

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 3, 1998 in Room 423-S-of the State Capitol.

All members were present.

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

Conferees appearing before the committee:

Charles Squire, Wichita Dentist and Adjunct Professor, Wichita State University  
Dr. Kelly Deeter, Dentist, Topeka  
Dr. R. Wayne Thompson, on behalf of the Kansas Dental Association  
Yvette Mabe, Hygienist  
Dr. Estel Landreth, President, Kansas Dental Board  
Roger Rupp, Dentist, Winfield  
Melanie Mitchell, Dental Assistant Instructor, Wichita Area Technical College  
Mary Costin  
Dr. Roger Gausman, Pediatric Dentist, Hutchinson  
Dr. Philip Zivnuska, Dentist, Wichita  
Dr. Susan Hall, Lawrence

Others attending: See Guest List ([Attachment 1](#))

Chairperson Mayans welcomed the members of the Kansas Dental Association, and opened the hearing on **HB 2724** (practice of dental hygiene).

Charles Squire, a Wichita Periodontist and Adjunct Professor with Wichita State University, testified in support of **HB 2724**, which allows general supervision of dental hygienists by a dentist or supervisor, and allows dental assistants to provide care without the physical presence of the supervising dentist in the facility. Dr. Squire stated no evidence exists that professional liability rates are affected by general supervision. (See testimony, [Attachment 2](#).)

Dr. Kelly Deeter, a Topeka dentist, echoed Dr. Squire's statements and said more than 48 states have legalized general supervision with reported public benefit, especially for nursing home patients; and 32 states have legalized such supervision for treating patients in an office setting. (See testimony, [Attachment 3](#).)

In response to Representative Gilmore's question concerning hygienists administering anesthesia, Dr. Deeter answered he would have no problem with that if they are properly trained.

Chairperson Mayans then opened the hearing on **HB 2725** (authorized practices under the dental practices act), and introduced Dr. R. Wayne Thompson, who spoke in support of the bill on behalf of the Kansas Dental Association. Saying the current statute for cleaning of teeth is ambiguous, outdated and vague, if enforced it would create turmoil in the delivery of dental care. An Ad Hoc Committee, composed of the Kansas Dental Association, Kansas Dental Assistants Association, Kansas Dental Hygienists' Association, and the Kansas Dental Board, developed a community-based education training program for non-licensed dental assistants to clean visible parts of teeth, and leaving the cleaning of non-visible parts to hygienists or dentists. (See testimony, [Attachment 4](#).) Dr. Thompson noted that Dr. Lawrence Hall, of Lyndon, has submitted his written testimony in support of the bill, and asked members to review it ([Attachment 5](#)).

Yvette Mabe, a practicing hygienist in Johnson County, described the frustration of trying to hire a full time hygienist. Higher pay and practices in the metropolitan area lures potential workers. Because of the shortage of qualified hygienists, Ms. Mabe joined the Kansas Dental Association in supporting the bill (see [Attachment 6](#)).

Dr. Estel Landreth, President, Kansas State Dental Board, stated the board has voted to support both **HB 2724** and **HB 2725** to expand the responsibility of dental hygienists and increase utilization of dental assistants with appropriate training to clean teeth above the gumline as part of a prophylaxis. Currently, according to the Attorney General's Opinion, only a dentist or hygienist can perform a prophylaxis procedure. This legislation is intended to legalize certain of those procedures and establish licensure procedures. (See testimony, [Attachment 7](#).)

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol, at 1:30 p.m. on February 3, 1998

Roger Rupp, a Winfield dentist, testified in support, citing the shortage of dental hygienists in the state and nationwide as the motivation for the legislation. He recounted the Kansas Dental Association's underwriting for start-up costs of a new dental hygiene program to be conducted at Colby Community College, with a target date for the fall of this year. (See Attachment 8.)

Melanie Mitchell, a Dental Assistant Instructor at the Wichita Area Technical School, testified that she teaches a 90-hour American Dental Association accredited program, and believes dental assistants can perform the procedures set out in this legislation. Cost of the course is \$81. Ms. Mitchell stated technical schools are available to expand this education.

Mary Costin testified as to the necessity of relying on dental assistants to relieve the shortage of hygienists in rural areas, and stated by supporting this legislation the dental profession and patients would benefit. (See testimony, Attachment 9.)

Dr. Roger Gausman, Pediatric Dentist, Hutchinson, testified in support of the legislation to allow continuation of long-standing established allowed and accepted practices of the trained dental assistant to clean debris accumulation by means of coronal polishing of teeth. He cited the problems of poor access to dental treatment by Medicaid children in Kansas. Without adoption of these bills, access will be devastated for the poor. (See Attachment 10.)

Dr. Philip Zivnuska, a Wichita dentist and vice president of Kansas Dental Association, supported **HB 2725** because of the changes in dentistry that have already occurred and today's trends. The potential benefits of this bill will continue to be unrealized as long as there is insufficient personnel. Dr. Zivnuska said continued training of dental assistants, with didactic and clinical instruction, will be in the interests of good dental practices. (See Attachment 11.)

Dr. Susan Hall, from Lawrence, stated she became involved with the bill after coming from Phoenix. Dr. Hall testified she did not believe the bill "reinvents the wheel," but that it will help address the growing needs for dental health care in the geriatric and indigent populations.

Chairperson Mayans noted that others interested in these bills have submitted written testimony, which has been distributed to committee members for review:

John W. Adams, Dentist, Salina (Attachment 12)  
Gregory J. Kilbane, Dentist, Harper (Attachment 13)  
Christopher C. Rooney, Dentist, Leawood (Attachment 14)  
Richelle J. Roy, Dentist, Topeka (Attachment 15)

The Chairperson then opened the meeting to questions of the conferees. He noted that the bill does not contain a definition of "prophylaxis" and indicated he does not agree with the Attorney General's Opinion on that point.

Representative Geringer questioned Dr. Thompson about dental assistants training, asking if the training should be on-the-job, through structured programs in schools, or some other regimen. Dr. Thompson replied probably 80% of the training can be taught in a dental office. There is already a one-year training, but it is not routinely required. He suggested a dental worker could qualify as a dental assistant by (1) working with the dentist for three years and be certified; or (2) work one year and take the test to become certified.

Representative Geringer also asked what entity would control the educational programs. Dr. Thompson stated three such programs now exist, and it has been suggested to establish other programs in outlying areas, such as in vo-techs or community colleges. The Kansas Dental Board would supervise them. Dr. Thompson stated he has great faith in the Kansas Dental Association to establish this through rules and regulations.

It is proposed the education would be in a dental office. The same questions were addressed to Melanie Mitchell, and she answered she believes training should be through accredited programs before working in the field. Representative Geringer asked how many are graduated each year from Wichita's vo-tech and she answered about 15.

Representative Showalter asked Dr. Rupp about expanding educational sources to respond to the growing needs for trained dental assistants. Dr. Rupp replied there were attempts to obtain more sites but to no avail. Research has developed a list of other states who have established new programs, such as Alabama's preceptorship program; and Wisconsin's satellite transmissions of their educational programs.

Representative Cook asked what is motivating this move for new legislation. Dr. Landreth answered that

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol at 1:30 p.m. on February 3, 1998

since publication of the Attorney General's Opinion, more complaints are being filed. The board has no alternative but to investigate them and follow the law.

Representative Morrison asked if it might be appropriate to remove "prophylaxis" from the bill. Dr. Landreth noted the dental hygienists asked Senator Sandy Praeger what the term meant. She, in turn, asked the Attorney General who issued the opinion that only licensed personnel can perform the procedure. That is the reason for this legislation.

Representative Henry asked if **HB 2725** is passed, will quality of care be sacrificed? Dr. Landreth stated that probably quality will improve. He believes the bill is not driven by economics, but by the need for a community-based results program. Dr. Landreth said a college educated person is not needed to perform the tasks specified in the bill. Some 25,000 residents in nursing homes are not getting dental services until this personnel shortage is solved. Dr. Landreth also noted that the Ad Hoc Committee came to a structured solution. The Dental Associates Association, the Kansas Dental Association, and the Kansas Dental Board agreed. The hygienists did not. The only group to vote unanimously to adopt the report was the Dental Board. Dr. Landreth does not believe these associations will come to agreement; it will be settled either by the Dental Board or the Legislature. At this time, there are approximately 1,300 dentists and 900 hygienists.

Chairperson Mayans thanked the conferees for their presentations and stated since many questions are unanswered, he was appointing a Subcommittee on Dental Practices to review the bill and report back to the full committee in about a week. Members appointed to the Subcommittee were: Representative Tony Powell, Chairperson; Representative Vince Cook; and Representative Jerry Henry.

