Approved: January 29, 1998

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans, at 1:30 p.m. on January 21, 1998 in Room 423-S-of the State Capitol.

All members were present except: Representative Gerald Geringer - excused
Representative Deena Horst - excused
Representative Tony Powell - excused

Committee staff present: Emalene Correll, Legislative Research Department
Robin Kempf, Legislative Research Department
Norman Furse, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Cindee Stratton, Advocacy Director, American Heart Association
Richard Morrissey, Director, Kansas Department on Health & Environment's Bureau of Local & Rural Health Systems
Phillip Zivnuska, DDS, Vice President, Kansas Dental Association
John Peterson, Kansas Association of Homes and Services for the Aging
Denise Maus, Legislative Chairman, The Kansas Dental Hygienists Association
Judy Eyerly, Kansas Association for the Medically Underserved

Others attending: See Guest List (Attachment 1)

Chairperson Mayans noted that **HB 2669** (continuation of the joint legislative health care reform oversight committee) and **HB 2670** (authority of qualified mental health professionals to diagnose mental disorders) have been assigned to this committee.

The Chairperson then introduced Cindee Stratton, Advocacy Director, American Heart Association, who recommended legislation to allow lay persons (after completion of approved training and demonstrated proficiency) to use an automatic external defibrillators for cases of sudden cardiac arrest. Ms. Stratton stated the association believes that an additional 250 lives a year could be saved if additional machines and trained persons were available. This authority would fit into the existing Chain of Survival techniques now available, which include the 911 System, CPR and/or defibrillators, emergency medical service, and hospital care. This legislation would not replace the certified health care workers to operate defibrillators, but would allow laymen, especially in rural communities, to have the service. The first four minutes after the start of cardiac arrest is vital to survival of a patient, and the additional trained operators and machines would aid rural communities.

Representative Showalter clarified that the defibrillator machine does not operate without human involvement. The machine has a screen that instructs the steps to be taken for its use; and specialized training is a prerequisite to understanding its proper use. Ms. Stratton stated the American Heart Association would like to place defibrillators in every area possible. She stressed that people have to prove they have taken the training and demonstrated proficiency to use them. The Good Samaritan Law protects them. Upon motion of Representative Powell, seconded by Representative Morrison, the committee approved the introduction of the Kansas Automatic External Defibrillator Law. (See testimony, Attachment 2.)

Chairperson Mayans then asked the committee to review the excerpted Health Care Reform Legislative Oversight Committee Report on *Dental Care Issues*, which each member had received. He stated an upcoming meeting will include the subject issues.

Chairperson Mayans opened the hearing on **HB 2622** - concerning dental practices act; services for indigent persons. Richard Morrissey, Director, KDHE Bureau of Local & Rural Health Systems, testified in support of the bill and commended the Legislature for proposing the legislation which enabled dental services to be delivered to Kansans who are medically indigent. Mr. Morrissey indicated current law may place the Kansas federally qualified health centers in jeopardy of losing federal funding in the future because of the state's limits on the practice of corporate dentistry. He recommended cooperative efforts be continued by all interested groups and legislators to make changes in the law to protect this federal funding if it becomes at risk. (See testimony, Attachment 3.)

Representative Welshimer, who is a board member of one of the eight federally qualified clinics, asked if her clinic should cease providing dental services to the indigent. Mr. Morrissey answered **HB 2622** does not resolve the problem. Emalene Correll asked if only clinics certified as federally-eligible would be affected by the state's restrictions on dentists. Mr. Morrissey replied that is correct; that state clinics would not be directly affected. He said, to date, federal authorities have made no efforts to cut funding, but that could change without notice.

Phillip Zivnuska, D.D.S., Vice President, Kansas Dental Association, stated the association's support of **HB 2622** and the proposed changes in eligibility and patient protection provisions. (See testimony, Attachment 4.) Dr. Zivnuska stated the heart of the current matter is federal supremency over state law.

John Peterson, on behalf of the Kansas Association of Homes and Services for the Aging, testified in support of **HB 2622**. He stated the association supported it two years ago and is in support of removing the sunset provision. Mr. Peterson also noted that written testimony of Debra Zehr, Vice President of the association, has been distributed to each member. (See Attachment 5.)

