

Approved: March 16, 2000
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 13, 2000 in Room 423-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Kansas Legislative Research Department
 Dr. William Wolff, Kansas Legislative Research Department
 Norman Furse, Revisor of Statute's Office
 June Evans, Secretary

Conferees appearing before the committee: Marlee Bertholf, KCCI
 Bob Alderson, Kansas Pharmacists Association
 Larry Froelich, Board of Pharmacy
 Kevin Robertson, Kansas Dental Association
 Ron Gaches, McGill & Associates
 Dr. Kelly Douglass, Kansas Dental Board

Others attending: See Attached Sheet

The Chairperson stated there would be hearings on two bills and possible final action on three bills; are going to hear **SB598 and 510** and possible amendment of **HB2990** on to **SB510** and try to get back and work **HB2814**. Since there is a lot of business to be accomplished would appreciate the testimony being paraphrased.

The Chairperson opened the hearing on **SB598 - Ratio of Pharmacists to Pharmacy Technicians.**

Staff gave a briefing on **SB598**, stating it amends statutes in the pharmacy act. The change currently of the ratio of pharmacy technicians may not exceed a 2 to 1 ratio. This would allow the Board of Pharmacy to establish by rules and regulations a ratio greater than 2 pharmacy technicians for each pharmacist. The bill would require the pharmacist in charge to provide the Board the name, date of birth, and address of each pharmacy technician employed by the pharmacy and requires the pharmacy to pay the Board a \$20. technician registering fee.

Marlee Bertholf, Kansas Chamber of Commerce and Industry, testified as a proponent for **SB598**, stating the proposal significantly changes the current law in two ways. First, it moves from the Kansas Legislature to the Kansas State Board of Pharmacy the ability to regulate the pharmacy/technician ratio. Second, this proposal codifies the registration process for pharmacy technicians. It gives the Board of Pharmacy the ability to develop rules and regulations to govern tech registration. The \$20 registration fee per pharmacy nullifies the fiscal note (See Attachment #1).

Bob Alderson, representing the Kansas Pharmacists Association, testified as a proponent for **SB598**, stating the bill does not alter the ratio of technicians to pharmacists. The bill does authorize the State Board of Pharmacy to increase the pharmacy technician/pharmacist ratio by duly adopted rules and regulations (See Attachment #2).

Larry Froelich, Executive Director, Kansas State Board of Pharmacy, testified as an opponent to **SB598** stating as originally written, the Board understood that all involved parties were supporting the individual registration of pharmacy technicians, and therefore spoke in support of the bill. The language was changed to provide a registry of technicians. This active regulation explains what the Board expects currently, in further detail than **SB598**. This regulation was discussed with pharmacy owners, who opposed the regulation, stating that the Board continues to place additional burdens on the Pharmacist-In-Charge, making it difficult to hire for these positions. The current language of the bill does nothing to

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on March 13, 2000.

alleviate that problem. The Pharmacist-In-Charge is still the responsible individual. With regards to the changing of the technician ratio from Statutes to Regulations, the Board members do not feel comfortable with this change unless pharmacy technicians are held accountable for their actions and restrictions are allowed to be placed on their place of work. The public needs to feel secure that pharmacy technicians involved in filling prescriptions are not addicted to drugs, as well as other issues, such as theft of drugs that are illicitly sold on the streets (See Attachment #3).

The Chairperson closed the hearing on **SB598**.

The Chairperson opened the hearing on **SB510 - Procedure for licensure under dental practices act**.

Dr. Kelly D. Douglass, President, Kansas Dental Board, testified in support of **SB510**, stating most of the changes proposed are simple housekeeping measures that were made by the Revisor's office to bring clarity and consistency to the dental statutes.

Dr. Douglass offered and balloon on Page 4, line 29, to strike (ii) and replace with: the student is under the supervision of a dentist or dental hygienist who is either licensed in the state of Kansas or who is eligible to be licensed in Kansas and has an application to be licensed in Kansas pending, serving as a faculty member of the program; (See Attachment #4).

Kevin Robertson, Executive Director, Kansas Dental Board, a proponent to **SB510** stated KDA supports the provision and proposed amendment as presented by the Kansas Dental Board. For the most part, **SB510** contains simple clean up and administrative amendments to the Dental Practice Act that are acceptable to the KDA and its members (See Attachment #5).

