Approved: February 10, 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 February 2, 1998 in Room 423-S-of the State Capitol.

All members were present.

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:
John Kiefhaber, Kanas Health Care Association
Barbara Burkendine, President, The Kansas Dental Hygienists' Association
Dr. William Killoy, Chairman, Department of Periodontics, University of Missouri-Kansas City
Dr. Charles Cobb, Professor of Periodontics, School of Dentistry,
University Of Missouri-Kansas City
Pam Oberman, Dental Hygienist and Educator
Michael Reed, Dean of the School of Dentistry, University of Missouri-Kanas City
Bridget Stephenson, Dental Assistant
Mary Jo Nigg, Dental Hygienist, Wichita
Patty Seery, Vice President, Kanas Dental Association and Member of the Kansas Dental Board
Bruce Bergstrom, Consumer
Kristen Mauer, Dental Hygienist Student

Others attending: See Guest List (Attachment 1)

Chairperson Mayans welcomed the members of the Kansas Hygienist Association, and then opened the meeting for possible introduction of bills.

John Kiefhaber, representing the Kansas Health Care Association, requested that the committee approve a bill to provide what he described as a quality enhancement/wage pass-through program for direct care staff and other support staff working in Kansas Medicaid certified nursing facilities. (See testimony, Attachment 2.) Representative Morrison moved that the committee accept this as a committee bill. Representative Henry seconded the motion; and the motion carried.

Chairperson Mayans then welcomed Representative Dixie Toelkes as a member of the committee. She replaced Representative Gwen Welshimer who transferred to the House Tourism Committee in place of Representative Toelkes.

The Chairperson then opened the hearing on **HB 2724** (practice of dental hygiene) and **HB 2725** (authorized practices under the dental practices act), stating that because of the number of conferees present to testify, each will be limited to three minutes per presentation.

Barbara Burkendine, President of The Kansas Dental Hygienists' Association, testified that the association supports **HB 2724**, and strongly opposes **HB 2725**. (See testimony, Attachment 3.)

Dr. William Killoy, Chairman, Department of Periodontics, University of Missouri-Kansas City, testified in opposition to **HB 2725** with the opinion that the bill will provide increased access to inadequate treatment. He described the harm that could ensue to patients if untrained, unlicensed dental assistants are authorized to perform above the gum line scaling and polishing dental procedures. (See Attachment 4.)

Dr. Charles Cobb, Professor of Periodontics, School of Dentistry, University of Missouri-Kanas City, listed his concerns on **HB 2725** which included: (1) patients may not receive professional care, (2) dental assistants performing supragingival scaling and polishing would be providing only cosmetic services; (3) the Kansas Dental Board should be instructed to regulate and examine those performing the specified procedures; and (4) most importantly, the bill (if passed) raises an ethical dilemma for schools in that the message of the bill would be education is not necessary and dental hygienic students waste their money on education. (See testimony, Attachment 5.)

Pam Overman, Dental Hygienist and Educator, in opposing **HB 2725**, asked if Kansas should break ground and train dental assitants to be quasi-hygienists. She noted the American Dental Association considered this same issue and abandoned the idea. (See Attachment 6.)

Michael Reed, Dean of the School of Dentistry, University of Missouri-Kansas City, testified in opposition to **HB 2725**. He stated if the bill became law, there would still be a shortage of dental workers in Kansas. Last year 26 states started 47 new dental hygienists programs to meet the personnel shortage. No state has approached the problem like **HB 2725** proposes. Dean Reed stated the Dental School at UM-KC would like to join with members of the profession (dentists and hygienists) and others involved in higher education to approach the problem in the way other states have, by developing new dental hygienist programs. It costs approximately $350,000 a year to run a successful dental hygienist program in a community college. He outlined the increasing patient-to-graduate cost ratio such a program would produce; which, as time continues, lessens the cost of the programs.

Bridget Stephenson, a Dental Assistant, described her experiences working as a dental assistant in Kansas City. After concluding her work scaling teeth was illegal under the Kansas Practices Act and so advising her employer, she was threatened and so she quit. Ms. Stephenson stated strong opposition to **HB 2725.**

Mary Jo Nigg, Dental Hygienist from Wichita, spoke in opposition to **HB 2725**, stating that it jeopardizes the quality of care and the recruitment and treatment of dental hygienists. (See testimony, Attachment 7.) She also distributed a copy of the *Report of the Ad Hoc Committee on Expanded Hygiene Dental Assistants and General Supervision, Revised July 15, 1997*, which attempted to develop enforceable Kansas law to insure safe delivery of quality dental care. The resulting resolution was adopted by the Kansas Dental Assistants Association and the Kansas Dental Board; but the Kansas Dental Associates and the Kansas Dental Hygienists' Association rejected it. The Ad Hoc Committee had agreed unanimously that if all the organizations did not adopt the resolution, then none would seek legislative changes during the 1998 legislative session. (A copy of the report is available from any of the four involved organizations.)

Patty Seery, Vice President of the Kansas Dental Association and a member of the Kansas Dental Board, related that the Board had heard several complaints regarding substandard care by dental assistants. She expressed embarrassment that the issue was before the Legislature at this time, and that the various component groups should focus on protecting the public. Ms. Seery stated that she did not believe the changes set forth in the bill are enforceable short of over-the-shoulder supervision of the dental assistant at all times. If access to care is the issue, what is proposed is an illusion. Other states are addressing the need for increased care by establishing additional education sites for dental hygienists. (See testimony, Attachment 8.)

Bruce Bergstrom, a consumer of dental hygiene services, opposed **HB 2725**, stating unlicensed, minimally trained individuals could perform some duties now performed by licensed dental hygienists with the intention of the bill being to eliminate the hygienist. (See testimony, Attachment 9.)

Kristen Mauer, a dental hygienist student, in opposing the bill, expressed concerns about it and asked why Kansas should be the first state to lower the standard of care. (See testimony, Attachment 10.)

Chairperson Mayans indicated there were no other conferees to speak on the bills, but noted that written testimony, opposing **HB 2725**, has been received from the following persons:

Dr. Thane Frazier, Lyons (Attachment 11)
Margaret LoGiudice, Director, Dental Hygiene Program, Johnson County Community College (Attachment 12)
Deana McGlen, R.N., Wichita (Attachment 13)
Connie Potter, Dental Hygienist, Smith Center (Attachment 14)
Dr. Dennis J. Runser, Stanley (Attachment 15)
Judith Runser, Stilwell (Attachment 16)
Lana Russell, Lawrence (Attachment 17)
Cindy Scott, Dental Hygienist (Attachment 18)

The Chairperson then opened the meeting to questions of the conferees. Dr. Cobb, at Chairperson Mayans invitation, added to his testimony by stating the bill presents a moral dilemma to dentists as well as being an unethical response. He suggested that additional training schools -- perhaps a community college in Colby or Great Bend -- would be a solution to meeting the need for qualified health care dental workers in western Kansas. Dr. Cobb stated the issue being discussed is not professional; but a state issue.

Dr. Cobb, saying the committee members were between a rock and a hard place on the issue, noted the motivation of the bill. Establishing new regional dental educational programs would take three to four years to begin to have graduates to take care of the shortage. Representative Powell suggested the bill is making professional judgments that relegate some services that heretofore have been the responsibility of hygienists. Dr. Cobb suggested some of the professionals may not have considered what is right or wrong but what is

financially pragmatic.

Dr. Killoy noted it is too easy to deviate from the law; but he believes any change could be delayed a couple of years and perhaps additional schools (like at Colby) may solve the sitution.

Representative Geringer asked what is the status of the new Colby program and Dr. Cobb indicated the program is only beginning to sign students. It was noted that the Kansas Dental Association has used some of its dues to underwrite the Colby program. The program has not been accredited as yet, but it is trying to get started this fall.

Representative Flaharty wondered if the bill is needed because many dentists do not meet the legal requirements or if it allows dental assistants to bill for insurance coverages. Dr. Cobb answered what he was alluding to is that people have a great deal of trust of their health care providers. There has been some malpractices; consequently there is a real problem. Only a grievous breach of trust by a a dentist will cause a complaint to be filed.

Representative Cook commented that perhaps the past and current use of dental assistants was motivated by a pure desire to address the ruralness of the state. Realistically, newly trained hygienists will most likely move to the more populated areas for financial reasons; and this bill may be an answer to personnel shortages in those areas. Dr. Cobb responded that he found it disconcerting and may be dangerous to people in western Kansas to relegate them to a lesser standard of care because they live in western Kansas. Perhaps the dentists out there may want to do what some other dentists have done and recruit someone, pay for their dental education, and contract for a given period of time.

Dr. Cobb also suggested Kansas may want to adopt the Dakotas and Nebraska programs that subsidizes the cost of hygienists training with the stipulation that they either repay the tuition or go to understaffed areas of the state for a given period of time. Pam Overman reported 23 states have undertaken 47 new hygienist programs to address the problem.

Representative Henry asked Mary Jo Nigg why this bill has come forth. Ms. Nigg stated the issue came about several years ago when the Attorney General's Opinion was given regarding who could perform "prophylaxis." Three years ago the Kansas Dental Association decided "scaling" could be done by unlicensed assistants. Hygienists do not believe parts of the "prophylaxis" procedure can be delegated.

Patty Seery recounted the Ad Hoc's agreement to not formalize a bill until all four interested groups could agree. She also noted that the Dentistry Board could not produce a listing of past complaints, saying that is a dismal failure of the system. Complaints are increasing in number.

Due to the hour, Chairperson Mayans closed the hearing on **HB 2724** and **HB 2725** and announced both bills will be heard again tomorrow in Room 313-S at 1:30 p.m.

The meeting was adjourned at 3:10 p.m.

The next meeting is scheduled for February 3, 1998.

