Approved: 5-25-96
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 March 14, 1996 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:
Sandra Strand, Kansas Advocates for Better Care
Debra H. Zehr, Kansas Association of Homes and Services for the Aging
Estel L. Landreth, DDS, Wichita
Brick Scheer, DDS, Wichita
Susan Hendley, President, Kansas Dental Hygienists Association
David Hanzlick, Assistant Director, Kansas Dental Association
Cynthia Sherwood, DDS, Independence
Others attending: See attached list

Hearing on HB 2304 - Practice of dental hygienists authorized in adult care home, hospital, state institution or school

Sandra Strand, Kansas Advocates for Better Care, expressed her support for **HB 2304** which would amend one of the statutes in the Kansas Dental Practices Act to allow dental hygienists to practice in an adult care home, hospital, state institution, local health department, or indigent health care clinic with certain restrictions. Ms. Strand also requested that the sunset provision be removed. (Attachment 1)

Debra H. Zehr, Kansas Association of Homes and Services for the Aging, also testified in support for the bill noting that such legislation to provide basic dental services in nursing homes would decrease the psychological and physical trauma associated with getting nursing home residents to and from a dentist's office. (Attachment 2)

Estel L. Landreth, DDS, Wichita, stated he extends his wholehearted support to **HB 2304** and submitted letters from members of the Kansas Dental Board who expressed their opinion regarding the bill. (Attachment 3)

Brick Scheer, DDS, Wichita, also expressed his support for the bill noting that a need exists to provide basic dental hygiene to residents of nursing homes. (Attachment 4)

Susan Hendley, Kansas Dental Hygienists Association, noted that her organization continues to support efforts that aid in meeting the dental needs of the public and that the bill would increase the availability of dental hygiene care to many Kansans who currently are not receiving basic preventive dental hygiene. (Attachment 5) The issue of expanding scope of practice and medicaid reimbursement was discussed by the Committee.

Speaking in opposition to **HB 2304** was David Hanzlick, Kansas Dental Association, who felt that the core issue here is a group of dental staff members who want to expand their scope of practice by exercising the professional privileges of a dentist without going to a dental school. (Attachment 6) Committee discussion related to provisions in the bill that specify certain restrictions of the dental hygienist providing basic dental care under the supervision of a dentist in nursing homes and the issue of turf battles between these entities.

Cynthia Sherwood, DDS, spoke in opposition to the bill because she noted that it would change the dental hygienists' scope of practice to allow them to work in settings they are not prepared for in their two year training programs, and that the dental hygienist is not trained to function without the dentist on-site. Ms. Sherwood also noted in her written testimony that allowing dental hygienists to work in settings they are not trained to handle will clearly have a negative impact on the public health. (Attachment 7) Committee discussion related to the benefits of providing basic dental hygiene to nursing home residents and the screening for disease while preforming this basic service.

Written testimony was also received from Mike Taylor, City of Wichita, (Attachment 8); Loretta J. Seidl, Johnson County Area on Aging, (Attachment 9), and Carol Ablah, Wichita, (Attachment 10).

Adjournment
The meeting was adjourned at 11:00 a.m.
The next meeting is scheduled for March 15, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-14-96

NAME	REPRESENTING
Jim Yonally	KDHA
Carl Schmitthenner	Kansas Dental Assn
Dustin Stewart	Johnson County Farm Bureau
Bob Williams	Ks. Pharmacists Assn.
Joe Turjanic	KCA
Joyce Wassmer	Kansas Farm Bureau
Carol Bollin	Kansas Farm Bureau
Mary Stumpff	" " "
Shana Thisk	"
Katie Solen	" " "
Annie Cayuri	" " "
Roxanne Pingol	" " "
Denise A. Mans	Kansas Dental Hygienists' Assn.
Debra Zehr	KAHSA
Cindi Sherwood	KDA
Carol Macdonald	Kansas Dental Board
Brick Scheer	Myself
Ed Landwehr	KDA
Arlene Landreth	

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-14-96

NAME	REPRESENTING
Loretta Seidl	Johnson County Area Agency on Aging
Margaret Bathman	JoCo Community College & KDHA
Carol Ahlale	Kansas Dental Hygienists Assoc
Mary Jo Nigg	Kansas Dental Hygienists Assoc.
Susan Hendley	President K. D. H. A.
Connie L. Hall, R.D.H.	Kansas Dental Hygienists' Assoc.
Melissa Wangemann	Hein Electra Weir
Rick Mans	Ks. Health Institute
Michelle Petterson	Petterson Public Affairs
Annette Skumpff	

KANSAS ADVOCATES FOR BETTER CARE

913 Tennesee, Suite 2 • Lawrence, Kansas 66044-6904 • (913) 842-3088

TO: Senate Committee on Public Health and Welfare

FROM: Sandra Strand, Legislative and Community Liaison

DATE: March 14, 1996

SUBJECT: Testimony on HB 2304

Kansas Advocates for Better Care enthusiastically supports this bill. We have observed over many years that there is all too often a serious lack of emphasis on oral and dental hygiene in nursing home care, to the detriment of the comfort, cleanliness, and nutrition of the residents. Lack of adequate staff for daily routine care, lack of dental equipment and space in nursing facilities, and inadequate Medicaid reimbursement are some of the factors identified by dentists, hygienists, nursing homes, and consumers as contributing to the problem.

We have also observed the reluctance of many dentists to take their practice to the nursing home; the majority prefer instead that patients are brought to their offices. Many nursing home residents are so severely debilitated that transporting and treating them pose significant difficulties for the patient, the nursing home, and ultimately for the dental office staff.