Denise Maus, Legislative Chairman of The Kansas Dental Hygienists Association, stated support for **HB 2622** and the removal of the sunset provision. (See testimony, Attachment 6.)

Judy Eyerly, on behalf of the Kansas Association for the Medically Underserved, stated support of **HB 2622** and strongly recommended that it be amended to allow CHC's and federally qualified health centers to serve all eligible clients as required by federal legislation. Ms. Eyerly's written testimony and suggested amendments may be found on Attachment 7.

Chairperson Mayans asked Ms. Eyerly if the association would support **HB 2622** without their amendments. She answered that the association supports the bill but would like the amendments to be added because if they are not, eight clinics run a risk of losing federal funds. Chairperson Mayans asked why the amendments had not surfaced earlier. Conferees could not answer that. Chairperson Mayans voiced concern that amending the bill may cause some problems; and if amendments were adopted, the committee would not run the bill. Representative Storm asked Dr. Zivnuska what were KDA's concerns with the proposed amendments. Dr. Zivnuska reasoned that the amendments move away from the primary mission of serving the needy and the chance of cooperation and volunteerism is damaged--there is a need to direct efforts to build services to the needy.

Chairperson Mayans noted that written testimony of Sandra Strand, Kansas Advocates for Better Care, has been distributed to the members (see Attachment 8).

Chairperson Mayans asked if anyone else was present to speak on **HB 2622**. There being none, the hearing was closed. The Chairperson asked the committee if it wanted to act on the bill. Representative Cook moved that **HB 2622** be acted on as it is written. Representative Morrison seconded the motion. The motion carried.

Representative Morrison moved, seconded by Representative Welshimer, that **HB 2622** be favorably passed without amendment. The motion carried. Representative Welshimer will carry the bill on the floor.

Chairperson Mayans noted that at Monday's meeting the committee will consider introduction of a committee bill having to do with issues of dental practices. The committee will hold hearings on the bill on February 2 with dental hygienists as conferees, and on February 3 with dentists as conferees. Both meetings will be held in Room 313-S.

The meeting was adjourned at 2:40 p.m.

The next meeting is scheduled for January 22, 1998.

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST
JANUARY 21, 1998

NAME	REPRESENTING
Dori Hinds	The Hinds Group
Carrie Recht	SMOOT
Mel Draper	KMS
KEITH R LANDIS	CHRISTIAN SCIENCE COMM. ON PUBLICATION FOR KS
KEVIN ROBERTSON	KS DENTAL ASSN
Judy Egly	KS Assn. for Medically Underserved
Phil Burnside	KS Dental Assoc
Richard Morrissey	KDHE
Julie Thomas	DOB
Michelle Peterson	Peterson Public Affairs
Susan anderson	Hein + Weir
Jim Yarally	KDHA
Cindy Lee Bird, RDH	KDHA
Carolyn J Wright RDH	KDHA
Margaret LoGiudice RDH	KDHA
Debbie Mann RDH	KDHA
Rick Gettman	Health Midwest
Mary Ellen Conlee	Via Christi Health System

HOUSE HHS COMMITTEE
Attachment 1
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HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST
JANUARY 21, 1998

NAME	REPRESENTING
Carolyn Quinn	KDHE
Cindee Stratton	American Heart Assoc.
Janice Bagshaw	"
Caldwell Denton	KS Association of Health Plans
Anne Spiess	Peterson Public Affairs Group

Proposed Language
Kansas Automatic External Defibrillator Bill

An act relating to automatic external defibrillators; providing legislative intent that automatic external defibrillators may be used by any person; requiring persons to obtain training and to activate the emergency medical services system upon use of a defibrillator; encouraging certain persons and entities to register a defibrillator; providing immunity from liability for certain persons; providing an effective date.

