

Approved: 3-17-98  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 10, 1998 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Robin Kempf, Legislative Research Department  
Norman Furse, Revisor of Statutes  
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Kevin Robertson, Executive Director, Kansas Dental Association  
Dr. Chuck Squire, Periodontist, Wichita  
Dr. Ken Dillehay, KDA President, Wichita  
Yvette Mabe, RDH, Gardner  
Dr. Larry Hall, Dentist, Lyndon  
Cindy Venn, KDAA President-elect, Winfield  
Dr. Paul Kittle, Pedodontist, Leavenworth  
Melanie Mitchell, WATC Instructor, Wichita  
Dr. Nevin Waters, Dentist, Olathe  
Mary Costins, Dental Assistant, Wichita  
Dr. Estel Landreth, President, Dental Board, Wichita

Others attending: See attached list

**Approval of Minutes**

Senator Salmans made a motion to approve the Committee minutes of February 23 and 24, 1998, seconded by Senator Langworthy. The motion carried.

**Hearing on HB 2724 - Practice of dental hygiene**

Kevin Robertson, Kansas Dental Association, testified in support of HB 2724 which amends two of the statutes that are a part of the Dental Practices Act relating to the practice of dental hygienists and unlicensed persons employed by a dentist. The bill would allow dental hygienists to work in a dental office without a dentist on-site, and allow dental assistants to do some parts of a cleaning procedure under certain circumstances. Mr. Robertson outlined some of the provisions of the bill for the Committee as shown in his written testimony. (Attachment 1) The bill was necessitated because of an Attorney General's opinion that stated only a licensed dentist or hygienist could perform a "prophylaxis" or cleaning of the teeth.

The following conferees expressed their support for HB 2724 and provided written testimony for the Committee:

Dr. Chuck Squire, Periodontist, Wichita (See Attachment 2); Dr. Ken Dillehay, KDA President, Wichita (Attachment 3); Yvette Mabe, RDH, Gardner (Attachment 4); Dr. Larry Hall, Dentist, Lyndon (Attachment 5); Cindy Venn, KDAA President-elect, Winfield (Attachment 6); Dr. Paul Kittle, Pedodontist, Leavenworth (Attachment 7); Melanie Mitchell, WATC Instructor, Wichita (Attachment 8); Dr. Nevin Waters, Dentist, Olathe (Attachment 9); Mary Costins, Dental Assistant, Wichita (Attachment 10); and Dr. Estel Landreth, President, Kansas Dental Board, Wichita (Attachment 11) Proponents of the bill emphasized a shortage of dental hygienists in the state, a need for appropriate training for dental assistants, and a growing demand for preventive dental services by the consumer.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S  
Statehouse, at 10:00 a.m. on March 10, 1998.

Committee discussion related to differences between scaling and polishing of teeth that is allowed (or not allowed), new dental equipment and technology currently available in dental offices, educational time frame and type of training of a dental assistant, registry of persons trained as dental assistants, dental billing of patients by dentists, Attorney General's opinion relating to dentists and dental hygienists, and availability of dental hygienists in rural areas.

The Chair announced that opponents to HB 2724 will be heard at the next Committee meeting.

**Adjournment**

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

The next meeting is scheduled for March 11, 1998.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 3-10-98

NAME	REPRESENTING
Anne Spiess	Ks Dental Assoc
DAVID WIKSTEN	KS DENTAL ASSOC
<del>Kevin Lorentson</del>	<del>Ks Dental Assoc</del>
JK Bennett	KDA
Bhonda Riley	KDA Anita Murray-Clary DDS
Denise Van Sickle	KDA " " " " "
Yeral Ramirez Dental Asst	KDA " " " " "
Yvette Ramirez Dental Asst.	Anita C. Murray-Clary, DDS
Shelly Shaw Dental Asst	Anita C. Murray-Clary DDS
Kim (Wauterman) Dental Asst	Anita C. Murray-Clary DDS
Lucia Vinoco Dental Asst	Anita C. Murray-Clary DDS
Stacie (Wardner) Dental Asst.	Anita C. Murray-Clary DDS
Pam Brooks (aka mgr)	W Eugene Brooks DDS
Barbara Burkhardt	K.D.H.A
Mary Jo Nigg	KDHA
Kim Stabbe	JCC
Susan Hendley R.D.H.	JoCo
Cinderella Scott, RDH	KDHA
Paul Kille	Childrens Dentistry



# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 3-10-98

NAME	REPRESENTING
Lorraine Forgas	Self (opponent)
Valerie Blanco Johnson	Self (opposed HB 2724)
Rebecca Claunch	Self (opposed)
Dr Roger Gausman	Pediatric Dentistry Proponent
Dr. Glenn Melkus	Self (General Dentist) pro
Sharon Morrison	Dental Asst, RN - Staff - pro
Jennifer Roberts	self (opposed)
H. Edward Martin DDS	Self (FOR)
Jon W. Tittor DDS	SIA (KOA) - (for)
Keo, Douglas	Self. FOR
Markus Hall	Self. for
Carrie Bell Johnson	
M. J. Thayer DDS	Self - for
Heidi C. Bette DDS	self.
Ted J Maple DDS	self
Jim Yarnally	KOHA
Kelly D. Douglas	self (FOR)
Anita C. Murray Clary, DDS	self (FOR)





KANSAS DENTAL ASSOCIATION

March, 1998

To: All Members of the Kansas Senate

From: The Kansas Dental Association

Re: **HB 2724 Compromises**

On February 20, the full House passed HB 2724 on a vote of 76-45. The bill would allow dental hygienists to work in a dental office without a dentist on-site, and, allows dental assistants to do some parts of a cleaning procedure under certain circumstances.

As amended, HB 2724 addresses all the concerns expressed by dental hygienists with regard to employment, quality of care, and patient protection. As amended HB 2724 does the following:

1. Allows dental hygienists to work under "general" supervision in the dental office, however, it would only allow hygienists to administer local anesthesia under the direct supervision of a dentist;
2. Allows dental assistants to polish and scale teeth above the gumline (the visible parts of the teeth) under the direct on-site supervision of a dentist on patients who are NOT anesthetized -- *dental assistants can already polish and scale teeth legally as long as the procedure is not considered to be part of a cleaning (i.e. polishing fillings, scaling cement after orthodontic appliances are removed, etc.);*
3. Requires dental assistants to complete an approved course of instruction which includes training in scaling, polishing, and the recognition of periodontal disease prior to performing such procedures;
4. Requires a dentist or dental hygienist to complete any cleaning procedure involving a dental assistant;
5. Requires all dental offices to post a notice as to what dental procedures persons can perform in the office;
6. Requires all dental personnel to wear nametags identifying them and their appropriate title to inform patients which level of personnel is attending to them;
7. Requires the Kansas Dental Board to develop a brochure outlining the education requirements and scope of practice of dental personnel for distribution at dental offices;
8. Requires the Kansas Dental Board to keep a registry of all persons having completed the education requirements for polishing and scaling procedures;
9. Designates persons having completed the education and training requirements to be known as preventive dental assistants;
10. Provides immunity to the Kansas Dental Hygienists' Association for any complaints it may file with the Kansas Dental Board, and;
11. Requires the Kansas Board of Education and Board of Regents to report to the legislature prior to the 1999 Session on their efforts to increase the number of dental hygienists trained in Kansas.

