Approved: 3-30-98
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 18, 1998 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Representative Geraldine Flaharty
G. Scott Bryan, Executive Director, Wichita Eye Bank
Joyce Volmut, Executive Director, Kansas Association for the Medically Underserved
Debra Zehr, Vice President, Kansas Assn. of Homes and Services for the Aging
Richard Morrissey, Director of Bureau of Local & Rural Health, KDHE
Philip Zivnuska, D.D.S., Valley Center, Kansas
Clayton Pape, Administrator, Shawnee County Health Agency
Robert Jackson, D.D.S, Topeka

Others attending: See attached list

Hearing on HB 2408 - Persons authorized to perform the enucleation of eyes

Representative Geraldine Flaharty testified before the Committee in support of **HB 2408** which would expand the list of persons who may be trained to perform eye enucleations, thus making it easier for the donor eyes to be harvested within a few hours of death. Currently that list has been limited to licensed embalmers and physicians. This bill would include health care professionals trained and certified at KUMC. (Attachment 1)

Scott Bryan, Wichita Eye Bank, also addressed the Committee in support of **HB 2408** as shown in his written testimony. (Attachment 2) Mr. Bryan noted during Committee discussion that eye enucleations must be done within a 6 hour time frame. It was also pointed out that those persons who have attended other schools may also perform eye enucleations in Kansas if they have been certified by the Department of Ophthalmology at the University of Kansas School of Medicine.

Written testimony in support of the bill was also submitted by Pam Scott, Kansas Funeral Directors and Embalmers Association, Inc. (Attachment 3), and Ronald J. Walkenbach, Kansas Lions Eye Bank (Attachment 4).

Action on HB 2408

Senator Jones made a motion that the Committee recommend **HB 2408** favorably for passage, seconded by Senator Hardenburger. The motion carried.

Hearing on HB 2622 - Dental services for dentally indigent persons

Joyce Volmut, Kansas Association for the Medically Underserved, testified before the Committee in support of **HB 2622**, and noted that their member organizations, all providers of primary care including dental care, employ a variety of providers, physicians, physician assistants, advanced nurse practitioners, social workers, etc., and that at no time has it been reported by any of these providers or their member associations that KAMU has stolen patients. She also pointed out that the providers or member associations have not placed any barriers or limitations on the clients that they serve. In order to clarify language in the bill relating to federal rules and regulations that apply to dental services at the clinics, Ms. Volmut offered amendments to the bill as shown in her

written testimony. (Attachment 5) Committee discussion centered around the eligibility of people who use the federally funded and state supported clinics around the state, contracts between dentists and clinics, and the availability of dentists to work in these clinics.

Jim Yonally, representing the Kansas Dental Hygienists Association, spoke in favor of the bill which would repeal the sunset provision relating to dental hygienists to continue practice at adult care homes, hospital long-term care units, state institutions, local health departments and indigent health care clinics.

Debra Zehr, Kansas Association of Homes and Services for the Aging, expressed her support for provisions in **HB 2622** relating to keeping the door open for improving dental care in a safe, cost effective manner through onsite dental hygienist intervention as noted in her written testimony. (Attachment 6)

Richard Morrissey, Kansas Department of Health and Environment, testified in support of **HB 2622** and noted that as the law is now written, a clinic may not employ a dentist and also meet federal grant regulations. Federal law requires that federally funded CHCs and FQHCs provide an assurance that services shall be available to all residents of a catchment area without regard to method of payment or health status. He pointed out that if federally funded clinics were to employ dentists and serve only those persons who meet the definition "dentally indigent" they would risk loss of the federal funding that enables them to remain financially viable. (Attachment 7)

Philip Zivnuska, D.D.S., Kansas Dental Association, also spoke in favor of **HB 2622** stating that they now support the eligibility provisions in the bill, as well as the Kansas Dental Board providing for the establishment of appropriate rules and regulations, and that the bill ensures that the licensed practitioner rather than a clinic administrator would make clinical treatment decisions. (Attachment 8)

Clayton Pape, Administrator with the Shawnee County Health Agency in Topeka, expressed his opposition to the bill stating that the bill constitutes over-regulation, impedes choice and in the end will only hurt the capacity to serve those that his agency wishes to serve. Mr. Pape also expressed his support to clarify language offered by KAMU. (Attachment 9)