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
FEBRUARY 2, 1998

NAME	REPRESENTING
Rebecca Krehbiel	KOHA
Lou Jones	KDHA
Yvette Mabe	KDA
Donna Neuhaus	SADHA
Annette Steele	"
Kristi Roth	"
[illegible]	SADHA
Rachelle Lindleigh	SADHA
Jessica Frame	"
Tiffany Eastwood	SADHA
Marlena Vigerano	SADHA
Bryan Musson	SADHA
Kim Foster	SADHA
Cindy Rehm	SADHA
Michael Parker	SADHA
Jennifer Arnold	SADHA
[illegible] Sutton	SADHA
Dalica Emerson	SADHA
Jill Dottschamer	SDH Topeka

HOUSE HHS COMMITTEE
Attachment 1-1
2-2-98

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
FEBRUARY 2, 1998

NAME	REPRESENTING
Jackie Leakey	Future Dent. Hygiene
Bruce Bergstrom	Self
Betty Franks	Dental Hygienist
Linda Mikkelsen	Ky. Dental Hygienists Assn
Carol Rabin	[illegible]
Shari Ratzlaff	Common Sense
Michelle Small	"
Michelle Lauenstein	"
Vicki Johnston	"
Shelly Self	"
Ashley Grill	"
Phil Spohn	[redacted] Dental Hygiene
Valerie Morris	[redacted] Dental hygiene
Cindy Presnell	Dental hygiene
Natalie Johnson	Dental Hyg
Linda L Zaneka	KDHA
Kara M Sims	Dental Hygiene
Erin Donovan	Dental Hygiene
Lori Mitchell	Dental Hygiene

Krista Goodman	WSU Dental Hygiene
Shawn Rotolo-Lay	WSU Dental Hygiene
Muffet Petrehn	Miami County / JoCo. Dental Hygiene
Marsha Moorman	WSU Dental hygiene
Rebecca Clausen	JCDHA
Sally Lentz	JCDHA
Terri Bayle	JCDHA
Angela Centlivre	WSU Dental Hygiene
Brenda Friesteed	WSU Dentcal Hygiene
Holly Smith	WSU DH
Vincent Nguyen	WSU DH
[illegible]	WSU DH
Jill Angst	WSU DH
[illegible]	KHCA
Heidi C. Bette	dentist
Thao Ngo	WSU DH
Kiem Vuong	WSU DH

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
FEBRUARY 2, 1998

NAME	REPRESENTING
Kathy Beat RDH.	K.D.H.A.
Rhonda Williamson RDH	KDHA
Karen L. Carey RDH	KDHA
Hannah Carey RDH	KDHA
Ellen Tuggle RDH	KDHA
Karey Peterson	UMKC student
Tina Angleton	UMKC Student
Lucinda Strunk	WSU student
Jenny Hoke	WSU Student
Tonya L. Jordan	WSU Student
Amy Hollingsworth	WSU Student
Kari Carlton	WSU Student
Anna Dunlavy	WSU Student
Juliet Tam	UMKC Student
Molly Rumsey	umkc student
Nikki Colvin	"
Cindy Berry	"
Angie Calhoun	WSU student
Stephan Hartley	KDHA
Carol Cadel	
LORRAINE BROCKMANN	Dental hygiene
Patti Shultz	Dental Hygiene

Mary C Pacello	citizen
Sara Russell	Student hygienist
Jim Acree	Student hygienist
Jeanette Quinlan	
Connie L. Hiatt	KDHA
Rebecca Bella Lanning	KDHA
NORA STUCKWISCH	KDHA
Beverly Roelofs	hygienist - 6822 W. 132nd Terr. O.P., KS. 66209
Bebe Arnett	JCCC RDH
Sarah Byrd	citizen
Julie Schmidt	citizen
Charlet [illegible]	RDH
Mimi Mukhuyo	citizen
Kacky Duff	RDH
Anh Le	RDH
JENNIFER GRAUER	RDH
ENDER KOCATURK	RDH
Laura HUTHER	RDH
Barbara Nenik	RDH
Terri Gee	RDH.

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
FEBRUARY 2, 1998

NAME	REPRESENTING
Joy Embrey	Dental Hygiene
Brenda McOmer	Dental Hygiene
Heather Cromwell	" "
Kendra Harper	" "
Monica Bowers	Dental Hygiene
James A. Dan	" "
Kerry Schrock	" "
Mary Hatesohl	" "
Erin Phillips	" "
Andra Ferguson	" "
Jessica Blagder	
Sharon Sanders	
Stephanie Younger	
Barbara Nelson	
Jadd Greenfield	
Lebie Booth	
Amy Deschner	UMKC Dental Hygiene
Sheila Hooper	" " "
Kristin Hahn	" " "
Lori Burge	" " "
Jennifer Cope	Dental Hygiene
Roxie Wyer	Dental Hygiene
Margaret LaGuardia	Dental Hygienist
Harold N Duvall	Jccc Schl

Barbara Marino	RDH.
Dianne Mitchell	RDH
Carmen Wittstein	RDH
Mary Silva	Student Hygienist
Alissa Beckerle	RDH
Connie Jo Lemmon	RDH MO/Kan
Angie Spencer	Student - Utah!
Nita Piercy	RDH Kan/MO/Tex
Jessica McCord	Student - Utah!
Elyabete Omolade	RDH Smith Center KS.
Connie A. Potter	RDH Smith Center KS
Cindy Zeckser	RDH Topeka, KS
Marcie Cairn	RDH (UMKC Student) Olathe, KS
Lori Hart	RDH Bucyrus, KS.
Darla Mosley	R.D.H Salina, KS.
Teresa McCall	R.D.H Clay Center, KS
Susan Anderson	Heim + Weir
Gail Goss	WSU
Amy Hampton	WSU

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
FEBRUARY 2, 1998

NAME	REPRESENTING
Elaine Lockwood	KDHA
Val Laclair	KDHA
Laura Lancaster	KDHA
Kellie Guardado	KDHA
Nicole Recca	KDHA
Pat Collins	KDHE
Brenda Stamm	KDHA
Karri Lockamy	KDHA
Elizabeth A. Doll	KDHA
Laura Pintcke	DH & Public
Cindy Scott	KDHA
Gina Schurle	KDHA
Stephanie Schmitz	KDHA
Donna Kaelke	KDHA
Theresa Viola	KDHA
Diane Southwick	KDHA
Kimberly Aguilar	KDHA
Tamara Cockerel	KDHA
Kim Evenson	KDHA
Lisa Ross	KDHA

Issue

February 1998

KANSAS HEALTH CARE ASSOCIATION
PROPOSED

Quality Enhancement/Wage Pass-through

Most Kansas nursing facilities operate under a continually growing pressure to provide more and better quality nursing services at a time when skilled nursing and nurse aide personnel are more and more difficult to find and retain. While this problem is not new in Kansas or anywhere in the nation, greater pressures for federal and state regulatory compliance -- as well as greater competition from alternative home and community-based services and home health care providers have raised the staffing problem to crisis proportions in some communities. Because staff turnover has been identified as the most critical impediment to continually increasing quality of care, and because of continued concern in the public and the Kansas Legislature about the quality of care in Kansas nursing facilities, the Kansas Health Care Association is proposing a Quality Enhancement/Wage Pass-through program for direct care staff and other support staff working in Kansas Medicaid certified nursing facilities.

The Quality Enhancement/Wage Pass-through proposal for Kansas nursing facilities is designed to do the following:

* promote increased investment in training for direct care staff and other support staff;

* create a joint industry/state government investment in wage and/or benefit increases for direct care staff and other support staff, or to hire additional direct care staff and other support staff, of up to $4.00 per day;

* provide for savings to the Medicaid program through a reduction in the use of expensive temporary agency nursing staff and a reduction of the use of Medicaid instead of private health care insurance by single mothers working in nursing facilities; and

* improve the quality of care and the quality of life for Kansas' 24,000 nursing facility residents by reducing direct care staff turnover and attracting and retaining quality health care staff.

The Quality Enhancement/Wage Pass-through proposal has been received favorably in concept by the Kansas Association of Homes and Services for the Aging, Kansas Advocates for Better Care, the Kansas Long Term Care Ombudsman, and legislative leaders.

HOUSE HHS COMMITTEE
Attachment 2-1
2 · 2 · 98

Providing Quality Care in Nursing Facilities

Labor costs currently comprise between 60 and 70 percent of all costs associated with the day-to-day operations of a nursing facility in Kansas. A professional labor force is therefore the key component in the delivery of quality nursing services to the 24,000 elderly Kansans residing in nursing facilities. Quality of care in Kansas nursing facilities requires highly trained and skilled staff who are continuously monitoring and providing continuity of care within the facility. As the quality of care demanded by consumers and the public increases so must the skill level of the persons providing these services. With this in mind, facilities will need to invest in and focus on new management techniques, best practices, and quality indicators.

However, it would be impossible for most facilities to increase resources adequately enough to have an impact on the quality of care in Kansas because of a lack of capital and cash flow. This is essentially due to the design of the Medicaid payment system, which provides over 50 percent of facilities' revenues. The Medicaid payment system also creates significant cash flow problems for facilities and prevents the accumulation of reinvestment capital. Therefore, for a facility to increase its investment in quality care at the beginning of a cost reporting period, it would need to be reimbursed for the Medicaid portion at the time of the investment.

The new proposed Quality Enhancement/Wage Pass-through program will allow nursing facilities electing to participate in a pass-through payment option, of up to $4.00 per day, designed to increase salaries and/or benefits only for those employees providing direct care and support services to elderly Kansans. The categories of individuals that could receive the pass-through would be limited to the following.

Direct Care Staff

Nurse Aide, Medication Aide, or Restorative/Rehab Aide
Licensed Mental Health Technician
Plant Operating/Maintenance
Dietary-Non Supervisory
Laundry
Housekeeping
Activity Director

A pass-through payment system is designed to reimburse facilities in the current period for costs at the time of the expense. In most pass-through systems payments are received up front. Once the period has ended an audit process is used to determine the amount of the expense. The Quality Enhancement/Wage Pass-through program would provide facilities and their management with the means to provide quality care and compete in a tight labor market for qualified, skilled individuals and to retain these employees for a longer period of time. This could not contribute to an increased bottom-line for facility or for higher wages to management or higher supervisory salaries.

A 1991 study reported in Nursing Management estimates that the cost of staff turnover for nurse aides is over $2,200 per nurse aide for advertising, agency service, and applicant expenses alone. This does not include any additional costs for training. Therefore, staff turnover in Kansas could be costing the Medicaid program as much as $11.9 million for the over 10,000 nurse aides at turnover rates shown below.

Kansas Health Care Association
Analysis of Selected Staffing and Employee Turnover Rates
Kansas Nursing Facilities

	1993	1994	1995	1996
Nurse Aides	113.0%	115.0%	117.2%	118.3%
Dietary	91.4%	102.5%	99.4%	95.8%
Plant Operating	46.3%	61.0%	54.9%	51.9%
Laundry	72.0%	70.2%	79.5%	81.9%
Housekeeping	85.0%	83.8%	87.4%	82.3%
All Employees	82.2%	85.9%	87.4%	88.2%

Source: State audited cost reports (MS 2004)

If an upfront investment by the nursing home industry and the state is applied to higher wages or additional staff, quality of care improvements can be expected to carry through into future years.

The Quality Enhancement/Wage Pass-through program will prospectively reimburse participating nursing facilities for up to $4.00 per Medicaid day for a period of one to three years due to Medicaid rate setting time frames and facility budget cycles. The enhancement moneys would be paid to facilities outside of cost center limits or occupancy penalties as a pass-through labor cost reimbursement. As the pass-through costs are included in the cost report base the amount of the Quality Enhancement/Wage Pass-through payment would decline.

Some facilities may not elect to participate since staff turnover rates in some facilities may already be under control. Some facilities may also have higher than average wages in their community, which would already be built into their Medicaid cost structure. KHCA estimates that 35 percent of the facilities will benefit from the Quality Enhancement/Wage Pass-through program in the first year, resulting in an increased Medicaid expenditure of $5.7 million all funds ($2.4 million State General Funds). If all facilities were to eventually volunteer for the program total fiscal impact could be a maximum of $16.3 million all funds (6.9 million SGF).

One important feature of the new Quality Enhancement/Wage Pass-through program will be a Quarterly Wage Audit. The Quarterly Wage Audits will require facilities to submit cost information within 45 days of the end of each quarter quantifying the wage pass-through payment was utilized according to policy set out in this proposal. The Quarterly Wage Audit process will be used to assure that the Quality Enhancement/Wage Pass-through payment is used to increase salaries and benefits to current direct care staff and other support staff or to hire additional staff that fall into the outlined categories. The audit process will assure that no portion of the Quality Enhancement/Wage Pass-through is allowed to increase management wages or facility profits. Failure to file Quarterly Enhancement Audit reports would result in recoupment of 100% of the Quality Enhancement/Wage Pass-through payments.