We can understand the dentist's preference for performing complicated procedures in his or her own well-equipped office. However, we believe that much routine care generally performed by dental hygienists could equally well be delegated by the dentist and carried out on the adult care home premises. The dentist would be expected to examine the patient at least yearly and to be familiar with the care needs of the patient.

Further, the more frequently the dental needs of nursing home residents can be observed by a trained person better versed in oral hygiene care than are nurse aides, or in many instances even licensed nurses, the greater the likelihood that those needs can be properly addressed. Timely routine care can prevent a multitude of physical ills, from extensive dental repair to nutritional deficiencies. A publication on care of nursing home patients distributed by the Kansas Dental Association asserts:

Oral health, specifically preventive oral health, leads to an improved quality of life, improved psychological and emotional condition, improved medical condition, and ultimately, a healthier and happier individual.

For the majority of nursing home residents, the costs of a dental hygienist's services could be covered in a variety of ways: by payment from private funds, by dental insurance, or reimbursed by Medicaid through the P.E.T.I. Program. For those residents who have only SSI income, no source of payment is available for care by either dentists or hygienists.

Our purpose today is to point out to you that there is indeed a problem of assuring adequate dental care in nursing homes and to ask for your support of HB 2304 as a modest, but positive and potentially cost-effective step toward its solution.

In general, we have no objection to the House's amendments to this bill. We do, however, believe that if the Legislature supports this measure as sound public policy, then a two-year sunset is unnecessary. We therefore ask you to delete the expiration date from the bill.

Thank you for your consideration.

KAHSA
KANSAS ASSOCIATION OF
HOMES AND SERVICES FOR THE AGING

MEMORANDUM

To: Senator Sandy Praeger, Chair, and Members of the Senate Public Health and Welfare Committee

From: Debra H. Zehr R.N., M.A., Director of Public Policy

Re: House Bill 2304

Date: March 14, 1996

==========

Thank you, Madame Chairperson, and Members of the Committee for this opportunity to testify in support of House Bill 2304.

The Kansas Association of Homes and Services for the Aging represents over 150 not-for-profit long-term care providers for the elderly throughout the State of Kansas. All of our members provide nursing facility care. Many provide retirement housing and community-based services as well.

Good nutrition and the ability to verbally communicate and feel good about one's self are largely dependent on dental health. This does not change when a frail elder enters a nursing home. In fact, dental health is fundamental to the overall health and quality of life of nursing home residents, and to the cost of care.

Currently, in the vast majority of circumstances, nursing home residents must go to the dentist's office for all treatments, including routine dental hygiene procedures. This is difficult and disruptive, especially for residents with dementia or advanced physical debility. House bill 2304 will improve dental care for nursing home residents in a safe, cost effective manner, by allowing dental hygienists, under clearly defined circumstances, to go to the nursing home to clean teeth, and provide education and preventive care.

House Bill 2304 will be good public policy because:

* It will make it easier for the dentist to stay in tune with their patient's dental status and needs after they enter a nursing home.

* It will promote more on-site dental health education and supervision to meet the individual needs of residents.

* It will reduce the cost of transporting residents to the dentist's office.

700 SW HARRISON, SUITE 1106
TOPEKA, KANSAS 66603-3759

* It will decrease the psychological and physical trauma associated with getting to and from the dentist's office.

* Ultimately, for some nursing home residents, it could decrease the overall cost of care.

For these reasons, we ask for your support for House Bill 2304.

Thank you , Senator Praeger, and Members of the Committee. I would be glad to answer any questions.

ESTEL L. LANDRETH, DDS, P.A.
4620 EAST DOUGLAS • SUITE B • WICHITA, KANSAS 67208
(316) 685-9276 • FAX (316) 685-2973

March 4, 1995

To: Senate Committee on Health and Human Services

Re: HB 2304

Senator Praeger and Committee Members:

I wish to extend my wholehearted support to HB2304, allowing dental hygienists to provide preventive care under general supervision (without the actual presence of a dentist) in care homes, institutions and indigent clinics, provided the patient has been examined by a dentist within an appropriately designated time frame and the dentist prescribes the preventive treatment to be delivered by the hygienist.

Please feel free to contact me if I can be of any further help.

Thank you for your time.

Sincerely,

Estel

Estel L. Landreth, D.D.S.
President
Kansas State Dental Board of Examiners

RONALD G. WRIGHT, D.D.S.
514 Delaware
Hiawatha, Kansas 66434
March 7, 1996

Members of Committee on Health
and Human Services

Dear Sirs:

House Bill #2304 has been re-introduced this year. It is to allow hygienists to work in nursing homes under general supervision. In plain English - to work without the on-site supervision of a dentist.

As a member of the State Dental Board, I have been asked to send a letter stating my position by our Board President.

I am, as I was last year, very much opposed to this bill. Kansas statutes prohibit this type of practice, because it puts the patient at risk without the skill and judgment of the dentist being present. Although a dental cleaning is not life-threatening, it can in some instances be painful and create a health hazard if not performed and monitored properly.

Another point that should be brought up is that in written form the Kansas Dental Hygiene Association has stated that one of their goals is to become independent care providers. No matter how you disguise this bill, the main purpose of it is to achieve that goal.

Some dentists and hygienists look at this as a step toward independent practice, not helping the elderly. Very few, if any, will actually participate in the nursing homes due to improper dental facilities and the inability of these people to pay. It is no more than smoke and mirrors.