Chairperson Mayans noted that a hearing on **HB 2723** (use of automatic defibrillators by certain persons) will be held at tomorrow's meeting.

The meeting was adjourned at 3:12 p.m.

The next meeting is scheduled for February 4, 1998.

HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998

NAME	REPRESENTING
Barbara Bunkinckie, RDH	K.D.H.A.
Roxanna Wger, RDH	KDHA - opposed 2725
Mary Jo Nigg, RDH	" " "
Cindy K Scott, RDH	KDHA - OPPOSED 2725
Kim Stabbel - <del>RDH</del>	JCC DH Program Opposed 2725
Jeanne McCreedy RDH	KDHA - opposed 2725
Jennifer Rome, student RDH	JCC DH Program, SADHA opposed 2725
Shabell Schaffner, student RDH	JCC DH Program - Opposed to 2725
Linda L Zundel RDH	KDHA opposed to 2725
Loni Mitchell	Dental hygiene
Joy Embrey	(Dental Hygiene)
Ms. Ashley C. Grill	-opposed 2725
Jessica Blyden	opposed 2725
Janet Foster	opposed 2725
Brenda Milner	Dental Hygiene Opposed 2725
Reenie Olson	KDHA - opposed 2725
Alissa Beckerle	KDHA - self opposed 2725
Tim Yonally	KDHA
Ann L. Smith	JCC DH Program - opposed 2725

HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998

NAME	REPRESENTING
Lisa A. Smith	JACC D. Hyg. Program <sup>OPPOSED</sup> #2725
Carolyn Nichols	KDHA. opposed #2725
Claudia J. Arneson	KDHA opposed #2725
Julie Kleiss	opposed #2725
Heather Cromwell	opposed #2725
Karen Naumann	opposed #2725
Weslie D. Booth	Opposed # 2725 D
Cindy Amyot	KDHA opposed #2725
Lorie Holt	KDHA opposed #2725
Kellie Guardado	KDHA opposed #2725
Nicole Recca	KDHA opposed #2725
Stephanie Younger	KDHA opposed #2725
Danaul Hilgert	KDHA opposed #2725
Todd L. Humphrey	KDHA opposed #2725
Sharon Sanders	KDHA opposed #2725
Linda McGee	KDA Support #2725
Rory Cannizzo	KDA Support #2725
Sharlynn Ash	KDA Support #2725
TRICIA Folberts	KDA SUPPORT #2725

**HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998**

NAME	REPRESENTING
Edward Wobler	KDA Topeka
<del>J. P. Bortan</del>	KDA Lansing
Robert E. Lacy DDS	Topeka KS (K) A
Dennis Jones DDS	Wichita
Richard Darvall DDS	KDA - Topeka
Rusty Coad, DDS	WDDS - KDA WICHITA
Lucia Jino	KDA - Topeka
Lellae Ramirez	KDA - Topeka
Angie Vogts	KDA WICHITA
MARK UNDERWOOD	KDA - TOPEKA
Bob Maser	KDA - Caney KS
Leck Mar	KDA Caney KS
JOHN FASBINDER, A.D.S.	PRIME VILLAGE, KS.
MAR C. ...	KDA ...
Roberta Halstead	Robert M. Jackson DDS, PA.
... ..	KDA Topeka
Raquel R. Fehr	KDA Emporia. Dr. Stephen Jones DDS
Jerchie Siguenza	KDA Emporia " " .

HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998

NAME	REPRESENTING
DR. MARIOW G. ABBICK	KDA Support 2725
Chris Mar	KDA Support 2725
Jeffrey Walman, DDS, RPh	KDA Support 2725
Kit Gurwell, D.D.S.	KDA Support 2725
Richard G. Peppard DDS	KDA Support #2725
JOHN N. BABLEY DDS	KDA Support #2725
Sherin W Moussa RDH, BS	KDA Opposed # <del>2725</del> <sup>2725</sup>
Dalicia Emerson	Dentist Hygienist - Opposed #2725
JIM SUTTON	KDA OPPOSED #2725
Hal E. Hobk, D.D.S.	KDA Support #2725
Ron Whitcomb - DDS	KDA Support #2725
Brenda Kirk Wilton	KDA Support #2725
J. Greg Holm DDS	KDA Support #2725
Robin Hearwin	KDA support 2725
Carolyn Stegeman	" " "
Joe Wommack	SUPPORT KDA
Barry Hearwin	KDA Support
Gene Hefer	KDA Support
Paul Hefer DDS	KDA Support

**HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998**

NAME	REPRESENTING
Michelle Kram	KDA Dental Assn
William F. Hartman, DDS	KDA Dentist.
Chuck Kordinski DDS	KDA Dentist?
Dean F. KIRN DDS	Kansas Dentists
Philip H. Martin DDS	KDA Dentist
Nick Kinsch DDS	KDA
David May DDS	KDA Dentist
Ross PADGHAM, DDS	KDA
Guend Aron DDS	KDA
Norman Roescher DDS	KDA
Aaron Huslig DDS	KDA
Sally Hall DDS	KDA (Lyndon)
Gene M. Staley DDS	KDA
Lou Gegenheimer MD	KDA - Lawrence
Paul A. [unclear] DDS	KDA
John Hedibert	Dental KDA
Michael W. [unclear]	KDA
Ken Kalk DDS	KDA Auburn IG
May Patterson	KDA Port Scott



HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998

NAME	REPRESENTING
Pamela Ethus	KDA/DDS
Catherine Hill Plummer	KDA/Dental Asst.
Samela Brooks	KDA
Dore Schuster	KDH A
Came Betsworth	KOA - Dentist
Katherine Betsworth	KOA Dentist
Kevin Cassidy	KDA - Dentist
Ray Helsick	KDA - Dentist
Melissa Nemeck	KDA - Assistant
Linda R Morris	KDA - Dentist
Chell Biche	KDA - DENTIST
Steve Twintmyer	KDA - Dentist
Stacey Shumaker	KDA-asst.
Nancy Pippert	KDA-asst.
Tom Dale	KDA - Dr.
Gene Underka	KDA Dr.
Cathy Monroe	Sharon KDA Dental Asst
Mark Monroe	KDA:ist
Suzanne Supera	KDA - Dental Asst

HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998

NAME	REPRESENTING
Wacy Morgan	KDA SUPPORT
Erica Anderson	"
Amber Russell	"
Leslie Watkins	"
Anne Knight	KID
Glenn H. Hurd	Pittsburg, KS KDA
Donald H. Munis (Terry Greenstein)	Pittsburg, KS KDA
<del>W. A. ...</del>	Newton, KS KDA
Micki Cobb	Kansas City, MO KOHA
Janeen Mitchell	KC, MO KOHA
Melby Pruney	Lenna, KS KDH
Barbara Dottscharus	KDA.
Nancy Callaway	KDA, KDA A
Donald H. Emington	KDA Council Grove
Spicy Whitehead	Wichita, KS R.D.W
Shirley Hayworth	Wichita, KS RDH
Chonna Valdez	Wichita KS DA
Wendy Leavitt	Wichita KS DA
Kristen Miller	Wichita KS DA

**HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES GUEST LIST  
FEBRUARY 3, 1998**

NAME	REPRESENTING
TWILA McAlpine	Dental Asst.
Dawn Roberts	Dental Asst.
Janice Dowling	Dental Asst.
Maritza C. Reyes	Dental Asst.
Michelle Pogue	Dental Asst.
Tony Cline	Hygienist
Leslie E. Ouelges	Dental Asst.
Margaret Poline	Dental Asst.
Tim Poline	Dentist
Paul Kittle	Pediatric Dentist

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February 3, 1998

Testimony for the Health and Human Services Committee

RE: **H.B. 2724 Pertaining to General Supervision of Dental Hygienists**

Mr. Chairman and Committee Members,

My name is Charles Squire. I am a periodontist with 24 years of private practice experience in Kansas. I have also been an officer of the Kansas Dental Association for the past six years. I have been associated with Wichita State University's Department of Dental Hygiene as an adjunct professor and guest lecturer.

I speak in favor of H.B. 2724 allowing for what is called **general supervision** of Dental Hygienists by their dentist employer or supervisor. Dental hygienists are important members of the dental care delivery team and they are well-qualified to play an ever-increasing role in providing therapeutic and preventive care to the citizens of Kansas in the future.

**General supervision** simply means that licensed and registered dental hygienists may provide care without the physical presence of the supervising dentist in the facility as long as the patient of record has been examined by the dentist in the preceding 12 months and that the treatment to be rendered has been authorized in either written or verbal form.

**General supervision** is accepted in at least 44 states which allow it not only in the dental office but other treatment facilities, such as nursing homes and schools. There are at least 32 states that allow general supervision just in the primary dental office.