THE KANSAS DENTAL HYGIENISTS' ASSOCIATION

CONSTITUENT OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION

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Cindy Scott
Recording Secretary

Lisa K. Ross
Treasurer

Denise Maus
Immediate Past President

Renee Arnett
Trustee

Mary Jo Nigg
Trustee

Jane A. Criser
Trustee

February 2,1998

House Health & Human Services Committee
Representative Carlos Mayans, Chairman

Re: HB 2725

Chairman Mayans and Members of the Committee:

Good Afternoon. My name is Barbara Burkindine, and I am President of the Kansas Dental Hygienists' Association (KDHA). I am a registered dental hygienist, and have been licensed in Kansas for more than twenty years. I am currently working full time in a private dental practice in Prairie Village, Kansas.

I am here today on behalf of the more than 1200 registered dental hygienists licensed in Kansas.

We strongly oppose HB 2725.

There are individuals here with me today to speak to you about our concerns and opposition to this issue.

Thank you for your time and consideration.

Sincerely,

Barbara Burkindine, R.D.H.

Barbara Burkindine, R.D.H.
KDHA President

HOUSE HHS COMMITTEE
Attachment 3-1
2-2-98

School of Dentistry
Clinical and Applied Research Center
and Department of Periodontics

University of Missouri-Kansas City
650 E. 25th Street
Kansas City, Missouri 64108-2784

816 235-2039
Fax 816 235-2157

UMKC

February 1, 1998

Kansas State Legislature:

Director
William J. Killoy, DDS, MS
Professor and Chairman
Department of Periodontics

I recently learned that the Kansas Dental Association and the Kansas Board of Dental Examiners are preparing to introduce a bill into the legislature that would allow dental assistants to perform duties now performed by dental hygienists. Specifically these duties are supra-gingival (above the gum line) scaling and polishing.

As a dental educator I am amazed and very troubled. Both these duties in question are preventative and therapeutic in nature and are included in the state board examination for dental hygienists. The dental therapist should be educated in the proper didactics and clinical techniques. They should then be examined by the state dental board prior to licensing.

It would be a great mistake to allow any practitioner to perform supragingival cleaning only. Supragingival cleaning is inadequate and inappropriate from both a preventive and therapeutic viewpoint. Subgingival cleaning is necessary.

In health the gum attaches to the to the tooth like a turtle neck sweater. Between the neck of the gum and the tooth there is a space or crevice. Although this space is shallow it contains bacteria which are attached to the tooth. These bacteria must be removed regularly by the patient via oral hygiene and periodically (typically every 6 months) by the dental therapist. The only way the therapist can do this is by instrumenting (cleaning) below the gum line. If these bacteria are not adequately removed, a pathologic situation will result. The early form of this pathology is gingivitis (gum disease). As bone is lost from around the tooth the space becomes deeper and periodontitis (pyorrhea) develops. As you can see if healthy patients do not receive adequate below the gum line cleaning periodontal disease will result.

Patients with existing gum disease (gingivitis, early, moderate and advanced periodontitis) need much more than an above the gum line cleaning. These patients need below the gum line scaling and often root planing. These are demanding time consuming procedures requiring considerable operator skill.

If untrained, unlicensed dental assistants are allowed to perform above the gum line scaling and polishing, the procedures will be inadequate for healthy patients, patients who require more advanced treatment would not be recognized, and these patients would not be properly treated.

HOUSE HHS COMMITTEE
Attachment 4-1
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School of Dentistry
Clinical and Applied Research Center
and Department of Periodontics

University of Missouri-Kansas City
650 E. 25th Street
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816 235-2039
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Training or educating dental therapists should involve classroom study and considerable highly supervised clinical experiences. This training usually takes two years. It is highly unlikely that this training can be effectively accomplished in a busy fee for service dental office. Most dentists are far too busy to spend the time (nonproductive) necessary to effectively train this dental therapist. There are no quality control requirements and no accreditation process. The training, like a chain, is only as good as the weakest link. Some dentists will do well while most will not.

UMKC

Director
William J. Killoy, DDS, MS
Professor and Chairman
Department of Periodontics

This proposed bill is an insult to the people of Kansas who wish to receive proper dental care. While this bill would help the financial woes of some dentists it would be damaging to the people of Kansas. What the bill actually accomplishes is to provide increased access to inadequate treatment.

I have spent a major part of my life in dental education and am appalled at this attempt to weaken the dental care and eventually the dental health of the people in our state. Please do not support this bill.

Thank you,

Residence:
8803 West 64th Terrace, #202
Merriam, KS 66202

William J. Killoy, DDS, MS
Professor and
Chairman, Department of Periodontics
Director, Clinical and Applied Research

4-2

School of Dentistry

University of Missouri-Kansas City
650 E. 25th Street
Kansas City, Missouri 64108-2784

UMKC

2 February 1998

House Committee on Health & Human Services
State of Kansas
State Capitol Building
Topeka, Kansas

Re: House Bill No. 2725

Honorable Sir/Madam,

I am writing in regards to House Bill No. 2725 concerning expansion of the Kansas Dental Practice Act to allow dental assistants to perform supragingival scaling and polishing (cleaning of teeth above the gum line). I have grave concerns about this bill and its potential impact on the quality of dentistry in the State of Kansas.

For over 30 years I have held active general dental and specialty licences in the State of Kansas. At one point in my professional career I practiced in Overland Park, Kansas. Thus, to that extent, it would appear that I have both a right and an obligation to express my views concerning the proposed legislation.

Currently, I am a professor of periodontics at the University of Missouri-Kansas City. In that capacity, I was one of 200 individuals selected to participate in the 1996 World Workshop in Clinical Periodontics. The outcome of that conference was a book of almost a thousand pages that serves as a compendium of the clinical science of periodontics -- the state of the art -- and where the specialty is likely to go over the next decade. I wrote the chapter on non-surgical treatment of periodontal disease. Consequently I am quite familiar with the last 40 years of research concerning non-surgical therapy which includes, among other things, the procedure of supragingival scaling and polishing that is addressed in House Bill 2725.

Lastly, I wish to note that I have spent 15 years in full-time private practice and 15 years in full-time academic dentistry. I have, therefore, experienced both the pragmatic and academic issues related to providing patient care.

As regards House Bill 2725, my concerns are several:

1. Dentistry has always prided itself as being a profession and has been recognized by the public for its professionalism. A profession, by definition, is a group of

individuals with advanced knowledge and skill for the benefits of others. Society recognizes a profession by granting virtual exclusivity in its activities. In return, society expects a profession to do three things: (1) maintain the knowledge and skill base of the profession and use that base in a fiduciary relationship with each patient; (2) maintain self-control and self-regulation of all members of the profession; and (3) place the patient's welfare above all else.

It is my contention that this bill does not place the patient's welfare above all else. Further, it is my opinion that this bill is blatantly self-serving for a relatively vocal but small number of practicing dentists.

2. All research in periodontics concerned with the non-surgical treatment of periodontal disease indicates that supragingival scaling and polishing has little if any therapeutic value. Consequently, the Kansas legislature, if it were to pass the proposed bill, would in essence have given legal precedent to procedures that are cosmetic in effect. Of course the lay public would not understand this to be the case.

   If this bill were to be approved, I would suggest that the Kansas legislature is morally and ethically obligated to require those offices which allow dental assistants to perform supragingival scaling and polishing to inform the public that they are paying for a cosmetic service; and that a cosmetic service is not likely to be reimbursed by dental insurance. Otherwise, passage of the proposed bill as written, would offer an effective legal veil for misrepresentation and insurance fraud.

3. If Kansas dentists were to wrongly succeed in making the argument that supragingival scaling and polishing constitutes a therapeutic procedure, then the State Dental Board of Kansas should be instructed to regulate and examine those wishing to perform these procedures. The regulation should also include periodic examination of the practicing dentist in whose office the training takes place as there is currently no continuing assurance that the dentist is competent to teach such procedures.

   Dentistry, as do most professions, has rigorous accreditation guidelines to maintain consistency of its educations programs and structured examination processes designed to identify the appropriate knowledge base and requisite clinical skill level of beginning practitioners. This same rigor of examination and regulation should carry over to those affected by the proposed bill, the dental assistant and his/her employer.

4. I and my colleagues, because of our positions in academic dentistry, are frequently ask to serve as expert witnesses in dental malpractice litigations, both for defendants and plaintiffs. It has been my experience that Standard of Care issues, as applied to dentistry, are easily established, e.g., the general dentist is obligated to meet the standards of the specialty if he or she is using treatment modalities

routinely performed by a specialist. One can argue that supragingival scaling and polishing of teeth is routine in the general dental office as part of a definitive dental prophylaxis and therefore should not be held to the same Standard of Care as that found in a periodontist's office. However, one can also argue that without subgingival scaling, oral hygiene instructions, periodontal examination, and consultation with the patient concerning existing disease, regardless of how minor or insignificant, that the cosmetic procedure of supragingival scaling and polishing without the attendant procedures is both misleading to the patient and not within the Standard of Care.

It has been my experience that in a busy practice the dentist does not have sufficient time to perform all the procedures beyond supragingival scaling and polishing that would be required to satisfy the Standard of Care and still provide other types of definitive patient care.

I suspect that due to financial and practice management pressures, that there are dental practices in the State of Kansas that currently use dental assistants to perform many of the duties that only a licensed dental hygienist or dentist can legally discharge. However, these offices do so at the risk of violating the present Kansas Dental Practice Act and, in such cases, have done so knowing that risk. In my opinion, it would be a violation of the public trust for the Kansas Legislature to offer such practices a legal veil that can be used as justification for continuing to violate the law.

5. Lastly, the proposed bill, if passed, present an ethical dilemma for Colleges and Universities. Wichita State University, Johnson County Community College and the University of Missouri-Kansas City have either two year, four year, and graduate programs in dental hygiene. Obviously, these institutions have for many years charged a tuition and other fees for the privilege of being a student in their respective dental hygiene programs. If the Kansas Legislature were to pass the proposed bill, authorizing dental assistants to perform some of the duties ordinarily within the purview of a university/college trained dental hygienist but without equivalent education, the message would appear to be that education is not necessary and that dental hygiene students waste their money? Surely, this is not the message intended by Kansas State Legislature.

In closing, allow me to thank you for taking the time to read my thoughts and opinions. I can only hope that you, as representatives for the voting public, will exercise your votes in a manner that is both ethically and morally in the best interests of the people of the State of Kansas.

Respectfully,

Charles M. Cobb, DDS, MS, PhD, FACD
Professor of Periodontics

Testimony in opposition to House Bill 2725
Presented to the House Committee on Health and Human Services
February 2, 1998
Presented by: Pamela Overman

My name is Pam Overman. I am a Kansas citizen, a dental hygienist, a dental hygiene educator. I have also been a dental assistant and a dental assisting educator. In the past ten years, I have served the Commission on Dental Accreditation in evaluating dental hygiene, dental assisting, and dental laboratory technology programs. I am very familiar with allied dental education practice and training issues and I bring that broad perspective to this issue.