Section 1. It is the intent of the Legislature that an automatic external defibrillator may be used by any person for the purpose of saving the life of another person in cardiac arrest. In order to ensure public health and safety:

(1) All persons who have access to or use an automatic external defibrillator must obtain appropriate training to include completion of a course in cardiopulmonary resuscitation or successful completion of a basic first aid course that includes cardiopulmonary resuscitation training and demonstrated proficiency in the use of an automatic external defibrillator, and

(2) Any person or entity in possession of an automatic external defibrillator is encouraged to register with the local emergency medical services medical director the existence and location of the automatic external defibrillator, and

(3) Any person who uses an automatic external defibrillator is required to activate the emergency medical services system as soon as possible upon use of the automatic external defibrillator.

(4) Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment by the use of or provision of an automatic external defibrillator, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

Section 4. This act shall take effect upon becoming a law.

Optional Language

WHEREAS, the Legislature finds that the number of deaths due to sudden cardiac arrest is too high, and

WHEREAS, the key to preventing this high number of deaths is to dramatically expand the availability of defibrillation therapy in a timely fashion, and

WHEREAS, recent breakthroughs in automatic external defibrillator technology have resulted in the availability of devices that have proven to be exceptionally safe and effective in treating sudden cardiac arrest, and

WHEREAS, these new devices are virtually maintenance free, safe and easy to use with minimum training, small, lightweight, durable and less expensive, and

WHEREAS, the widespread availability of these new devices will make sudden cardiac arrest a truly treatable disease, preventing hundreds of unnecessary deaths, and

WHEREAS, the Legislature has determined that it is in the public interest to make these devices readily available to the general public, but that the public be trained to properly use these devices and to activate the emergency medical services system immediately upon using the device, NOW.

Cindee C. Stratton
Advocacy Director

American Heart Association℠
Fighting Heart Disease and Stroke

5375 SW 7th Street
Topeka, KS 66606
Tel 785 272 7056
800 284 3979
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HOUSE HHS COMMITTEE
Attachment 2
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KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

Testimony presented to

House Health and Human Services Committee

January 21, 1998

by

Richard Morrissey, Director
Bureau of Local & Rural Health Systems

House Bill 2622

Senate Bill 625, enacted in 1996, was intended to exempt nonprofit, charitable corporations which qualify as indigent health care clinics as defined by the secretary of health and environment, including state-funded community based primary care clinics, Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs) and local health departments, from prohibitions against hiring and employing dental professionals. It also provided that a licensee under the dental practice act would not risk loss of license for being an employee of, or entering into an arrangement with, an entity defined as an "indigent health care clinic" to provide dental services. The bill did not go far enough, however. Although FQHCs were specifically named in the statute as entities meeting the definition of indigent health care clinics, the eight CHCs and FQHCs in Kansas risk the loss of over 3.5 million dollars in federal funding if they comply with the state restrictions on corporate practice of dentistry.

As the law is now written, a clinic may not employ a dentist and also meet federal grant regulations. Federal law requires that federally funded CHCs and FQHCs provide "*an assurance that services shall be available to all residents of a catchment area without regard to method of payment or health status.*" If federally funded clinics were to employ dentists and serve only those persons who meet the definition "dentally indigent" they would risk loss of the federal funding that enables them to remain financially viable.

KDHE recommends that legislative leaders, health officials, representatives of the Kansas Dental Association and the Kansas Association for the Medically Underserved continue discussions in order to develop additional changes in the Dental Practice Act that will protect the receipt of important federal funding for health care services, including dental care, for low-income, uninsured and underserved Kansans.

KANSAS DENTAL ASSOCIATION

Date: January 21, 1998

To: House Committee on Health and Human Services

From: Dr. Philip Zivnuska, Vice President

Regarding: **Testimony in support of HB 2622**

Chairman Mayans and members of the Committee my name is Dr. Philip Zivnuska. I have been a practicing general dentist in Wichita for 20 years and currently serve as Vice President of the Kansas Dental Association (KDA).

The Kansas Dental Association is pleased to support HB 2622. As many of you know, two years ago, the KDA opposed some of the eligibility provisions contained in the original legislation. We have accepted the Legislature's judgment and have changed our position.

We now support all the eligibility provisions contained in the original legislation and HB 2622.