Please do not allow yourselves to become pawns in this effort. Let the practice of dentistry remain as it was intended by the statutes, so that quality care can continue to be given. The statutes were written to protect the public and they have done a good job. Please do not attempt to fix something which is not broken just because the bill looks good on the surface.

Yours truly,

Dr. Ronald G. Wright
Member, Kansas Dental Board

RGW:kh

3-2

Patty Seery, R.D.H., M.H.S.
14430 Spring Valley Circle
Wichita, Ks 67230

March 11,1996
re: HB 2304

Dear Committee Members,

I would like to take this opportunity to express my support of HB 2304. By allowing dental hygienists to provide services in care facilities and schools, a portion of our population which is unable to speak for themselves personally will have access to preventive care services they currently do not receive. Your support of this bill provides support for the silent and dependent members of our society.

Sincerely,

Patty L. Seery, R.D.H., M.H.S.
Vice President
Kansas Dental Board

Patty Seery, R.D.H., M.H.S.
14430 Spring Valley Circle
Wichita, Kansas 67230

March 11, 1996

Sandy Praeger, Chairperson
Senate Committee on Health & Human Services
Kansas Senate
Capitol Building
Topeka, KS

Dear Senator Praeger & Committee members:

As the Public Member of the Kansas Dental Board, I would like you to consider this letter notification that I personally support House Bill No. 2304 that allows dental hygienists to practice under general supervision of a dentist in the specific facilities outlined in the bill. I believe more people, especially elderly people, will be able to receive basic dental care with the passage of this bill.

Sincerely,

Jacquelyn Dekat

Jacquelyn Dekat
Public Member
Kansas Dental Board
6800 College Blvd. #100
Overland Park, KS 66211

Lawrence B. Hall D.D.S.,P.A.
614 Topeka Avenue
Lyndon, KS 66451

Carol Mcdonald
Administrative Secretary
Kansas Dental Board
3601 SW 29th Street S 134
Topeka, KS 66614-2062

March 11, 1996

Subject: HOUSE BILL No. 2304

Reference: Principles of public safeguard assurance:
1. Licensed dentists, because of their *all inclusive* broad dental education, requiring an accredited university doctorate degree; and having demonstrated knowledge and skills as a dental surgeon to a board of dental examiners, are licensed by Kansas to be responsible and accountable for all phases of dentistry performed in Kansas.
2. Dental Hygienists, with a narrow dental education, requiring a special educational certificate (not a college degree), and after meeting the licensing examination requirements of the Statutes, are licensed as auxiliaries to dentists, serving *under the direct and indirect supervision* of licensed dentists.
3. Therefore: Only licensed dentists can own dental practices, and licensed dentists are responsible for all dental services performed in their practice. Thus, to safeguard the public, the legislature in Kansas Dental Practice Act statutes, holds Kansas licensed dentists totally accountable for all dentistry performed in Kansas. This is a prudent public safeguard!

Dear Ms. Mcdonald:

With the upcoming hearing on H.B. 2304; to address oral hygiene NEGLECT in nursing care residences bill; I would like to review some facts about *Oral Neglect in Nursing Homes,* as learned from last years hearing:

The UMKC doctor of geriatrics who spoke in support of the bill was a very strong proponent, outlining authoritatively the conditions of nursing homes!
1. 70% of adults reach senior years with most of their natural teeth.
2. Gum disease, and senior adult root caries are rampant oral disease problems in nursing homes![1]
3. Nursing care homes do not effectively prioritize daily oral health care for patients.[2]
4. Nursing care homes do not effectively train and motivate staff to assist patients.

The nursing home associations supported the improved oral hygiene bill.

The dental educators supported the bill.

The hospital associations supported the bill.

The dental profession through its organized associations, has more of a community service obligation than it has acknowledged; to call to public attention and facilitate addressing this ORAL HYGIENE NEGLECTED area in senior adult care!

A The ORAL HYGIENE NEGLECT is rampant in the nursing home care industry!

B The ORAL HYGIENE NEGLECT is causing unnecessary oral disease and suffering.
C People die from complications of overwhelming infections which begin in the oral cavity!
D Dental pain is the most debilitating and intense physical pain any person can suffer!
E Treatment of dental disease is much more expensive than prevention of the disease in the first place.

The fact is that: ***There is nothing a dentist can do, that can over come what a patient will <u>not</u> do in effectively taking daily care of their teeth!*** Therefore: In adult care centers, the staff has to assist most of the patients, that are in the care center because of diminished physical or mental capacity, and can not take care of themselves.

The many dentists who assist with the required annual oral care training of nursing home staff, become overwhelmed by the futility of the project. Typical observations:

- There is lack of nursing home staff interest, they do not all attend, and they pay little attention.
- The staff themselves are not taking effective care of their natural teeth, the older staff wear dentures, the younger staff many of whom come from lower economic social situations, have not had the advantage of being brought up valuing personal oral hygiene.
- The staff in many homes are at the lower end of the salary scale, and there is a high turn over as they find higher paying jobs elsewhere.

So it is a fact that rampant oral care NEGLECT is the rule in most adult care centers! Assisting with oral hygiene is not high on the nursing home staff priority list.

- They constantly have people ringing for urgent clean up and bed pan duty; which is actually more what they are hired for than daily oral hygiene assistance.
- Most of the time the patient is not afforded much staff time to assist patients brush their teeth; even if the staff brings them a tooth brush, the patients are frustrated by their diminished capacity, and often give up and totally reject the help!