Robert Jackson, D.D.S., Topeka, also expressed his support for **HB 2622** as noted in his written testimony. (Attachment 10) Written testimony in support of the bill was also submitted by William T. Donigan, D.D.S., (Attachment 11)

Adjournment

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

The next meeting is scheduled for March 20, 1998.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-18-98

NAME	REPRESENTING
Geraldine Flaherty	Rep. 98
Scott Bryan	Wichita Eye BANK
Robert G. Jackson D.D.S.	Topeka Ks - Kans. Dental Association
Roberta Halstead	guest
Philip Zivnuska	KS Dental Assoc
Melanie Rockers	And. Co. Farm Bureau
Melissa Patton	And. Co. Farm Bureau
Debbie Kuesa	An. Co Farm Bureau
Karen Friesen	HV County Farm Bureau
Sherrie Hubbard	Harvey Co. Farm Bureau
Ron Wahlenbach	Kansas Lions Eye Bank
Theresa Schwanda	KFDA
Alfreda Mathews	Jo. Co Old Kansas Pary
Bill Mathews	" " " "
Jose Valenzuela	Kansas Association for Med. Underserved
Matthew Eli	Harvey County Farm Bureau
Mary Ellen Conlee	Via Christi Health System
Rick Guttau	Health Midwest
Gladys Benham	Sr Citizen Guardian Program Santa Fe Towers

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-18-98

NAME	REPRESENTING
Deanna Johnson	Jeff. Co. Farm Bureau
Aziza J. Hasan	Harvey co Farm Bureau
Kasey Moseley	DG County Farm Bureau
Dick Morrissey	KDHE
Megan Donley	Ellsworth Co. Farm Bureau
Ross Janssen	Ellsworth Co. Farm Bureau
Susan Andersen	Heit + Weit
Jim Yonally	KDHA
Dawn Reid	KSNA
John Federico	KDA
Carrie Reecht	Brad Smoot
Ed Schultz	Jo Cty Human Services & Aging
Kevin Robertson	KDA

GERALDINE FLAHARTY
REPRESENTATIVE, 98TH DISTRICT
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WICHITA, KS 67216
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STATE CAPITOL—279-W
TOPEKA, KS 66612-1504
(785) 296-7669
HOTLINE: 1-800-432-3924
Email: rep_geraldine_flaharty@mail.ksleg.state.ks.us/

STATE OF KANSAS

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: BUSINESS, COMMERCE AND LABOR
EDUCATION
HEALTH & HUMAN SERVICES
JOINT COMMITTEE, PENSIONS, INVESTMENTS AND BENEFITS

SENATE PUBLIC HEALTH & WELFARE COMMITTEE

TESTIMONY

March 18, 1998

Thank you for making time to hear HB 2408. I believe it to be non-controversial. The House passed it 122-0.

Eye enucleation is the removal of the eye from a deceased person who is making the donation as already provided by Kansas law.

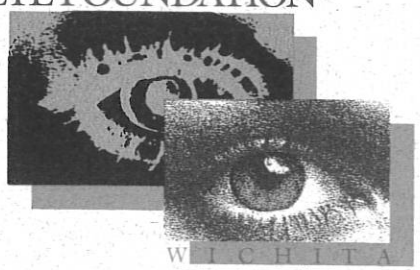
This bill expands the list of persons who may be trained and may perform eye enucleation, thus making it easier for the donor eyes to be harvested within a few hours of death. This is done now and will usually continue to be done by a licensed funeral director.

The House committee amendments were basically clarification.

Scott Bryan, Executive Director of the Wichita Eye Bank, is here to testify and answer questions.

Senate Public Health & Welfare
Date: 3-18-98
Attachment No. 1

WICHITA EYE FOUNDATION



WICHITA EYE BANK

Date: March 18, 1998

To: Public Health and Welfare Senate Committee

From: G. Scott Bryan, CEBT
Executive Director-Wichita Eye Bank

My name is Scott Bryan and I am the Executive Director of the Wichita Eye Bank. Thank you for the opportunity to provide testimony regarding HB2408 sponsored by Rep. Flaharty.