There are two patient protection provisions in this bill that improve the original bill. First, HB 2622 acknowledges the need for oversight by the Kansas Dental Board by providing for the establishment of appropriate rules and regulations. Second, the bill ensures that the licensed practitioner rather than a clinic administrator will make clinical treatment decisions.

This bill takes an important step toward improving the access to care for Kansas in nursing homes and the poor in charitable clinics. General supervision for hygienists in these facilities can result in additional treatment and improved oral health if adequate numbers of personnel are available.

Finally, let me conclude by saluting the actions of the Kansas Legislature to improve the oral health of all Kansas. In addition to this bill, there have been two other initiatives that have benefited needy citizens. The improvements made last year in the Dental Medicaid Program are helping needy children. Your support of the Kansas Donated Dental Services Program, has helped serve the oral health needs of needy, disabled and elderly Kansans. KDA volunteer dentists have provided over $124,000 worth of donated services in the first 12 months of the program.

The Kansas Dental Association appreciates your support of this program. Thank You.

Philip Zivnuska, DDS
3609 E. 93rd St. North
Valley Center, KS 67147
316-683-0204
Fax 316-683-0204

5200 Huntoon
Topeka, Kansas 66604-2398
785-272-7360

KAHSA
KANSAS ASSOCIATION OF
HOMES AND SERVICES FOR THE AGING

MEMORANDUM

TO: Representative Carlos Mayans, Chair, and
Members of the House Health and Human Services Committee

FROM: Debra Zehr, RN, MA, Vice-President, Policy/Education

RE: House Bill 2622

DATE: January 21, 1998

Thank you, Mr. Chairman, and Members of the Committee for this opportunity to present our written support for House Bill 2622.

The Kansas Association of Homes and Services for the Aging represents over 150 not-for-profit long-term care providers throughout the state of Kansas. During the Legislative Session in 1996, House Bill 2304 was passed, which provided for dental hygienists to perform certain tasks without the direct supervision of a dentist in the long-term care setting, under limited circumstances. We believe that this bill, as passed in 1996, was good public policy then, and remains so now. House Bill 2622 would remove the sunset provision contained in the original statute so this practice could be continued throughout the state. Currently, most nursing home residents still go to the dental 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 2622 keeps the door open for improved dental care for nursing home residents in a safe, cost effective manner by continuing to allow dental hygienists under clearly defined circumstances, to go into the nursing home to clean teeth, provide education, and to provide preventative care.

In the last several months, a group of concerned organizations have come together to look at the provision of oral care for Kansas nursing home residents. The Promoting Oral Health Care for Elderly Kansans Coalition is working on ways to improve access to dental services for this underserved population. We believe that this new cooperative effort will lead to new opportunities for innovative approaches to delivery of oral and dental care for nursing home residents, including an increased use of dental hygienists. House Bill 2622 will allow this work to go forward. For these reasons, we ask for your support of House Bill 2622.

Thank you, Mr. Chair, and Members of the Committee.

HOUSE HHS COMMITTEE
Attachment 5
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700 SW HARRISON, SUITE 1106
TOPEKA, KANSAS 66603-3759

785-233-7443
FAX: 785-233-9471

THE KANSAS DENTAL HYGIENISTS' ASSOCIATION

CONSTITUENT OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION

P.O. BOX 781056 • WICHITA, KS 67278-1056

January 21st, 1998

House Health & Human Services Committee
Representative Carlos Mayans, Chairman

Re: Proponent statement of House Bill No. 2622

Chairman Mayans and Members of the Committee,

Good afternoon. I am Denise Maus, and I am currently Immediate Past President and Legislative Chairperson of the Kansas Dental Hygienists' Association. I am a registered dental hygienist, and have been licensed and practicing dental hygiene in Kansas since 1982. I very much appreciate this opportunity to express the support of the Kansas Dental Hygienists' Association for House Bill No. 2622.

This bill will repeal the Sunset Clause that is set to expire in July of this year, and place permanently into statute the ability for dental hygienists to continue to practice under the general supervision of a dentist in an adult care home, hospital long-term care unit, state institution, local health department or indigent health care clinic. Dental hygienists have been practicing successfully the past year and a half under this statute. It is a safe and effective way to provide access to care for these individuals who otherwise may find it difficult, if not impossible to gain access to preventive dental hygiene care.

