by a carefully controlled, large-scale study in France at even lower levels of fluoride, discloses increased hip fracture rates among the elderly who use and drink 1-ppm fluoridated water compared to those who do not.

Still other surveys reveal significantly higher rates of osteosarcoma (a type of bone cancer) in young males in fluoridated communities, in agreement with recent laboratory findings as well as the earlier unexpected increase in bone abnormalities among boys in the 1945 fluoridation pilot study in Newburgh, New York.

In agreement with recent (1995) neurotoxicological studies in rats, Chinese scientists have found lower IQ levels in children from long-term exposure to fluoride water, especially if they exhibit dental fluorosis.

5. Conclusion. In view of the extensive evidence contradicting contrary claims based to a considerable degree on flawed research, mandatory addition of industrial waste fluoride (from the phosphate fertilizer industry) to public water supplies clearly requires careful scrutiny and at present can hardly be seen as justified or desirable.

Senate Public Health & Welfare
Date: 2-26-96
Attachment No. 5

schools for both professional and practical nurses whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for a license as a registered professional nurse or as a licensed practical nurse. A survey of the institution or institutions and of the schools applying for accreditation shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for an accredited school for professional nurses or for practical nurses are met, it shall so approve and accredit the school as either a school for professional nurses or practical nurses, as the case may be. From time to time, as deemed necessary by the board, it shall cause to be made a resurvey of accredited schools and written reports of such resurveys submitted to the board. If the board determines that any accredited school of nursing is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such school, shall be given immediately to the school. A school which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited schools of nursing until such time as the school shall comply with the standards. All accredited schools shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

(e) *Providers Approval of continuing nursing education offerings. (1)* To qualify as an approved provider of continuing education offerings, persons, organizations or institutions proposing to provide such continuing education offerings shall apply to the board for approval and submit evidence that the applicant is prepared to meet the standards and requirements established by the rules and regulations of the board for such continuing education offerings. Initial applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. Qualification as an approved provider of continuing education offerings shall expire five years after the granting of such approval by the board. An approved provider of continuing education offerings shall submit annually to the board the annual fee established by rules and regulations, along with an annual report for the previous fiscal year. Applications for renewal as an approved provider of continuing education offerings and annual reports shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(2) *The board ~~or~~ its designee shall have the authority to approve individual educational offerings for licensees in accordance with rules and regulations adopted by the board.*

KANSAS STATE NURSES ASSOCIATION

"and"

Senate Public Health & Welfare
Date: 2-26-96
Attachment No. 6

to such term under subsection (a) of K.S.A. 1995 Supp. 65-1136 and amendments thereto.

~~(c) Nothing in this section shall be construed to negate restrictions to nursing delegation found in other sections of the Kansas nurse practice act.~~

DELETE (c)

(d) This section shall be part of and supplemental to the Kansas nurse practice act.

Sec. 8. K.S.A. 1995 Supp. 65-4203 is hereby amended to read as follows: 65-4203. (a) Except as is hereinafter provided, an applicant for a license to practice as a mental health technician shall file with the board a written application for such license, on forms prescribed by the board, and shall submit satisfactory evidence that the applicant:

(1) Has been satisfactorily rehabilitated if the applicant has ever been convicted of a felony;

(2) possesses a high school education or its recognized equivalent; and

(3) has satisfactorily completed an approved course of mental health technology.

(b) A license to perform as a mental health technician may only be issued by the board to an applicant:

(1) Meeting the qualifications set forth in subsection (a) and who has successfully passed a written examination in mental health technology as prescribed and conducted by the board; or

(2) who has been duly licensed by examination under the laws of another state, territory or foreign country if, in the opinion of the board, the requirements for licensure in such other jurisdiction equal or exceed the qualifications required to practice as a mental health technician in this state.

(c) Persons who are unsuccessful in passing the licensure examination after four failures shall petition the board for permission prior to subsequent attempts. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination for the fifth time or any subsequent attempt.

(d) The board may issue a one-time temporary permit to practice as a mental health technician for a period not to exceed 120 days when a reinstatement application has been made.