There is the possibility of effective oral hygiene assistance in the patient's room:

A With nursing home staff properly trained by hygienists to assist the patients daily.
B With hygienist professional assistance on an appropriate weekly, bi monthly, monthly, or longer, preplanned professional assistance schedule.
C The nursing care staff do not have to have an expensive dental facility to do much of the daily care, or even some of the oral hygienist's assisted care proposed in this bill. Assistance using a personal home care motor tooth brush is a very effective oral hygiene service!

So Ms. Mcdonald, **I wish to go on record as a Kansas Dental Board member, of supporting H. B. 2304; which acknowledges and addresses the problem of ORAL CARE NEGLECT in adult care nursing home facilities.**

Sincerely,

Lawrence B. Hall DDS

Lawrence B. Hall, DDS
Secretary, Kansas Dental Board.

1. [What we are talking about then is coming up with creative ways to stop the NEGLECT!]

2. [What makes for a bleeding situation when cleaning teeth? Preventable INFECTION of teeth and gums, caused by NEGLECT for over a two day period, creating toxic irritation, inflammation, congestion of blood in a very vascular tissue, ulcerations or breaks in the weaken gum tissue, and draining of blood from congested inflamed tissue. The miracle is that with removal of the toxins, and the draining of congested poorly oxygenated blood from the gingival tissues (gums), rapid healing begins!]

Senators,

My name is Brick Scheer and I am a practicing dentist in Wichita. When I graduated in 1982 I joined my father's practice and he immediately took me to a nursing home to screen the residents' oral condition for obvious pathology. Since that time I have been the dental consultant at four nursing homes and set up a dental operatory inside one of the facilities. I resigned as dental consultant at the three other nursing homes because my efforts did not produce an improvement in the dental health of the residents. At the home with a dental operatory I currently spend a half day every other month screening the residents for dental pathology, and then return for one full day each month to actually perform dental treatment on these residents. Quite frankly, I often question whether the results I achieve are worth the effort. The real problem is not whether the residents can receive dental treatment but whether they can receive adequate daily hygiene to prevent rampant pathology. It's a question of dental hygiene, not dental treatment.

These residents typically do not have the mental and/or physical abilities to clean their teeth. So I have spent hours trying to motivate the nursing staff or the immediate family to clean their teeth for them. But these people are not trained in dental hygiene and consequently are nauseated and overwhelmed by the debris and filth they see. In fact, only two groups are educated and licensed to clean another person's teeth, namely dentists and hygienists. But dentists have proven they will not provide daily hygiene services and it seems absurd to think they ever will. I personally lose the opportunity to make an additional $2-3,000.00 each day I spend at the nursing home. With dental overhead typically running 65-80% it is obvious why dentists have overlooked this "market". So that leaves hygienists. But hygienists cannot work without a dentist on site so currently you would have to pay not only a hygienist but also

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a dentist. As a result, nothing gets done and the residents get filthier and filthier until someone is forced to extract all their teeth. I frequently see their physical condition deteriorating for seemingly unknown reasons only to observe a rapid recovery after the removal of several infected teeth. It also does not work to simply give everyone dentures because most of residents cannot adapt to such a radical change in their speaking and eating habits. When we try to give a dementia patient new dentures we usually find the dentures left out of the mouth and the resident is placed on a soft diet.

I feel the best solution is to encourage nursing homes to hire a staff hygienist whose job would be to clean, on a daily basis, each of the resident's oral cavity as well as administer flouride treatments to those needing additional cavity prevention. I would estimate the additional monthly cost to the nursing home at $2-3,000.00. Each home already is required to have a dental consultant on staff and this dentist could once or twice a year screen the resident to give guidance and prescribe treatment. I have already been contacted by The Wichita State University Hygiene Department about doing this on a pilot program but we cannot proceed until the law is changed allowing a hygienist to work in the home without a dentist being on the premises. This change is called general supervision and is usually defined as that level of supervision where a dentist examines a patient, prescribes a set treatment, and then allows an auxiliary to perform that treatment while he is not present.

Thank you for your time. I welcome any questions you might have but I urge you to please address this issue so that those of us in the trenches of this problem can finally do something that will make a significant difference.

THE KANSAS DENTAL HYGIENISTS' ASSOCIATION
CONSTITUENT OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION

March 9, 1996

Senate Public Health and Welfare Committee
State Capitol
Topeka, KS 66612

Dear Senator Praeger and Committee members,

My name is Susan Hendley. I am President of the Kansas Dental Hygienists' Association (KDHA). I have been a practicing dental hygienist since 1990. KDHA supports the premise and intent of House Bill #2304 (HB 2304) which advocates increased access to preventive dental hygiene care for Kansans who are not receiving it through the present health care system. Most oral diseases are fully preventable.

There are presently 39 states in the U.S. that allow dental hygienists to provide dental hygiene care under some form of general supervision. This bill requires the dentist to diagnose the condition to be treated and personally authorize the procedures to be performed by the dental hygienist. The KDHA 1990 survey of Kansas dental hygienists found that 82% of those surveyed believed that they are capable of practicing under these conditions. There are special populations (e.g. elderly, mentally and physically disabled, AIDS patients, the indigent, etc.) in Kansas who are in need of dental hygiene care and could receive care if HB 2304 were implemented in the Dental Practice Act.

In 1995, a survey was completed as part of a thesis for a Master of Public Health degree. All licensed and practicing dental hygienists in Kansas were surveyed. With a 69% response rate, the following was reported: 68% of their employing dentists do not treat home-bound patients or those who reside in nursing homes, and only 24% of their employing dentists were consultants for a nursing home. Even though the Omnibus Budget Reconciliation Act of 1987 requires nursing homes which receive Medicaid or Medicare funding to provide dental care or access to dental care for their residents, that care is often not being provided. Nursing home administrators have stated that a barrier to complying with this law is the dentists' reluctance to provide services in nursing homes. If sufficient numbers of dentists are unwilling to treat the oral needs of long-term care residents, perhaps additional personnel are needed to serve this special population.