The Kansas Dental Hygienists' Association supports the continuance of this statute.

Thank you for your consideration and support.

Denise A. Maus, RDH, BS
KDHA Immediate Past President & Legis. Chair.
1908 N. Socora
Wichita, KS 67212
(316)721-4780

HOUSE HHS COMMITTEE
Attachment 6
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Testimony Provided to the House Committee on
Health and Human Services

by Judy Eyerly
Kansas Association for the Medically Underserved

January 21, 1998

Dental Care for Dentally Underserved

During the Legislative Session of 1996, The Kansas Association for the Medically Underserved (KAMU) worked diligently with state legislators, the Kansas Dental Association and other health officials to assure access to dental care for thousands of Kansans who were otherwise without access to care. These efforts resulted in the passage of Senate Bill 625 that gave authority, to state funded community based and other nonprofit Primary Care Clinics,, Community Health Centers (CHC's) and Federally Qualified Health Centers (FQHC's), to hire dentists to provide care to clients who were eligible to receive services in these clinics and health centers.

Senate Bill 625 provides language that identifies entities who can hire dentists while still preserving the individual practice and integrity of dentistry. It recognizes the large numbers of Kansans who are most vulnerable by defining dentally indigent persons. It allows caring dentists to work with a large number of needy clients without assuming the financial burden inherent in caring for this population in private practice. It further allows dentists to enter into arrangements with any of the identified entities without facing the fear of being suspended and allows clinics to work with the new classification of "retired" dentists.

KAMU recognizes these state legislative efforts and the forthright commitment of the Kansas Governor, Bill Graves, the Kansas Dental Society and Kansas legislative leaders to assure access to dental care for thousands of vulnerable Kansans.

Enactment of Senate Bill 625 is a positive step in meeting the needs of *Kansans but more is needed.* Federal legislation requires that federally funded CHC's and other FQHC's provide ***"An assurance that services shall be available to all residents of the catchment area without regard to method of payment or health status"*** (Code of Federal Regulations for Grants Operating Community Health Centers. Subpart 51c.303).

Attorney General, Carla Stovall warns that ***the practical effect of limiting the corporate practice of dentistry could nullify the provisions of Senate Bill 625. By forcing CHC's and FQHC's to choose to serve only the dentally indigent as prescribed by Senate Bill 625 in order to employ a dentist, they jeopardize the very funding that allows them to remain viable.***

In 1997 more than 7000 clients received dental care in CHC's, FQHC's and other nonprofit primary care or dental clinics in Kansas. This included preventive dental services as well as comprehensive dental care and pain abatement.

Although the majority of individuals served meet the definition of dentally indigent outlined in Senate Bill 625, there are those who do not. This population, with incomes over 200% of the federal poverty guidelines, generally seek care in health centers for other reasons.

- They cannot meet current insurance deductibles.
- They have other catastrophic illnesses- such as HIV+ or AIDS and are unable to access care from the private sector.
- They are long standing users of CHC's or FQHC's and have incomes that fluctuate above or below 200% of the federal poverty level.
- They have only recently begun to have higher earnings but are still struggling to rise above poverty or low income status.

KAMU believes, as does the Kansas Dental Association and many state health officials and legislators, ***that dental care is one of the most critical unmet needs as far as health care is concerned.*** We agree with that dental care should be considered an essential service in appropriations that include funding for primary care.

The crying need for dental care is well documented in two studies, recently completed by the Association. In one study, HIV+ clients were asked to prioritize their most important health care needs. Their ranking included Medications as # 1, Medical Care # 2 and Dental Care # 3. **Of the 65% of respondents in this study who stated they needed dental care, less than 20% were actually able to access care.** The primary reason for not accessing care is the inability to pay for the service and lack of providers for HIV+ or AIDS clients.