(e) Exempt license. The board may issue an exempt license to any licensee as defined in rule and regulation who makes written application for such license on a form provided by the board and remits a fee as established pursuant to K.S.A. 65-4208 and amendments thereto. The board may issue an exempt license to a person who is not regularly engaged in mental health technician practice in Kansas but is a charitable health care provider as defined by K.S.A. 75-6102 and amendments

6-2

65-1117. Renewal of licenses; inactive license, fee; continuing education requirements; rules and regulations; reinstatement of lapsed license; notification of change in name or address. (a) All licenses issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by the rules and regulations of the board. The board shall mail an application for renewal of license to every registered professional nurse and licensed practical nurse at least 60 days prior to the expiration date of such person's license. Every person so licensed who desires to renew such license shall file with the board, on or before the date of expiration of such license, a renewal application together with the prescribed biennial renewal fee. Every licensee who is no longer engaged in the active practice of nursing may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee which shall be fixed by rules and regulations of the board. Except for the first renewal period following licensure by examination or for the first nine months following licensure by reinstatement or endorsement, the board shall require every licensee with an active nursing license to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education. Continuing ~~nurse~~ education means organized learning experiences which are designed to enhance knowledge, improve skills and develop attitudes that enhance nursing and improve health care to the public. Upon receipt of such application, payment of fee, upon receipt of the evidence of satisfactory completion of the required program of continuing education and upon being satisfied that the applicant meets the requirements set forth in K.S.A. 65-1115 or 65-1116 and amendments thereto in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any person who fails to secure a renewal license within the time specified herein may secure a reinstatement of such lapsed license by making verified application therefor on a form provided by the board, by rules and regulations, and upon furnishing proof that the applicant is competent and qualified to act as a registered professional nurse or licensed practical nurse and by satisfying all of the requirements for reinstatement including payment to the board of a reinstatement fee as established by the board.

(c) Each licensee shall notify the board in writing of a change in name or address within 30 days of the change. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

History: L. 1949, ch. 331, § 6; L. 1975, ch. 316, § 5; L. 1976, ch. 274, § 1; L. 1978, ch. 240, § 4; L. 1980, ch. 187, § 1; L. 1983, ch. 206, § 8; L. 1988, ch. 242, § 1; L. 1993, ch. 194, § 11; L. 1995, ch. 97, § 1; July 1.

BOARD OF NURSING RECOMMENDATION

nursing

2/14/96

KSNA Recommended language changes

Add to K.S.A. 65-1117 (the section of the Nurse Practice Act that addresses the requirement for continuing education for RN/LPN license renewal):

✓ Continuing nurse education shall include, but is not limited to, the following:

- (1) college courses,
- (2) programs sponsored by other state Boards of Nursing, the National League for Nursing, the National Federation of Licensed Practical Nurses, and agencies accredited or approved by the American Nurses Credentialing Center,
- (3) publishing papers,
- (4) lecturing and teaching shall be granted two contact hours for each hour of original presentation for up to half of the hours required for the renewal period.

ENDORSED BY THE KANSAS HOSPITAL
ASSOCIATION AND THE KANSAS ORGANIZATION
NURSE EXECUTIVES

SENATE BILL No. 625

By Committee on Public Health and Welfare

2-6

9 AN ACT concerning the dental practices act; retired licensees authorized
10 to provide charitable dental services; amending K.S.A. 65-1431 and
11 repealing the existing section.
12

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

14 New Section 1. (a) Notwithstanding any other provision of the dental
15 practices act, a not-for-profit corporation having the status of an organi-
16 zation under 26 United States Code Annotated 501(c)(3), and indigent
17 health care clinic as defined by the rules and regulations of the secretary
18 of health and environment, a federally qualified health center, or a local
19 health department may employ or otherwise contract with a person li-
20 censed under the dental practices act to provide dental services to dentally
21 indigent persons.

22 (b) Dentally indigent persons are those persons who are: (1) Deter-
23 mined to be a member of a family unit earning at or below 200% of
24 poverty income guidelines based on the annual update of "poverty income
25 guidelines" published in the federal register by the United States de-
26 partment of health and human services; and (2) not indemnified against
27 costs arising from medical and hospital care) by a policy of accident and
28 sickness insurance, an employee health benefits plan, a program admin-
29 istered by the state (or) federal government or any such coverage.

30 (c) A licensee under the dental practices act who enters into any
31 arrangement to provide dental services pursuant to subsection (a) shall
32 not be subject to having the licensee's license certificate suspended or
33 revoked by the board solely as a result of such arrangement.

34 (d) A dentist who is classified as "retired" by the Kansas dental board
35 is not required to pay the annual renewal fee or comply with the dental
36 continuing education requirements if the dentist elects to provide dental
37 services to the indigent through one of the entities specified in subsection
38 (a). A "retired" dentist providing such services shall be required to comply
39 with the annual renewal requirements of the Kansas dental board.

40 (e) This section shall be part of and supplemental to the dental prac-
41 tices act.