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

Senate Public Health & Welfare  
Date: 3-10-98  
Attachment No. 1

Including Dental Implants  
and Oral Medicine

555 N. Carriage Parkway  
Wichita, Kansas 67208 • (316) 683-2525

March 10, 1998

Testimony for the Senate Public Health and Welfare Committee

**RE: H.B. 2724 Pertaining to General Supervision of Dental Hygienists and  
the Practice of Dental Hygiene**

Chairperson Praeger 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 since the early 1970s.

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. Just as the sophistication and complexity of dental care in general has advanced, so to has the need increased for well-trained dental hygienists to deliver more sophisticated and technical dental hygiene services that are well beyond simple scaling and polishing.

As referred to in this bill, **general supervision** simply means that licensed, 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.

This bill will expand the attractiveness of dental hygiene as a career. People who choose dental hygiene as a career will find it increasingly more rewarding as they continue to expand into the areas of periodontal disease therapy, implant maintenance therapy and advanced adjunctive services such as nutritional counseling and smoking cessation programs.

Senate Public Health & Welfare  
Date: 3-10-98  
Attachment No. 2

As increasing numbers of our population move into their fifties and sixties, the need for registered dental hygiene services will increase dramatically.

A qualified dental hygienist, working under the auspices of **general supervision** will increase the access and quality of dental care which can be provided to the increasing nursing home population in Kansas. This kind of health service is desperately needed now and it is ideally suited for delivery by dental hygienists.

Concerning the issues of health 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 dental hygiene services. The dentist is always responsible for the quality of care ethically, morally and legally. Dentistry's principles of ethics dictate that both the dentists and the dental hygienists mutually agree that the hygienists possess the knowledge, skill and judgment to treat patients under **general supervision**. It is important to note that this bill will now allow a trained, certified, licensed dental hygienist to administer local anesthesia only under direct supervision. There is no evidence that professional liability insurance rates are affected by **general supervision**.

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 is not possible for the supervising dentist to be present in the treatment facility. Particularly in underserved areas of our state, this would expand the access to dental care. The Kansas Dental Association, through the efforts of Dr. Roger Rupp, has been the catalyst for the formation of a new School of Dental Hygiene through a collaborative venture at Colby Community College and the distant learning facilities of a hygiene school in the state of Wisconsin. The first class for this new school is to be admitted in the Fall of 1998.

We are fortunate in Kansas to have visionaries in our 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 our Dental Practice 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. I thank you for this opportunity to speak to you and I welcome your questions.



Senator Praeger and members of the committee:

My name is Ken Dillehay. As president of the Kansas Dental Association, I am pleased to be here today to strongly support the passage of HB 2724 in its current form.

The current law, which governs who can provide any part of a dental cleaning, has not been amended since 1943. During the past 50 years, dentistry has changed a great deal. Prior dental boards have adopted different interpretations, which allowed dental assistants to provide parts of the dental cleaning procedure. In March of 1995, the Attorney General's opinion, 95-29, stated that those, not licensed, could not perform any part of a procedure or dental operation reserved by the legislature to those licensed to perform them.

For several years of trying unsuccessfully to get Kansas dental hygiene programs to increase enrollment. We were also unsuccessful in getting those same Kansas schools to help with long distance dental hygiene education for Western Kansas. So, the Kansas Dental Association was forced to go out of state and spend its own money to facilitate the Wisconsin long-distance education program. Additionally, an ad hoc committee, made up of the leadership from the hygiene, assistant, and dental associations along with members of the Kansas Dental Board, met several times, beginning last May. During those frequent meetings, all parties exhibited tremendous work and cooperation.

Senate Public Health & Welfare  
Date: 3-10-98  
Attachment No. 3

Through compromise, we were able to develop an education and training program for dental assistants to perform portions of the dental cleaning procedures. Unfortunately, the hygiene association at-large did not endorse this proposal.

With dentistry's success in disease prevention and early diagnosis, tooth decay in children has decreased 50% from 1971-1991, and the number of folks wearing dentures has decreased 50% in the past 30 years. This boils down to more folks living longer with more teeth. The demand for tooth cleaning visits has increased 125% from 1983-1993 and this trend continues to expand rapidly. We need your help to allow us to increase the access to dental care for the citizens of Kansas.

The dental assistant, training program, developed by the ad hoc committee, required community-based education, in-office training, and a focus on results. The House has taken this concept, improved it, reached additional compromise, and passed it. Our association appreciates their hard work on a difficult subject and now we look to you to allow us to provide continued and improved access to quality, preventive, and therapeutic dental care. We assure you that we intend to use appropriate training and education, as set forth in the current bill, and we will work with the Kansas Dental Board to insure the continued safe delivery of dental care to the citizens of Kansas. Our primary concern is the health and welfare of **our** patients, and we also understand that it is **our** ultimate liability and **our** responsibility.

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

Ken Dillehay, D.D.S.



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**KANSAS DENTAL ASSOCIATION  
KANSAS DENTAL ASSISTANTS ASSOCIATION  
KANSAS DENTAL HYGIENISTS' ASSOCIATION  
KANSAS DENTAL BOARD**

**Report of the  
Ad Hoc Committee on Expanded Hygiene Dental Assistants and General Supervision**

This report is presented to the members of the Kansas Dental Association, Kansas Dental Assistants Association, Kansas Dental Hygienists' Association, and the Kansas Dental Board by the Ad Hoc Committee on Expanded Hygiene Dental Assistants and General Supervision. The Committee recommendations are based on discussion and negotiations over six meetings with representatives of the Kansas Dental Hygienists' Association, the Kansas Dental Assistants Association, and the Kansas Dental Board. Unlimited time was spent outside the meetings by individual committee members and staff researching information to assist the Committee with its efforts.