The main change in the law is the expansion of the pool of eligible enucleators. Currently that pool has been limited to licensed embalmers and physicians. In the past this pool was adequate to handle the volume of tissue being donated, and the amount of information and time required. Today with increasing regulatory control on Eye Banks from the F.D.A. and the Eye Bank Association of America, which is the certifying body for both eye banks in Kansas, the required documentation and time requirements have risen exponentially. What once took only a few minutes on an occasional basis as risen to as much as two hours or more on a regular basis. As a result it is often difficult to find a qualified enucleator during normal business hours who can leave work on a moments notice to retrieve the tissue that has been graciously donated by families in a time of grief.

While this increase is good for those waiting for a sight restoring surgery, it has also created a need to expand the current pool of enucleators, who at times are overwhelmed. By expanding the current pool to include other health care professionals we will be able to provide the relief and coverage our embalmers have requested.

It is my hope that we will never deny a family the opportunity to make this precious gift of sight because an enucleator was not available. The Wichita Eye Bank supports this new legislation and I hope you will feel as I do that this is good legislation for Kansas and the people that we mutually serve.

Thank you again for the opportunity to appear before you. I would be happy to answer any questions you may have.

#2

(316) 688-EYES

Senate Public Health and Welfare
Date: 3-18-98
Attachment No. 2

100 Years of Service

AFFILIATED WITH NFDA

KANSAS FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION, INC.

1200 S. KANSAS AVENUE • P.O. BOX 1904 • Topeka, Kansas 66601-1904
Phone (913) 232-7789 • FAX (913) 232-7791

Date: March 18, 1998

To: House Health and Human Services Committee

From: Pam Scott, Executive Director
Kansas Funeral Directors and Embalmers Association

Re: House Bill No. 2048

Madam Chairman and members of the Committee, the KFDA has made the decision to neither support or oppose House Bill No. 2408. The bill expands the categories of persons who would be authorized to perform eye enucleations in the State of Kansas.

The KFDA has worked with the Wichita Eye Bank, the Kansas Lions Eye Bank, and the Kansas University Medical School Department of Ophthalmology on this legislation. We do support the amendments added to the bill by the House and Human Services Committee.

Kansas embalmers have a long history of supporting Kansas eye banks by freely volunteering their time to enucleate eyes across the State of Kansas. They believe it is a very valuable service. It is imperative, however, that this procedure continue to be performed by qualified, well-trained individuals. The KFDA's concern is that eyes be retrieved by competent people who will help assure that the least possible amount of damage is done to the eyes during retrieval so that restoration can be performed to allow for a public viewing of the deceased, if that is the desire of the family.

Thank you for the opportunity to provide you with testimony concerning House Bill No. 2048. Please do not hesitate to contact me should you have any questions.

"1897-1997"

Senate Public Health & Welfare
Date: 3-18-98
Attachment No. 3

Endorsement of House Bill #2408

The Kansas Lions Eye Bank is proud to endorse House Bill #2408 for passage in the Kansas Senate. Certified embalmers have performed an outstanding volunteer service to the people of Kansas for over 25 years. While they continue to do so, several changes in which eye donation and eye banking are carried out call for amending the current law to include other qualified professions to assist embalmers in carrying out this noble work:

1) Eye donations have increased dramatically in Kansas. When the current legislation was enacted 25 years ago, there were several dozen eye donors per year. There are now over 1,000 eyes donated per year in Kansas. It is unreasonable to expect that the limited number of volunteer embalmers to accept this increased workload alone.

2) Twelve years ago, "required request" legislation which was passed in Kansas required hospitals to inquire about organ and tissue donation after every death. Since then, the site of eye donor consent has changed from predominantly in funeral homes to overwhelmingly in hospitals. This bill would allow appropriately trained hospital-based volunteers to perform eye enucleations expeditiously at the hospital. This would decrease the time lag between death and eye enucleation, leading to better quality eye tissue for corneal recipients, and decrease delays for the donor family, hospital and funeral home personnel in making funeral arrangements.

3) When the current legislation was passed, eye banks did not employ technicians because eye banks did not process corneal tissue. They simply transported the whole donor eye to the site of transplantation. Currently, corneas are surgically removed from the whole eye and stored for up to two weeks in a preservation solution. Every eye bank now employs a team of highly trained technicians to perform these surgical dissections, but current law forbids them from doing the relative simple procedure of eye enucleation. In the metropolitan areas of Kansas, where an eye bank technician is always on duty to respond to an eye donation situation, technicians currently must locate a volunteer physician or embalmer and ask them to halt their daily activities in order to perform an eye enucleation which they could have easily done themselves. This causes a needless interruption of a volunteer's daily activities, as well as unnecessary delays in the eye removal procedure.