Joyce Volmut, Kansas Association of Medically Underserved, stated she and Kevin Robertson, Kansas Dental Association had conferred and compromised and supported this amendment (See Attachment #6).

Ron Gaches, McGill & Associates, a proponent to **SB510**, testified the changes would improve the administration of the licensing law and remove compliance issues for dental care providers and the Dental Board. Our concern, which has previously been submitted to the Dental Board, considered and rejected, is that the program is not consistent with American Dental Association Accreditation Standards referenced in KSA 65-1423 (8)(E)(ii) found on page 4, lines 3-17. With the amendment recommended by the Dental Board and Kansas Dental Association, Kansas Dental Hygienists Association agreed to accept **SB510** (See Attachment #7).

The Chairperson closed the hearing on **SB510**.

The Chairperson stated would move on to working **HB2814-Establishing the Senior Pharmacy Prescription Program**. Action was reconsidered at the rail to bring the bill back to the committee the same as it left the committee. Need to strip the amendments and work. Balloons were not printed; therefore, the bill will be worked later.

The Chairperson asked what the committee wished to do on **SB510**.

Representative Geringer moved and Representative Long seconded to move **SB510** out favorably.

The Chairperson stated there was a recommendation that **HB2990**, along with the balloon, be amended into **SB510**.

Representative Geringer and Representative Long withdrew their motion and second.

Representative Geringer moved and Representative Bethell seconded to accept balloon on **SB510** offered by the Kansas Dental Board. The motion carried.

Representative Morrison moved and Representative Henry seconded to add **HB2990** into **SB510**. The

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on March 13, 2000.

motion carried.

Representative Geringer moved and Representative Henry seconded to accept balloon on **HB2990** offered by The Kansas Dental Association and Joyce Volmut, Kansas Association of Medically Underserved. The motion carried.

The following Representatives wished to be recorded as voting NO: Representatives Landwehr and Lightner.

Representative Flaharty moved and Representative Swenson seconded a technical amendment to remove "certificate" where it appears. The motion carried.

Representative Geringer moved and Representative Lightner seconded to move **SB510** out as amended. The motion carried.

Representative Landwehr wished to be recorded as voting NO.

The Chairperson asked if the committee wished to work **SB598** and the committee did not wish to have any action on the bill.

The meeting adjourned at 2:45p.m. The next meeting will be March 14.

HEALTH AND HUMAN SERVICES

DATE March 13, 2000

NAME	REPRESENTING
Kelly D. Douglas, DABMS	KS Dental Board
Larry Froelich	Ks Board of Pharmacy
Bill CARGILL	NC-FHAAA
Sam Gordon	NC-FHAAA
Sharon Janopaul	Chase County Task Force on Aging
Barbara Gibson	KDHLE - Local & Rural Health
Kevin Robertson	As Dental Assn
Mailee Mason	AARP
Vera Spencer	AARP
Marie Gregg	Retired Teacher
Michelle Sarby	Kansas Dental Hygienist
Sheli Sweeney	KDOA
Bob Corkins	Ks Public Policy Institute
Nancy Zogelman	Pfizer
Mike Huffles	Ks. Gov't Consulting
Bob Anderson	Ks. PHARM. Assoc.
Mailee Berthold	KCCI
Tom Cackes	KDHA
Tim McConville	Federico Consulting
Alina Aterico	John Botterberg & Assoc.
Kevin Bazome	Hain/weir chwd.

LEGISLATIVE TESTIMONY



The Unified Voice of Business

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SB 598

March 13, 2000

KANSAS CHAMBER OF COMMERCE AND INDUSTRY

Testimony Before the

House Health and Human Services Committee

by

Marlee Bertholf

Executive Director, Kansas Retail Council

Mr. Chairman and members of the Committee:

My name is Marlee Bertholf and I am here on behalf of the Kansas Federation of Chain Pharmacies and the Kansas Retail Council, which are affiliates of the Kansas Chamber of Commerce and Industry (KCCI). Thank you for the opportunity to express our members support of SB 598.

This proposal significantly changes the current law in two ways. First, it moves from the Kansas Legislature to the Kansas State Board of Pharmacy the ability to regulate the pharmacy/technician ratio. Second, this proposal codifies the registration process for pharmacy technicians. It gives the Board of Pharmacy the ability to develop rules and regulations to govern tech registration.

The Kansas Chamber of Commerce and Industry (KCCI) is a statewide organization dedicated to the promotion of economic growth and job creation within Kansas, and to the protection and support of the private competitive enterprise system.