**Ad Hoc Committee Members:**

*Kansas Dental Association*

J. Kendall Dillehay, DDS  
R. Wayne Thompson, DDS  
Ronald Ingram, DDS

*Kansas Dental Assistants Association*

Shelley Douglas, CDA  
Janey Purcell, CDA  
Melanie Mitchell, CDA

*Kansas Dental Hygienists' Association*

Barbara Burkindine, RDH  
Denise Maus, RDH  
Mary Jo Nigg, RDH

*Kansas Dental Board*

Estel Landreth, DDS  
Kelly Douglass, DDS  
Nick Rogers, DDS  
Patricia Seery, RDH

*KDA Staff*

Kevin Robertson, CAE

**Expanded Committee Members**

Larry Kutina, DDS  
David Bowman, DDS  
Michael Reynolds, DDS (did not attend)

Nancy Callaway, CDA  
Donetta Godsey, CDA  
Janet Fisher, CDA

Barbara Zillner, RDH  
Maureen Olson, RDH  
Karen Conrey, RDH

Dan Minnis, DDS  
Phil Zivnuska, DDS  
Tom Barlow, DDS  
Sharon Sue Harvey, RDH

## ORGANIZATION

It was determined at an initial meeting with representatives of KDA, KDAA, and KDHA that three members from each organization and the members of the Kansas Dental Board would comprise the members of the Ad Hoc Committee. It was further thought that the Committee would be expanded at a later date after fundamental agreements had been reached with the smaller group of participants.

The elected presidents of KDA, KDAA, and KDHA each appointed their initial three association members of the Ad Hoc Committee. The members are listed on page one of this document.

Following meetings on Saturday, May 31 and Sunday June 8, it was determined the Committee membership should be expanded to give more dental professionals an active role in formulating the final proposal. The expanded committee would act as a "sounding board" to hear and review the proposal prior to unveiling it to the dental community as a whole. Revisions to the plan would be considered if opposition to its various components were expressed. The Committee's expansion was accomplished by each member inviting one additional participant from outside his/her geographic area of the state to participate. It was also suggested these additional Committee members should bring a variety of opinions regarding the proposal that was taking shape. A list of the Ad Hoc Committee membership, including those comprising the "expanded" committee, can be found on page one.

## THE MEETINGS

Meetings with the initial Ad Hoc Committee members were held on Saturday, May 31 in Emporia, Sunday June 8 in Emporia, Friday, July 18 in Topeka, and Saturday, July 19 in Overland Park. The expanded Ad Hoc Committee met on Saturday, July 19 in Overland Park.

### Friday, May 31

The first meeting of the Ad Hoc Committee was held at the Ramada Inn Hotel in Emporia, Kansas. The following members of the Committee were present:

#### *KDA Representatives*

J. Kendall Dillehay, DDS  
R. Wayne Thompson, DDS  
Ronald Ingram, DDS

#### *KDAA Representatives*

Shelley Douglas, CDA  
Janey Purcell, CDA  
Melanie Mitchell, CDA

#### *KDHA Representatives*

Barbara Burkindine, RDH  
Denise Maus, RDH  
Mary Jo Nigg, RDH

#### *Kansas Dental Board Representatives*

Estel Landreth, DDS  
Kelly Douglass, DDS  
Nick Rogers, DDS

#### *KDA Staff*

Kevin Robertson, CAE

Each member of the Committee introduced themselves and general rules were set to facilitate an open sharing of ideas. The rules were:

- Don't solve problems before they're identified
- Equal time for all participants
- There are no bad/dumb questions or comments

The real work of the Committee consisted of creating a problem statement, compiling a list of facts, and compiling a list of obstacles to solving the problem (both documented and undocumented). Members of the Committee were responsible for finding a source to confirm facts that were presented.

Though the first day of meeting resulted in a tremendous amount of work, no agreements were reached on what might be a final solution to the problem. It was determined that the Committee would meet again on Sunday, June 8.



## Sunday, June 8

The Sunday, June 8 meeting was held in Emporia at the Best Western Hospitality House Motel. Designed to put a training/education/testing/duties plan for preventive dental assistants on paper, the 1:30 – 6:00 P.M. meeting accomplished the basic goals that had been set forth. At this meeting the position title *preventive dental assistant* was dropped in favor of *expanded dental hygiene assistant*. The following members were present at the meeting:

### *KDA Representatives*

J. Kendall Dillehay, DDS  
R. Wayne Thompson, DDS  
Ronald Ingram, DDS

### *KDAA Representatives*

Shelley Douglas, CDA  
Janey Purcell, CDA  
Melanie Mitchell, CDA

### *KDHA Representatives*

Barbara Burkindine, RDH  
Denise Maus, RDH  
Mary Jo Nigg, RDH

### *Kansas Dental Board Representatives*

Estel Landreth, DDS  
Kelly Douglass, DDS  
Nick Rogers, DDS

### *KDA Staff*

Kevin Robertson, CAE

At the meeting it was also determined that the next meeting of the Ad Hoc Committee would be Friday, July 18 in Topeka. The purpose of this meeting was established to review the documents that had thus far been prepared prior to the July 19 meeting of the expanded Ad Hoc Committee in Overland Park. Staff was also directed to invite Valerie Blanco and Jim Mixson, DMD to the July 19 meeting to discuss access of the elderly to dental care.

## Friday, July 18

The meeting of the Ad Hoc Committee was held at the offices of the Kansas Dental Association in Topeka. The following members of the Committee were present:

### *KDA Representatives*

J. Kendall Dillehay, DDS  
R. Wayne Thompson, DDS  
Ronald Ingram, DDS

### *KDAA Representatives*

Shelley Douglas, CDA  
Janey Purcell, CDA  
Melanie Mitchell, CDA

### *KDHA Representatives*

Barbara Burkindine, RDH  
Denise Maus, RDH  
Mary Jo Nigg, RDH

*Kansas Dental Board Representatives*

Estel Landreth, DDS  
Kelly Douglass, DDS  
Nick Rogers, DDS  
Patricia Seery, RDH

*KDA Staff*

Kevin Robertson, CAE

At this meeting the obstacles and recommendations that had been formulated were reviewed. The KDHA representatives were particularly concerned that general supervision, by itself, was not a large enough inducement to garner support for the overall proposal by the hygiene community. With this in mind, the proposal was amended after lengthy discussion and negotiation to restructure the Kansas Dental Board to expand its membership and provide for a dentist and hygienist subcommittee. Changes in the course of instruction were also made.

Also at this meeting, the decision to recognize dental assisting in statute was agreed upon.