This bill is similar to existing laws in many states, including Nebraska, Iowa, Missouri and Oklahoma. We strongly feel that this bill would allow the eye banks in Kansas to provide better corneal tissue for transplantation, and to better serve the donor families, hospitals and funeral homes in the metropolitan and rural areas of this state.

Ronald J. Walkenbach

Ronald J. Walkenbach, PhD, Exec. Director
Kansas Lions Eye Bank

Senate Public Health & Welfare
Date: 3-18-98
Attachment No. 4

KAMU

Kansas Association for the Medically Underserved

www.ink.org/public/kamu

The State Primary Care Association

My name is Joyce Volmut, I am Executive Director of the Kansas Association for the Medically Underserved. The Association represents Public Health Section 330 Community Health Centers and other FQHC's (Federally Qualified Health Centers), as well as the State funded Community based primary care clinics and other non-profit clinics that provide comprehensive primary care services to underserved populations.

I am here to speak in support of HB2622. This is very important legislation, probably one of the only bills that is passed this year that has the capability of increasing access to care for thousands of adults who would otherwise be without dental care.

We commend the legislators who have been instrumental in bringing the bill this far. Two years ago when the original legislation was written, it was passed only because there was strong legislative support by a body of legislative leaders who recognized that many Kansas people were without access to dental care. At that time a sunset was placed on the bill in order to allow the Kansas Dental Association and the Kansas Association for the Medically Underserved time to improve the bill in areas that we both agreed would improve access and comply with quality issues raised by the Kansas Dental Association.

The KDA and KAMU have had approximately five meetings over the course of two years. Most of those occurred in the summer of 1996. Those areas where we had agreement on went very quickly. We concur that the Kansas Dental Board has jurisdiction over the delivery of dental care. We further concur that the dentist, not the clinic or health center, has the authority to prescribe care. All of these were the Kansas Dental Association's "quality " issues. It would appear however that "money" may be the real issue, rather than professional judgement , dental protocols, equipment or continuity of care. For in the spring of 1997 all discussions ended with the Kansas Dental Association pulling out of all negotiations and adamantly refusing to discuss the continued barrier that current language presents for FQHC's and the population they are required to serve by Federal rules and regulations.

In view of this we are once again asking for your support. Like Solomon you must make the final decision. Federal rules and regulations state that Public Health Section 330 Clinics and FQHC's must provide " an assurance that services shall be available to all residents of the catchment area without regard to method of payment or health status." (Code of Federal Regulations for Grants Operating community Health Centers Operating Community Health Centers, Subpart 51c303).

The Kansas Dental Association has been opposed to this language because they fear that Health Centers will steal their paying patients. Let me reassure you that is not the

112 SW 6th Ave., Suite 201, Topeka, KS 66603 785-233

Senate Public Health and Welfare
Date: 3-18-98
Attachment No. 5

case. Our member organizations, all providers of primary care, including dental care, employ a variety of providers, Physicians, Physician Assistants, Advanced Nurse Practitioners, Social Workers etc. At no time has it been reported by any of these providers or their member Associations that we have stolen their patients - nor have the providers or member Associations placed any barriers or limitations on the clients we serve. In fact the converse is true, that is that they often refer paying patients to us when they have difficulties accessing care or are having financial difficulties.

Last year clinics provided services to over 7000 clients. In order to be able to document the need more accurately we completed a survey of our patient population. Data collection was designed so as not to skew responses from any particular health center or area of the state. Questions were designed to collect data on income levels, family size as well as specific questions about insurance status and more specifically the need for dental care. The survey was completed in November, 1997. Over 1600 individuals, all clinic or health center patients, responded to the survey.