KCCI is comprised of more than 2,000 businesses which includes 200 local and regional chambers of commerce and trade organizations which represent over 161,000 business men and women. The organization represents both large and small employers in Kansas, with 48% of KCCI's members having less than 25 employees, and 78% having less than 100 employees. KCCI receives no government funding.

The KCCI Board of Directors establishes policies through the work of hundreds of the organization's members who make up its various committees. These policies are the guiding principles of the organization and translate into views such as those expressed here.

H & HS
3-13-2000
Atch #1

The Kansas Board of Pharmacy and the Kansas Pharmacists Association testified in favor of this legislation during hearings by the Senate Public Health and Welfare Committee.

Moving the tech ratio to the Board of Pharmacy would make your jobs easier. Whenever an issue arises concerning the pharmacy/tech ratio, those proposing it would not have to come to you, but instead would go to the Board of Pharmacy. The Board of Pharmacy deals with pharmacist and technician issues everyday. This is an issue that they are well versed in and we feel comfortable they are able to handle.

The codification of tech registration gives the Board of Pharmacy the ability to track the pharmacy technicians in the State of Kansas. The bill was amended by the Senate Public Health and Welfare Committee to require the Pharmacist in Charge (PIC) to provide the Board of Pharmacy the name, address, and date of birth of each pharmacy technician employed by the pharmacy. The PIC would be required to do this at the same time the pharmacy registers with the Board (annually) and required to pay a \$20 registration fee. This fee would be per pharmacy, not per technician. Additionally, the PIC would be required to report the above information to the Board about any newly employed technician and the name of any technician no longer employed by the pharmacy within ten day.

Again, thank you for the opportunity to express our members support for SB 598. I will be happy to answer any questions.

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CONKLIN, BURGHART & CROW, L.L.C.**
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LESLIE M. MILLER
DEBORAH FRYE STERN

TESTIMONY OF W. ROBERT ALDERSON

ON BEHALF OF

KANSAS PHARMACISTS ASSOCIATION

BEFORE THE HOUSE COMMITTEE ON HEATH AND HUMAN SERVICES

MARCH 13, 2000

Chairman Boston and Members of the Committee:

My name is Bob Alderson, and I am appearing today on behalf of the Kansas Pharmacists Association (KPhA) in support of Senate Bill No. 598.

SB 598 amends K.S.A. 1999 Supp. 65-1642 which currently provides in subsection (b) that the ratio of pharmacy technicians to pharmacists in the prescription area of a pharmacy shall not exceed a two-to-one ratio. The bill does not alter that ratio. However, one of the bill's amendments to this statute would authorize the State Board of Pharmacy to increase the pharmacy technician/pharmacist ratio by duly adopted rules and regulations.

The KPhA Board of Trustees has discussed this issue at great length within the context of the rapidly changing pharmacy profession. It is KPhA's position that enabling the State Board of Pharmacy to increase the pharmacy technician/pharmacist ratio by rules and regulations will permit the State Board to respond more rapidly and efficiently to these changes. The State Board of Pharmacy currently determines the training requirements for pharmacy technicians pursuant to rules and regulations, and KPhA believes that it is a logical extension of this existing authority to permit the State Board to determine the pharmacy technician/pharmacist ratio pursuant to rules and regulations, as well.

HxHS
3-13-2000
Atch#2

As introduced, SB 598 would have further amended the statute by requiring each pharmacy technician to register with the State Board in accordance with the State Board's rules and regulations. However, during the hearing on this bill before the Senate Committee on Public Health and Welfare, members of that Committee discussed the issue of registration at some length, noting that, if registration of pharmacy technicians were required, the bill would necessarily require far more detail as to the registration requirements than were contained in the bill. The suggestion was made that it might be more appropriate to simply have a registry of pharmacy technicians, and the various parties interested in the bill were requested to determine whether an appropriate amendment could be developed to effect that concept.

Accordingly, an amendment was developed by the proponents of the bill and Larry Froelich, Executive Director of the State Board of Pharmacy, and presented to the Committee. That amendment, which deleted the registration requirement initially proposed and substituted language that would, in effect, provide for a registry of pharmacy technicians, was adopted by the Senate Committee and included in the bill as it passed the Senate. The new language is shown on Page 1, beginning at Line 42.