42 Sec. 2. K.S.A. 65-1431 is hereby amended to read as follows: 65-
43 1431. (a) On or before the first day of December of each year, each

Purpose:

(a) The legislature hereby finds that there is a segment of the population that is at the poverty level, and recognizing that those families at the poverty level do not have readily accessible access to dental care and do not have dental insurance, it is deemed necessary as a matter of public policy to provide laws which will allow not-for-profit corporations and other entities defined in the act to provide such dental services to this narrowly defined population through the employment of a licensed dentist to operate a dental clinic. It is not the intent of this act to allow corporations or other entities to employ dentists or otherwise engage in the practice of dentistry other than for this narrowly defined population.

me

(b)

(c)

[or dental care

[or

(d)

(e)

(f)

7-2

1 licensee of the Kansas dental board shall transmit to the secretary of the
2 board, upon a form prescribed by the board, such licensee's signature,
3 post-office address, office address, the number of the license certificate
4 of such licensee, whether such licensee has been engaged during the
5 preceding year in active and continuous practice, whether within or with-
6 out this state, and such other information as may be required by the
7 board, together with the annual registration fee for dentists which is fixed
8 by the board pursuant to K.S.A. 65-1447 and amendments thereto.

9 (b) The board shall require every licensee to submit with the renewal
10 application evidence of satisfactory completion of a program of continuing
11 education required by the board. The board by duly adopted rules and
12 regulations shall establish the requirements for such program of contin-
13 uing education as soon as possible after the effective date of this act. In
14 establishing such requirements the board shall consider any existing pro-
15 grams of continuing education currently being offered to such licensees.

16 (c) Upon fixing the annual registration fee, the board shall immedi-
17 ately notify all licensees of the amount of the fee for the ensuing year.
18 Upon receipt of such fee and upon receipt of evidence that the licensee
19 has satisfactorily completed a program of continuing education required
20 by the board, the licensee shall be issued a renewal certificate authorizing
21 the licensee to continue to practice in this state for a period of one year.

22 (d) Any license granted under authority of this act shall automatically
23 be canceled if the holder thereof fails to secure a renewal certificate
24 within a period of three months from November 30 of each year. Any
25 licensee whose license is automatically canceled by reason of failure, ne-
26 glect or refusal to secure the renewal certificate may be reinstated by the
27 board at any time within three months from the date of the automatic
28 cancellation of such license, upon payment of the annual registration fee
29 and a penalty fee of \$15 and upon proof that such licensee has satisfac-
30 torily completed a program of continuing education required by the
31 board. If such licensee has not applied for renewal of the license within
32 three months after it has been automatically canceled and has not paid
33 the required fees or presented proof of satisfactory completion of the
34 required program of continuing education, then such licensee shall be
35 required to file an application for and take the examination provided for
36 in this act.

37 (e) Upon failure of any licensee to pay the annual registration fee or
38 to present proof of satisfactory completion of the required program of
39 continuing education within two months after November 30, the board
40 shall notify such licensee, in writing, by mailing notice to such licensee's
41 last registered address. Failure to mail or receive such notice shall not
42 affect the cancellation of the license of such licensee.

43 (f) The board may waive the payment of annual fees and the contin-

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1 uing education requirements for the renewal of certificates without the
2 payment of any registration fee for any person who has held a Kansas
3 license to practice dentistry or dental hygiene if such licensee has retired
4 from such practice or has become temporarily or permanently disabled
5 and such licensee files with the board a certificate stating either of the
6 following:

7 (1) A retiring licensee shall certify to the board that the licensee is:
8 (A) At least 65 years of age and has retired from the active practice of
9 dentistry or dental hygiene; and (B) not engaged, *except as provided in*
10 *section 1 and amendments thereto*, in the provision of any dental service,
11 the performance of any dental operation or procedure or the delivery of
12 any dental hygiene service as defined by the statutes of the state of Kansas;
13 or

14 (2) a disabled licensee shall certify to the board that such licensee is
15 no longer engaged in the provision of dental services, the performance
16 of any dental operation or the provision of any dental hygiene services as
17 defined by the statutes of the state of Kansas by reason of any physical
18 disability, whether permanent or temporary, and shall describe the nature
19 of such disability.

20 (g) The waiver of fees under subsection (f) shall continue so long as
21 the retirement or physical disability exists. *Except as provided in section*
22 *1 and amendments thereto*, in the event the licensee returns to the prac-
23 tice for which such person is licensed, the requirement for payment of
24 fees and continuing education requirements shall be reimposed com-
25 mencing with and continuing after the date the licensee returns to such
26 active practice. *Except as provided in section 1 and amendments thereto*,
27 the performance of any dental service, including consulting service, or
28 the performance of any dental hygiene service, including consulting serv-
29 ice, shall be deemed the resumption of such service, requiring payment
30 of license fees.

31 (h) The Kansas dental board may adopt such rules and regulations
32 requiring the examination and providing means for examination of those
33 persons returning to active practice after a period of retirement or disa-
34 bility as the board shall deem necessary and appropriate for the protection
35 of the people of the state of Kansas.

36 Sec. 3. K.S.A. 65-1431 is hereby repealed.

37 Sec. 4. This act shall take effect and be in force from and after its
38 publication in the statute book.