I am speaking in opposition to House Bill 2725. I would like to address three points. The first is this proposal ignores the unique training needs of our direct intraoral care providers. The second is that the American Dental Association has already looked at this type of solution to personnel shortages previously and abandoned it due to concerns for patient safety and quality care. The third is that there is a better way to go about providing expanded access to dental hygiene care for Kansans.

First, the way we train our direct intraoral care providers-dentists and dental hygienists- is unique among all other health and allied health professions education. No other disciplines require that the training programs maintain an on-campus patient care facility for training. The psychomotor skills required for providing care in the mouth require that our students learn by doing. Unlike other health disciplines, we can't send our students out to learn by observing. They must actually practice on live patients. In addition to demanding psychomotor skills, dentists and dental hygienists work upside down, backwards, in a dark, wet slippery environment! For patient safety, the trainer must be right there. The trainer can't be in the next room providing care.

The other unique educational aspect of dental and dental hygiene education is the requirement for a licensure examination on live patients at the conclusion of the educational process. State Boards of Dentistry, who are charged with upholding the law and protecting the public, have concluded again and again in every state of the union that anyone who is providing direct intraoral care to the public, must be certified through objective, external examination on live patients. These two mechanisms, on-campus patient care facilities with directly supervised training and licensure examinations on patients make dental and dental hygiene educational preparation unique.

Should we in Kansas break ground and train our dental assistants to be quasi-hygienists? The shortage issue is not new and it has not been limited to Kansas. The American Dental Association considered this same issue only a few years ago. To cope with nation-wide shortages or maldistributions of dental hygienists, consideration was given to delegating supragingival scaling and coronal polishing to dental assistants. After a year long study, the American Dental Association's Councils on Dental Education and Dental Practice concluded that it was not in the best interest of patient safety or quality care to try to train dental assistants to provide these intraoral services. In fact, they concluded that the training to assure competence would take an educational program of approximately two years in length. And that is a dental hygiene program!

Therefore, the American Dental Association abandoned this idea. Teaching dental assistants to supragingivally scale and coronally polish was not deemed to be an acceptable solution by the American Dental Association.

I am doubly concerned by this bill's training aspects, since it bypasses all external quality control mechanisms-the dental assistant will not be required to be a graduate of an accredited dental assisting program. They will be trained in a program "to be defined" by the Kansas Dental Board, circumventing the accreditation process. Lastly, there will be no objective, external examination to assure competence.

My third point. There is a better way. Since the American Dental Association's study, numerous states have continued to deal with shortages and maldistributions of dental hygienists. Due to these problems cited above, none of these states have pursued the supragingival scaling solution. Rather, they have pursued a more rationale approach-starting new dental hygiene programs. Since May of 1990, there have been 47 new dental hygiene programs started in 23 states in the U.S. This is the approach that Kansas policy makers should take. This is a state problem, not a dentistry vs. dental hygiene problem. Other states have committed state monies for new dental hygiene program development. Our mistake in Kansas has been that dentistry and dental hygiene are battling each other and not trying to approach this collaboratively with state policy makers. The state has a role in helping solve this. To their credit, the Kansas Dental Association has attempted to start a dental hygiene program at Colby Community College. While the KDA is to be commended for attempting to start a program at Colby, largely through KDA's own dues dollars, this is a statewide problem and it needs a statewide perspective that allows broad participation in the process.

I hope you will consider these three points as you deliberate this issue. There is a good reason why intraoral care providers are educated in on-campus patient care facilities over a period of time and with direct supervision. It takes time to develop the psychomotor skills needed. Accreditation standards serve to protect the public and this proposal circumvents them. In the not too distant past, the ADA studied supragingival scaling and rejected it as not in the best interest of patients or dentistry. Finally, other states have started new programs, not lowered standards. I hope you will consider the same strategy for Kansas.

February 2, 1998

Committee On Health And Human Services
Kansas House Of Representatives
Topeka, Kansas

RE: HB 2725

Dear Chairman Mayans and Committee Members:

My name is Mary Jo Nigg, and I am a registered dental hygienist from Wichita, Kansas. I graduated from Wichita State University with an Associate Degree in Dental Hygiene in 1974, and have been employed in a periodontal practice since 1978. I am an officer (Trustee) of the Kansas Dental Hygienists' Association and I was a member of the Kansas Dental Association Ad Hoc Committee on Preventive Dental Assistants (later changed to Ad Hoc Committee on Expanded Hygiene Dental Assistants and General Supervision). I am here today to speak in opposition of HB 2725.

This proposed legislation is a result of a manpower problem in the dental profession in Kansas. I commend both this Committee and Chairman Mayans, and the Kansas Dental Association for their efforts to find solutions to the problem.

I oppose allowing unlicensed persons with less education and training than a registered dental hygienist to perform a prophylaxis for two reasons:

1. it would jeopardize the ***quality of care,*** and
2. it would jeopardize the recruitment and retention of dental hygienists and create further manpower and ***access to care*** problems.

Quality of Care

Experts will tell you that there is little or no therapeutic value in providing a prophylaxis consisting of only "above the gum line" procedures. Experts will also tell you that consumers will judge the quality of their dental care more by how they are treated than by clinical parameters of quality care. So how will the consumer know whether he/she is receiving a good quality prophylaxis? If the provider was nice and respectful, and if the visible parts of the teeth look and feel smooth and clean, then the consumer is likely to feel that a quality service was rendered. However, smooth and clean teeth (above the gum line) are *not* synonymous with health. But, smooth and clean teeth, whether in the presence of health or disease, do qualify as a prophylaxis as defined by the dental insurance code and therefore is eligible for insurance reimbursement to the dentist.

The Kansas Dental Association (KDA) will tell you that the intent of the proposal is that the licensed dentist or dental hygienist is to complete the prophylaxis provided by the

unlicensed dental assistant. I ask you to consider how this is likely to occur in a busy dental practice with no dental hygienist. If the dentist currently does not have time to provide the prophylaxis because he/she is busy providing restorative procedures, how will he/she have time to complete the prophylaxis if the law is changed? Where is it stated in HB 2725 that a licensed person must complete the prophylaxis? If supervision by a dentist is a key element to insuring quality dental care, as stated by the KDA, where are the supervisory guidelines in this proposal? What is on-site supervision? (page 2, line 28 of HB 2725) Who authorizes and evaluates the procedure, and when?

I submit that this proposal does not adequately address nor seek to insure quality care.

Access To Care

The perceived shortages of dental hygienists, dental assistants and even dentists is a complex and challenging issue facing both dentistry and consumers.

There are many dentists who state that because they have been unable to find a hygienist, they allow a dental assistant to provide dental hygiene services. This is a blatant violation of the Dental Practice Act. The KDA and the dentists on the Kansas Dental Board defend the practice by saying that the law is ambiguous, and that to enforce the law would create a major disruption to many dental practices, and that there have been no complaints by patients regarding the illegal use of dental assistants. They propose to reward the violators by changing the law to fit their needs. This makes as much sense to me as changing the law to allow those who cannot find money for food or clothing to legally steal food and clothing!

There are many dental hygienists who state that they have been unable to find jobs, especially in western Kansas, because the dentists were already utilizing a dental assistant to provide dental hygiene services, and for a lower wage. I ask you then, is this solely an issue of manpower shortages, as the dental association would have you believe? When I graduated from dental hygiene school, I was told that the average length of time a dental hygienist would practice was seven years. Dental hygiene was promoted as a great career for persons wanting flexibility with part-time and/or full-time opportunities. Many dentists were not in need of a full-time hygienist. Today, the needs are quite different, both for dentists, as employers, and for those persons seeking careers and employment. What has dentistry done to entice dental hygienists to lengthen their time of practice from seven years to ten, fifteen or twenty years? The career life of many dental assistants is shorter than that of hygienists. If hygienists are leaving the dental practice, how will replacing them with dental assistants solve the manpower shortages for the long term? As more and more single persons and single parents enter the work force, how will dentistry attract them away from businesses that provide a more attractive employment package? I submit that a large part of the problem is related to dental labor environment issues which are not being addressed.

While serving on the Ad Hoc Committee, I believed there was merit to the training component of the proposal because I have been so outraged that the illegal practice of

dental hygiene by persons with no training has been condoned and supported by organized dentistry for so many years. I believed some training is better than no training. But if the current law is not enforceable, how will the proposed change ever be enforced? Will there be "gum line police" to determine who is working above the gums and who is working below the gums? Of course not! And doesn't this promote the idea that there should be a different (lower) standard of care in dental practices with no dental hygienists than in practices with a hygienist? How is this a good deal for Kansas citizens?

I believe this proposal offers a "band-aid" type of solution to a much more complex problem. Please do not fix a broken arm with a band-aid. Please vote against HB 2725.

Thank you for your time and consideration!

Sincerely,

Mary Jo Nigg

Mary Jo Nigg, R.D.H.

KANSAS DENTAL HYGIENISTS' ASSOCIATION
GENERAL MEMBERSHIP MEETING
SALINA HOLIDAY INN HOLIDOME
OCTOBER 4, 1997

I. CALL TO ORDER

President Burkindine called the meeting to order at 12:12 p.m.

II. INTRODUCTION OF THE BOARD OF DIRECTORS

President Burkindine introduced KDHA Officers, Committee Chairpersons & Component Presidents present.

III. INTRODUCTION OF PARLIAMENTARIAN

President Burkindine introduced Diane Huntley as Parliamentarian. Huntley reviewed the procedures to be utilized.

IV. AD HOC COMMITTEE REPORT

Legislative Chair Denise Maus gave an update of the status of the Ad Hoc Committee and read the September 9, 1997 report of the KDHA Ad Hoc Committee representatives, B. Burkindine, D. Maus & M.J. Nigg (attachment A).

V. JOINT RESOLUTION

(M) (Elizabeth Doll) To divide the joint resolution.
(S) (A)
(M) (Pat Collins) That KDHA adopt Resolution #1.
(S) (D) unanimously
(M) (Lorie Holt) That KDHA adopt Resolution #2.
(S) (A)
(M) (Jane Criser) That KDHA adopt Resolution #3.
(S) (D)
(M) (Denise Maus) That KDHA adopt Resolution #4.
(S) (D)

VI. KDHA BOD RECOMMENDATIONS

Maus read the five recommendations (attachment C). Members were directed to vote on each recommendation without formal motions.

Recommendation #1 - adopted unanimously
Recommendation #2 - adopted (see attachment D)
Recommendation #3 - adopted
Recommendation #4 - adopted
Recommendation #5 - adopted unanimously

VII. LEGISLATIVE REPORT

Maus requested contributions, reported on the legislative survey and legislative workshop; asked for input on location of workshop - Emporia or Salina, majority preferred Salina, and announced Lobby Day as February 2, 1998. Discussion of possible legislative activity and strategies followed.

VIII. ADJOURNMENT - Meeting adjourned at 1:30 p.m.

Respectfully submitted, Mary Jo Nigg Mary Jo Nigg (for Cindy K.Scott)

KDA Special General Membership Meeting - October 4, 17

JOINT RESOLUTION

Whereas, access to quality, preventive, and therapeutic dental care by appropriately trained and educated dental personnel for all Kansas citizens, including the elderly, is currently limited (severely in some areas), and;

Whereas, expanding the scope of practice of dental team members will increase access to dental care;

Be it resolved to amend Kansas statute as follows:

Question divided

1. establish a new dental professional known as an Expanded Hygiene Dental Assistant (EHDA) to supragingivally scale and polish above the gumline; (M)(S) Defeated; unanimously
2. allow dental hygienists to perform their duties under general supervision in order to address the shortage of qualified dental professionals in rural and elderly populations; (M)(S) Adopted
3. increase the members of the Kansas Dental Board to be composed of three dentists, two dental hygienists, one dental assistant, and one consumer, and; (M)(S) Defeated
4. recognize the profession of dental assisting.