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Dental hygienists are licensed professionals. Since 1981, the American Association of Dental Schools (AADS) has recommended that CPR certification be implemented into dental and dental hygiene schools' curriculum. The KDHA 1992 delegable duties survey of dental hygienists found that 71.7% of the responding dental hygienists were certified in CPR. Any dental office emergency is first handled by implementing basic life support and notifying emergency response personnel.

Dental hygiene programs are accredited by the American Dental Association's Commission on Dental Accreditation. Explicit guidelines and standards must be followed in order to maintain accreditation and to assure that each program is providing current, up-to-date content in all curriculum areas. This includes recognition of signs and symptoms of disease and referral to the appropriate health care provider. Courses such as Oral Pathology and Periodontology support the foundation on which a hygienist builds to identify concerns and report them to the dentist. Thorough head, neck and oral cavity examinations are done on each patient as a form of oral cancer screening. Courses in Pharmacology and concepts of clinical practice educate the hygienist to be proficient in reviewing the patient's health history and medications, and appropriately manage patient care in routine and emergency situations.

The KDHA continues to support efforts that aid in meeting the dental needs of the public. The KDHA urges that the quality of patient care not be compromised and that the dental team continue to expand access to dental care for the public. The approval of HB 2304 would increase the availability of dental hygiene care to many Kansans who currently are not receiving basic preventive dental hygiene care. The KDHA requests the Committee's support of HB 2304.

Thank you.

Sincerely,

Susan D. Hendley

Susan D. Hendley, R.D.H.
KDHA President
23400 W. 53rd Terr.
Shawnee, KS 66226

STATE OF KANSAS

DIVISION OF THE BUDGET
Room 152-E
State Capitol Building
Topeka, Kansas 66612-1504
(913) 296-2436
FAX (913) 296-0231

Bill Graves
Governor

Gloria M. Timmer
Director

February 7, 1995

The Honorable Carlos Mayans, Chairperson
House Committee on Health and Human Services
Statehouse, Room 426-S
Topeka, Kansas 66612

Dear Representative Mayans:

SUBJECT: Fiscal Note for HB 2304 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2304 is respectfully submitted to your committee.

HB 2304 would allow the practice of dental hygiene at an adult care home, hospital, state institution or school on a resident, patient or student under certain conditions. These conditions would include (1) a licensed dentist has delegated performance of the service; (2) the dental hygienist is under the supervision and responsibility of the dentist; and (3) the supervising dentist either examined the patient at the time of the dental hygiene procedure or has examined the patient during the preceding 12 months.

The Kansas Dental Board reports that HB 2304 would have no impact on state expenditures or revenues as outlined in *The FY 1996 Governor's Budget Report*.

Sincerely,

Gloria M. Timmer

Gloria M. Timmer
Director of the Budget

cc: Carol MacDonald, Dental Board

2304

5-3

Statement by David Hanzlick
Senate Committe on Public Health and Welfare
H.B. 2304
March 14, 1996

Chairman Praeger and members of the Committee, my name is David Hanzlick. I am the Assistant Director of the Kansas Dental Association. I appreciate having the opportunity to appear before you today to outline the reasons the Kansas Dental Association opposes this legislation.

H.B. 2304 quite frankly is a difficult bill to oppose. As a wise person once said, "For every complex human problem, there is a simple and wrong solution." Letting dental hygienists treat patients without appropriate, on-site dental supervision is a simple and wrong solution to the problem of access to care in nursing homes and other settings.

In fact this legislation has nothing to do with nursing home residents. Instead, this bill is another in a long line of turf battles -- now called scope of practice expansions -- that you've heard over the years.

The core issue here is that you have a group of dental staff members who want to expand their scope of practice by exercising the professional privileges of a dentist without going to dental school. They are here this year and every year asking for you to grant them through legislation a level of privilege that they have not achieved through education.

If an individual wants to perform the services that a dentist provides -- including treating dental patients without the supervision of another profession -- then going to dental school is a very reasonable approach.

That basic fact in no way demeans the important skills and contributions of dental staff members. Rather, it reinforces that the dentist is the person who is appropriately in charge and bears the responsibility -- and liability -- for the care that is rendered.

This legislation does, however, provide a tremendous opportunity for us to talk about the real issues of dental care in nursing homes.

> --Are nursing home residents receiving adequate care, including having their teeth brushed every day? Or are patients being neglected when it comes to daily brushing which is essential for good oral health? And good oral health is essential for good overall health.

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--If patients are being neglected by not having their teeth brushed every day, their oral health will deteriorate to the point that no amount of teeth cleanings by dentists or hygienists will make any difference.

--If patients are receiving daily care, and I very much hope that they are, there is then little need for this bill. If they are not receiving this daily care, then this Committee has a responsibility to provide better oversight over the regulatory process.

And, of course, there is the important question of how do we finance dental care, especially for the 13,000 nursing home residents in Kansas who are dependent on Medicaid. Nothing is free in life.

Let's not accept simple and wrong solutions for this complex problem.

I am pleased to have with me Dr. Taylor Markle, an oral and maxilofacial surgeon in Shawnee and Kansas City and Chairman of the KDA Council on Dental Legislation, and Dr. Cynthia Sherwood, who is a dentist in general practice in Independence, Kansas.

IV. SUMMARY OF RESULTS

1. 71% of residents are willing to accept dental treatment. Table B-6.