The second study consisted of a survey completed on more than 2200 clients across the state who receive services in CHC's, FQHC's and state funded community based and other nonprofit Primary Care and Dental Clinics. Among other things this study collected data on income, insurance status and the need for dental care. Care was taken that a statistically valid number of clients were sampled at each clinic site to assure that responses were not skewed by larger health centers. *Of the 2200 clients who participated in this study,*

- *17% reported children, age 5 years and under, in need of dental care;*
- *18% identified children in need of dental care between ages 6-10;*
- *18% reported children in need of dental care between ages 11-18; and*
- *53% reported individuals, ages 19 and over, in need of dental care*

While KAMU is sensitive to the Kansas Dental Association's quest to preserve quality through the independent practice of dentistry in the state, it is more sensitive to the adverse effect on Kansans in need of dental care.

If CHC's and FQHC's choose to serve all residents in their catchment area in order to continue federal funding but lose the ability to serve dental clients, no one has gained.

On the other hand ***if CHC's and FQHC's choose to deny services to eligible clients in order to hire a dentist and therefore lose federal funding, everyone loses.***

For the state of Kansas this is a significant loss - over $3,000,000.00 federal dollars that comes into the state and over $12,000,000 that CHC's and FQHC's are able to generate from local communities, private foundations and other additional dollars.

The response to this dilemma can only be answered through state legislative changes in Senate Bill 625, allowing CHC's and FQHC's to serve all eligible clients as required by federal regulation.

KAMU strongly recommends this change.

(3) administer local block and infiltration anaesthesia and nitrous oxide. (A) The administration of local anaesthesia shall be performed only under the direct supervision of a licensed dentist at the office of the licensed dentist. (B) Each dental hygienist who administers local anaesthesia shall have completed courses of instruction in local anaesthesia and nitrous oxide which have been approved by the board.

(h) (1) The courses of instruction required in subsection (g)(3)(B) of K.S.A. 65-1456, and amendments thereto, shall provide a minimum of 12 hours of instruction at a teaching institution accredited by the American dental association.

(2) The courses of instruction shall include courses which provide both didactic and clinical instruction in: (A) Theory of pain control; (B) anatomy; (C) medical history; (D) pharmacology; and (E) emergencies and complications.

(3) Certification in cardiac pulmonary resuscitation shall be required in all cases.

Sec. 2. K.S.A. 1997 Supp. 65-1466 is hereby amended to read as follows: 65-1466. (a) Notwithstanding any other provision of the dental practices act, a not-for-profit corporation having the status of an organization under 26 United States Code Annotated 501(c)(3) which is also a facility qualified under subsection (b) of K.S.A. 65-431 and amendments thereto to select and employ professional personnel, an indigent health care clinic as defined by the rules and regulations of the secretary of health and environment, a federally qualified health center, or a local health department may employ or otherwise contract with a person licensed under the dental practices act to provide dental services to dentally indigent persons.

(b) Dentally indigent persons are those persons who are: (1) Determined to be a member of a family unit earning at or below 200% of poverty income guidelines based on the annual update of "poverty income guidelines" published in the federal register by the United States department of health and human services and are not indemnified against costs arising from medical and hospital care or dental care by a policy of accident and sickness insurance or an employee health benefits plan; or (2) eligible for medicaid; or (3) qualified for Indian health services. This subsection shall not be construed to prohibit an entity under subsection (a) which enters into an arrangement with a licensee under the dental practices act for purposes of providing services to dentally indigent persons pursuant to subsection (a) from defining "dentally indigent persons" more restrictively than such term is defined under this subsection.

(c) A licensee under the dental practices act who enters into an arrangement with an entity under subsection (a) to provide dental services pursuant to subsection (a): *(1)* Shall not be subject to having the licensee's

insert "as established by OBRA 89 Section 6404 and defined in 42 U.S.C. 1396d(1)(2)(a)."

insert "and this subsection shall not be construed to prohibit a federally qualified health center as established by OBRA 89 Section 6404 and defined 42 U.S.C. 1396d(1)(2)(a) from entering into an arrangement with a licensee under the dental practices act for purposes of providing services to persons without regard to ability to pay as required in 42 U.S.C. 1396d(1)(2)(a)."