**Saturday, July 19**

The "expanded" ad hoc committee met on Saturday, July 19 at the DoubleTree Hotel in Overland Park. The participants were as follows:

**Ad Hoc Committee Members:**

*Kansas Dental Association*

J. Kendall Dillehay, DDS  
R. Wayne Thompson, DDS  
Ronald Ingram, DDS

*Kansas Dental Assistants Association*

Shelley Douglas, CDA  
Janey Purcell, CDA  
Melanie Mitchell, CDA

*Kansas Dental Hygienists' Association*

Barbara Burkindine, RDH  
Denise Maus, RDH  
Mary Jo Nigg, RDH

*Kansas Dental Board*

Estel Landreth, DDS  
Kelly Douglass, DDS  
Nick Rogers, DDS  
Patricia Seery, RDH

*KDA Staff*

Kevin Robertson, CAE

**Expanded Committee Members**

Larry Kutina, DDS  
David Bowman, DDS

Nancy Callaway, CDA  
Donetta Godsey, CDA  
Janet Fisher, CDA

Barbara Zillner, RDH  
Maureen Olson, RDH  
Karen Conrey, RDH

Dan Minnis, DDS  
Phil Zivnuska, DDS  
Tom Barlow, DDS  
Sharon Sue Harvey, RDH

The new members were briefed on the initial proceedings of the Committee. The recommendations were fully reviewed and discussed. Through discussion changes were made to the document that clarified the intent of the Ad Hoc Committee as well as a change in the name to *Expanded Hygiene Dental Assistant*.

Dr. Jim Mixson, UMKC, presented a 1 1/2 hour presentation on elderly care and his concerns regarding access to care.

## **Saturday, July 18**

Following the meeting of the "Expanded" Ad Hoc committee, the initial members reconvened at the DoubleTree Hotel in Overland Park with the following members present:

### *KDA Representatives*

J. Kendall Dillehay, DDS  
R. Wayne Thompson, DDS  
Ronald Ingram, DDS

### *KDAA Representatives*

Shelley Douglas, CDA  
Janey Purcell, CDA  
Melanie Mitchell, CDA

### *KDHA Representatives*

Barbara Burkindine, RDH  
Denise Maus, RDH  
Mary Jo Nigg, RDH

### *Kansas Dental Board Representatives*

Estel Landreth, DDS  
Kelly Douglass, DDS  
Nick Rogers, DDS  
Patricia Seery, RDH

### *KDA Staff*

Kevin Robertson, CAE

The Ad Hoc Committee drafted a resolution to be carried to all four organizations and approved by their membership binding each organization to the final recommendation. It was determined that each organization should work to gain support of the resolution by their membership by September 1 in order to allow time for a draft of the legislative bill and rules and regulation to take place for review prior to November.

## **Sunday, September 7**

The meeting of the "initial" members of the Ad Hoc Committee was held at the Ramada Inn, Emporia on Sunday, Sept.7 at 5:30 P.M. with the following members present:

### *KDA Representatives*

J. Kendall Dillehay, DDS  
R. Wayne Thompson, DDS  
Ronald Ingram, DDS

### *KDAA Representatives*

Shelley Douglas, CDA  
Janey Purcell, CDA  
Melanie Mitchell, CDA

### *KDHA Representatives*

Barbara Burkindine, RDH  
Denise Maus, RDH  
Mary Jo Nigg, RDH



*Kansas Dental Board Representative*  
Patricia Seery, RDH

*KDA Staff*  
Kevin Robertson, CAE

The Ad Hoc Committee members had all received input from their respective memberships since the July 19 meetings, and, this meeting was intended to update all Ad Hoc members as to their positions. The Ad Hoc members discussed the items in the proposal that their organizations could support, could not support, and could support if changed in some way. There was agreement reached to make minor modifications in the document by removing the duty and training of dental sealants for an EHDA as dental assistants can currently perform this task. Also, changes to the report were agreed upon to adjust the experience criteria for a dental assistant entering the EHDA training program to "three years dental chairside experience in the previous five years."

With regard to other discussions, it became evident that no agreement could be reached regarding an EHDA's ability to supragingivally scale, general supervision, or the composition of the Kansas Dental Board. An effort was made to reach an agreement to allow dental assistants to coronal polish without additional training and/ education, however, no consensus was agreed upon.

Though an intense effort was made to reach an agreement among the KDA, KDHA, KDAA, and the Kansas Dental Board throughout the summer to help resolve Kansas' dental manpower and access to care issues, this report has not been ratified by all parties involved. The agreement was, however, ratified in its entirety by both the Kansas Dental Board and the Kansas Dental Assistants Association.

The meeting was adjourned with no plans to continue meeting with the Ad Hoc Committee.

## PROBLEM STATEMENT

*“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.”*

## FACTS

*Presented by the Ad Hoc Committee on Preventive Dental Assistants*

### Legal

In 1988, 33% of dental assistants in Kansas were polishing coronal surfaces daily. Currently, unlicensed persons continue to perform dental procedures unlawfully.

- Source: 1988 KDAA Survey/1995 KDA DIG Tour

It is difficult to practice legally under current Kansas statutes due to their ambiguity and the shortage of personnel.

- Source: 1995 KDA DIG Tour

25 states (50%) allow dental assistants to perform coronal polishing.

- Source: 1995 ADA Survey of Legal Provisions

General supervision of dental hygienists has become more accepted across the U.S. despite ADA policy opposing it. Thirty-two states (64%) allow general supervision of the dental office, and 44 states (88%) allow general supervision in the dental office or in another location.

- Source: ADA Policy (1988:462 and 1987:514)/ADHA

Current Kansas dental statutes enacted in 1943 reflect that a prophylaxis can only be performed by licensed dental persons.

- Source: KSA 65-1423

The Kansas Dental Board has received no formal complaints from patients regarding unlicensed persons providing preventive care.

- Source: Kansas Dental Board

1996 SB 625, allowing dental hygienists to work in adult care homes, etc. under general supervision, sunsets on July 1, 1998.

- Source: KSA 65-1456

General supervision will not affect liability insurance,

- Source: ADHA

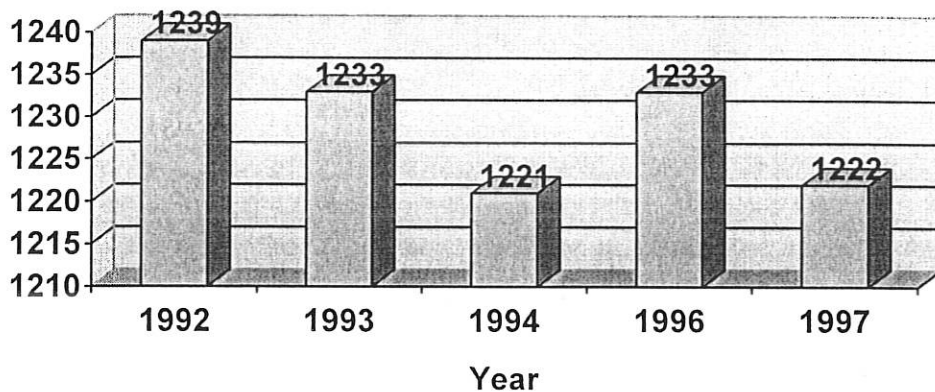
## Manpower

There is a shortage of educated dental professionals in Kansas as 38 counties have no hygienist and 13 counties have no dentist.