2. 66% of residents are healthy enough to receive treatment in a dentist's office. Table E-1.

3. 22% of residents visited a dentist in the last year. Table F-2.

4. 67% of residents are eligible for DentiCal. Table G-1

5. 56% of all residents were considered in need of a comprehensive dental examination. Table C-13.

6. 55% of all residents need treatment by a general dentist or dental specialist. Table C-14.

7. 17% of residents were diagnosed as having conditions requiring immediate attention. Table C-7.

8. 57% of all residents are edentulous. Table B-8.

9. 32% of residents need a prosthesis; 9% need repair or relining of an existing one. 18% need a full upper, 21% a full lower, prosthesis. Table D-2.

10. 13% of the remaining teeth of dentulous residents are carious. 7% are fractured. Table C-2.

11. 17% of all residents require simple prophylactic care only. Table C-4.

12. The treatment indicated for the 43% of residents who are dentulous ranges from prophylaxis (41%) to advanced periodontal therapy (50%). Table C-4.

13. In addition to periodontal therapy, 23% of dentulous residents also require extraction of some or all of the remaining teeth. Table C-4.

14. 32% of all residents (76% of dentulous residents) need scaling. Table C-5.

Statement by Cynthia Sherwood, R.D.H., D.D.S.
Senate Committee on Public Health and Welfare
H.B. 2304
March 14, 1996

Mr. Chairman and members of the Committee, my name is Cynthia Sherwood. I am a dentist from Independence, Kansas. I appreciate having the opportunity to share with you the reasons I oppose the legislation you have before you.

I would like to mention that I have a particular interest in this topic since I am a graduate of the Wichita State dental hygiene program and worked as a dental hygienist for seven years before I became a dentist. I am also interested in this legislation because I provide care to nursing facility patients, in my office if possible, or in the facility.

From my experience, I would like to make clear to the Committee that if a nursing home resident is not getting his or her teeth brushed on a daily basis, having their teeth cleaned by a dentist or hygienist every six months will do nothing to improve the patient's condition.

I oppose this bill very simply because it changes the dental hygienists' scope of practice to allow them to work in settings they are not prepared for in their two year training programs. Dental hygienists training is almost entirely preventive in nature and assumes that a dentist is on-site for analysis and evaluation of health histories including on-going health conditions and medications, unexpected conditions that are found in the mouth, as well as general patient management and the handling of emergency conditions.

The key element here is supervision by a dentist. The dental hygienist is not trained to function without the dentist on-site. Allowing dental hygienists to provide services without a dentist on-site changes their scope of practice by allowing them to function independently, rather than dependently.

This scope of practice change from providing services with the on-site availability of a dentist's knowledge and judgment to working without the dentist is deeply troubling and should not be taken without careful consideration.

I understand that this Committee held hearings earlier this week on a bill that relates to the scope of practice issue. Health professions that are seeking to change their scope of practice would be required to answer a number of questions relating to their training and how it relates to the scope of practice change that is being sought.

I strongly encourage this Committee to defer action on the dental hygienists' desire to expand their scope of practice until you have been provided with the type of information that will be required for similar changes by other groups in the future.

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I would like to supply the information requested to several of the questions contained in the scope of practice impact report.

QUESTION (A) ASKS WHETHER THE GROUP'S EDUCATION SUPPORTS THE CHANGE IN SCOPE OF PRACTICE AND WHETHER THE GROUP IS ADEQUATELY PREPARED THROUGH EDUCATION AND TRAINING TO SAFELY PERFORM THE EXPANDED SERVICES.

The answer to that question is clearly no. The dental hygienist has completed at least a two year training program. The hygiene training program is focused primarily on preventive services provided under the dentist's on-site supervision. The dental hygienist is not educated as the dentist is in evaluating the patient's overall health, the diseases and medications that affect the patient, the pathology or disease that may be exhibited in the mouth -- such as oral cancer and a host of diseases -- such as diabetes -- that have symptoms that are observable by a dentist through oral examinations.

In other words, cleaning the teeth is only a part of the overall service that the patient receives. That part is provided by the hygienist. The other part of the service -- an extremely important part -- is provided by having the dentist's on-site knowledge and judgment on-site to benefit the patient.

I have attached a comparison chart that compares the education and training of dentists with the training of their staff members. I hope it will be helpful in illuminating some of these issues.

QUESTION (F) ASKS HOW THE PROPOSED CHANGE IN SCOPE OF PRACTICE WOULD AFFECT THE PUBLIC HEALTH, SAFETY, AND WELFARE.

Allowing dental hygienists to work in settings they are not trained to handle will clearly have a negative impact on the public health. Permitting hygienists to work in any setting without the dentist's on-site supervision is inappropriate and potentially dangerous. That fact is especially evident in the nursing home setting.

I would like to mention at this point that I treat nursing home residents. I know that the only way to provide quality care is to use an adequately equipped dental operatory. Most nursing homes do not have these facilities. As a result, patients do generally need to be transported to my office, if at all possible. If the patient is bed-ridden, I will attempt to treat the person at the facility.

On-site supervision of the hygienist by the dentist is particularly critical in geriatric facilities. Contrary perhaps to public perception, the cleaning of teeth is a relatively invasive dental procedure that often causes bleeding, especially in the gum tissue of many elderly patients. In fact, teeth cleanings and pulling teeth are the two bloodiest and most invasive procedures performed in a general dental office.