KPhA continues to support this amendment. Currently, it is very difficult for the State Board of Pharmacy to determine how many pharmacy technicians are employed by Kansas pharmacies. For training, educational and legal reasons, it is important for the State Board to have this information. The pharmacy technician registry contemplated by SB 598 will accomplish that objective.

Under the Senate Committee amendment, each pharmacy employing one or more pharmacy technicians will be required to provide to the State Board the name and other information regarding the pharmacy technicians employed by the pharmacy at the time the pharmacy registers or renews its annual registration. The pharmacy also is made responsible for reporting any changes resulting from the hiring of new pharmacy technicians or the termination of employment of previously identified pharmacy technicians.

KPhA believes that this is an appropriate requirement at this point in time. In the event that the State Board amends its rules and regulations so as to authorize an increase in the pharmacy technician/pharmacist ratio, it might be appropriate at that time to revisit this issue, to determine whether a full-blown registration requirement should be imposed on pharmacy technicians. For the present, we believe it is more appropriate to impose on the pharmacy the

obligation of providing to the State Board the information needed concerning pharmacy technicians employed in that pharmacy, rather than imposing on the pharmacy technicians themselves the obligation to comply with a more detailed registration system.

I think one final observation regarding the Senate committee amendment is pertinent. The fiscal note on the original bill contemplated the State Board's need for approximately \$20,000 in additional monies, so as to employ an additional full-time person to handle the registration of pharmacy technicians. It was with a view toward defraying those costs that the amendment submitted to the Senate Committee by the bill's proponents and Mr. Froelich recommended a \$20 fee to be paid by each pharmacy which employs one or more pharmacy technicians. However, this Committee might consider whether the fiscal note attributed to the original bill might be somewhat overstated in light of the Senate Committee amendment which eliminated the full-blown registration. Since the information needed to develop a registry of pharmacy technicians is provided at the time a pharmacy registers or renews its annual registration, it would seem that the existing personnel of the State Board that handles registration of pharmacies could also handle the preparation of the pharmacy technician registry, without the necessity of hiring another full-time employee. If that is the case, I also would suggest that a reduction in the pharmacy technician registry fee could be made, as well.

KPhA encourages the Committee to recommend SB 598 favorable for passage. I will be happy to respond to any questions you might have.

Kansas State Board of Pharmacy

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STATE OF KANSAS

EXECUTIVE DIRECTOR
LARRY FROELICH



BILL GRAVES
GOVERNOR

2000 KANSAS LEGISLATIVE SESSION SENATE BILL No. 598 House Committee on Health and Human Services

Representative Garry Boston, Chairperson
Committee Members

I am Larry Froelich, Secretary for the Kansas Board of Pharmacy. Thank you for allowing me to testify on **SB 598** on behalf the Board of Pharmacy. I appear before the committee **opposed** to SB 598, to express concern about the concept and offer background information on the two changes to the Pharmacy Practice Act that appears in Senate Bill 598.

The changes involved are:

- Changing the determination of the pharmacy technician ratio from Statute to Regulation
- Registry of pharmacy technicians

The Board of Pharmacy was approached at the January meeting regarding these two changes. The Board agreed to support these changes, since the Board has become increasingly concerned regarding Pharmacy Technicians in the pharmacy workplace.

By Statute definition: A "**Pharmacy technician**" means an individual who, under the direct supervision and control of a pharmacist, may perform packaging, manipulative, repetitive or other non-discretionary tasks related to the processing of a prescription or medication order and who assists the pharmacist in the performance of pharmacy related duties, but who does not perform duties restricted to a pharmacist. (K.S.A. 65-1626).

As originally written, the Board understood that all involved parties were supporting the **individual** "registration" of pharmacy technicians. I, therefore, spoke in support of the Bill before the Senate Committee on Public Health and Welfare. During the hearing, the language was changed, to provide a registry of technicians. I have also attached K.A.R. 68-5-15 Training of pharmacy technicians (third page). This active regulation explains what the Board expects currently, in further detail than SB 598. This regulation was discussed with pharmacy owners, who opposed the regulation, stating that the Board continues to place additional burdens on the Pharmacist-In-Charge, making it difficult to hire for these positions. The current language of the Bill does nothing to alleviate that problem. The Pharmacist-In-Charge is still the responsible individual.