- Source: 1995 ADA Dental Practice Survey

The number of dentists practicing in Kansas has declined over the past six years, and is expected to continue into the foreseeable future.

### Dentists Working in Kansas (92-97)



- Source: Kansas Dental Board/1997 ADA Age Statistics of Kansas Dentists

A hygienist working under general supervision will increase access to, and the amount of care provided to the population. (i.e. employed in a nursing home).

- Source: ADHA

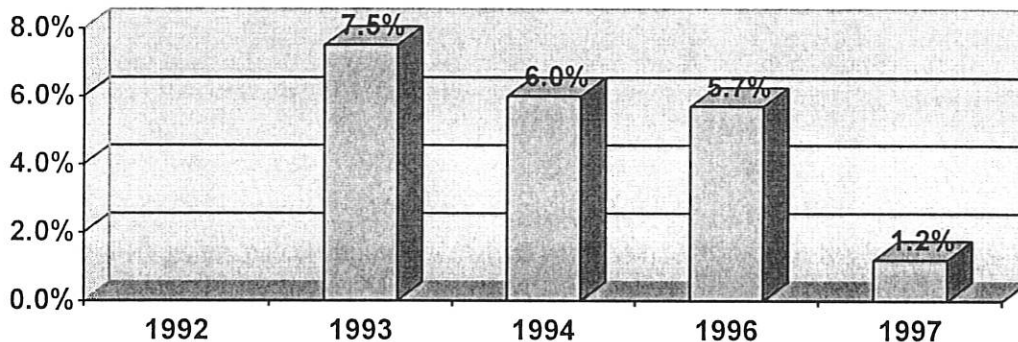
There is a relatively short practice life of dental assistants and hygienists. Nationwide, the average experience for assistants is 9.4 years, and 13.1 years for hygienists.

- Source: 1994 ADA Practice Survey.

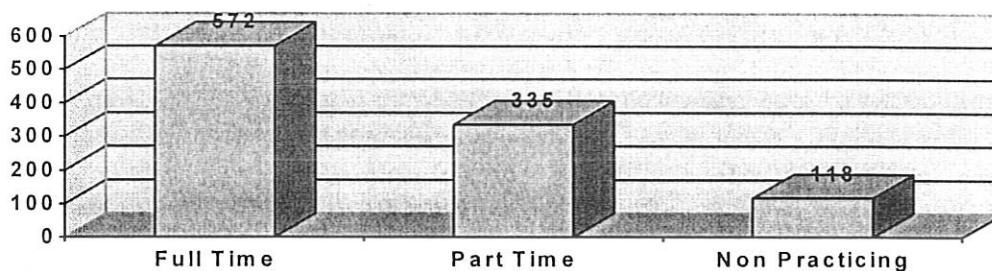
The percent increase in the number of registered hygienist working Kansas has decreased each of the past six years.

- Source: Kansas Dental Board

**Increase in Number of Hygienists (1992-1997)**



**Hygienists Working in Kansas (1997)**



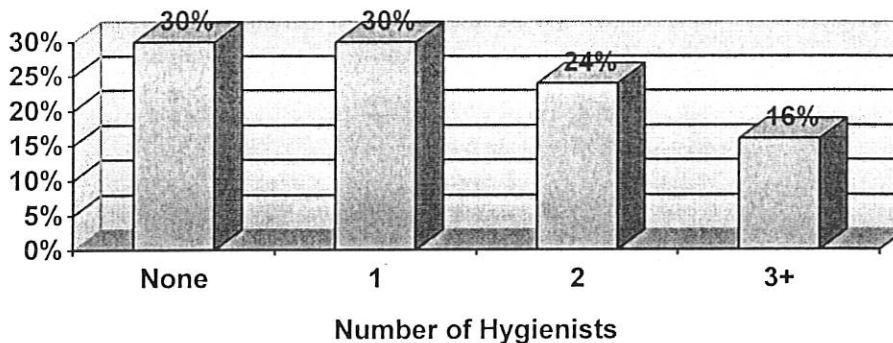
11.5% of registered dental hygienists in Kansas are not practicing in 1997.

- Source: Kansas Dental Board

30% of general practice dentists do not employ a registered hygienist.

- Source: 1995 ADA Dental Practice Survey

**Number of RDH Employed by General Practice Dentists**



3-14

Kansas does not have a dental school.

- Source: Common knowledge

**Public**

There is a general lack of knowledge and education on behalf of general public regarding oral health.

- Source: Blanco

Nursing home administrators and personnel need to be better educated regarding oral health instruction to residence.

- Source: SCD, Vol. 16, No 2, 1996/KAR 28-39-159



## RECOMMENDATIONS

The Ad Hoc Committee on Expanded Hygiene Dental Assistants and General Supervision recommends that Kansas statutes be amended and administrative rules and regulations developed to:

1. establish a new dental auxiliary known as an Expanded Hygiene Dental Assistant (EHDA) to supragingivally scale and polish above the gumline;
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;
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;
4. Recognize the vocation of dental assisting, defined as an unlicensed person working in the dental office.

## EXPANDED HYGIENE DENTAL ASSISTANT

The purpose of the Expanded Hygiene Dental Assistant (EHDA) is to increase the access to dental care using appropriately trained and educated personnel and developing an enforceable Kansas law to insure safe delivery of dental care.

### Duties and Responsibilities

The duties and responsibilities of the EHDA, with regard to providing a portion of a prophylaxis, include the following:

1. Supragingival scaling - the removal of plaque, calculus, and stain above the gumline;
2. Coronal polishing;
3. Radiography;
4. Oral hygiene instruction;
5. Topical fluoride application;
6. Recognition of the causative factors of decay and understand their relationship to nutrition;
7. Understand what periodontal disease is and its progression;
8. Obtaining an accurate medical and dental history;
9. Accurate charting of the oral cavity;
10. Sterilization and infection controls;
11. Must maintain current CPR certification;
12. Communication skills;
13. Understanding plaque, stain, and calculus formation;
14. Risk management, legal / ethical issues, and what care an EHDA can legally provide.
15. An EHDA may NOT treat patients who are under local anesthesia, and;
16. An EHDA may only perform the above duties under DIRECT or INDIRECT supervision.