There is no evidence that professional liability insurance rates are affected by **general supervision**. There is also no logical argument that supports what some fear is the natural progression from **general supervision** of dental hygienists to independent practice by dental hygienists.

A qualified dental hygienist working under the auspices of **general supervision** will increase the access and quality of dental care provided to the increasing nursing home population in Kansas. Without your help, this provision, which is already enacted, will sunset on July 1st of this year.

Concerning the issues of quality and safety, there is nothing in these proposed changes to the Dental Practice Act that usurps the authority of the individual dentist to determine what is ultimately in the best interest of that dentist's patients and how that dentist chooses to deliver care. The dentist is always responsible for the quality of care ethically, morally and legally. My profession's principles of ethics dictate that both the dentist and the dental hygienist mutually agree that the hygienist possesses the knowledge, skill and judgment to treat patients under **general supervision** and to have a voice in deciding the type of treatment to be rendered.

There is a shortage and maldistribution of the availability of dental hygiene services in Kansas. **General supervision** allows the use of dental hygienists who may be available at times when it may not be possible for the supervising dentist to be present in the treatment facility. This would expand access to care.

We are fortunate in Kansas to have visionaries in the profession of dentistry who have foreseen the need to change our methods of dental care delivery to better serve the citizens of Kansas. Such changes could not have been anticipated when this act was written in 1943.

On behalf of the members of the Kansas Dental Association, I solicit your help in the governance of our profession and I thank you for this opportunity to speak to you.

HOUSE HHS COMMITTEE  
Attachment 2  
2 - 3 - 98

Mr. Chairman, Committee Members,

I am Kelly Deeter, a general dentist practicing in Topeka for more than 30 years. I am here to speak in favor of Bill 2724 which would or will allow a licensed and registered dental hygienist to provide treatment and care to some dental patients with out a dentist providing direct and immediate supervision.

As Dr. Squire has carefully stated, treatment quality and safety is achieved by the following control features.

A). The patient must have been seen by the supervising dentist within at least the previous 12 months.

B.)Diagnosis and treatment instruction is to be ordered by the dentist in either written or verbal form.

C.)The Dentist remains responsible and liable for the treatment received and is the party who maintains insurance coverage.

Many states (more than 40) have been operating under identical or similar guidelines, without evidence of negative effect, and with reported public benefit - with licensed hygienists working without the presence of a dentist at sites such as Indian reservations, nursing homes, residence for the disabled, and homebound and hospice facilities as well as in their employers dental clinics, and private practice settings.

General supervision is today legal in 44 states for care of patients in nursing homes, and in 32 states for treating patients in their own office setting.

For instance - today I am here - and under the present Kansas rules no treatment can be happening in my office while I am not there.

In many other states - established patients of record who have been seen for diagnosis by the doctor within the last 12 months can be

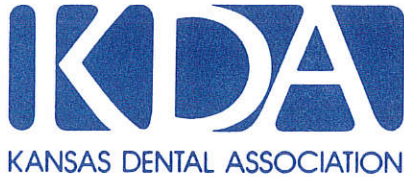
receiving regular preventive dental hygiene cleanings, while the employer dentists are at capitol buildings across the country

FOR MORE THAN TWENTY YEARS OF THE THIRTY YEARS I HAVE PRACTICED, COMMITTEES OF DENTISTS IN STATES ACROSS THE COUNTRY HAVE TRIED TO DO THE CORRECT THINGS TO INCREASE THE SUPPLY OF HYGIENISTS IN THEIR STATE. SUPPLY AND DEMAND ONLY WORKS IF IT IS ALLOWED TO HAPPEN. - WE CONTINUE TO BE UNSUCCESSFUL IN THESE ATTEMPTS.

When that glorious day at last arrives, that day when we are at last allowed to have an adequate supply of licensed hygienists (who can help us with this?) you will visit dental offices with three or more hygienists for each dentist as a standard dental office staff. And you will know that your mother in the nursing home can have regular, on site, preventive therapy, as she should.

This bill will set the stage for increased care - but still using only the inadequate supply of licensed hygienists we now have. This bill will help take us to higher level of preventive dental care in Kansas, the minute we have increased numbers of trained workers to do the work.





Mr. Chairman and Members of the Committee:

My name is R. Wayne Thompson and I am pleased to appear before you today. Would like to share with you the work done by and Ad Hoc Committee which met since March of 1997. The Committee's goal was to address a work force and distribution shortage of preventive dental care providers. Representatives from the Kansas Dental Hygiene Association, Kansas Dental Assistants Association and Kansas Dental Board joined the Kansas Dental Association to determine the extent of this shortage and develop solutions for the problem.

We have copies of the most recent version of the Ad Hoc Committee report available for your review.

Because of focus on prevention and early diagnosis, Kansans have fewer restorations of fillings. We have decreased the decay in permanent teeth of children by 50% from 1971 to 1991. We have reduced by one-half the number of people wearing dentures during the last thirty years. The appointments demanded to keep these teeth healthy and professionally cleaned is greater than ever before.

The dental statute governing delivery of routine preventive dental care known as a prophylaxis or cleaning, has not been amended since 1943. Only a licensed dentist or dental hygienist can provide this service pursuant to K.S.A. 65-1423 (h) (5). It is confusing that there are several parts to a cleaning visit. The two main parts include 1) cleaning and polishing the parts of teeth you can see and j2) removing any deposits below the gumline. The proposed legislation would allow treatment of the visible part of the tooth to be performed by a trained dental assistant. The hidden part will be treated by licensed personnel, the hygienist and the dentist.

Differing interpretations by various dental boards have changed the allowable duties of dental assistants in the past. In some areas, dentists have had to use dental assistants to provide a portion of the dental cleaning because no hygienists were available. It is imperative we pass legislation to correct this access problem.

The current dental statute regarding the cleaning of teeth is ambiguous, outdated, and vague. It is nevertheless the law and if strictly enforced, would create tremendous turmoil in the delivery of preventive dental care to Kansas citizens. The Ad Hoc Committee struggled with the impact that strict enforcement of the existing statute would have on the delivery of dental care. The Committee developed a dental assistant training program requiring community-based education which would provide good access to

preventive and therapeutic care. It sought to train non-licensed dental assistants to clean parts of the teeth that you can see, while leaving procedures below the gum line, out of view, to be completed by the hygienist or the dentist.

The Ad Hoc Committee met September 7, 1997, to review decisions made by the representative associations. Extended discussion resulted in no consensus by the committee.

At this point, Dentists throughout the state decided that access to delivery of a prophylaxis had reached crisis proportions. To take no action on this matter was no longer an option. We have a responsibility to provide legal access to preventive dental care for Kansas citizens.

In conclusion, there is a basic difference of opinion between dentists and hygienists regarding a workforce shortage of preventive dental care providers. Dentists believe this need is obvious and has been demonstrated. Current statutes require a legislative change to address these needs. The Kansas Dental Association believes that House Bill 2725 significantly enhances access to dental care in Kansas.

#### MISSION STATEMENT OF AD HOC COMMITTEE:

The goal of the Ad Hoc Committee is to create access to quality, preventive and therapeutic care by appropriately trained and educated personnel for all Kansas citizens, including the elderly, by solving personnel shortages through broadening horizons of all dental team members, and developing an enforceable Kansas law to insure the safe delivery of quality care.

On behalf of the Kansas Dental Association I would like to thank you for your time and consideration.

R. Wayne Thompson, D.D.S.

**Lawrence B. Hall D.D.S.**

Osage County  
Lyndon, KS, 66451

I practice in a Kansas small town for thirty five years! **Dentists in small towns need for career dental assistants to legally be able to assist us in cleaning teeth!** Why?