HHS
3-13-2000
Atch # 3

Last summer, I sent forms to all the pharmacies in Kansas to list the names of the pharmacy technicians at each location, their social security number (as an identifier), their address, and whether they worked full or part-time. These forms were included in the renewal application with each pharmacy renewal. This was a way for us to determine the number of pharmacy technicians. Currently, we have close to 2,500 technician's names. While the response was overwhelmingly positive, several pharmacies and pharmacy technicians would not allow the release of their social security numbers to the Board of Pharmacy. There is a federal law prohibiting the Board from requiring pharmacy technicians to provide their social security number.

We were unable to determine what other number would be available to safeguard against the possibility of a pharmacy technician changing to another location, changing their name, address, and other variable information. Current language within the bill does not address this problem, requiring only that the pharmacist-in-charge provide the board with the name, address and date of birth of each technician. If an individual gets married, changes their last name and address, yet the birth date should remain the same, how can the Board track this individual?

One other point is that there is no mention of the Board's authority to discipline anyone not listed on the registry, supplying a fictitious name, date of birth or caught with theft of drugs at any pharmacy location. These individuals may simply go to another pharmacy and be entered on the registry of that location. Those that commit such acts should be mandated some sort of restriction on their status of working within a pharmacy area.

With regards to the changing of the technician ratio from Statutes to Regulations, the Board members do not feel comfortable with this change unless pharmacy technicians are held accountable for their actions and restrictions are allowed to be placed on their place of work. The public needs to feel secure that pharmacy technicians involved in filling prescriptions are not addicted to drugs, as well as other issues, such as theft of drugs that are illicitly sold on the streets.

The Board of Pharmacy respectfully requests the Committee consider these problems when considering this bill. Thank you for allowing me to present the Board's position, in **opposition to SB 598**. I will be glad to answer any questions from the Committee.

68-5-15. Training of pharmacy technicians. (a) The pharmacist-in-charge of any pharmacy in which one or more pharmacy technicians perform any tasks authorized by the pharmacy act shall insure that each pharmacy technician complies with the training requirements in this regulation.

(b) The pharmacist-in-charge of any pharmacy in which one or more pharmacy technicians perform any tasks authorized by the pharmacy act shall insure that there exists for the pharmacy a current pharmacy technician training course, designed for the functioning of that pharmacy and addressing at least the following:

- (1) Knowledge and understanding of the different pharmacy practice settings;
- (2) knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards, ethics, laws, and regulations governing the practice of pharmacy;
- (3) knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations, and symbols commonly used in prescribing and dispensing drugs and in record keeping;
- (4) knowledge of and the ability to carry out calculations required for common dosage determinations;
- (5) knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms, storage requirements, and manufacturer recalls;
- (6) knowledge of and the ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions or other drug distribution systems; and
- (7) knowledge of and the ability to perform procedures and techniques, including aseptic techniques, relating to the compounding, packaging, and labeling of drugs.

(c) The pharmacist-in-charge of any pharmacy shall permit a pharmacy technician to perform tasks authorized by the pharmacy act only if the pharmacy technician has successfully completed, within 180 days of the effective date of this regulation or the effective date of the technician's employment in the pharmacy, whichever is later, a training course that meets the requirements of subsection (b) and was designed for the pharmacy in which the tasks are performed.

(d) The pharmacist-in-charge of any pharmacy in which one or more pharmacy technicians perform any tasks authorized by the pharmacy act shall also insure that the following requirements are met:

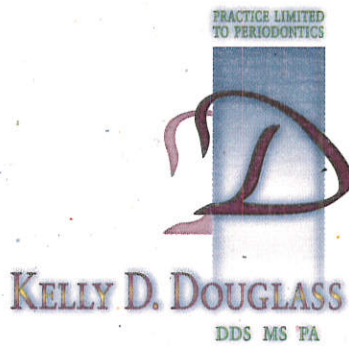
- (1) There is an annual review of the pharmacy technician training course developed for the pharmacy.
- (2) Adequate records are maintained documenting the training of each pharmacy technician as required by this regulation. These records shall be maintained at the pharmacy in a manner available for inspection by a board representative.
- (3) The board is notified, within 30 days of the effective date of this regulation or the effective date of the employment of a pharmacy technician, of the following:

- (i) The full name and current residence address of pharmacy technicians working in a pharmacy for which the pharmacist-in-charge has responsibility;
- (ii) the date on which the pharmacy technician began the pharmacy technician training course or courses designed for the pharmacy or pharmacies in which the pharmacy technician is working; and
- (iii) the name and address of the pharmacy or pharmacies in which the pharmacy technician is working. (Authorized by K.S.A. 65-1630 and K.S.A. 1998 Supp. 65-1642, implementing K.S.A. 1998 Supp. 65-1642, effective July 23, 1999)