Be it further resolved: (M)(S) Defeated

that the Kansas Dental Board shall enforce the new proposed statutes and/or rules and regulations which incorporate the above four components.

We, the representatives of the Kansas Dental Association, Kansas Dental Assistants Association, Kansas Dental Hygienists' Association, and the Kansas Dental Board support the adoption of this resolution in its entirety on behalf of our memberships.

J. Kendall Dillehay, DDS, President
Kansas Dental Association

Barbara Burkindine, RDH, President
Kansas Dental Hygienists' Association

Shelley Douglas, CDA, President
Kansas Dental Assistants Association

Estel Landreth, DDS, President
Kansas Dental Board

7-5

The Kansas Dental Hygienists' Association Board of Directors recommends the adoption of the following statements by the membership during the special meeting on October 4, 1997.

1. The Kansas Dental Hygienists' Association believes that scaling, both supragingivally and subgingivally, belongs within the scope of dental hygiene practice and should be performed by a licensed dental hygienist or dentist. Current research supports that supragingival scaling as a separate procedure has limited and often adverse therapeutic value.

   Therefore the Kansas Dental Hygienists' Association opposes the establishment of an Expanded Hygiene Dental Assistant.

Adopted, unanimously

2. The Kansas Dental Hygienists' Association supports the 1997 American Dental Hygienists' Association Position on Polishing Procedures.

Adopted

3. The Kansas Dental Hygienists' Association supports amending the Kansas statutes to allow dental hygienists to perform their duties under general supervision.

Adopted

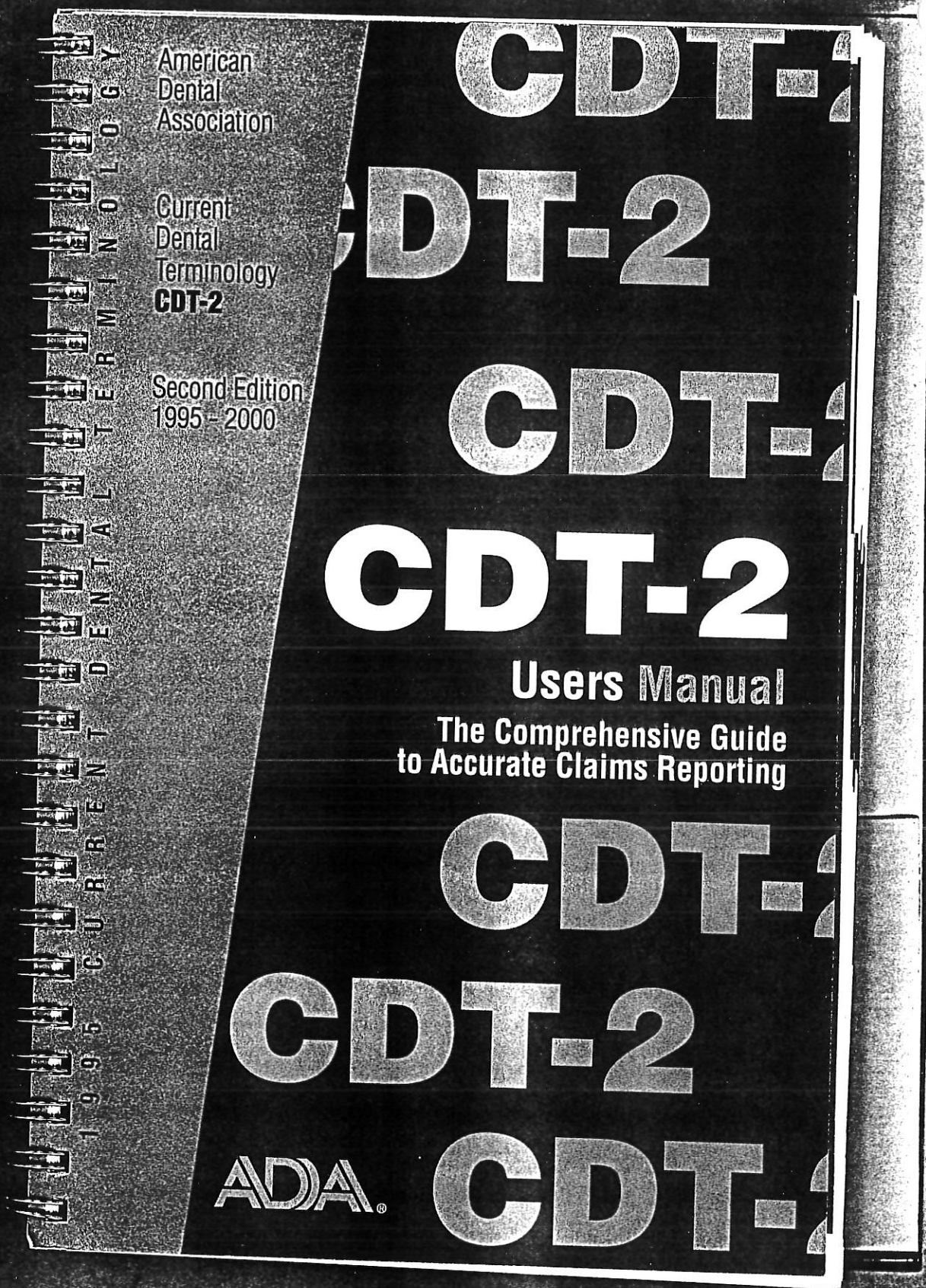
4. The Kansas Dental Hygienists' Association supports amending the Kansas statutes to expand the Kansas Dental Board to be composed of an equal number of dental hygienists and dentists.

Adopted

5. The Kansas Dental Hygienists' Association recognizes that the dental assistant is an integral member of both the dental team and the delivery of dental care.

Adopted, unanimously

Adopted 10/4/97


1995 CURRENT DENTAL TERMINOLOGY
American Dental Association
Current Dental Terminology CDT-2
Second Edition 1995 - 2000
CDT-2
CDT-2
CDT-2
Users Manual
The Comprehensive Guide to Accurate Claims Reporting
CDT-2
CDT-2
ADA
CDT-2

00340 **cephalometric film**

TESTS AND LABORATORY EXAMINATIONS

00415 **bacteriologic studies for determination of pathologic agents**
May include, but is not limited to tests for susceptibility to periodontal disease.

00425 **caries susceptibility tests**

00460 **pulp vitality tests**
Includes multiple teeth and contralateral comparison(s), as indicated.

00470 **diagnostic casts**
Also known as diagnostic models or study models.

00471 **diagnostic photographs**
This includes both traditional photographs and images obtained by intraoral cameras. These images should be a part of the patient's clinical record.

00501 **histopathologic examinations**
Refers to gross and microscopic evaluations of presumptively abnormal tissue(s).

00502 **other oral pathology procedures, by report**
See 00501

00999 **unspecified diagnostic procedure, by report**
Used for procedure which is not adequately described by a code. Describe procedure.

01000-01999 II. Preventive

DENTAL PROPHYLAXIS

01110 **prophylaxis – adult**
A dental prophylaxis performed on transitional or permanent dentition which includes scaling and polishing procedures to remove coronal plaque, calculus and stains. Some patients may require more than one appointment or one extended appointment to complete a prophylaxis. Document need for additional time or appointments.

01120 **prophylaxis – child**
Refers to a routine dental prophylaxis performed on primary or transitional dentition only.

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

Fluoride must be applied separately from prophylaxis paste.

01201 **topical application of fluoride (including prophylaxis) – child**
Used to report combined procedures of prophylaxis and fluoride treatment.

▲ **01203** **topical application of fl**
This code is used w
procedures separate

▲ **01204** **topical application of fl**
This code is used w
procedures separate

01205 **topical application of fl**
This code is used to
and fluoride treatme

OTHER PREVENTIVE SERVICES

01310 **nutritional counseling f**
Counseling on food
treatment and contr

● **01320** **tobacco counseling for**
Tobacco prevention
developing tobacco
improves prognosis

01330 **oral hygiene instruction**
This may include ins
tooth brushing techr
aids.

01351 **sealant – per tooth**
Pit and fissure sealai
be a highly effective
dental caries.

SPACE MAINTENANCE (PASSIV

Passive appliances are designec

01510 **space maintainer – fixe**

01515 **space maintainer – fixe**

01520 **space maintainer – rem**

01525 **space maintainer – rem**

01550 **recementation of space**

7-8

February 2, 1998

Committee on Health and Human Services

Kansas House of Representatives

Topeka, Kansas

RE: HB2725

Patty Seery, R.D.H., M.H.S

Clinical Dental Hygienist for 21 years

practice included general dentistry, hospital dentistry, dentistry for handicapped individuals, periodontal specialty practice

Kansas Dental Board, member since 1992,

Vice President the last 3 years,

Assistant Professor and Clinic Coordinator, Department of Dental Hygiene,

Wichita State University, 2 years

14430 Spring Valley Circle

Wichita Kansas 67230

316-978-5488 (w)

316-733-6045 (h)

Last month I addressed a letter to this committee and several other legislators. At this time, I would like to expound further.

As early as 1841, legislative bodies across the country began implementing statutes to regulate the dental health care professions. Such legislation came about for the express purpose of protecting the public from uneducated and inadequately trained individuals who claimed to be dental professionals. A license to provide dental hygiene services was first required in 1917. In Kansas, that licensure has been required since 1943 and to acquire that licensure, graduation from an accredited dental hygiene school is required

plus competency examinations. Graduation from an accredited school consists of over 960 classroom hours and a minimum of 1,040 laboratory and clinical hours. The standards for accreditation are established by the American Dental Association's Council on Dental Accreditation and are revised regularly. The standards have continued to be more stringent and comprehensive over the years as the knowledge base of the dental professions has grown. In addition to the education standards, an eight hour written examination, a six hour clinical examination, and a state jurisprudence examination must be successfully completed before licensure can be obtained. The legislative intent of these requirements for licensure was to assure the public that the individuals providing care had received the education and supervised experience established as minimum educational requirements and that they had achieved a minimum level of competency before being allowed to work on the public.

If this is the minimum standard for education and licensure that exists not just in Kansas but throughout the United States, why would we even consider delegating licensed procedures to individuals with substantially less education than what is required for a licensed individual?

Consider that Kansas does not require dental assistants to be certified or receive formal training of any kind. Over half of the states require certification to be able to take dental x-rays. Kansas does not. Organized dentistry in Kansas has resisted even the suggestion that dental assistants be minimally trained to assure safety and competency and that the state regulate their care of patients. There seems to be a pattern of indifference to quality assurance through education with the effort now to delegate services that have for over 50 years required a minimum education standard. In addition, organized dentistry has also resisted allowing dental hygienists to perform the full range of services they have been educated to provide. The situation now appears to be a double standard.