1. It is a simple matter of survival! We are begging you!
2. 4 out of 5 small town dentists in Osage County, have not had a full time hygienist in 1997, therefore we can not legally serve our patients, appropriately and economically!
3. We send our children to Hygiene School, and they can not afford to return to the small town!
4. There is a shortage of Hygienists, and the larger towns gobble them up!
5. The Hygienists who work in my office work part time. They work their full time jobs in the larger city, then on their day off, commute to Osage County, Lyndon. Bad weather, or any conflict, like a sick child, and they cancel out!
6. I have to clean all my patients teeth! I need help with the simple parts of that job! I have to call on my career dental assistants to help me, or I can not serve my patients economically.
7. Profits in small town dentistry are low, due to the time consuming, high labor intensity of our work!
8. **I AM PROUD OF THE JOB THAT I AND OTHER SMALL TOWN OSAGE COUNTY DENTISTS DO.** It is a matter of high ethics, high trust and quality control; and my ultimate responsibility, as the doctor, is to be responsible! I would never allow anything detrimental to happen to my patients in my office! I am insulted by the Hygienist's argument that quality of care would suffer if I and my career dental assistant work together to clean a patient's teeth! **After the Hygienist has spent most of an hour cleaning a patients teeth, I check every patient, and finish every tooth cleaning with a thorough dental exam: I actively "touch up" with my own hands, what my "fresh eyes" can objectively see needs attention, to deliver a thorough 'first rate' cleaning. Therefore, my patients receive a superior service to what a Hygienist alone can deliver!**
9. The constant, whether I have a Hygienist or a Career Dental Assistant help me clean people's teeth is high quality. The only variable is the amount of time that I have to dedicate to that job! True, with the dental assistant's help I have to spend more of my time, but that is more economical for the patient than my doing all the process alone. The Hygienist, if available to me, saves me more time! We can hold the cost to the patient down if we are allowed to use both the dental assistant and the hygienist!
10. I have practiced for 35 years, been Secretary of the Kansas Dental Board, serve now on the Kansas Blue Cross and Blue Shield Dental Advisory Committee -- I know the State's dental need! **SMALL TOWN DENTISTS, TO SURVIVE, NEED FOR CAREER DENTAL ASSISTANTS who have worked for us on average for over 10 years; who are known and trusted by our patients, and do a great job, to be able to assist us in the simple parts of tooth cleaning!** People in small towns know and talk to each other about everything. I could not employ a Hygienist or dental assistant who hurt people, it would ruin my practice immediately.
11. We are desperate! Because of the confusion and high need, we have been told several times in the past by the KDB and the KDA that we can utilize our dental assistants to assist in tooth polishing, and then have that privilege rescinded when the Hygienists create up-roar! Now we SMALL TOWN DENTISTS "just have to do what we have to do" to survive, and that puts our dental license at risk!
12. **Utilization of dental assistants to help clean teeth will not threaten Hygienist's jobs!** I'll continue to employ Hygienists! Why? Because they can do more, with less supervision, legally. This bill does not change that, in fact it reinforces that, and makes the Hygienists' jobs more secure! Because Hygienists will be able clean teeth within my office without my direct or indirect supervision, Hygienists will be more valuable to me and my patients! It is a matter of dependable availability! I support Hygienists. But aren't they being greedy, here? Aren't they denying small town America a valuable service?
13. My dental practice is the second oldest business on a small town main street. Small towns need local services like doctors and dentists for other businesses to be viable, too. McDaniel Hardware, is a hundred years old, my business is 35. Small towns are more viable if small town dentists survive!

**PLEASE VOTE FOR DENTAL ASSISTANTS TO LEGALLY HELP DENTISTS** and help dental practices in small towns to survive!



HOUSE HHS COMMITTEE  
Attachment 5  
2 - 3 - 98



Testimony *for* the Ammendment to the Kansas Dental Practice Act:

Thank you for allowing me the opportunity to be with you today and voice my position in support of the ammendment to the Kansas Dental Practice Act that would allow dental assistants to scale and polish above the gumline with proper training to be developed by the Kansas Dental Board and to allow Registered Dental Hygienists general supervision.

Let me start by stating my unique position regarding this issue. I am a practicing hygienist, a graduate of UMKC's dental hygiene school and married to a dentist. Our practice is located just outside the Kansas City Metro area. We have been working together for 5years. I have worked full time only two of the 5 years that we have been working together. The other three years I have worked part-time or seldom so that I could be at home with our two small children. I am very proud of my degree and the profession in which I have chosen to work. My degree has provided me an opportunity to draw an income and work a schedule that has been convenient for me and my family. There are few other professions that are as rewarding.

Over the past six years that my husband has owned his practice, which he bought from a retiring dentist who had owned it for thirty years, we have experienced much frustration over the availability of hygienists in our area. When I decided to stay home with our children we began to look for a full time hygienist to take over our hygiene schedule. After three years we have not had even one hygienist interested in a full-time position. We did find a hygienist that wanted to work 3 days a week. We worked with her schedule and then after three years we lost her to a Leawood office that offered her \$30/hr + benefits. We were paying her \$24/hr + benefits and a bonus program. When she left our office we were absolutely amazed as we began talking to other dentists, office managers and hygienists that told us that due to the shortage of available hygienists the average hourly rate for a hygienist in our area was \$30-35/hr. + benefits. I must tell you that knowing this, we have no problem paying this salary to a competent, hard working , team player. Money is not really an issue with us. We are more interested in finding someone willing to work a full time schedule and be an active member of our excellent staff. We have placed ads in several papers, namely the Kansas City Star, The Olathe Daily and the Sun Publication, offer nearly \$300 a day + benefits + bonus. After having spent more than \$1500 in advertising costs, we are still unable to find a hygienist to work a full-time schedule of Monday through Thursday 8:00am to 5:00pm. We have not even received one call!

We contacted JCCC and UMKC to let them know of our open position. We called all the temporary agencies that we are aware of in our area and have been told that they do not have a very good list of hygienists that are needing work at this time. Of course they said they would call if something should come up. So, I have been faced with coming back to work. I have a 9 month old and a three year old that I have put in day care and preschool so that I could come back to work to help my husband out. We do have an excellent, very experienced hygienist that is working for us two days a week. We have had to work with her schedule also and I should say that we pay her well. She makes \$34/hr + benefits + bonus. She needs to be gone each day by 3:00 in order to be present at her children's after school activities. Kids grow too fast, you know. I then have been securing child care so that I can come and cover for the patients that are scheduled from 3-5:00. Many of these patients were pre-appointed 6-12 months ago. Obviously I have a vested interest in this practice and do not mind making the sacrifice to come in. But, what would a dentist do in a situation similar to this who was not married to a hygienist? He or she would either reschedule these patients or treat them- either inconveniencing patients or increasing overhead.

I feel through this recent experience that after having searched for a hygienist to work that we are definitely experiencing a shortage of available hygienists in our area. That is one of the reasons I felt compelled to help the Kansas Dental Association in their efforts to alleviate the troubles that many dentists across the state are experiencing.

After reviewing the information regarding the education and the training that would allow dental assistants to scale and polish above the gumline- it is my opinion that a hygienist could only benefit from this situation. This would allow the hygienist the opportunity to focus on the skills that they have been trained and educated to perform. Allowing this possibility would only increase the worth and salary of a hygienist. It would give her more hours devoted to patients that need active periodontal therapy. There have been countless times when I have seen healthy patients that presented for their 6 month check up and cleaning that I know could be very well taken care of by a trained dental assistant given the guidelines developed by the Kansas Dental Board.

Giving dentists and hygienists the opportunity to work with talented, skilled and well trained dental assistants would be an asset to any practice. Ultimately, we are just searching for more people who want to work and be a part of a team that wants what is best for each patient that walks in the doors of our office. We are proud of what we have and want to treat each patient with a great degree of effectiveness. I believe that if you decide to pass the amendments to the Kansas Dental Practice Act that each Kansas dental patient, dentist, hygienist and dental assistant will benefit.



Paul D. Mabe, DDS  
UMKC Graduate

Yvette A. Mabe, BS RDH  
UMKC Graduate

January 23, 1998

TO: House of Representatives: Health and Human Services Committee

We are a husband and wife team, who practice together, writing to voice our position *for* the ammendment of the Dental Practice Act that would allow assistants to scale and polish teeth above the gumline with proper training to be developed by the Kansas Dental Board and to allow Registered Dental Hygienists general supervision.

We practice outside the greater Kansas City Metropolitan area and have experienced much frustration over the past few years regarding the availability of dental hygienists in our area. Please allow us to address a few points that you should keep in mind when casting your vote for the amendments.

### **Allow trained dental assistants to scale and polish supragingivally on healthy patients.**

Recently we lost a part time dental hygienist to a practice in Leawood that offered her \$30 per hour plus benefits. We were paying her \$24 per hour with benefits. Benefits are usually inclusive of a retirement plan, holiday pay, vacation and insurance. Shortly after losing our hygienist we began running an advertisement for a hygienist to fill the open position. We were absolutely amazed when we began talking to other doctors, office managers and hygienists that told us that, due to the shortage of available hygienists, \$30 per hour is an average salary. **Some hygienists in the Kansas City Metro area are demanding salaries of \$35-\$40 an hour pushing their yearly salary to nearly \$80,000 a year plus benefits.**

**We have placed ads in several papers, namely the following: Kansas City Star, The Olathe Daily and the Sun Publication, trying to fill our position for a hygienist and after having spent more than \$1500 in advertising costs we are still unable to find a hygienist to work a full-time schedule of Monday through Thursday 8:00am to 5:00pm for us. We have not even received one call regarding our advertisement offering nearly \$300 a day, benefits and a bonus plan. Many hygienists are now demanding peculiar hours of 8:00 am to 3:00 pm in order to be at home with their children and families. Many do not want to work more than 2 days a week. Still they are seeking the full time benefits usually given to those working 4-5 days a week. We are finding it difficult to compete in this market.**

We have been blessed with the opportunity to have highly educated and very well trained dental assistants in our office over the past years. We are convinced that any of them with proper training would be able to effectively and adequately perform scaling and polishing procedures on patients that present with healthy dentitions. **Patients presenting with active disease should be seen by a dentist or dental hygienist. This would allow the hygienist the opportunity to focus on the skills** 6-3

ie has been trained and educated to perform.