3-3

KANSAS STATE BOARD OF PHARMACY

Feb. '00					
LICENSES/REGISTRATIONS	Western Kansas	Southeastern Kansas	Northeastern Kansas		
	#1	#2	# 3	SUB-TOTAL	OUT OF STATE
Pharmacy Licenses					
Hospital	73	44	42	159	
Retail	148	214	247	609	
Ambulatory Surgery Center	3	10	5	18	
Non-Resident Pharmacies	0	0	0	0	203
TOTAL	224	268	294	786	
Retail Dealers	752	778	656	2,186	
Ambulances	27	34	59	120	
County Health/Family Plan Clinics	43	30	21	94	
Distributors (Rx)	28	27	38	93	409
NPD Distributors (Non-Rx)	3	11	16	30	13
Research and Teaching	7	18	44	69	
Institutional Drug Rooms	8	12	21	41	
Analytical Labs	2	3	17	22	
Manufacturers	2	1	9	12	
TOTAL	1,096	1,182	1,175	3,453	<u>625</u>
					4,078
Pharmacists/Kansas Address (Active)	380	700	1,212	2,292	
Pharmacists/Kansas Address (Inactive)	4	4	16	24	
Pharmacists/Out-Of-State (Active)				1,011	
Pharmacists/Out-Of-State (Inactive)				144	
TOTAL				3,471	7,549
Interns/Kansas Address				385	
Interns/Out-Of-State				<u>91</u>	
TOTAL				476	
GRAND TOTAL					8,025



March 13, 2000

Chairman Boston and members of the Committee, I am Dr. Kelly Douglass, a periodontist practicing here in Topeka and President of the Kansas Dental Board. I am speaking today on behalf of the Dental Board in support of Senate Bill 510.

The Dental Board voted unanimously to introduce and support the changes outlined in the original Senate Bill 510. Most of the changes proposed are simple housekeeping measures that were made by the Reviser's office to bring clarity and consistency to the dental statutes.

Our initial objective was to change areas in our statutes that address the license certificates we issue and to include language for Limited Liability Companies (LLC's) that closely follows that of Corporations. We also have been receiving inquiries from dentists wishing to establish LLC's and our current statutes do not have provisions allowing this.

With the increase in size of the Dental Board, from recent legislative change, we felt it was necessary to alter the requirement in the number of member signatures for license certificates.

The third substantive change we requested was to address a need to allow the reinstatement of a license. Currently that authority is ambiguous, at best.

During this process we also determined that a change was needed in the exemption of the definition of practicing dentistry. Currently it appears that all students of dental hygiene and dental assisting, being trained in Kansas, are practicing in violation of the dental practice act when they are learning while working on patients under instructor supervision. Our statutes require either completion of an approved course or a license from our body before some clinical procedures can be legally accomplished. Without this proposed change, there is no exemption allowing these students, or testing individuals, to carry out their necessary duties. As our statutes stand today, all supervising dentists and hygienists place their licenses in jeopardy if they allow students to perform clinical skills necessary to be adequately trained.

During the process in the Senate, a compromise in language change was agreed upon. That change is found on page 4 of the bill before you. Since that time, representatives from both the Kansas Dental Association and the Kansas Dental Hygiene Association have met and worked out better language to deal with a portion of the bill before you. I have provided for you a balloon version that the Kansas Dental Board voted unanimously to accept and present as an amendment.

There was a concern presented that some faculty members hired to teach students might not be able to complete the application for licensure prior to the need for their teaching duties. We feel this change addresses the issue with fairness.

Once again, I express my support in the legislative changes in the dental statutes before you, and I ask that you support and pass them. I would be happy to address any questions you might have at this time. Thank you for your consideration.