The results were as follows:

Mean family income: $1,015.00/month
Family size - 3 individuals
Working adults in the family- 1-2 persons
Number of years they have been using this clinic or health center - at least 2 years or more.
Of those who reported they had lost health insurance -
35% said they had lost it in the last year.
22% said they had lost it in the last 2 years.
22% reported they had children who lost health insurance in the last one to two years.
When asked the age of the family member in need of Dental Care
20% reported - children in need ages 0-5
21% children in need ages 6-10
21% children in need ages 11-18
62% adults in need ages 18+

We know that dental care is one of the most urgent needs. Our experience tells us that access is critical. Any barriers, regardless of the motive, reduce access and ultimately deny care to clients who are in need. We are not about denying care. Our primary reason for existence is to increase access. That is why the Federal Clinics were created- why they continue to be funded and why the state clinics were created. In fact access to dental care is so critical that Kansas clinics and health centers pay local dentists to provide care when they do not have a dentist on staff or when the dentists who generally donate time are unable to take more patients.

To remedy the situation and improve upon access we recommend the following amendments to HB 2622.

1. Insert on line 24, after the words federally qualified health centers, "as established by OBRA 89 Section 6404 and defined in 42 U.S.C. 1396D(1)(2)(a)".
2. Insert on line 40 after subsection "and this subsection shall not be construed to

prohibit a federally qualified health center as established by OBRA 89 Section 6404 and defined in 42 U.S. C. 1396d(1)(2)(a) from entering into an arrangement with a licensee under the dental practicies act for the purpose of providing services to persons without regard to ability to pay as required in 42 U.S.C.

3. Delete in Section 2 (b) line 33 words "medical and hospital care". The rationale for this deletion is that medical and hospital care insurance coverage have little to do with dental care - other than perhaps pay for some emergency coverage for pain abatement.

We thank you for this opportunity to bring these issues before you and most importantly to testify on behalf of our client population.

Joyce Volmut
785-233-8483

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

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

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

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

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

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

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

insert Section 2 (a) line 24 following a federally qualified health center "as established by OBRA 89 Section 6404 and defined in 42 U.S.C. 1396d (1)(2)(a)"

Delete in Section 2 (b) line 33 "medical and hospital care"

insert Section 2 (b) line 40 following is defined under this subsection and this subsection shall not be construed to prohibit a federally qualified health center as established byy OBRA 89 Section 6404 and defined in 42 U.S.C. 1396 (1)(2)(a) from entering into an arrangement with a licensee under the dental practices act for the purpose of providing services to persons without regard to pay as required in 42 U.S.C. 1396(d)(1)(2)(a)."

KAHSA
KANSAS ASSOCIATION OF
HOMES AND SERVICES FOR THE AGING

TESTIMONY IN SUPPORT OF HOUSE BILL 2622

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

From: Debra Zehr, Vice President, Policy/Education

Date: March 18, 1998

Thank you, Madam Chair, and Members of the Committee, for this opportunity to offer comments on House Bill 2622. The Kansas Association of Homes and Services for the Aging representing over 150 not-for-profit long-term health care, housing, and community service providers throughout the state.

Providing good dental care is one of the biggest challenges facing staff who care for frail nursing home residents. Residents' lifelong oral care practices, compounded by debilitating conditions like stroke and Alzheimer's, and high turnover among nurse aides all conspire to make good oral care very difficult. Currently, most residents must still travel to their dentist's office to receive dental care. Nursing home residents and staff need all the help they can get.

There are a number of efforts underway in the state to improve access to dental services for this underserved population. For the first time, representatives from nursing facility and consumer groups, dentists, dental hygienists, and state agencies are collaborating to promote oral health for this vulnerable population through education, research, and best practices programs.

The provisions embodied in House Bill 2622 were good public policy when first passed in 1996, and remain good public policy now. House Bill 2622 keeps the door open for improved dental care in a safe, cost effective manner through onsite dental hygienist intervention and education.

We ask for your support of House Bill 2622.

Thank you. I would be happy to answer any questions.

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

Senate Public Health & Welfare
Date: 3-18-98
Attachment No. 6

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

Testimony presented to
Senate Committee on Public Health and Welfare
March 18, 1998
by
Richard Morrissey, Director
Bureau of Local & Rural Health Systems

House Bill 2622

Madam Chair and members of the Committee, thank you for the opportunity to appear before you today in support of House Bill 2622. Senate Bill 625, enacted in 1996, was intended to exempt nonprofit, charitable corporations which qualify as indigent health care clinics as defined by the secretary of health and environment, including state-funded community based primary care clinics, Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs) and local health departments, from prohibitions against hiring and employing dental professionals. It also provided that a licensee under the dental practice act would not risk loss of license for being an employee of, or entering into an arrangement with, an entity defined as an "indigent health care clinic" to provide dental services. The bill did not go far enough, however. Although FQHCs were specifically named in the statute as entities meeting the definition of indigent health care clinics, the eight CHCs and FQHCs in Kansas risk the loss of over 3.5 million dollars in federal funding if they comply with the state restrictions on corporate practice of dentistry.