## Training

### Prerequisites for Admittance

The prerequisites for admission into an EHDA training course are as follows:

1. The applicant must have completed an ADA accredited dental assisting program with the granting of a CDA certificate and six months of chairside dental experience, OR
2. Two years of chairside dental assisting experience and a CDA certificate, OR
3. Three years of previous chairside dental assisting experience within the past five years.
4. The doctor and assistant must complete an orientation course to understand their respective responsibilities, the expectations of the course, and the course content. This orientation course needs to be taken once only.
5. The sponsoring doctor, who may be different than the employing doctor, must complete a participation course *to learn* the standards of instructing for the internship portion of the training program. The sponsoring doctor must understand current periodontal therapy and instrumentation used in the internship portion of the training course and agree to competency testing for the EHDA trainee at specific intervals. The law, restrictions, and job responsibilities will also be explained. This course needs to be taken once only and may be provided at the KDA annual meeting.

### Limitations of Program

The number of participants shall be limited by the physical classroom and laboratory space available. The number of Kansas Dental Board approved sites at area technical and community colleges will also limit the number of participants. The student/teacher ratio will need to comply with the ADA accreditation guidelines for dental assisting programs.

The cost of the training program will vary by location depending on the need for new or additional equipment and instructors. It is believed that the area vocational-technical colleges can use the existing state funding formula which pays tuition on an 85% (state) to 15% (student) ratio. The training program must be revenue producing for the institution. The overall cost will be significantly reduced by providing the internship portion of the course in dental offices.

The training program must not interrupt the sponsoring dentist's practice and should not interrupt the assistant's ability to earn a full time income.

All prospective EHDAs must have completed a certified course on CPR prior to admittance in the EHDA program.

### Course Content

The course content is divided into didactic/laboratory and internship/clinical portions. The didactic portion is to be provided at a Kansas Dental Board approved site per (yet to be developed) rules and regulations. The internship portion of training is to begin after successful completion of the didactic portion, and is to be completed in the sponsoring dentist's dental practice with specified competency testing under DIRECT supervision. The internship portion of the training program must be completed within one year after successful completion of the didactic portion. The course content and hours required to complete the didactic portion of the training program is outlined first.

<b>DIDACTIC COURSE</b>	<b>HOURS</b>
Dental and gingival anatomy and morphology	4
Causative factors of dental caries	2
Nutrition	2
Periodontal disease understanding, recognition, and treatment	6
Dental plaque, stain, and calculus formation	3
Obtaining an accurate dental and medical history	2
Accurate charting of the conditions in the oral cavity	2
Sterilization and infection control	3
Oral hygiene instruction (emphasis on technique, products, and devices)	3
Radiography (emphasis on radiation theory, practical application, and safety)	4
Topical fluoride application	1
Communication skills (emphasis on listening and body language)	4
Instrumentation (position, sharpening, use of a fulcrum, and instrument use)	14
Supragingival scaling (with laboratory practice using hand and ultrasonic devices)	32
Coronal polishing (includes laboratory practice)	5
Risk management (legal and ethical issues and specifies what they can do legally)	3
<b>TOTAL</b>	<b>90 Hours</b>

### **Internship**

The length of the internship portion of the training course is 600 hours (approximately six months). The internship portion of training is to be completed in the sponsoring dentist's dental practice under DIRECT supervision after successful completion of the didactic portion of the program. Competency testing will be required at specified intervals throughout the 600-hour internship. The internship portion of the program must be completed within one year after the successful completion of the didactic portion.

After the initial 200 hours of clinical practice, the sponsoring doctor and EHDA trainee must bring a patient to a designated location and allow the EHDA trainee to demonstrate their competency to an examining committee composed of a dentist, educator and hygienist. The sponsoring dentist must attend. The purpose of this interim evaluation is to monitor their progress and create feedback. If the EHDA trainee can demonstrate competence, then no further evaluations shall be necessary until the final evaluation after the completion of 600 hours of clinical practice. An evaluation after 400 hours of clinical practice is required for those EHDA trainees who cannot demonstrate competence at the 200 hour evaluation. An evaluation at 400 hours of clinical internship will also be available to those EHDA trainees, at their choice, who have successfully demonstrated competence at the 200-hour evaluation. Should someone not successfully demonstrate competence at the final evaluation, they shall be allowed to be reevaluated at the next evaluation, and as many times as needed within the one-year time frame. Should someone not successfully demonstrate competence within one year following the completion of the didactic portion of the training program, they may reapply, and if accepted, repeat the entire training program along with their sponsoring doctor.

## Enforcement

The following provisions on the EHDA program are imposed to aid in the enforcement of the expanded hygiene duties by Expanded Hygiene Dental Assistants. These include:

1. A current register shall be kept by the Kansas Dental Board of individuals that have successfully completed the EHDA training course;
2. A list shall be kept by the Kansas Dental Board of dentists that have completed the participation course to enable them to become a sponsoring dentist;
3. Expanded Hygiene Dental Assistants shall have to notify the Kansas Dental Board of the names and locations of all employers within 30 days of employment;
4. The employing office shall display evidence of EHDA course completion;
5. Continuing education may be required and records kept in the employing office for review by the Kansas Dental Board upon request (determined by the Dental Board and specified in rules and regulations);
6. Kansas Dental Board members or their representatives shall visit offices, and interview staff to ensure that the EHDA course completion certificate is displayed, determine if practicing EHDAs are on record with the Kansas Dental Board as practicing in this location, and observe the duties being performed by dental personnel;
7. The employing doctor is responsible for inquiring from the Kansas Dental Board if the EHDA has actually completed all parts of the approved EHDA course;
8. The Kansas Dental Board shall develop a plaque detailing who in the dental office is allowed to provide which hygiene services. It shall be displayed in a conspicuous place for public viewing in all dental offices to enhance public safety.
9. Disciplinary action shall be developed by the Kansas Dental Board to enforce the allowable duties of dental personnel. Penalties shall be set forth in either statute or rules and regulations.

## GENERAL SUPERVISION

Amend Kansas statutes to allow dental hygienists to practice under general supervision as outlined below:

### Components

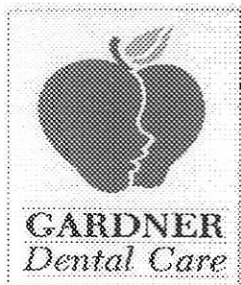
1. General supervision will not allow dental hygienists to practice independent of a supervising dentist;
2. The dental hygienist, by mutual agreement with the supervising dentist, has the option to practice under general supervision, including the administration of local anesthesia;
3. Dental hygienists, working under general supervision, must maintain current CPR certification;
4. The supervising dentist diagnoses and prescribes the work to be completed on patients of record and delegates this work to licensed personnel. These delegated duties, to the dental hygienist, may be completed without the dentist being physically present while the work is being done;
5. All patients shall be examined by the supervising, licensed dentist within 12 months prior to treatment by a dental hygienist under general supervision;

## KANSAS DENTAL BOARD STRUCTURE

Amend Kansas statutes to restructure the Kansas Dental Board as follows:

1. The Kansas Dental Board shall be composed of three dentists, two hygienists, one dental assistant, and one consumer.
2. Two subcommittees, one composed of the Board member dentists and the other composed of Board member dental hygienists, shall meet to focus on the specific issues of their professions.