4.2

1 (4) (D) any and all administration of general or local anaesthesia of
2 any nature in connection with a dental operation; or

3 (5) (E) a prophylaxis, except that individuals who are not licensed but
4 who are operating under the direct supervision of a dentist may (A) (i)
5 coronal polish teeth as defined by rules and regulations of the board and
6 (B) (ii) coronal scale teeth above the gum line as long as such procedure
7 is not performed on a patient who has undergone local or general anes-
8 thesia at the time of the procedure, is undertaken by a nonlicensed person
9 who has successfully completed necessary training for performing such
10 dental procedure in a course of study approved by the board, which
11 course of study is consistent with American dental association accredita-
12 tion standards and includes but is not limited to adequate instruction on
13 scaling the teeth and recognition of periodontal disease, is undertaken by
14 a person who has met the experience requirements for performing such
15 procedures as established by the board and such procedure is performed
16 prior to July 1, 2001. The provisions of this part (B) (ii) of subsection
17 (h)(5) (8)(E) shall expire on July 1, 2001;

18 (9) ~~the practice of dentistry, dental hygiene or dental assisting by~~
19 ~~dental students, dental hygiene students and dental assisting students of~~
20 ~~a dental or hygiene school approved by the board or a dental assisting~~
21 ~~course approved by the board, when acting under the supervision of a~~
22 ~~licensed dentist or a licensed dental hygienist acting as an instructor or~~
23 ~~evaluator by a dental student, the practice of dental hygiene by a~~
24 ~~dental hygiene student or the performance of duties permitted un-~~
25 ~~der the dental practices act to unlicensed persons by a dental as-~~
26 ~~sisting student, provided that (i) the procedures are performed as~~
27 ~~part of the educational program of dental, dental hygiene or dental~~
28 ~~assisting that has been approved by the board and in a facility op-~~
29 ~~erated or overseen by the approved program and (ii) the student is~~
30 ~~under the supervision of a dentist or dental hygienist, licensed in~~
31 ~~the state of Kansas, serving as a faculty member of the program;~~

(ii) the student is under the supervision of a dentist or dental hygienist who is either licensed in the state of Kansas or who is eligible to be licensed in Kansas and has an application to be licensed in Kansas pending, serving as a faculty member of the program;

32 (10) the actions of persons while they are taking examinations for
33 licensure administered or approved by the board; or

34 (11) the actions of persons while administering examinations ap-
35 proved by the board.

36 (i) (b) As used in this section:

37 (1) "Removal of or addition to the hard or soft tissue of the oral
38 cavity" means: (A) A surgical or cutting procedure on hard or soft tissues;
39 (B) the grafting of hard or soft tissues; (C) the final placement or intraoral
40 adjustment of a fixed crown or fixed bridge; and (D) root planing or the
41 smoothing of roughened root surfaces.

42 (2) "Diagnosis of or prescription for treatment for disease, pain, de-
43 formity, deficiency, injury or physical condition of the human teeth or



KANSAS DENTAL ASSOCIATION

Date: March 13, 2000

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE
Executive Director 

RE: SB 510

Chairman Boston and members of the Committee, I am Kevin Robertson Executive Director of the Kansas Dental Association, which consists of approximately 1,000 members, or 80% of Kansas' practicing dentists.

The KDA supports the provisions and proposed amendment to SB 510 as presented by the Kansas Dental Board. For the most part, SB 510 contains simple clean up and administrative amendments to the Dental Practice Act that are acceptable to the KDA and its members.

The KDA has met with the Kansas Dental Board and representatives of the Kansas Dental Hygienists Association to work out the amendment contained on page four of the bill. All parties have agreed to its language.

Thank you for the opportunity to appear before you today, if you have any questions I will be happy to answer them at this time.

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H & HS
3-13-2000
Atch #5

Amendment offered by the Kansas Dental Association / *KAMU*

HOUSE BILL No. 2990
By Committee on Appropriations
2-16

9 AN ACT relating to the dental practices act; amending K.S.A. 1999 Supp.
10 65-1466 and repealing the existing section.

11

12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. K.S.A. 1999 Supp. 65-1466 is hereby amended to read as
14 follows: 65-1466. (a) (1) Notwithstanding any other provision of the dental
15 practices act, a not-for-profit corporation having the status of an organi-
16 zation under 26 United States Code Annotated 501(c)(3) which is also a
17 facility qualified under subsection (b) of K.S.A. 65-431 and amendments
18 thereto to select and employ professional personnel, an indigent health
19 care clinic as defined by the rules and regulations of the secretary of
20 health and environment, ~~a federally qualified health center~~, or a local
21 health department may employ or otherwise contract with a person li-
22 censed under the dental practices act to provide dental services to dentally
23 indigent persons.