Residents in those facilities often have many different health problems and take many different medications. Dentists understand the implications of the patient's health

conditions and medications. I have attached a partial list of health conditions and medications that have important implications for dental cleanings. Common conditions include joint replacements, blood thinners, and heart conditions. Without a thorough understanding of these conditions and their implications, patients' health and safety can be compromised.

As I stated, patients who can be moved to dental treatment facilities should be moved. Patients who are so medically compromised that they cannot be moved absolutely require the services of the dentist.

QUESTION (G) ASKS WHAT THE SCOPE OF PRACTICE AND LEVEL OF CREDENTIALING IS FOR THE APPLICANT GROUP IN OTHER STATES.

This question is especially relevant to the reason we are here on this bill. The fact is that states where hygienists have this authority to work in nursing homes without the appropriate supervision of a dentist, they do not use it. Hygienists in other states have shown no interest in providing services in most nursing homes. It is my understanding in talking with representatives of these states at dental conferences that the facilities where hygienists do work without appropriate supervision tend to be connected with retirement communities that serve relatively affluent residents who have no access to care problems. I have attached supportive information for your review.

The real intention behind this legislation is for it to be a starting point for dental hygienists to become independent from dental supervision in order to establish themselves as independent providers of dental care, which will not provide adequate oral health care for the public or save a single health care dollar.

That intention is clearly expressed in a resolution approved by the 1994 House of Delegates of the American Dental Hygienists' Association. An explanation of that point is also attached to my testimony. Let's not kid ourselves about the intentions of this bill.

While I understand the hygienists' desire to advance their profession through legislation rather than education, I believe that we need to understand that this particular bill is simply a part of a much larger agenda and has little to do with improving the oral health care of nursing home residents.

If dental hygienists really wanted to work in nursing homes providing the care that is really needed, they would be in the homes brushing and flossing teeth today. There is nothing in Kansas law that prevents them from providing that care and perhaps some of them are already doing that.

I care deeply about nursing home residents. I treat the residents in my office. I treat them, when necessary, at the facility. Let's talk about real solutions. Let's not be confused by bills that will solve nothing and simply serve to confuse the issue and delay real solutions.

COMPARISON OF DENTAL EDUCATION AND DENTAL HYGIENE/ASSISTANT INSTRUCTION

	Predoctoral Dental	Dental Assistants	Dental Hygiene
Post-secondary Education	Generally eight years of study, usually consisting of four years of college followed by four years of post-graduate dental education.	Generally a high school education with either a one-year training program at a vocational-technical school or training by the dentist.	Generally two years post-high school study leading to an associate degree or certificate.
Scope & Depth of Coursework	Scope and depth of course content are at graduate level and build on a broad background in the basic and social sciences, including chemistry, biology, anatomy, physiology, physics and psychology at the college and graduate level.	Course content at introductory level in vocational-technical programs.	Course content is at college undergraduate level; basic science courses are generally at introductory level.

Terminal Clinical Competencies	Educated and examined in comprehensive dental patient care as follows:
	• assessment of the patient's general, oral and dental health and diagnosis of oral disease and oral sequelae of diseases
	• interpretation of oral and dental radiographs and other diagnostic tests
	• assessing and managing treatment needs of medically compromised patients
	• treatment planning and case presentation
	• preventive services and patient education (nearly all dental hygiene functions fall in this category)
	• pharmacology and therapeutics: management of related complications (e.g., anesthesia, pain management and antibiotic therapy
	• prevention and management of dental and medical emergencies (e.g., shock, aspiration, allergic reactions, heart attack)
	• prevention, diagnosis and management of:
	  • periodontal disorders
	  • restorative procedures
	  • endodontic disorders
	  • oral surgical procedures
	  • orthodontic procedures
	  • prosthetic procedures.
		Dental assistants perform the following functions, among others:
		• exposing radiographs
		• placing sealants
		• applying topical fluoride
		• emphasizing importance of daily care
		• assisting dentist with dental procedures
		• administration and monitoring of nitrous oxide.
			Trained to perform the following clinical dental hygiene procedures and health education functions:
			• performing prophylaxis
			• exposing radiographs
			• applying topical fluorides
			• basic life support (CPR)
			• oral health education
			• applying sealants; root planing
			• administration and monitoring of nitrous oxide.

Summary	Dentists are educated to assume responsibility for comprehensively managing the complete oral health needs of their patients. Dentists render preventive, diagnostic and therapeutic services, including management of the care of medically compromised patients.	Dental assistants' functions are a narrow portion of comprehensive dental care. Dental assisting functions are reversible. All dental assisting functions are taught with the understanding that they will be performed with the on-site supervision of the dentist.	Dental hygiene functions are a defined narrow portion of total dental care. All dental hygiene functions are reversible. All dental hygiene functions are taught with the understanding that they will be performed under the on-site supervision of a dentist.

Common Health Conditions With Important Implications for Dental Treatment*

--mitral valve prolapse
--rheumatic heart condition
--heart valve replacement
--prosthetics

knee replacements
hip replacements
metal plates
screws

--hypertension
--hemophilia
--anemia
--H.I.V. infection
--diabetes
--use of blood thinners such as coumadin, and other medications

*In any teeth cleaning procedure, bacteria enter the patient's blood stream. Healthy patients with normally-functioning immune systems can fight the bacteria without incident. Medically compromised patients, as nursing home residents frequently are, have greater difficulty fighting the bacteria. A local or a generalized infection can result. The dentist needs to be available to assess that risk and act accordingly.

"In Colorado [where dental hygienists can provide services independently], less than 5 percent of the nursing homes have relationships with dental hygienists, and in the state of Washington, only one hygienist provides services to patients in two nursing homes.