Testimony for House Bill 2724

Thank you for allowing me the opportunity to be with you today and voice my position in support of House Bill 2724, a bill 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 6 1/2 years. I have worked full time only 3 of the 6 1/2 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?

Last week, my husband interviewed three hygienists and their situations were similar to those which I have already explained. One hygienist wanted to work until June first and then take the entire summer of to be home with her children. When school started she only wanted to work two days a week. Another hygienist could only work two days a week from 9:00 to 3:00. The third hygienist only wanted to work Monday, Wednesday and Friday on a substitution-only basis. May I add that the doctor, the scheduling coordinator, the financial coordinator and the dental assistants all work Monday - Thursday, 8:00-5:00.

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

Dear Senator:

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**

4-3

What she 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 within the past 12 months would eliminate many of these obvious inconveniences without jeopardizing the health or safety of the patients.

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

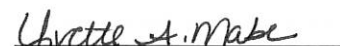
In recent weeks and months I have been contacting friends, alumni and colleagues who are licensed to practice dental hygiene in the state of Kansas. I have been amazed at the number of RDH's that are voluntarily unemployed. They are choosing to stay home with children or pursue other interests. The Kansas 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,

  
Paul D. Mabe, DDS

  
Yvette A. Mabe, BS RDH

Madam chair and Committee members:

Good morning. I am Dr. Lawrence B. Hall from Lyndon, Kansas, population 1100, where I have practiced for 35 years.

4 out of 5 dentists in Osage County, have not had a full time hygienists in 1997; therefore, we cannot legally serve our patients appropriately. We have sent our children to hygiene school and they cannot afford to return to the small town. I have personally encouraged at least 3 of my patients to attend hygiene school and none have returned to a small community.

The hygienists, who work in my office, work part time. They work at their full time jobs in the larger city, then on their day off, commute to Osage County.

At this time, I must clean all of my patient's teeth. I need help with the simple parts of that job. This bill will allow dental assistants to help me clean the most visible parts of the teeth.

I am proud of the job that I, and other Osage County dentists, do. It is a matter of high ethics, high trust and quality control; and my roll as the dentist to be responsible. I would never allow anything detrimental to happen to my patients in my office! **I am insulted by the hygienists' argument that quality of care would suffer if my career dental assistant and I, work together to clean a patient's teeth.** After the hygienist has spent most of an hour cleaning a patient's teeth, I check every patient, and finish every tooth cleaning with a thorough dental exam. I actively "touch up" with my own hands, what needs attention, to deliver a thorough 'first rate' cleaning. This bill reinforces this procedure in all dental offices.

The constant, whether I have a hygienist or a career dental assistant help me clean people's teeth is a high quality service. The only variable is the amount of time that I have to dedicate to that service! I need more time to help my patients needing more critical tasks! I need for my career dental assistants to be able to assist me with the simple parts of cleaning people's teeth. They can handle the most visible and most accessible dental plaque, light deposits, and stains on teeth!

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. HB 2724 bill does not change that, in fact it reinforces that, and makes the hygienists' jobs more secure! With this bill, they are like me, available to do the more critical tasks for our patients!

Licensed dental hygienists will never dependably be available to smaller communities! It will never happen. Passage of HB 2724 is a simple matter of survival for small town doctors!



# KANSAS DENTAL ASSISTANTS ASSOCIATION

The Kansas Dental Assistants Association is in support of House Bill 2724 that would change the Dental Practice Act to allow experienced dental assistants to clean debris from above the gumline and polish teeth providing there is proper education and training. Dental assistants under the direct supervision and direction of the employing dentist can routinely perform many functions including: restorative procedures, orthodontic procedures, expose and process x-rays, record taking and infection control.

Since its founding the KDAA has maintained a history of developing and promoting the educational preparation of dental assistants, thus supporting the delivery of the highest quality of dental care. As we prepare to enter the 21st century the KDAA must be proactive in preparing dental assistants to meet the challenges encountered by members of the dental health care team in the future delivery of quality dental health care.

Dental assistants will not displace hygienists but instead provide additional access to care for Kansas citizens where there is a shortage of dental hygienists. These cleaning procedures will be performed only as a component of the patients treatment not the complete treatment.

Experienced dental assistants want to increase their knowledge and skills in an effort to provide quality care to patients. The KDAA supports the constant and continuing education of all dental assistants in their effort to do this.

Testimony of Dr. Paul Kittle  
Senate Public Health and Welfare Committee  
HB 2724  
March 10, 1998

Senator Praeger and distinguished members of the Committee:

Good morning. My name is Paul Kittle and I am a specialist in children's dentistry from Leavenworth. I am here today to ask for your support in favor of the proposal before you, **especially since it significantly impacts children.**

By way of background, I am a retired U.S. Army full Colonel. I practiced 20 years of children's dentistry in the Army. Most recently, I just completed a 3-year term as a national Trustee for my professional organization, the American Academy of Pediatric Dentistry. I am 1 of only 1000 Board Certified Pediatric Dentists in the United States, 1 of only 6 here in Kansas, and I directed the Army's graduate program in pediatric dentistry. I am extremely involved in being an advocate for children!

I have 2 objectives in speaking to you.

- 1) to tell you of my experiences with trained military dental personnel
- 2) to explain to you how important this legislation is to children

The military services, as well as the Public Health Service, utilize preventive dental assistants. The Army has had an active program for years to train dental assistants to perform some of the duties of a hygienist; these dental assistants are trained to polish and scale the visible parts of the tooth at a course in San Antonio. These soldiers do an excellent job and allow the dentists and hygienists to tackle the more difficult and demanding hygiene cases. These personnel are being utilized at Fort Leavenworth, today, as we speak.

What is this issue all about?

It is about who is going to scale and polish the parts of teeth that can be seen. Not the parts that can not be seen,...not give shots,... scale and polish the visible parts of the teeth! Who does that affect? A large percentage of those affected



are children. These procedures are exceptionally important to them because they help prevent disease. That's what dentistry has done so well... we prevent disease.

This issue must be resolved and **will have serious impact on the treatment of children if not resolved.**

My assistants do a fantastic job performing these procedures now! They are trained and supervised by me and I am liable for the quality and correctness of their treatment. With the young child, a considerable amount of extra time is frequently needed to introduce the concept of instruments in the mouth. The children, especially the shy, apprehensive child or any child with a disability are shown the procedure, told about the procedure and finally (sometimes 20-30 minutes later) have the procedure performed with a lot of TLC.