The inadequate and inappropriate "quick fix" offered by Bill 2725 will not provide access to quality health care. It will, however, create an illusion that health care is being

provided when "supervised neglect" is a more accurate description. Kansas would do much better to follow the example set by another state dental association who assessed their members a one time fee to establish a new dental hygiene program in an area of the state that was suffering an ongoing shortage of dental hygienists. I myself have addressed at least two different groups of dentists requesting that instead of taking our problems to the legislature again that we pool our resources, time, and energies towards expanding existing programs and establishing new programs or pursuing ways of increasing access to care. (The utilization of Physician Assistants is one model that could be adapted and followed.) Both times, while there were a couple of individuals who agreed with me, the intent of the group was clear that their preference was to pursue a course of action that could only be divisive. There is intense interest in the state to expand existing dental hygiene programs and establish new dental hygiene programs but that interest is fighting uphill against outspoken individuals (who do not necessarily represent the majority) that are pursuing alternatives that do not actually address the problem of access to care. In fact, the alternatives offered cannot address access to care as a dentist must still be present for the proposal to be operative. The reality is only the creation of another layer of care provider and the care being provided equates with cosmetic care, not health care.

Finally, as a member of the Kansas Dental Board, I would like you to be aware that there have been formal complaints submitted to the Board regarding substandard care or illegal use of dental assistants. One case resulted in an agreed order in disciplinary action. The point here is simply that dentists would NOT be put out of business but would have to abide by the law under which they received their license. During the course of the last few months, it has been brought to my attention that some complaints never make it to formal reporting because the complainants were discouraged by an office staff member from making formal complaints. That situation has been reported and is being addressed. During my time on the board, there have been complaints that were not acted upon because they were not signed. Thankfully, that situation has now been turned around. As a Board member, I do believe in the enforceability of the current law provided there is

motivation on the part of the entire Board and the resources to do so. I do NOT believe the changes proposed by this legislation are enforceable short of having someone stand over the shoulder of the dental assistant at all times. Therein lies the major hurdle of enforcement. Enforcement of the law as it exists should be the primary course of action, NOT changing the law to accommodate those who will not abide by it.

Please consider our responsibility to the people of the state of Kansas and commit to assuring quality health care motivated by the desire to provide quality health care and do NOT support this proposal.

2/2/98

Dear House Health and Human Services Committee members;

Thank you for allowing me the opportunity to speak in opposition of H2725.

My name is Bruce Bergstrom. I live in rural Coffey County, and work as a maintenance supervisor at Wolf Creek Generating Station.

I'm here today as a consumer of Dental Hygiene services.

I rely on my regular 6 month visits to the dentist office to confirm my good oral health or determine if any oral health problems exist. These determinations are made as a result of the thorough examination and complete cleaning process I receive by a Licensed Dental Hygienist working in concert with my dentist.

My insurance company pays for these visits, realizing that this care can head off higher costs due to more serious illnesses down the road.

Should H2725 pass, unlicensed individuals with minimal on-the-job training could perform portions of the services now provided by Licensed Dental Hygienists. This is intended to eliminate the presence of the hygienist.

Allowing these unlicensed individuals to perform substandard oral cleaning functions eliminates the most important part of my visit, the preventive aspects of Dental Hygiene Services.

My visit to any Medical or Dental care giver is based on an amount of trust that I will be thoroughly analyzed, diagnosed and treated.

This trust is based on the knowledge or recognition that I am in the hands of well qualified licensed care givers. This is my guarantee of thorough health care.

By allowing this bill to pass, that trust would be broken. I would be forced to determine, on my own, if the treatment I was about to receive would be thorough and complete or only cosmetic based on the anticipated quality of the services provided.

This is not a consumer friendly bill. I urge you to carefully consider the potential negative affect on the consumer when considering this bill.

2/2/98

Dear House Health and Human Services,

My name is Kristin Maurer. I am a graduate of a dental assisting program and have practiced as an assistant for the last 14 years. I am currently enrolled in dental hygiene school and am in my last semester. I would like to address for the committee my concerns with house bill number 2725. This bill would allow dental assistants to scale and polish the teeth above the gumline following training which will be determined by the Kansas Dental Board.

Many of the dental assistants who are now practicing have not received formal training and are not aware of the theory behind what they are doing. I speak from experience. They are merely going through the motions that they were taught by the dentist or previous assistant. The education that I have received in dental hygiene school has opened my eyes to see that as a dental assistant I was deficient in the necessary knowledge needed to perform these procedures of supragingival scaling and polishing. The public needs to receive the highest quality care by properly licensed and educated dental professionals.

My first concern is that this bill is extremely vague in terms of what this training will consist of, who it will be provided by and where it will take place. For a dental hygienist to provide this care they must complete a minimum of two years of an American Dental Association accredited dental hygiene program, approximately 900 hours of clinical experience and pass both a written and practical board exam. Even cosmetologists who practice in the state of Kansas must complete a minimum of 1500 hours of training , obtain a license to practice and are required to have continuing education. Kansas requires licensure for cosmetic procedures such as hair & nails so why would we want to require less for a health care provider. Why would dentistry want to lower the standard of care?

The current statute has been in effect for over 40 years to protect the public. Why is the current statute needing a change? Has there been an outcry from the public? Why be the FIRST STATE to lower the standard of care? Access to care has been the proposed reason for this statute change. I am not aware that there have been any studies done to assess the alleged access problem. The state of Kansas needs to investigate the access to care issue further. If problems do truly exist then methods to increase access to care without compromising the quality of care should be explored. This will ensure that Kansans will receive quality of care.

Sincerely.

Kristin Maurer

Kristin Maurer, D.A.
Lawrence, Kansas

HOUSE HHS COMMITTEE
Attachment 10
2 - 2 - 98

My name is Thane Frazier, 73 years old, and have practiced general dentistry for the past 46 years in Lyons, Kansas. I have been honored to serve my community as well as my profession as President of our Central District Society, President of the Kansas Dental Association, and President of the Kansas Dental Board until my four year appointment expired in May 1991. Perhaps I should just fade away and let "so called" progress infiltrate my profession but before doing so I feel I should at least call attention to the efforts of some of my colleagues to change our dental practice act to suit their personal needs in the name of "progress"

I can assure you I have good friends on both sides of this issue but I feel compelled to take a stand for what I believe is morally correct for the citizens of Kansas. This is not the first time since 1943 that efforts have been made to change the dental practice act. During my presidency of the Kansas Dental Association (1977-78) there was proposed legislation by denturists (dental laboratory technicians) who expressed a desire to take impressions and construct dentures for the general public in their dental laboratories. Some of these technicians had been doing this illegally and even contended they could "save" the aging public a lot of money with their lesser fees. The denturists bill was proposed to make legal what they had been doing illegally for years.

With the support of the American Dental Association, the Kansas Dental Association, and the Kansas Dental Board our testimony in the legislative hearings stressed strongly our belief that anyone working in a patients mouth, making judgments for treatment and evaluating the health of the tissues needed to be someone with an extensive structured education in all phases of dentistry, and that under our current dental practice act these persons following graduation from accredited programs were required to pass dental board exams, licensed, and annual renewals and fees were required with proof of continuing education. These requirements would better assure quality services and also the protection of our general public. In my opinion, the persons who wrote and utlimately passed in to law that section of the dental practice act that certain procedures of treatment would be limited to licensed individuals (dentists and hygienists), certainly felt that this was in the best interests of the citizens of Kansas. When they stated in Sec.1 (h)(5) that an unlicensed person shall not be allowed to perform "a prophylaxis" they were stating unequivocally that unlicensed personnel should not be working in the mouth. They did not intend for exceptions as is now being considered.

HOUSE HHS COMMITTEE
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Our testimony was well received and the denturist bill was defeated. It is interesting to note in reading the current bill being proposed, that "someone" is also trying to confuse the real issue relative to the intent of Sec.1(h)(3), which states that only licensed individuals may treat

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

Someone is trying to "clarify" what this means by stating that this "means surgery, cutting, or any other irreversible procedure". I question that this is even remotely what was meant by this statement. I can tell you that if you read this statement to MOST dentists or for that matter to a high school student, they will tell you it refers to orthodontic movement and correction of malposed teeth. Now on occasion this may be accomplished by surgical procedures, but primarily by orthodontic treatment. Why is the word "orthodontics" missing?? Could it be that a number of orthodontists are using unlicensed dental assistants to place orthodontic brackets and ligate activing wires in young patients mouths?? For that matter, are any young orthodontic patients seen for "minor" adjustments when the orthodontist is not even on the premises?? Is it of any interest that the president of the Kansas Dental Association, the vice-president of the Kansas Dental Association, and a recent member of the Kansas Dental Board are all orthodontists?? And all are in strong support of this bill.

Does it concern anyone that a few years ago we were concerned with denturists wanting to legalize what they had been doing "underground" illegally. And now we have some members of the Kansas Dental Association wanting to "legalize" the use of dental assistants to clean teeth which they have been doing illegally for years.

This is not the first time that this effort has been made by the same individuals who don't give up easily. A few years ago a similar bill was passed by the House and Senate but was vetoed by Governor Joan Finney. I read a letter from Senator Roy Ehrlich, a past chairman of the Senate Health and Welfare Committee, a letter to Governor Finney stating that in all his 22 years of service in the legislature, he had never seen an agency of the state (the Kansas Dental Board) propose such a "self-serving" piece of legislation and recommended that she veto the bill. Which she did.

The board then proceeded to write rules and regulations to allow what they wanted. They had fired the former Board's attorney previously because he had informed them that such rules and regulations were unconstitutional. They finally found someone with a different opinion at that time. Ultimately the Kansas Dental Hygienists Association requested an opinion from the Attorney General and only then did they publish a memorandum to all the dentists in Kansas stating that it was illegal to allow dental assistants to do ANY PORTION of a prophylaxis.

Within a few days the Kansas Dental Association membership was made aware that a move was underway within the Association and the Dental Board to "LEGALIZE IT" and, oh yes, please send $500.00 to help with expenses and lobbying costs. If a change in a law is truly in the best interests of the people of Kansas, does someone have to be paid to support it?? I am further concerned with the wording of the proposed changes in the law in that dental assistants would be operating "under the on-site supervision of a dentist" so long as they have completed necessary training as established by the board". That could be anything or nothing. Will the Governor make appointments to the Board based on their qualifications to develop a strong educational program for assistants or will the appointments be made from strong supporters of his political campaign? Will the rules and regulations change as frequently as the composition of the board membership? At the present time we practice dentistry in Kansas as prescribed by law. You are in control of what can and should be done in dental offices across the State for the protection and safety of our citizens. Don't turn over this authority to regulate the practice of dentistry to the Kansas Dental Board by letting them establish rules and regulations which will more than likely be self-serving.

I truly enjoyed my years of service as an officer of the Kansas Dental Association and perhaps even more so the honor and privilege of serving on the Kansas Dental Board, but I always felt that as an officer of the Dental Association my duties were to serve my fellow dentists, but when I became a member of the Board my duty was to the consumer, the people of the state of Kansas, and to enforce the dental practice act. I have always felt that the practice act may need to be changed from time to time but ONLY if it was in the best interests of our patients. Well, I've said enough and if all else fails, I guess I should retire. (But I hope not yet!)