2-4
Att. 3

7-5
7-4

FEDERALLY QUALIFIED HEALTH CENTERS IN KANSAS

FX-330	LYON COUNTY HEALTH DEPARTMENT	Jan Chapman, ARNP	420 W 15th	EMPORIA KS 66502	(316) 342-4864
F-330	KONZA PRAIRIE COMMUNITY HEALTH CENTER	Chris Cassel	1212 W ASH	JUNCTION CITY KS 66441	(785) 238-4711
FX-330	DOUGLAS COMMUNITY HEALTH CENTER, INC	Kyle Garrison, MD	1029 W 32nd STREET	KANSAS CITY KS 66102	(913) 371-2720
F-330	TOPEKA-SHAWNEE COUNTY HEALTH AGENCY COMMUNITY HEALTH CENTER	Clayton Pape	1615 SW 8th	TOPEKA KS 66606	(785) 368-2150
F-330	HUNTER HEALTH CLINIC, INC.	Susie Schwartz	2318 E CENTRAL	WICHITA KS 67214	(316) 262-3611
FX-330	UMWKMAM: GARDEN CITY	Penney Schwab	224 N TAYLOR	GARDEN CITY KS 67846	(316) 275-1766
FX	UM MEDICAL CLINIC	Interim Director	1611 N MOSLEY	WICHITA KS 67214	(316) 263-7455
F	WICHITA PRIMARY CARE CENTER	Norma Sanchez-Allred	1125 N TOPEKA	WICHITA KS 67214	(316) 262-8861

F = FEDERALLY QUALIFIED HEALTH CENTER (MEDICAID/MEDICARE COST-BASED REIMBURSEMEMT)
X = STATE-FUNDED, COMMUNITY BASED PRIMARY CARE CLINIC
330 = FEDERALLY FUNDED, PHS SECTION 330 COMMUNITY HEALTH CENTER

KANSAS ADVOCATES FOR BETTER CARE

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

TESTIMONY

TO: House Committee on Health and Human Services

FROM: Sandra Strand, Legislative Coordinator

DATE: January 21, 1998

SUBJECT: HB 2622

Kansas Advocates for Better Care supported this bill when it was first introduced two years ago. We supported the elimination of the two-year sunset at that time, and we do today. The 1996 legislation permits dental hygienists to practice in an adult care home, hospital long-term care unit, state institution, local health department or indigent health care clinic under certain restrictions:

- the hygienist is under the general supervision of a dentist,
- the procedures are limited to the cleaning of teeth, education, and preventive care,
- the dentist has examined the patient within 12 months.

KABC members and other consumers 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. As a result, the comfort, cleanliness and nutrition of residents have often suffered.

We have long maintained that the more frequently the dental needs of nursing home residents can be observed by a trained person better versed in oral hygiene than are nurse aides or licensed nurses, the greater the likelihood that those needs can be addressed. Timely routine oral care can prevent a multitude of physical ills, from extensive dental repair to nutritional deficiencies.

An Ad Hoc Committee for Promoting Oral Health for Elderly Kansans (POHEK) has been working together since last June. The Committee has been spearheaded by Valerie Blanco from the UMKC School of Dentistry. Other members include:

Kansas Health Care Association
Kansas Association of Homes and Services for the Aging
Kansas Dental Association
Kansas Dental Hygienists Association
Kansas Dental Board
Kansas Department on Aging
Johnson County Community College
Long Term Care Ombudsman
Kansas Advocates for Better Care.

HOUSE HHS COMMITTEE
Attachment 8-1
1-21-98

The POHEK Committee has been working to improve oral care in adult care homes in a number of ways:

- developed a survey on dental services and sent it to the members of the two nursing home associations;
- presented oral health information at two nursing home association conferences;
- established a working model for dental hygiene services to be provided in a nursing home in Johnson County;
- is researching grant funding for future POHEK projects.

In other words, the 1996 legislation is beginning to work, because all the interested groups have been working together. Adult care home providers and dental care providers are becoming more aware of the benefits of this legislation. We ask that you remove the sunset from this bill, and allow the continuation of these good efforts.

Thank you.