24 (2) ~~Notwithstanding any other provision of the dental practices act,~~
25 ~~a federally qualified health center~~ *may employ or otherwise contract with*
26 *a person licensed under the dental practices act to provide services to any*
27 *person.*

[*or National Health Service Corps site*]

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

[*except that a federally qualified health center and a clinic employing a National Health Service Corps dentist shall report annually to the Health Care Reform Legislative Oversight Committee indicating the income level of their patients, and the percentage of patients covered by dental insurance in the preceding year.*]

41 (c) A licensee under the dental practices act who enters into an ar-
42 rangement with an entity under subsection (a) to provide dental services
43 pursuant to subsection (a): (1) Shall not be subject to having the licensee's

[*(3) eligible for the Kansas federal children's health insurance program; (4) eligible for other publicly funded health care programs as defined by the Kansas Dental Board; or (5)*]

*H & HS
3-13-2000
Atch #6*

**McGILL
GACHES**



& ASSOCIATES INC.

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Testimony of Kansas Dental Hygienists Association

**Regarding Senate Bill 510
Amending the Kansas Dental Practices Act**

Before the House Health and Human Services Committee

**Presented by Ron Gaches
McGill, Gaches and Associates**

Monday, March 13, 2000

H & HS
3-13-2000
Atch # 7

Thank you Chairman Boston for this opportunity to appear in support of SB 510, amending the Kansas Dental Practices Act.

As described by earlier conferees, the bill makes several needed changes to the licensing sections of current law. Adoption of these changes will improve the administration of the licensing law and remove compliance issues for dental care providers and the Dental Board.

The Kansas Dental Hygienists Association (KDHA) has previously raised two concerns about the Bill.

First, during the Senate hearings, we expressed concern that the original new language proposed on page five, lines 18-23, was intended to legitimize the dental assistant scaling program recently approved by the Dental Board at the Concorde Academy in Kansas City, Missouri. Our concern, which has previously been submitted to the Dental Board, considered and rejected, is that the program is not consistent with American Dental Association Accreditation Standards referenced in KSA 65-1423 (8)(E)(ii). (found at page 4, lines 3-17 of SB 510).

The current law provides in part that “individuals who are not licensed but who are operating under the direct supervision of a dentist may ... (ii) coronal scale teeth above the gum line as long as such procedure is ... undertaken by a nonlicensed person who has successfully completed necessary training for performing such dental procedure in a course of study approved by the board, which course of study is consistent with American dental association accreditation standards ...”

During a meeting following the Senate hearing with Dr. Douglas, chairman of the Dental Board; Kevin Robertson, Kansas Dental Association; Denise Maus, Chairman of the KDHA Government Affairs Committee; and myself, Dr. Douglas explained this section of the law has no meaning to the Board and that the Board does not look to any ADA accreditation standards in determining whether to approval a scaling training program for nonlicensed persons like the one recently approved at Concorde.

Dr. Douglas also expressed the opinion at that same time, that the two dental hygiene schools operating in Kansas are in violation of Kansas’ law, and without the new language on page five, could be shut down.

With that explanation, KDHA agreed to accept the new language recommended by the Dental Board and KDA which is now found on page 4, lines 23-31.

The second concern raised by KDHA relates to the licensing qualifications for faculty members at the dental hygiene schools operating in Kansas found in the new language on lines 23-31. Specifically, our concern is that requiring faculty members to hold a Kansas license will prevent dental hygiene students from performing dental hygiene procedures at the Veterans Administration Hospitals or Federal Prison, where they might be supervised by dentists who are licensed in states other than Kansas.

At the Dental Board meeting on Friday, March 3, Dr. Douglas reminded Terrie Higgins, President of KDHA, that the Board has no jurisdiction over those federal facilities. I understand there was a lively discussion regarding this issue at the meeting and, since that time, the Board's attorney has prepared additional language which we received last Thursday night.

We still have a concern about maintaining those education experiences, because this section of the law is regulating the actions of the dental hygiene student, not the faculty. However, because the two dental hygiene schools have not raised concerns about this language we are withdrawing our objections.

Several legislators have encouraged the KDHA to work proactively with the Dental Board and Kansas Dental Association to resolve differences on bills such as these, and we have made repeated efforts to do so. This bill is a product of that process. It certainly isn't the bill that the KDHA would have drafted, but the process has been productive and the Senate Committee amendments are an improvement over the original language. I'd like to particularly thank Kevin Robertson of the KDA for his support of the process and consideration of our issues.