It is our experience that many dental assistants have worked along side the doctor and the dental hygienist gaining the desire and the knowledge to continue their skills and education and perform procedures that would not compromise the health or the safety of the healthy patient seeking a regular cleaning.

## **General Supervision is necessary in many practices**

The doctors and patients in the state of Kansas could both benefit from the addition of general supervision. When we close our office for meetings, vacations or illness, not only are our patients inconvenienced, but we have staff members who are faced with loss of income. Allowing hygienists to perform cleanings on patients who have been seen by the doctor with in the past 12 months would eliminate many of these obvious inconveniences with out jeopardizing the health or safety of the patients.

## **There *IS* a shortage of dental hygienists in the Kansas City Metro Area**

In recent weeks and months I have been contacting friends, alumni and colleagues who are licensed to practice dental hygiene in the state of Kansas. I have been amazed at the number of RDH's that are voluntarily unemployed. They are choosing to stay home with children or pursue other interests. The Kansas Dental Association recently released a sheet regarding "Expanded Duties of Dental Assistants: Arguments and Responses". Contained in the article was this statement: *'There is not a shortage of dental hygienists. According to the information from the KDB, on December 22, 1997, there were 986 registered hygienists practicing in Kansas. Of this number, 385 hygienists are working only part-time. This indicates a total "full time equivalency" of 793 dental hygienists. There are 1,222 dentists practicing in Kansas. Thus the statewide dentist to hygienist ratio is approximately 3:2.'* I find this very hard to believe. As a practicing hygienist my thought on this is that many hygienists may not be reporting the correct information to the KDB when renewing their licenses. I think that a more thorough look into the correct number of practicing hygienists is called for in order to adequately address this statement.

Over the past 5-6 years I have seen the dental hygiene field change drastically. Salaries have increased from \$120 a day to nearly \$300 + a day. Hygienists seem to be staying at home more and working much less, myself included since we have two children under the age of four. This has caused a very high demand for dental hygiene services. We have had a very hard time finding skilled hygienists that desire to work. We would like to see some changes made in order to treat our patients effectively.

Please take our opinions into consideration when looking at this bill. We just want to be able to treat our patients that have appointments scheduled. They deserve to have the very best treatment we can give. The amendments to the Dental Practice Act would help us to serve our community with a greater degree of effectiveness.

Sincerely,

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Paul D. Mabe, DDS

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Yvette A. Mabe, BS RDH

5-4



BILL GRAVES  
GOVERNOR

BOARD OF DENTAL EXAMINERS

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BUSINESS OFFICE  
3601 SW 29TH STREET, S-134  
TOPEKA, KANSAS 66614-2062  
TELEPHONE NO. (913) 273-0780

Testimony of Dr. Estel Landreth  
House Committee on Health and Human Services  
Re: HB 2724 and HB 2725

February 3, 1998

Chairman Mayans and Members of the Committee:

My name is Dr. Estel Landreth, and I am pleased to appear before you today. I serve as President of the Kansas State Dental Board, the regulator agency which oversees dentistry in Kansas. That Board has voted 4-1 to support both House Bill 2724 and 2725, because they felt that both of these measures would more clearly align the training and experience of hygienists and of assistants with the job tasks for which they have received appropriate training.

HB 2724 allows dental hygienists to operate under the general supervision of a dentist—to clean teeth and perform other procedures authorized by the dentist without on-site, over-the-shoulder supervision by the dentist. This expanded role recognizes the high level of training which licensed dental hygienists have achieved. I am particularly pleased to support this legislation since a number of years ago the legislature supported and passed general supervision for hygienists—legislation which unfortunately was vetoed by Governor Finney after the veto session. I supported that legislation then, and I am pleased that today both the Dental Board and the Dental Association are supporting it as well.

HB 2725 deals with the polishing and cleaning of teeth above the gumline. It would allow the Dental Board to establish training standards, to determine whether a dental assistant has met those training standards, and, if so, to allow them (while operating under the on-site supervision of a dentist) to clean teeth above the gumline. This person could only clean teeth in areas easily seen, and then additional cleaning would be completed by a hygienist or a dentist where appropriate.

This bill is necessitated because of an Attorney General's opinion. Kansas law says that only a dentist or a hygienist can perform "a prophylaxis." It had long been the view of the dentists that an assistant could

HOUSE HHS COMMITTEE  
Attachment 7-1  
2 - 3 - 98



perform a part of the prophylaxis (e.g. polishing) as long as they did not do the entire cleaning procedure. The Attorney General ruled that performing any part or function of the prophylaxis is prohibited by law except when performed by a hygienist or dentist. Keep in mind that, even with this interpretation an assistant can polish teeth and can clean teeth for purposes other than a prophylaxis, such as scaling to remove cement, polishing fillings, and polishing for preparation of orthodontic appliances. HB 2725 is an attempt to allow dental assistants, who have appropriate training, to clean teeth above the gumline as part of a prophylaxis, a procedure which many have been doing for a number of years.

The Attorney General's ruling, and the necessity of the Board to move forward in enforcing that interpretation, is only further exacerbating health care personnel shortages in dentistry in Kansas. The present system of education is not producing adequate licensed persons (dentist and hygienists) not only locally, but nation wide...and rural states such as ours are most dramatically affected. The Dental Board favors a community based program that would train people without leaving their communities, and also allows them to work while being trained. These people would be required to have sufficient dental experience and/or training, and a sponsoring dentist before acceptance into this program. We believe that quality could be maintained by having a basic training course in the vo-tech school or community college system, with students serving an internship under a dentist or hygienist. One advantage of a results-based community program is that it could expand and contract according to the needs of that community.

An ad-hoc committee of all dental professionals, including the Dental Board, worked last spring and summer formulating guidelines for such a results-centered community based education program. The Board feels this outline is a good starting outline for such a program. Upon completion of the program, students would be tested out on their technical skills and approved by the state. Monitoring and compliance would be the Board's responsibility. This trained, registered person would assist licensed persons (dentist and hygienists) by performing the simpler more routine tasks, leaving dentists and hygienists free for the more complex treatments they are really trained to do. Quality of care would still be the responsibility of hygienists and dentists, as they are the licensed professionals.

Both HB 2724 and HB 2725 will allow appropriate training so that hygienists and dentists can spend their time more productively and increase access to care while controlling costs. Thank you for your time and attention.

Tuesday February 2, 1998

My name is Roger Rupp. I am in the private practice of dentistry in Winfield, Kansas. I speak in favor of coronal polishing and supra-gingival scaling by dental assistants.

A survey by the Kansas Academy of General Dentistry completed in January was sent to 214 dentists and returned by 127.

91% favored coronal polishing by assistants

65% favored supra-gingival scaling by assistants

There is a shortage of dental hygienists in Kansas. Creation of a dental assistant who can scale above the gumline will alleviate part of this problem. The literature supports the fact that there is a shortage of hygienists in Kansas and nationwide. I have attached supporting references at the end of this report, but for sake of brevity will not cite them orally. A 1996 survey of the Kansas Academy of General Dentistry showed that 80% of the respondents perceived there to be a shortage of hygienists in Kansas.<sup>1</sup> According to Cox et al., 1992 (cited in Rupp, 1996)<sup>2</sup> dentists from around the country continue to be hampered by inadequate supplies of hygienists. Dean Joe Mildrexler of Colby Community College did a study indicating a shortage of hygienists in the Colby, Kansas area.<sup>3</sup> A statewide Kansas needs assessment survey for dental hygiene education in 1994 reported that over 50% of respondents indicated difficulty in finding a registered dental hygienist for their office.<sup>4</sup> The shortage of hygienists in Kansas encouraged the Kansas Dental Association to focus much of its attention on establishing a new dental hygiene program in Kansas. This program shows strong support for the dental hygiene profession from the Kansas Dental Association.