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

KDHE recommends that legislative leaders, health officials, representatives of the Kansas Dental Association and the Kansas Association for the Medically Underserved continue discussions in order to develop additional changes in the Dental Practice Act that will protect the receipt of important federal funding for health care services, including dental care, for low-income, uninsured and underserved Kansans. Thank you again for the opportunity to appear today in support of House Bill 2622 . I stand for questions.

900 SW Jackson, Suite 620
(785) 296-6917

KANSAS DENTAL ASSOCIATION

March 18, 1998

Senator Praeger and Members of the Committee:

Thank you for the opportunity to appear before you today. My name is Dr. Philip Zivnuska. I have been a practicing general dentist in Wichita for 20 years and currently serve as Vice President of the Kansas Dental Association (KDA).

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

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

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

This bill takes an important step toward improving the access to care for Kansans in nursing homes and the poor in charitable clinics. Kansas is not prepared to deliver hygiene services to the institutionalized elderly. General supervision for hygienists in these facilities can result in additional treatment and improved oral health if there are adequate numbers of personnel. This bill cannot increase personnel but it will facilitate the treatment of the needy and elderly when additional manpower becomes available.

Finally, let me conclude by saluting the actions of the Kansas Legislature to improve the oral health of all Kansans. In addition to this bill, there have been two other initiatives that have benefited needy citizens. The improvements made last year in the dental Medicaid program are helping needy children. Your support of the Kansas Donated Dental Services Program, has helped serve the oral health needs of needy, disabled and elderly Kansans. KDA volunteer dentists have provided over $130,000 worth of donated services in the first 12 months of the program. The Kansas Dental Association appreciates your support of this program. Thank you.

Philip Zivnuska D.D.S.
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Valley Center, KS 67147
316-683-0411
Fax 316-683-0204

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

Senate Public Health and Welfare
Date: 3-18-98
Attachment No. 8

Shawnee County
Health Agency
1615 SW 8th St.
Topeka, Kansas 66606
Tel. (785) 368-2000
Fax (785) 368-2098

Testimony on HB 2622
Before the
Senate Public Health and Welfare Committee
March 18, 1998

FQHC's fill a unique niche for providing; primary health care, dental care and other related services to communities most in need of access to these services. I'm in the business of providing a quality service without denying anyone access to care. I'm not in the business of taking away paying customers from private dentists. If by choice a person with income or insurance wishes to utilize my services it's their decision and no doubt a rare case. What I am seeking is a level playing field that allows me to continue to provide services and be in compliance with the federal rules and regulations that apply to FQHC's. I do not want to have to worry about recruiting dentists with a deck stacked against me and with a concern that if I saw a person with income or insurance my dentist is at risk of sanctions against his/her license to practice.

This bill constitutes over regulation, impedes choice and in the end will only hurt our capacity to serve those we wish to serve. Changing the wording allowing us to be in compliance with the federal requirements will have no negative impact on the private sector.

Respectfully submitted by,
Clayton Pape
Administrator

Senate Public Health & Welfare
Date: 3-18-98
Attachment No. 9

My name is Dr. Robert Jackson

I have practiced dentistry in the Topeka area for 39 years. Thru these years I have developed a special interest in Geriatric Dentistry-especially in our long term care facilities. My credentials include a Fellowship in Geriatric Education completed at the University of Missouri at Kansas City School of Dentistry.

In the early 1970's, the American Dental Association promoted "Plaque control programs" throughout the United States. Many of the programs urged the dentist to employ and/or train "plaque control paraprofessionals" to include dental assistants. These programs included the removal of dental plaque from the crowns of teeth. In our nursing homes today this is left principally to the nursing aides-hopefully a "Certified Nursing Aide". The results are alarmingly inadequate.

The end result has been to increase the need to place the ultimate responsibility for the effective deliverance of indigent dental care in the hands of a competent, well trained and caring dentist. One who utilizes his para-professionals within their capabilities and limitations, while under the scrutiny of the Kansas State Board of Dental Examiners.