Duane Rogers DDS

1-31-98

Johnson County Community College
12345 College Blvd.
Overland Park, Kansas 66210-1299
(913) 469-8500

February 2, 1998

Dear Representative Gilmore,

I am writing you in opposition to House Bill 2725. As director of the dental hygiene program, I am against giving untrained individuals responsibility for the public's health care. I am also concerned that allowing an assistant to do part of the preventive prophylaxis will become more widespread, ultimately delivering substandard, incomplete care to the public. The Kansas Dental Association has stated that currently many Kansas dentists allow dental assistants to polish teeth with no formal training requirements. This is against the present law, doesn't that bother anyone? What does my license stand for if individuals are allowed to interpret the law as they please? The ADA Commission on Dental Accreditation has strict guidelines which dental hygiene and assisting programs must follow. Yet, House Bill 2725 would allow the Kansas Dental Board to set the education requirements. I do not think this is appropriate.

This past summer an Ad Hoc committee was convened of Kansas Dental Association, Kansas Dental Assistants Association and Kansas Dental Hygienists Association's representatives. A plan was developed for the education of an expanded hygiene dental assistant. The training requirements for this program are very much like the Alabama dental hygiene preceptorship program. The Kansas Dental Hygienists' Association is opposed to this new category of dental assistant. As I understand it, neither the KDA ot KDAA have been polled on their opinion of this new role for the dental assistant. The KDA executive director stated that the proposed law is not about the new position yet the dental assistant leadership tells me that is precisely what the proposed law is for.

In 1992, I was a member of the Kansas/Missouri Bi-state Task Force on Distance Education which consisted of educators, dentists and hygienists. We explored the potential for distance learning in both states. In Kansas, a proposal is in place

with Colby Community College. In my opinion, opening more accredited dental hygiene programs is the correct approach to increase the number of qualified dental hygienists in Kansas. Kansas should not be the first state to lessen the educational requirements for dental hygiene care. This would allow dentists to further violate the law based on "differing interpretations." Ultimately, the public is at risk.

If you would like to discuss this further, please contact me at (913) 469-2582 (w) or (913) 681-9061 (h).

Sincerely,

Margaret LoGiudice RDH, MS

Margaret LoGiudice, R.D.H., M.S.
Director, Dental Hygiene Program

1 February, 1998

To Whom it may Concern;

My name is Deana S McGlew and I am a registered Licensed Nurse in the State of Kansas. As a member of the health professionals in Kansas, I am appalled that H.B. # 2725 is being introduced under the guise of eliminating the shortage of registered dental hygienists in the state of Kansas by substituting those with less training to perform their work! This is an insult to me as a consumer who, like other consumers, has a right to demand and receive health care that is second to none!

The citizens of Kansas should not be short-changed for any reason as the cost of health care is already almost beyond reach to many average citizens who are struggling to meet their obligations.

I feel the logical solution is to establish more dental hygiene schools throughout the state of Kansas so that students may be trained to fulfill this very urgent need.

Thank you

Deana S McGlew, RN
1726 N ATHENIAN
WICHITA KS 67203

January 30, 1998.

Committee on Health and Human Services
RE: H B 2725
Dear Chairman Mayans and Committee Members:

Having been a practicing hygienist for 20 years this June, I write this testimony to you with grave concern for the health and safety for the dental patients of Kansas.

There has been legislation introduced in Kansas to do away with the national and state requirements of only a licensed dentist or hygienist being able to clean teeth. The state and nation has had licensure be a requirement to provide for the protection and safety of the public. Kansas would be the only state in the union where licensure would not be required if this passes!

Some self serving dentists are desperately trying to deceive their patients and all of you by putting two bills into legislation that will allow unlicensed dental assistants to provide only a portion of the cleaning procedure, specifically that of polishing and scaling deposits above the gum line of teeth. This makes absolutely no sense! A key problem with this approach is, who will separate the deposit of calculus so that the dental assistant can get the calculus above the gum and the hygienist can get the calculus below the gum? Then after it is separated, will the hygienist follow the assistant to remove all of the subgingival bacterial plaque, calculus and toxins? A hygienist who is trained in a thorough prophylaxis knows that only by her tactile sense and scaling of each tooth in the sulcus, can all of the deposits be removed. Allowing dental assistants to scale and polish above the gum line, not only prolongs the procedure for the patient needlessly, but the dentist would also be paying two people to do one job! Research documents that if we leave the bacterial plaque, calculus and toxins behind under the gums, which the patient can't see or know they have without being shown, can lead to the development of gum disease, bone loss around the tooth and ultimately tooth loss. Currently this periodontal disease is the leading cause of tooth loss in adults!

This summer the ad hoc committee reported many dentists are allowing dental assistants (33%) to do illegal procedures in the dental office, of which cleaning teeth is among them! Naturally these dentists want to change the law, so they won't be breaking it any more! Micheale Dewey, a patient from our office has written her own testimony that you can read for yourself, documenting that as a patient " she felt like a victim. I don't know if all of my dental problems stemmed from the fact that my teeth had been cleaned by someone off the street, before going to Dr. Potter's office, but they should definitely had told me about having the periodontal

disease." Dr. Potter told Micheale of her periodontal disease on her first visit to his office and recommended that she see a periodontist!

Some reasons dentists give who support this ridiculous legislation are that they can't get hygienists from the city to work in rural areas. I came from the city of Omaha, Nebraska and have been practicing in rural communities for 151/2 years. We also have another hygienist in our office, who applied for a hygiene position at other rural dental offices in our area without a hygienist and was never offered a hygiene position! If some dentists really feel that there aren't enough hygienists to supply the demand, then common sense tells us to provide more schools to educate them. Let's not allow Kansas to be the first state to lower the national dental standard.

Please do not let this legislation pass! We have enough dental disease which needs care, lets don't encourage creating and promoting more disease. We all know this substandard approach to dentistry isn't anything that we want for our loved ones or ourselves! I have enclosed also numerous signatures of patients who are against this legislation! There is never a right way to do the wrong thing!

Sincerely,

Connie A. Potter R.D.H. B.S.

Connie A. Potter R.D.H. B.S.

130 W. Kansas
Smith Center, KS 66967
785-282-6979 W
785-282-6214 H

14-2

February 2, 1998

Dear Health and Human Service Committee:

This week you will be considering legislation to amend the Kansas Dental Practice Act. There is one provision of the proposed legislation, House Bill 2725, which I wish to address.

The proposed legislation will allow dental assistants or other unlicensed individuals to basically clean teeth above the gumline. My concern is that this proposal will, in essence, allow the cleaning of the teeth above the gumline only.

First, no dental school in the United States, to my knowledge, teaches to scale and polish teeth above the gumline only. Even for patients with normal sulcus depths, we are all trained to take instruments below the gumline to assure that all extraneous deposits or debris are removed from the tooth's surfaces regardless if they are hard or soft.

Second, the concept that an assistant or other unlicensed individual who has cleaned a patient's teeth above the gumline will have a dentist (or hygienist) stop his/her work and finish the cleaning below the gumline is highly unlikely. Teeth exhibit basically five surfaces above the gumline and 4 surfaces below the gumline. If we see 20-32 teeth per patient, will dentists who are already treating patients with a parallel schedule stop their work, do their check-up examination but then take hand instruments to mechanically check or clean all under the gumline surfaces of all the remaining teeth? One of the reasons for providing for this change in the Dental Practice Act is due to a shortage of Dental Hygienists to clean teeth. The expectations of this provision will be to shift this activity to dental assistants or other unlicensed individuals. In a day to day practical business, dental assistants, for example, will be basically performing the patients' cleanings. If this is the case, since it is a time and staff resources issue, it is hard to believe the remaining four surfaces per tooth will be completed by a second person.

Third, patients who come to dental offices to get their teeth cleaned simply expect just that: their teeth will be thoroughly cleaned. Most patients do not differentiate the particulars of whether or not cleaning was above or below the gumline. They assume it was complete. Discussing the matter with my patients, they were appalled to think that their teeth could be termed cleaned while not removing all the debris and bacteria under their gumlines which can lead to gum disease.

Fourth, data is being presented to the dental community that bacteria which cause gum disease are a risk factor for low birth weight babies and a major risk factor for cardiovascular disease and stroke. If this legislation is passed, what assurances will the people of the state of Kansas have that this disease causing bacteria have been removed? If an assistant or other unlicensed individual does go below the gumline, he/she will be in violation of the very law being considered now. You normally cannot visibly see below the gumline, so unless this area is clinically treated thoroughly and someone works with each patient on each tooth, the risk factors for gum disease and possibly other disease states will remain. Legislative action as I understand it, both nationally and by the states, is aimed at reducing health care costs. Are we going to allow the prospect of incomplete cleaning and care to be the standard of practice in the state of Kansas with the prospect of allowing the causative factors for gum disease and possibly other disease modalities to be left in the unsuspecting patient?

Finally, the level of training for dental assistants or other unlicensed individuals has not been defined. We currently require two years of formal education to train individuals on how to handle dental scaling instruments including the proper instrument identification, how to grasp hand instruments, how to angulate the sharp blades and how to fulcrum the hand to name a few points. What assurances will the state have that these and other specifics will be taught and certified? Will assistants or other unlicensed individuals be trained on patients without their knowledge or consent and pay full fare? It is hard to believe they will receive training anything close to what a hygienist receives in two years of instrumentation. Who will pay for this training? Will the dentists or the assistants, for example, pay for the proper education. Any thorough training beyond on the spot instruction appears unlikely.

Expanded duties for our dental auxiliaries are definitely worth exploring and defining. But any expansion of these or any other duties must be done such that the health and welfare of our patients and obviously the citizens of the state of Kansas are maintained. If the legislature decides to move forward with this proposal, I would offer that it consider amending this proposal to protect our patients and citizens. I would offer considerations that each patient being treated be given full disclosure and allowed informed consent to above gumline treatment only. In addition, cost considerations bear merit in that cleaning costs and benefit reimbursement packages are based on a complete not partial cleaning. Will patients be offered a reduced fee? I would also suggest evaluating any education proposal(s) for training dental assistants or other unlicensed individuals to scale teeth to assure that there is a competent standard for the state of Kansas. Without any provisions in this legislative action to assure either complete disclosure to the patient or assurances that each of the remaining tooth surfaces will be competently

and thoroughly cleaned, the state of Kansas and its citizens, I believe, will have little protection against this form of substandard care. To my knowledge, Kansas will be the only state in the union to allow this form of potential neglect.

The vagueness in the current proposed legislation, I believe, leaves the oral health of Kansas patients in question and at risk. In view of these issues, I would ask that you either not support this legislation or amend the legislation to assure that the rights of Kansas patients to full disclosure and proper care are protected.

Thank you for the opportunity to address this panel.