The Executive Council of the Kansas Dental Association authorized and funded a seminar in Topeka on August 3, 1996. It was attended by dentists, dental hygienists, assistants and educators. The presenters were the two founders of an accredited distance education dental hygiene program from Northcentral Technical College in Wisconsin.

Johnson County Community College and Wichita State University Schools of Dental Hygiene were approached about the establishment of a new distance learning school of dental hygiene but those plans never came to fruition.

Finally, the Executive Council of the Kansas Dental Association authorized \$15,000 for start-up costs for the accredited Wisconsin dental hygiene program to be telecommunicated to Colby Community College through the use of real-time two-way interactive audio and video. Colby Community College has a target start-up date of the fall of 1998.

Roger Rupp, D.D.S., M.S., Chair  
Council on Dental Education and Manpower  
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#### References

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2. Rupp R. Educating dental hygienists in Kansas. JKDA 1996;81:26-32.
3. Mildrexler J. (1996) Dental hygienist/dental assistant survey. Unpublished report, Colby Community College, Colby, Kansas.
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**Testimony of Mary Costin**  
**House Committee on Health and Human Services**  
**Re: HB 2724 and HB 2725**

**February 3, 1998**

**Chairman Mayans and Committee Members:**

My name is Mary Costin and I have been in dentistry for 22 years. My goal today is to share my experience with you as to what kind of care is being provided by general dentists and their staff in rural communities.

I moved to Wichita in 1996 from a small rural community in southeast Kansas where I was employed as a chairside assistant for eight years, then as an office manager for 12 years. During those twenty years our office operated without a hygienist and with little to no chance to employ one, as there were none living in that area. The other two dentists in that small community also practiced without a hygienist.

In order to take care of the patients' needs it became necessary to utilize dental assistants to clean teeth. So after several years as a chairside assistant I felt confident with the guidance and close supervision of the dentist to scale and polish teeth. All patients would then receive a complete examination by the dentist to evaluate their dental health. I feel our treatment of patients was of very good quality and their dental health was not being jeopardized. We had a backlog of patients appointed three to four months out and if the dentist would have had to clean teeth it would have been impossible to take care of patients restorative needs, such as fillings, root canal, extractions and orthodontics. We provided all aspects of dentistry because our

HOUSE HHS COMMITTEE  
Attachment 9-1  
2 - 3 - 98

patients did not like to travel out of town for their dental needs. So having dental assistant scale and polish made it possible for the patients to be seen in a timely matter.

I also worked as an office manager and had first hand experience in the financial end of the practice. If the dentist would have been cleaning everyones teeth the economic impact would have been tremendous. I feel that would make it difficult to get a dentist to come and stay in a rural community. If the present law was strictly enforced then it would be impossible for a rural community to meet the needs of the patient and cause the dentist great frustration by not being able to provide the necessary patient care.

On the job training has worked in the community I lived in for many years. Dental assistants that I have worked with have always held high regard for their patients dental health and would welcome an opportunity to advance their skills.

I would urge you to support this legislation because of the benefit to the dental profession and the most important benefit to the patient.

I thank you for allowing me to come before you today and share with you the reality of how dentistry has been practiced in rural communities.

My name is Dr. Roger Gausman. I am a pediatric dentist from Hutchinson. I appear before you to support this legislation wording change which would allow the continuation of the long-standing established, allowed and accepted practice of the trained extended dental auxiliary, often referred to as the dental assistant, to clean debris accumulation from the crowns of the teeth by the means of coronal polishing. I stress continuation because this is an established and allowed dental health practice which has been in common practice in Kansas and across the United States for several decades. It was an approved and established part of dental practice when my father Dr W.C. Gausman practiced in S.E. Kansas over 4 decades ago.

The establishment of this valuable and necessary delegation of duties within the dental manpower team was not happenstance or whimsical in its origin. A great deal of evaluation and research went into these deliberations. The United States government through the US Public Health Service was the primary source of the initial training research programs in the 1950's and 60's. The sole purpose of these efforts was an acknowledged manpower need to delegate to trained auxiliaries what could be accomplished at an equal or same quality level thereby preserving the time, expertise, and skills of the dentist and the dental hygienist for those duties which demand their higher education, training and abilities. As a commissioned officer in the US Public Health Service I was involved with these training programs sourced in Utah and Oregon.

From these programs the government then extended these proven concepts by supporting, establishing and funding Dental Assistant Training (DAT) Programs, Dental Auxiliary Utilization (DAU) Programs, and Training in Expanded Auxiliary Management (TEAM) Programs in dental colleges across the country starting in the 1960's. I was Director of these programs at Creighton University from 1970-75 as Chairman of the Department of Dentistry for Children. The point of all of this is that virtually all dentists who have graduated in the last 30+ years have been trained and experienced in utilizing and overseeing these delegated services in the dental health team. This is not something new or untested. Coronal polishing is taught in all dental assistant training schools.

Specifically as a pediatric dentist, my major concern is access to proper and specialized care for the infant, child, and special needs patients. For many years the "law of the land" and the primary method of providing care has been through the dental team, which has ~~included as one of its primary members~~ the carefully selected, trained, and dedicated pediatric dental assistant. These wonderful health professionals are extremely competent and provide a service few others can or would care to. Modern pediatric dental care cannot be provided without the proper delegation of services to trained auxiliaries. Anything less would bring a standstill to the ability to meet the volume of special dental health needs of the children and the special patients of this state.

Working with Rochelle Chronister and Ann Koci and others in SRS and the legislature, strides have recently been made to try to improve the very poor access to the tremendous needs of Medicaid children in Kansas. But access is still a problem and we are working hard and steadily to improve that. The change in delivery of care that a failure to approve

HOUSE HHS COMMITTEE  
Attachment 10-1  
2 - 3 - 98

this legislation wording change to allow the continuation of current dental delivery practices would be devastating to that access.

One strong point to remember and emphasize. This proposal to allow continuation of the existing practice of coronal cleaning and polishing is only a part of the total aspect of a prophylaxis. As it now exists, always has and always must, the dentist must first examine the patient thoroughly and diagnose the presence or absence of dental disease of the teeth and the supporting tissues. Any existing disease, such as periodontal or gum disease requiring deep scaling or treatment ( removal of hard deposits below the gumline or in diseased areas ) must be accomplished by the dentist or the dental hygienist. After such deep scaling or treatment needs and then any cleaning of the crowns of the teeth, such as by the trained dental assistant ( being performed currently) the dentist must reexamine, evaluate and approve the results of all parts of the treatment. This is not "turning the patient over to the dental assistant for the entire cleaning process start to finish". The dentist maintains full control and responsibility for all care provided.

I urge you to realize the importance of the entire dental team in the proper delivery of modern dental care and to allow the continuation of practice as it now exists. We have excellent dentists, dental hygienists, and dental assistants in this state. As a state that has no dental school and depends on other states for the influx of dental manpower, we must not isolate ourselves into an access to care stranglehold by reverting back away from what has become standard of care across the country. Thank you.

February 3, 1998

Chairman Mayans and Members of the Committee:

Thank you for this opportunity to address the committee. My name is Dr. Philip Zivnuska. I have been a practicing general dentist in Wichita for 20 years and currently serve as Vice President of the Kansas Dental Association.

I appear before you in support of HB 2725. I support the bill because of my experience with dental assistants performing these tasks, the changes in dentistry that have already occurred, and the trends that are continuing into the future.

During my three years of military service at McConnell AFB (1979-1981), enlisted personnel with 12 weeks of training performed all hygiene services. Reasonable people may differ on the length of training required, but there is no question that assistants can be trained to perform the very limited services included in HB 2725. Allowing assistants to continue to do the work they've been doing for years is not a threat to hygienists. The opportunities for hygienists will remain strong because of several trends.

First, people are living longer. Social policies, from Social Security to dentistry, must reflect that. Second, people are keeping their teeth longer. In 30 years, the number of edentulous people in the 55-64 year age group has decreased from 38.1% to 15.6%. Third, the baby boomers are now entering their 50's — prime time for gum disease. Along with having more older people with teeth, the expectations and standards of care for dental health has increased. It's not surprising that patient visits to dentists, for dental hygiene visits, **have already increased 125% in a decade.** The baby boomer generation will not, and should not, accept the level of oral health experienced by our parents.

HOUSE HHS COMMITTEE  
Attachment 11-1  
2 - 3 - 98



This boom in hygiene demand has not been accompanied by an increase in licensed personnel. Enforcement of the Attorney General's opinion would severely decrease access to these needed services. We are ill equipped to serve the needs of the 25,000 residents in Kansas nursing homes. For two years, dental hygienists have been allowed to work under general supervision in nursing homes. The potential benefits of this legislation will continue to be unrealized as long as there is insufficient personnel. The adult and senior population will continue to require more preventative hygiene care from a dentist or hygienist because of increased demand and because HB 2725 limits the assistant's role to care above the gumline. In addition, the Kansas Dental Association supports the expansion of Dental Hygiene Practice by allowing Dental Hygienists to work under General Supervision in nursing homes, indigent care clinics and the dental office. There will be sufficient work for everyone in dentistry. We must be sure that restrictions on practice are limited to those truly essential for patient protection and not artificial impediments.