This will become an issue of **access to care** and **cost of care** if not corrected. There is a shortage of hygienists. I have none and would need several to accomplish what I do now with dental assistants. If I had to hire hygienists, I would have to significantly raise my fees to cover expenses. If it is legislated that the entire cleaning has to be done only by dentists or hygienists, the amount of care delivered to children will decrease dramatically.

This legislation is going to affect seniors, you, me, and especially kids! The children of Kansas need this legislation passed to help them get care and to prevent dental disease. Preventing disease keeps cost down, keeps pain from occurring, and is a service we must provide for our children.

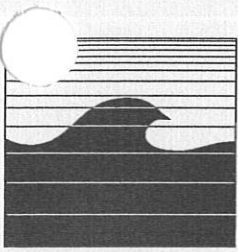
Thank you

Paul Kittle, D.D.S.  
309 South Second Street  
Leavenworth, KS 66048  
913-651-9800

The Wichita Area Technical College currently offers a 9-month, (1110) eleven hundred and ten clock hour, Dental Assistant Program that is accredited by the American Dental Association. Graduates of the program may also choose an Associate of Applied Science Degree option. Salina Vocational-Technical School and Flint Hills Technical College offer similar accredited programs. Accreditation is an endorsement from the American Dental Association that Dental Assistant Programs are meeting the educational requirements and maintaining the educational quality that has been clearly and thoroughly specified by the Commission on Dental Accreditation of the American Dental Association. The ADA requires that students complete courses in Dental Anatomy, General Anatomy & Physiology, Nutrition, Dental Health Education, Communication Skills, Practice Management and Dental Radiology in addition to courses in dental assisting clinical skills. Our curriculum does include instruction and practice in cleaning of teeth above the gumline since dental assistants can legally perform this function in conjunction with other treatment procedures and since 27 states currently allow polishing of tooth surfaces. This curriculum has also been validated by an advisory committee composed of dental practitioners from the community.

Futurists have long been telling the educational community that job descriptions in the very near future will be much different than at present and we must prepare for that. Already multiskilled workers are necessary to meet industry needs; and retraining and lifelong learning are realities. The Wichita Area Technical College can provide a quality educational program with minimum start up time and offer it at times that will not require the employed dental assistant to leave the work force to participate in advanced training. The Wichita Area Technical College would be able to institute advanced educational programs in a timely manner if legislative changes occur. A 90 hour didactic curriculum similar to the Expanded Dental Hygiene Assistant Ad Hoc Committee's proposal could be implemented by early Summer of this year. These programs would also be very affordable. For example, at Wichita Area Technical College, students only pay 15% of the tuition for courses approved by the Kansas State Department of Education. The remaining 85% is reimbursed by the state. Therefore, the student's tuition cost for a 90 clock hour course is \$81.00. Technical colleges throughout the state have the ability to offer affordable, accessible, quality courses to expand dental assisting education.

Senate Public Health & Welfare  
Date: 3-10-98  
Attachment No. 8



WATERS &  
THOMPSON  
FAMILY  
DENTISTRY

Chairman Praeger and Members of the Committee:

My name is Nevin Waters. I am a general dentist and have practiced in Olathe, Kansas for over 20 years. I have served as President of the Kansas Dental Association, as chairman of the Advisory Committee of the dental hygiene program of the Johnson County Community College, and now President of the Kansas Foundation of Dentistry for the Handicapped.

As you have heard there is a shortage of dental hygienists in Kansas. I would like to point out several other facts which you probably already know:

1. We are living longer.
2. People are keeping their teeth longer.
3. Demand for preventive dental services is booming.
4. Baby boomers (and I am one) are entering their 50's-prime time for gum disease.
5. There are 25,000 Kansans in nursing homes now. We know what that number is going to do in the future. Senate Bill 625 from 2 years ago allowed dental hygienists to work in nursing homes under the general supervision of a dentist.

There is a shortage of hygienists now and all of the above observations will increase the demand for preventive dental services.

Kansas Dentists care about our patients. We developed the Donated Dental Services Program (DDS) of the Kansas Foundation of Dentistry for the Handicapped. Dentists have provided free dental care for 130 handicapped people in the amount of over \$130,000 since it began in Nov 1996. Kansas Dentistry is surpassing the expectations of the national organization for programs of our size.

The quality of care is the responsibility of the dentist now and it will be when this bill passes. Please give us the staffing we need to continue to provide the best dental care in the world.

**Testimony of Mary Costin**  
**Senate Committee on Public Health**  
**Re: HB 2724 and HB 2725**

**Chairman Praeger 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 staffs 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 office manager for 12 years. During those twenty years, our office operated without a hygienist and with little or no chance to employ one, as there were none living in that area. The other two dentists in that small community also practiced with 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 canals, extractions, and orthodontics. We provided all aspects of dentistry because our patients

Senate Public Health and Welfare  
Date: 3-10-98  
Attachment No. 10

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

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 everyone's 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 dentist 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.



**Testimony of Dr. Estel Landreth**  
**Senate Committee on Public Health and Welfare**  
**RE: HB 2724**

**March 10, 1998**

Chairperson Praeger and Members of the Committee:

My name is Dr. Estel Landreth and I am pleased to appear before you today. I serve as the President of the Kansas Dental Board, the regulatory agency which oversees dentistry in Kansas. The Board has voted to support House Bill 2724 in order to expand the responsibility of dental hygienists and increase utilization of dental assistants with 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 dental hygienists have achieved.

HB 2724 also deals with the polishing and scaling of the visible parts of the tooth. It would require the Dental Board to establish training standards, to insure a dental assistant has met those training standards and, if so, to allow them ,while operating under the direct supervision of a dentist, to clean the visible parts of the tooth. All work must be completed by a hygienist or a dentist.

This bill is necessitated because of an Attorney General opinion. Kansas law says that only a dentist or hygienist can perform a “prophylaxis” or cleaning. It had long been the view of the dentists that an assistant could perform a part of a cleaning as long as they did not do the entire cleaning procedure. The Attorney General ruled that performing any part or function of the cleaning 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 scale teeth for purposes other than a cleaning, such as scaling to

Senate Public Health and Welfare  
Date: 3-10-98  
Attachment No. 11

remove cement, polishing fillings, and polishing for preparation of orthodontic appliances.

The Dental Board favors a community –based program that would train people without leaving their communities, and also allow 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 the program. Quality will be enhanced by having a training course in the vo-tech school or community college system, with students serving an internship under a dentist. One advantage of a results-based community program is that it can 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. Upon completion of the program, students would be tested on their technical skills and approved by the state. Monitoring and compliance would be the Board's responsibility. This trained person would assist by performing the simpler, more routine tasks, leaving dentists and hygienists free for the more complex treatments. Quality of care would still be the responsibility of the dentist.