Dennis J. Runser, Ph.D., DDS

Dennis J. Runser, Ph.D., DDS
7916 West 151st Street
Stanley, KS 66223
(913)-681-5300

February 2, 1998

Dear House Health and Human Service Committee Members:

I am writing in regards to House Bill #2725 introduced to this committee on January 26, 1998. I write as a patient advocate. The citizens of Kansas are unaware that on this day that the future of their dental health is being debated. The citizens of Kansas do not know that they are suppose to check with their licensed dentist to see if all the personnel working in his/her office are practicing legally or illegally. The citizens of this state feel very secure in knowing that when they walk through the door of the their Kansas Dentist, that they will receive the best dental care that can be provided to them. Why do these Kansas patients have faith that they are receiving the best dental care possible? Why do they not have to worry whether a dental office is providing substandard care to them or their children? Why do the citizens of Kansas not have to worry whether a dental office is practicing legally or illegally? The people of this state know that they have entrusted the issues of safety, legality and standard of dental care to their legislators, their Kansas Board of Dental Examiners, Accreditation Boards, the Central Regional Dental Testing Service (CRDTS) examiners and the National Board Examiners. The people of this state know that if their Dentist is not practicing ethically, legally or if he/she is providing substandard care, that the State Board of Dental Examiners will investigate and discipline the offending office. They have entrusted the state legislature and the Board to not only set up the laws, rules and regulations but to also enforce them. They feel comfortable that if there is a license displayed in their dental office, that their dentist has undergone the proper education, testing and credentialing necessary to practice in the state of Kansas. This is true in any business that is entrusted with the care of the citizens of this state.

You as legislators are being asked to compromise that trust given to you by the citizens of the state of Kansas. You are being asked to consider allowing unlicensed personnel to scale above the gumline and polish teeth. You are being asked to allow the direction of training to be developed by the Kansas Dental Board of Examiners. You are being asked to pass a bill that does not define the required training or evaluation or licensing. You are being asked to waive the testing and the credentialing of this individual. You are being asked to allow dental offices to reduce the standard of care without informing the citizens of Kansas. You are asking the citizens of Kansas to be "trained on". You are asking the citizens of Kansas to pay for a treatment that has not been the standard of care in any state of the union. You must ask yourselves, why has this not been the standard of care in any other state? The answer is that House Bill 2725 provides substandard care. There is not one good reason for a child or an adult in this state to receive an incomplete treatment by an unlicensed, untested and inadequately trained individual. There is not one problem solved by having an individual trained in an office on unsuspecting patients when training is not the only purpose of that office.

When I was 17 years old, I was trained in a dental office on coronal polishing. At the time, I did not know that it was illegal. I had every intention of providing the best care for the patients that I polished. I felt I was doing them a service. When I enrolled in the University of Iowa dental hygiene program, I realized that many steps were left out in my in-office training regarding polishing. There was no mention to flare the cup interproximately or subgingivally. There was no mention that I could overheat the tooth or abrade the tissue. When I was finished polishing, no one came in to check to see if my treatment was adequate....polishing was the last treatment needed by that patient in their appointment. I was not appropriately trained in a dental office. The doctors, hygienists, and assistants each had their own schedules for the day and after observing 2 or 3 times, I was allowed to polish patients' teeth. The patients were happy and I thought I was doing them a great service. As I look back, I realize that I performed low quality treatment on those patients. Dental offices do not have the time to adequately train personnel. As an educator, that is my only job. I teach, demonstrate and evaluate, and the student progresses under the watchful eye of an experienced educator. The student has the luxury of asking questions and seeking resolution to problems that arise. Will this happen in a dental office that is scheduled with 20 to 40 patients a day?

This bill lowers the patient's therapeutic care because all deposits will not be removed from the patient's mouth. Even "light" patients require subgingival scaling on the distals of molars, linguals of mandibular anterior teeth and facial of molars. What will an expanded hygiene dental assistant do...interrupt the doctor or the hygienist to remove the subgingival deposits? Will the deposits be left to further the disease process? Will the doctor take the needed time to explore every tooth in a patient's mouth to check for subgingival calculus and scale it or will the patient be rescheduled for more expensive scaling and root planning? Routinely, the doctor is not scheduled extra time to complete his exam on a patient scheduled for a 6 month checkup. The doctor expects the registered dental hygienist to assess the patient's condition and report these assessments to supplement his examination and diagnosis. The assistant will not be qualified to make these assessments. Will doctors utilizing the assistant actually schedule time to complete the examination as well as the prophylaxis?

Dental Hygienists were created in the early 1900's by educating dental assistants. It was deemed that the hygiene student needed to know more about pharmaceuticals, general health, nutrition, periodontal disease, radiology, physiology, motivation, education, etc. Dental Hygiene education was expanded and licensed so that the registered dental hygienist could be an asset to the dental office and a recognized professional delivering treatment to a patient. The dental assistant will not have to go through this rigorous training and evaluation. The dental assistant will be delivering lower quality care, unable to recognize disease, and unable to develop preventative strategies for a patient. If House Bill 2725 truly wanted to deliver quality care to the citizens of Kansas, the training of more dental

hygienists would be recommended. The system is in place. The education, the evaluation and the rules and regulations governing the profession are in place. Develop more dental hygiene programs in the state of Kansas. With the use of distance learning, satellite campuses could be set up in various areas of the state where the perceived shortages exist. Personnel shortages are not solved by bringing in less trained personnel. Personnel shortages are solved by training the proper individuals for the job.

I believe this proposition has come about because of the demands currently being made on the dental profession by insurance companies and managed care. The bottom line is that insurance companies are paying less and less for quality care, i.e., oral prophylaxis performed by a registered dental hygienist, and the business of dentistry is responding by lowering the quality of care to its patients because of money.

I urge you to think about the quality of care that you will be voting on for the citizens of the state of Kansas. Think about the fact that you will be voting on a bill that does not outline the training or evaluation of these in-office trained assistants. Think about the fact that your decision will have long term effects on the quality of dental care provided in the state of Kansas. Think about who will benefit from the passage of this bill. The citizens of Kansas will certainly not be the ones to benefit.

I urge you not to support House Bill 2725.

Sincerely,

Judith A Runser, BS, RDH

Judith A. Runser, BS, RDH
16400 Glenwood
Stilwell, KS 66085
(913)-897-9750

2/2/98

L House Committee Members,

My name is Lana Russell. I want to thank you for this opportunity to apprise you of my personal story regarding an incident occurring in February of 1991 while I was employed as a dental assistant in Lawrence.

During this specific incident, I was working along side my dentist who was attending to a male patient during one of our evening shifts. While carrying out a routine cleaning, consisting of a scale and polish, the dentist received a telephone call from her husband explaining that he was unable to pick up their child from daycare. This particular patient was originally diagnosed to have heavy calculus and approximately three to five millimeters of supragengivatal calculus.

The dentist expressed concern about having to pay an additional five dollars per five minutes late fee at the daycare so she instructed me to take over the patients care while she left to pick up her child. In her instructions, I was told to sonic scale the patients teeth. A sonic scaler is a hand piece operating at forty pounds of compressed air. When the compressed air is applied, the air spins a disk, causing it to spin like a coin on its edge, approximately 2000-6000 rotations per second. The spinning disk then causes a vibration in the scaler tip. The tip moves in either an elliptical or an orbital path. The tip is used to remove calculus and stain from the patients teeth.

Prior to this incident, I had never received any training, either formal or informal, on operating a sonic scaler. I had no knowledge that my actions that day were illegal or I would never have performed such a delicate procedure. The ramifications were not explained. My work could have resulted in the patient suffering from the loss of periodontal attachment and gum recession.

When I think of this bill, it gives me an analogy of our speed limit signs. As we pass that speed limit sign, we observe the maximum speed allowed by the law. But we press on an extra five to seven miles per hour, knowing that we can get caught and punished for our actions, but we still take the risk. I ask that you maintain the current quality care being provided under the law by the dental hygienists and put a stop to the dentists who seem to want to get that extra few miles per hour out of their assistants.

HOUSE HHS COMMITTEE
Attachment 17
2 - 2 - 98

Lana S Russell

TESTIMONY OF CINDY K SCOTT, RDH
FEBRUARY 2, 1998

I have been a "Licensed" dental hygienist for 15 years. Currently, I am licensed in 5 states - Kansas being the most recent. My 15 years as a dental hygienist have been spent in private clinical practice with half of that time in the periodontal(gum) specialty. I'm speaking today against HB2725.

One of the states I worked in for 3 years - California - allows dental assistants the legal ability to **polish** as part of a prophylaxis. My testimony today is to share my experience in California with you. Please remember -- that to date **there are no states in the U.S. that allow a dental assistant to scale as part of a prophylaxis - Kansas would be the first.**

In the office which I worked in California, dental assistants that could legally polish saw all the children in the practice - the reasoning being that "kids were easy cleanings and didn't have any tarter". This kept the dental hygienist free to see all the adults and periodontally involved patients in the practice. As a result, this practice **did see a greater volume of patients on a daily basis than compared to the other states I worked in.**

Shortly after beginning work in this office, I asked the question - when is the decision made that this easy child that has no tarter starts to need a therapeutic scaling and polish from the dental hygienist? I thought the answer would be depending on the individual child, when they start forming tarter and begin having gingival infection and exude disease. That's not the answer I got. The answer was it depended on their insurance. I didn't understand. The dentist said some insurance companies allowed adult cleanings to be charged when they were 12 or 13, some when they were 18. This is when they were turned over to a dental hygienist.

In about 6 months, I had seen several handfuls of children. The dental hygienist only saw a child if there was a cancellation that didn't get filled on our book or if it was spring or Christmas break and we would see the overflows. I started to see a distinct pattern that I had not seen in the previous 3 states. These children had calculus above and below the gums, and often it would be heavy calculus under the gums or acute gingivitis infection . I was seeing pubescent, and prepubescent children with beginning crestal bone lose. Remember - if infection is left undisturbed it will begin to eat away the bone around your teeth and once you have bone lose - IT IS GONE FOREVER AND DOES NOT GROW BACK. Only surgical procedures can attempt to replace the missing bone. I was performing scaling and root planing with anesthesia on 9 and 10 year olds and older - a practice that I had never had to perform previously. This greatly disturbed me and is one of the reasons I am here today. I'm somewhat embarrassed to tell you it took a few months for me to figure out the reason for the vast difference in level of health of these children. I compiled the cases for detailed study. I started by classifying the kids to the severity of their disease, putting the worst cases in one stack, all the way up to the least of the worst cases. I thought I would find a big difference in regular checkups, but all of them HAD been seen on a regular basis with only a month or so difference in "cleaning" times. But what I saw in the worst case stack astounded me - those children HAD NEVER SEEN THE DENTAL HYGIENIST FOR THEIR CLEANINGS - STRICTLY THE DENTAL ASSISTANT. The more frequently a child had seen a dental hygienist the better level of health or should I say the lower the amount of infection was evident. Let me make one point here - the dental assistants in our office were trained and career dental assistants. Each had been in the field for 10 and 12 years respectively, and been in this office polishing for at least 5 years. I have great respect for them.

For this reason I firmly believe - **private practice implementation** of a dental assistant doing a scale or polish will not provide appropriate **preventive** care for patients.

Please know that giving the dental assistant the legal ability to polish will not impact the demand or pay of a dental hygienist. I found that to be true in California. However, I did see the consequences that the patients encountered, and it started with the children.

The point to my story is this - regardless of "perceived shortage", "illegal activity", or "training designated by the dental board", **giving the legal ability to a dental assistant to scale or polish teeth as part of a prophylaxis will only result in a "Cosmetic/substandard" cleaning and does not provide preventive dental health.** In my opinion HB2725 will give the public a false sense of security. They will take their children to the dentist, assume they are getting quality preventive care - after all dentists are licensed and solely responsible - and wake one day and find their teenage children have serious dental problems that could have been easily prevented. **Please do not allow "cosmetic/substandard" dental care - VOTE "NO" on HB 2725. Thank you.**