In many other areas of treatment, modern dental practice makes extensive use of dental assistants. Sterilization, infection control, impressions, temporary crowns, suture removal, patient education, and radiographs are but a few of the areas where dental assistants perform tasks under the on site supervision of a dentist. For over 30 years, they have demonstrated that they can contribute to the performing of a prophylaxis. The Kansas Dental Association asks that this contribution continue. It can continue with a training program, with didactic and clinical instruction, and with the passage of 2725.

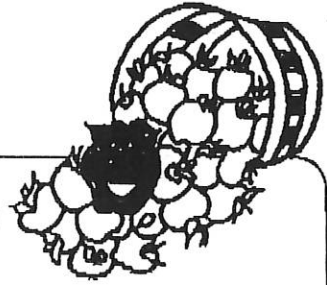
Thank you for allowing me to appear before you today.

Philip S. Zivnuska  
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Valley Center, KS 67147  
H-744-9909  
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# John W. Adams, D.D.S., P.A.

"We want your smile to last a lifetime."

Fax 785-825-0770 voice 75 825-0710



January 29, 1998

Ms. Deena Horst Fax 785-298-6365  
182 W  
State office building

Dear Ms. Horst,

I am a dentist in Salina, KS and have practiced here since 1975. I have employed dental hygienists since then and have found an excellent working relationship with them. I wish to express ideas and concerns about the legislation that your committee will be considering next Monday and Tuesday when the hygienists and dentists will address your committee

I believe there is a serious shortage of dental manpower in Kansas. The dental schools in this area that have trained many of the dentists now practicing in Kansas are graduating fewer students. There were 151 in my class at UMKC in 1975, I understand there are only 75 in the classes at UMKC now, 10 from the state of Kansas. According to the Kansas Dental Board, there are 25 counties that have dentists practicing and no hygienists registered to practice.

The number of Kansans keeping teeth their entire life is on the rise, more and more people are seeking dental care and need hygiene services. With a shortage of dentists to serve these people, it is important to become more efficient. This means delegate all the duties allowed by law to trained staff. Dentists delegate hygiene duties to hygiene trained people, allowing the dentist to do dental procedures. As to the shortage of hygienists would allow dentists and hygienists to hire and train dental assistants to do above gum polishing.

Dental hygienists working alone at a moderate paced setting will see 7-8 people in a day. With a hygiene assistant she can see 15-20. If she delegates polishing to an assistant she has trained, the hygienist can be caring for an adult with significant gum disease while the assistant is polishing a child's teeth. As dentists discovered 30 years ago, their efficiency is greatly enhanced by having a dental assistant, and a hygienist's time can be better utilized with an assistant available for polishing.

The real benefit is to the patient, they will find dental access and services more timely. In communities such as Lindsborg or even Salina, where there is problem trying to hire a hygienist, the lack of manpower can be filled by hiring an assistant to help polish teeth, this frees up the dentist's time for examinations, diagnosis and restorative dentistry.

Hygienists are saying that bad things will happen to patients if dentists hire untrained people off the street and allow them to polish teeth. This shouldn't happen. There are now numerous procedures assistants are allowed by law to perform that have potential to harm patients if care is not exercised. An ethical dentist would not allow untrained or unsupervised assistants to work on a patient. To say that assistants will be hired and irresponsibly allowed to treat patients is insulting to everyone in the dental profession.

Past differing interpretations of the Kansas Dental Practice Act have resulted in many Kansas dentists using dental assistants to polish teeth prior to the recent ruling by the attorney general. Passing the law to allow dental assistants to polish teeth will have a benefit to the patient by requiring formal training standards. Further, there has never been a formal complaint filed to the Kansas Dental Board with regard to substandard care of a dental assistant polishing teeth.

Please allow passage of this bill so Kansans will be able to have dental needs met, and a real shortage of dental manpower can be alleviated.

Thank you for your time and sharing these concerns with other committee members.

Sincerely,

John W. Adams DDS



Member of American Dental Association

HOUSE HHS COMMITTEE  
Attachment 12

2 - 3 - 98

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Richard Aldritt  
Representative, District 105

February 1, 1998

Dear Mr. Aldritt,

As the president of the Southern District Dental Society and a Director for the Kansas Academy of General Dentistry I am very concerned with proposed legislation that would allow unlicensed dental personnel to provide supra-gingival scaling in the dental offices of Kansas. The Kansas Dental Association is making a great effort to get this passed, however there are a significant number of dentist's in this state that are not in agreement with this effort. I have practiced in four states during the past twenty-eight years both in urban and rural areas and during that time I have practiced with a licensed dental hygienist and without one. I believe that the issue at hand is not one of access to care, because the dentist's in this state that have been and are currently providing the care are obligated by the dental practice act to only allow a licensed dental hygienist to scale the teeth or they must do this procedure themselves. The dental practice act for many years was vague and due to lack of resolve, the Kansas Dental Board has not until recently acted to have the law defined and has also failed to uphold this current law.

I don't understand the reason that Kansas has been behind other states in the region in expanding dental hygiene programs to serve the needs of the population. For example, Minnesota has had dental hygiene programs in the junior colleges since the early 1960's and during the 1970's I was on a committee of the Minnesota Dental Association that was charged with examining onsite and certifying all of the dental hygiene and dental assisting programs in the state. Having practiced in Colorado in the late seventies and eighties, I know that they have also had programs in dental hygiene at junior colleges remote as any area in Kansas since the 1960's.

I sincerely believe that it is ill advised to allow unlicensed personnel to provide supra-gingival or any type of scaling services to the public. There is no other state in the nation that allows this procedure to be provided by anyone other than a licensed dentist or dental hygienist. Dental assistants that have been trained in a formal (Vo-tech School) program are able to polish the coronal aspect of the teeth in most states. The KDA and Kansas Dental Board do not propose to advance or increase the training of dental assistant's in this type of formal program and teach them after completion of a certifying exam how to supra-gingival scale. They propose to take a person off of the street and have the employer dentist train them on the job to provide this care and in this way there will be no standard of education or training of any kind. Any rules that are made by the dental board will be as unenforceable as the current law has been. Because of the vague nature of the current law many dentist's have gotten away with allowing employee's to do this procedure and the law was not enforced. I have personally seen the results of this mistake in

that patient's have come to my practice with early and advanced periodontal disease and have told me that a unlicensed person was doing the scaling not the doctor. If unlicensed persons are allowed to supra-gingival scale, who is to say that they will stop at supra-gingival scaling. I believe that sub-gingival scaling is being done by unlicensed persons now and that is not ethical or commendable for my profession. Yes, the dentist is ultimately responsible for the care provided, however, few patient's are knowledgeable enough to know the level of care they are receiving and therefore few will complain. Contrary to the position of the KDA, enforcement of the current law should cause disruption in any dental practice that is not in compliance with the law because we are talking about the health of our sons, our daughters, our parents and all of the people of Kansas.

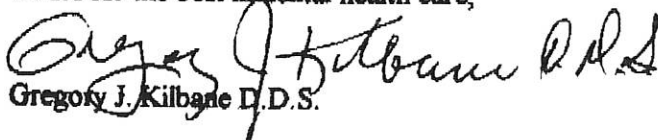
Many dentist's are being pressured by the insurance companies in one way or another to lower fees and I believe that this is a driving force behind this legislation. The insurance industry is not interested in the level of care that is provided, they are only interested in the profit they can make. We as dentist's must be the advocates for the people of the state of Kansas and not allow prurient interests to interfere with the ethical care of our patients. Economics or money should not be an issue when the dental profession considers quality of care issues.

On one hand the KDA says that the number of hygienist's licensed to practice in Kansas is keeping pace with the demand and yet they say in the next breath that the shortage of dental hygienist's affects the ability of dentist's particularly in rural Kansas to provide care. Why wasn't this shortage dealt with long ago? Recently, one dentist in the state has single-handedly taken on the task of getting distance education set-up to increase the number of hygienists through a program in the junior colleges of Kansas. It will take money from the state to fund these programs, but isn't the health of our people worth it?