In California, where hygienists practice unsupervised under the auspices of a health manpower pilot project, Medicaid was billed only a little more than $3,000 during one year of the project, or less than 2 percent of the total hygiene billings to the Delta plan in that state.

Supervision does not appear to be a significant factor in addressing access problems."

--American Dental Association summary, 1993

American Dental Hygiene Association
1994 House of Delegates

Resolution 11 -- The ADHA advocates that dental hygienists, **as primary care providers**, be recognized by third party payors for direct reimbursement.

Testimony for Kansas Legislature
Senate Public Health and Welfare Committee

Regarding House Bill 2304

March 14,1996
By
Mike Taylor, Government Relations Director, City of Wichita

The changes to the Dental Practices Act proposed in House Bill 2304 would be very beneficial to the Childrens' Dental Clinic run by the Wichita-Sedgwick County Health Department. The clinic serves nearly 700 poor children between the ages of 5 and 15 every year.

The clinic is supervised by 27 Wichita area dentists who volunteer their time. They prescribe dental cleanings, fluoride treatments and sealants which are then administered by dental hygenists at the clinic. But the volunteer dentists can't always be on site. When the dentist doesn't show up, all of the appointments with the hygenists must be canceled. Allowing the dental hygenists to go ahead and conduct the prescribed procedures such as cleanings, when the volunteer dentist can't be at the clinic, would greatly help many low income children who need dental care.

There is often a four month waiting list for the Childrens' Program, with more than 300 kids waiting for a first visit. Changing the Dental Practices Act to allow hygenists to administer prescribed routine, basic treatments without one of the clinic's volunteer dentists on site would increase the number of children treated at the clinic.

Thank you for your consideration.

TO: Senate Committee on Public Health and Welfare

From: Loretta J. Seidl, RDH, Johnson County Area Agency on Aging

Date: March 14, 1996

Subject: **Testimony in Support of House Bill 2304**

I come to you as a concerned citizen in support of House Bill 2304. I am currently employed by Johnson County Area Agency on Aging as Program Developer . I also practice dental hygiene several days a week for a dentist. I have been a Registered Dental Hygienist for 11 years and taught dental hygiene for 8 years. I have spent the last twenty years working to improve the lives of older adults.

My interest in working with the elderly started many years ago as I helped care for my frail grandparents. In 1987, I completed my practicum for a Masters degree in Health Science at an adult daycare center in Wichita. Since that time I have worked with seniors at the Douglas County Senior Services Center, and now at the Johnson County Area Agency on Aging. It is with this background that I can state absolutely that **regular dental care, though often overlooked or underplayed in health promotion, makes a true difference in the lives of older adults.**

I have provided in-service training for oral hygiene care to nursing home staff. However, the way the current law is written I am not able to demonstrate oral hygiene care on a resident. My presentations to the nursing home staff would be much more effective if I could do hands-on care with the residents. Each resident is different with different oral health needs ,therefore, it would be extremely beneficial for the nursing home staff to see a demonstration done directly with the resident.

I know it has been said even if this bill does pass that no hygienist would actually go into nursing homes to do the oral hygiene care. I, for one ,can say I would be willing to volunteer time to perform the oral hygiene care for nursing home residents.

Because of my years of experience in dental hygiene and my special concern for the elderly, I want House Bill 2304 to pass to allow willing, experienced, and capable dental hygienists to make a difference in the quality of life for residents of Kansas nursing facilities. Our elderly citizens who sometimes live helpless, alone, and without family support in our nursing facilities need strong advocates for their care. They deserve the quality of life we all expect and want for ourselves. As a dental hygienist and aging advocate, I urge you to support House Bill 2304.

Thank you for your consideration.

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Good morning. My name is Carol Ablah. This past December I completed my education for a Master of Public Health degree. As a part of my thesis I looked at dental hygienists as potential caregivers to increase access to dental care for older adults. My research, which was done during the summer and fall of 1995, consisted of a mail survey of **all** licensed and practicing dental hygienists in Kansas. I am pleased to report a 69% response rate: 579 valid responses were received from 839 potential subjects.

The literature I reviewed confirms what you already know--older adults, particularly those in nursing homes, are not receiving appropriate dental care. Even though the Omibus Budget Reconciliation Act of 1987 requires nursing homes which receive Medicaid or Medicare funding to provide dental care or access to dental care for their residents, that care is often not being provided. Nursing home administrators have stated that a barrier to complying with this law is the dentists' reluctance to provide services in nursing homes. If sufficient numbers of dentists are unwilling to treat the oral needs of long-term care residents, perhaps additional personnel are needed to serve this special population.

The following is data from my research which is pertinent to this bill:

- **Respondents reported 68% of their employing dentists *do not* treat home-bound patients or those who reside in nursing homes**
- **Respondents reported only 24% of their employing dentists were consultants for a nursing home**
- **Under the conditions in the proposed legislation, 84% of licensed, practicing dental hygienists in Kansas reported a willingness to work in long-term care facilities**
- **Kansas is one of only eleven states that does not have some form of this type of legislation to increase access to care for the underserved**

The fact that all but eleven states have passed various levels of similar legislation reflects a widespread interest in increasing the public's access to oral health care by allowing a less cumbersome delivery of dental hygiene services. The implication for Kansas is that this change in the state practice act would increase the scope of settings where hygienists could practice, thus serving more of the public. This study has shown that Kansas has an untapped reservoir of potential caregivers available to increase access to dental care for underserved older adults.

I would be happy to answer any questions that you might have. I can be reached at : 316-682-9786.

Senate Public Health & Welfare
Date: 3-14-96
Attachment No. 10