This is as it should be-i.e. the profession of Dentistry in Kansas formulating and upholding the principles of the deliverance of dental care within the guidelines of the State Board of Dental Examiners under the laws of the State of Kansas. Thru this vehicle and by it alone can we insure the health, safety, and confidence of all patients.

In the 1960's-according to many reports-it was estimated only 3 of 10 in our society received adequate and effective dental care. Today this figure approaches the 50 percentile. Through our efforts in Dentistry we have made significant progress toward treating more patients while markedly reducing the incidence of tooth decay and oral disease. Yet, there remains a large segment of our society not receiving appropriate dental care. This segment includes a large number of residents in long term nursing facilities (25,000 in Kansas) as well as the homebound.

Over the past fourteen years I have enjoyed the privilege of working with my chairside assistant, Mrs. Roberta Halstead, in several nursing home facilities. From 1988-1996-working as a team- on a full fee for service basis we treated the dental needs at Brewster Place here inTopeka. Twice each month we closed our office to work at Brewster Place. A review of the financial records proved staggering. The cost over income approached the mid five figure numbers. Yet the need for care remains endless and untold. Had we been able to utilize the TRAINED DENTAL ASSISTANT with direct supervision and a Hygienest with general supervision the doors of our office as well as the nursing home could have remained in service. We would have served more patients, more effectively and efficiently and certainly more economically.

Thomas Edison said, "There is a better way. Find it". The hands of time continue to move onward. The population of our society, while growing older and more numerous, shows an increasing need for effective dental care.

Let's move forward under the banner of progress in Dentistry by training and utilizing all personnel-Dentist and Para-propfessional alike, in a more effective and proficient manner. I urge the passage of_____ or your support for_____.

March 17, 1998

Senator Sandra Praeger
Chairperson
Committee on Public Health and Welfare

Dear Senator Praeger and Committee Members:

I am presently the dentist on staff at the Martin de Porres Dental Clinic here in Topeka. The clinic is managed by St. Francis Hospital and located on the east side of Topeka. I also am at present in the process of helping the Lyon County Health Department develop plans for their charitable clinic.

There are several issues, that I feel are important, and need to be addressed.

First, there is a need to allow those within the poverty guidelines, who have some form of medical insurance to be allowed treatment within the clinic guidelines. The working poor whose employer provides some form of medical insurance, or the elderly with a supplemental Medicare policy, deserve treatment.

Second, charitable clinics should not be allowed to open their doors to people who do not fit the financial criteria, If the clinics are allowed to open their doors to everyone regardless of income status, they no longer become charitable clinics. Dentists practicing at the clinic would no longer eligible for protection under the Charitable Health Care Provider Act. The volunteer status of numerous dentists and hygienists would come into question. Lawsuits against the clinics and charitable providers would be inevitable and eventually the risks would outweigh any potential good the clinics could perform.

The Martin de Porres Clinic, run by St. Francis Hospital and the Sisters of Charity, sees approximately 250 patients per month, is not a federally funded clinic, and only sees patients up to 150 % of poverty level. There are six clinics within the state that presently see dental patients, two see patients just one to two days per month, one at present sees patient one half day per week, our clinic staffed twenty hours per week with paid staff and eight hours per week with volunteers, and the two Wichita clinics seeing patients 40 hours per week. From my phone conversation with the various clinics, we are seeing over a third of all charitable dental patients who visit the clinics in a month.

The Martin de Porres Clinic has a backlog of patients that is tremendous. According to our Office Manager, we could turn off our phones, see no recall patients, no second visits and no cleanings, and still not clear our backlog for one year. I feel it would be longer.

There must be a solution to the situation, but opening the clinics to those over 200% of poverty level is not the answer. Doing this would surely increase clinic exposure to litigation. However, since the clinics would profit more from non-indigent patients, I fear eventually, those truly in need would be discarded in favor of those willing and able to pay more for the clinics services. And access to dental services for the poor would truly be hampered.

The reality is that federally funded clinics are fearful of losing the federal monies, they have come to rely upon. The question you must answer is who will receive the dental services, the truly needy and working poor or the federally funded clinics.

Senate Public Health and Welfare
Date: 3-18-98
Attachment No. 11

Respectfully,

William T. Donigan Jr., DDS