There is a great deal of animosity between the dentist's and the dental hygienist's in Kansas and those dentist's that seem to be pushing this legislation the most are not practicing like I am in a rural town of under two thousand population. Fortunately, I have a wonderful, caring, and accomplished dental hygienist currently working with me. I would hate to lose her, however if the law was changed and I happened to be without a hygienist I would do what I have done before and that is put the interest of my patient's first and do the supra and sub-gingival scaling myself rather than delegating this important task to an unlicensed person.

In conclusion, I believe that the people of Kansas deserve the highest standards of care that we can provide as a profession, and we must take the "high road" rather than succumb to pressure from within or without in the quest for the highest degree of dental health for Kansans. Please, urge committee members to join Mr. Morrison from Colby and do not let this legislation get any further in the legislative process because it is a bad idea and a "knee jerk" response to a problem that will take some time to work out in a way that enhances the level of care in this state.

Yours for the best in dental health care,

  
Gregory J. Kilbane D.D.S.

13-2

January 15, 1998

KANSAS DENTAL PRACTICE ACT AMENDMENT to allow dental assistants to polish and scale teeth above the gumline.

I would like to go on record as supporting a CHANGE in the Kansas Dental Practice Act. I support allowing dental assistants to perform portions of a prophylaxis. This involves polishing and scaling teeth above the gumline. The spirit of the law does not serve to benefit the people of Kansas receiving safe and appropriate care. In fact, it hinders the ability to adequately prevent dental disease by limiting access to care. Furthermore, it is not encroachment on the hygiene profession, as seems to be the crux of conflict before you, unless the Licensed hygiene profession serves only to scale and polish teeth.  
(See Enclosure I)

All of our employees are under the supervision of the dentist and as such we assume liability and legality for any procedure performed. The PROPHYLAXIS is merely a small part of an overall process to PREVENT dental disease. The safety and welfare of patients in Kansas are no more at risk with a physician's assistant collecting health history information or a paralegal drafting a legal document to be signed off by the counselor.

When a patient receives care from a hygienist, the patient receives care from a highly trained professional who will provide a PROPHYLAXIS as well as provide an educational dialogue with a patient to prevent future disease or establish future care to treat the disease. Hygienists REMOVE diseased tissues/tooth structure, SCALE SUPER-GINGIVAL AND SUB-GINGIVAL (non visible regions), POLISH teeth, implement preventive care strategies, hygienist's have expertise in education of dental disease especially gum problems, they deliver anesthetics, provide invasive ROOTPLANNING treatment for disease, and recognize and diagnose cancer, etc...

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HOUSE HHS COMMITTEE  
Attachment 14-1  
2 - 3 - 98

Should a patient receive care from an assistant, the patient should receive a PROPHYLAXIS only. This makes cleaning at home easier and PREVENTS disease. The action is NON-INVASIVE and requires average skill and dexterity. The dentist and/or hygienist must provide the more important aspects of care as previously stated above. The physical removal of debris is a skill that is used by the dental assistant in multiple situations during restorative and cementing procedures throughout an average day. Many times more dexterity and skill are required in these situations, however the safety and welfare of Kansans has not been questioned for cleaning cement off restorations by an assistant. How can cleaning teeth be illegal and cleaning teeth of man-made debris be legal?? It calls to question what the law is really for or if semantics is the issue. (SEE ENCLOSURE 2 & 3)

As a dentist practicing in Leawood KS, we entrust all of our people to provide the best and safest care possible. Our assistants are unique individuals that often develop the skills on the job, in training programs, and in home study, etc. Once they have demonstrated the ability, I see no problem with scaling above the gumline and polishing teeth. It is the dentist's license that is at risk when an assistant provides PROPHYLAXIS care and the dentist should be responsible for assuring a PROPHYLAXIS has been performed appropriately.

Gratefully,

Christopher Rooney, D.D.S.

## ENCLOSURE I

## KEY TERMS:

PROPHYLAXIS: A dental procedure to prevent dental disease usually involving scaling above the gumline and polishing teeth.

SUPRAGINGIVAL: Anything above the gumline and what most of us brush everyday. Visible surfaces.

SUBGINGIVAL: Anything below gumline and requires significant skill and education to negotiate these regions with an instrument.

SCALING: The removal of tartar with a fine tipped metal instrument.

POLISHING: Removing stain and plaque with a mild abrasive paste or spray. Left in contact with teeth eventually forms tartar. Usually a soft rotating cup is wiped across the visible surfaces of teeth.

TARTAR=CALCULUS: A rich layer of bacteria attached firmly to the tooth that the toothbrush can't remove. Left in contact with gumtissue, dental disease can occur.

PREVENTIVE CARE: Any procedure/action to PREVENT the progression to a disease state. Brushing your teeth, brusing a toothpick, scaling visible tartar polishing are all preventive care actions.

ROOT PLANNING: Removal of toxins, calculus, and some tooth root structure to provide a disease free surfaces. A function requiring significant education and knowledge in anatomy to effectively and safely treat gum disease.

4

ENCLOSURE II

If I were to write the law: Dental assistants shall be allowed to remove visible accretions and stains from teeth. Then they could continue to remove cement from crowns and not be close to breaking the law. Also, the hygienists might not confuse this with what their job really is and lastly, the whole thing could not be a prophylaxis until the dentist has examined the patient engaged in professional counsel, and assured the PROPHYLAXIS is complete. The regions without hygienists could now see more people, prevent more disease, and the dentist could diagnose and treat those who do have a problem. Mrs. Jones would feel that the backs of her teeth were no-longer "fuzzy" and know she is able to clean them easily. Suzie Hygienist could be delivering important periodontal treatment, Dr. Health can enjoy providing better services for her patients, and legislatures would have a law that protects Kansans.



ENCLOSURE III

P.S. Here are some equally/more difficult skills we ask our assistants to do which also involve more risk: Remove cement from crowns and restorations (similar to removing tartar), remove and adjust implant hardware, polish prosthetics like dentures, connecting bars-very similar to polishing teeth, make temporary crowns and bridges, bleach and lighten teeth, take medical histories, and review changes.

Richelle J. Roy, D.D.S.  
2201 SW Westport Dr., Suite 400  
Topeka, KS 66614

February 3, 1998

To the Kansas Legislators:

One of the most important considerations of law is that it enables the citizens of that jurisdiction to work and live within its limits.

The enforcing arm of the dental profession is the Dental Board, composed of dentists, hygienists, and consumers appointed by Governor Graves. The legislature makes the laws concerning dentistry. On March 1, 1995, the attorney general interpreted a Kansas law pertaining to dentistry to mean that dental assistants cannot polish teeth. This procedure must be performed only by a licensed dentist or a licensed dental hygienist. The Kansas Dental Hygiene Association supports this ruling. Due to the attorney general's opinion, the Kansas Dental Board must now to enforce it.

**Why is this poor law? Because for every 10 dentists in the state of Kansas there are 6.7 hygienists.**

The public chooses a dentist they trust to diagnose and treat any dental disease. Then they see this dentist for cleaning, hoping the knowledge and advice gleaned from the dentist and office staff will help them maintain good dental health. **In every dental office the dentist is the only person liable for all treatment of any kind in that office.**

In the state of Kansas all dental assisting schools, including the state vo-tech schools, have taught polishing to dental assistants. Dentists, keeping their liability in mind, are able to train dental assistants in their office. In many offices a dental assistant polishes children's teeth as children rarely make hard deposits, requiring scaling to remove. If any deposits are present, the dentist can remove these in two to three minutes while doing an exam. In other offices the dental hygienist may remove hard deposits and the assistant polishes, enabling the hygienist to see more patients. **There are 793 full time equivalent hygienists in Kansas. Most hygienists are able to see eight to ten patients a day. The population of Kansas is 2,565,328 (1997 World Book Yearbook). Even cleaning patients' teeth once a year, which is not adequate nor advisable, still leaves 1/4 of the population without yearly cleaning. This means only 1/3 of all Kansans will have the privilege to obtain the ADA recommended six month cleaning unless this law changes.** If this law continues, the dental hygienist stands to benefit the most, purely from supply and demand.

The outcome is this: There is not enough hygienists in the State of Kansas. Dental assistants are a very valuable part of the dental team. **Kansas needs to allow dental assistants to polish teeth. They are trained to do so and this has been the standard of practice in the past. This allows Kansans accessibility to dental care at an affordable fee, particularly for those with the least political voice -- children.**

The United State has the finest dental service in the world. The dental profession, through outstanding stewardship and public education, is responsible for this excellent standard.

Consider the next time you, as a member of the public, have a toothache or accident. Do you want your dentist available to do the restorative and operative dentistry only a dentist can do or, due to a dental hygiene shortage, polishing teeth? Ouch! This law hurts us all. **Change is necessary, now.**

HOUSE HHS COMMITTEE  
Attachment 15  
2-3-98

FAMILY DENTISTRY