

Approved: 2-21-2000
Date

MINUTES OF THE SENATE EDUCATION COMMITTEE.

The meeting was called to order by Chairperson Senator Barbara Lawrence at 9:00 a.m. on February 9, 2000 in Room 123-S of the Capitol.

All members were present except:

Committee staff present: Avis Swartzman, Revisor of Statutes
Ben Barrett, Legislative Research Department
Jackie Breymeyer, Committee Secretary

Conferees appearing before the committee: Marvin Burris, Kansas Board of Regents
Charles Wheelen - KS Association of Osteopathic Medicine
Gary Robbins - KS Optometric Association
Terri Roberts - KS State Nurses Association
Kevin Robertson - Kansas Dental Association
Major General Gardner - Adjutant General

Others attending: See Attached List

The meeting was called to order by Chairperson Lawrence who stated the agenda was:

SB 381 - professional services scholarships, osteopaths, optometrists, nurses, teachers, dentists, national guard officers

Chairperson Lawrence stated that over the summer the groups involved in the bill met several times. The differences were worked out. The legislation was presented to the LEPC, which brought it to the full Senate Committee for its consideration.

Marvin Burris, Board of Regents, led off the testimony. (Attachment 1) He stated the intended changes are twofold; to streamline the administration of programs by making them consistent with one another and to update the law. Mr. Burris had an attached proposed amendment to the Ethnic Minority Fellowship Program. Ending, his testimony, Mr. Burris asked for favorable consideration of the bill.

Charles Wheelen, Kansas Association of Osteopathic Medicine, addressed the committee and distributed his testimony. (Attachment 2) He stressed the amount of work that went into the bill and commented that all of the programs were originally created at different times when the legislature recognized a shortage in a particular career. Each program evolved separately, representing diverse interest, but this bill makes them all similar in many ways. He emphasized that the would bill not appropriate any money. He went through the sections that pertained to the osteopathic portion of the bill.

Gary Robbins, Kansas Optometric Association, submitted his testimony (Attachment 3) After completing the necessary undergraduate requirement and entrance examination, optometry students enter a four-year, post-graduate program. The program will guarantee admission and continued enrollment for Kansas students and allow Kansas students to pay in-state tuition. The association is also pleased that the bill allows for part-time practice to count toward the service obligation for the first time.

Terri Roberts, Kansas State Nurses Association, stated that this program has a unique feature in that it is a public-private partnership because it has to have a sponsoring hospital or long term care facility sponsor to qualify for the scholarship program. The language that is being added to the bill expands the nursing student scholarship eligible sponsors list to include licensed home health agencies and local health departments. (Attachment 4)

Chairperson Lawrence stated that testimony was submitted Craig Grant, representing the Kansas National Education Association. He was part of the group that met during the summer and is a strong supporter of the bill. (Attachment 5)

CONTINUATION SHEET

MINUTES OF THE SENATE EDUCATION COMMITTEE, Room 123-S Statehouse, at 9:00 a.m. on February 9, 2000.

Kevin Robertson, Kansas Dental Association, was next to address the bill. His association represents about 80% of the practicing dentists in Kansas. Federal money in the 1960s and 1970s resulted in a large number of dental graduates. These persons are now reaching retirement age. Following the withdrawal of federal money, many schools drastically reduced their class sizes. The small number of dentists under age 35 is very troubling as Kansas attempts to replace retiring dentists. This number is decreasing by about 6% a year. A chart showing data on professionally active Kansas dentists was shown in his testimony. (Attachment 6) Approximately 60% of Kansas dentists are practicing in five Kansas counties which make up 47.7% of the population. This leaves 40% of dentists to care for 52.3% of the population. Kansas has no dental school. The Kansas Board of Regents and the Missouri Coordinating Board for Higher Education have entered into an agreement whereby the UMKC School of Dentistry accepts a total of 80 Kansas students. Indebtedness is a heavy factor influencing practice location of graduates. This forces some students to seek opportunities in the large metropolitan areas.

After several further comments, Mr. Robertson stated the creation of a dentistry service scholarship program will be a step in the right direction for oral health care in Kansas.

Major General (KS) Greg Gardner, Adjutant General, appeared on the bill. (Attachment 7) He stated that the bill will allow more flexibility in being able to move unfilled scholarships from one institution to another. It helps provide approximately one-third of the required number of lieutenants that can be put into the Kansas National Guard each year. It helps recruit and retain soldiers that serve in the state of Kansas.

Major General Gardner referred to the map at the bottom of his testimony which showed that the Kansas National Guard ranks lowest out of four surrounding states in personnel strength. This is a challenge which this bill will help to solve and urged its passage.

Seeing no opponents, the Chairperson closed the hearing on **SB 381**.

The Chairperson encouraged committee members to attend the Technology Fair on Thursday, February 10 and look up the students from their school districts. She announced the agenda for Thursday, stating the committee would meet jointly with the House to hear the Milken Foundation awardees and return to the standing committee room to hear **SB 432**.

The meeting was adjourned.

SENATE EDUCATION COMMITTEE GUEST LIST

DATE: February 9, 2000

NAME	REPRESENTING
J. P. SMALL	KSARNG
Cody Denton	Budget
Majken Greg Gardner	Adjutant General
Gary Robbins	KS Optometric Assn
Chip Wheden	Osteopathic Association
Jerry Rayner	SRS
KEVIN ROBERTSON	KS DENTAL ASSN
Chuck Bredahl	Adjutant General's Dept
Joy D. Moser	Adjutant General's Dept
Carolyn Muddendy	KS St Ns Assn
Verii Roberts	Kansas State Nurses Assn.
Kay Ahle	Kansas Hospital Assn.
Rebecca Fin	KS Chiropractic Assn
Everett R Weaver	KS Army Nat'l Guard

SENATE EDUCATION COMMITTEE

TESTIMONY ON SENATE BILL 381

Presented by Marvin Burris, Director of Fiscal Affairs
Kansas Board of Regents
February 9, 2000

PROFESSIONAL SERVICE SCHOLARSHIP PROGRAMS

The Board of Regents administers several professional scholarship programs designed to help insure that needed professional services are available to Kansans. This is accomplished by creating a service obligation for recipients to practice in Kansas, and/or by purchasing seats for Kansas students to attend schools in other states for professional training that is not available in Kansas. Last fall, a group of representatives of the professional associations, legislative staff and Regents staff worked together to recommend statutory changes in the programs to the Legislative Educational Planning Committee. Many of the changes recommended by the LEPC are intended to streamline the administration of the programs by making them consistent with one another and generally update the law.

As recommended by the LEPC, SB 381 makes several changes to the following programs: Osteopathic Scholarship; Nursing Student Scholarship; Optometry Education; Teacher Scholarship; Ethnic Minority Fellowship; and Advanced Registered Nurse Practitioner. In addition, the Kansas National Guard ROTC Scholarship Program is included and a new professional scholarship program is created for dentists.

In addition to the amendments recommended by the LEPC, the Board of Regents recommends amendments to the Ethnic Minority Fellowship Program (attached) which are intended to recognize the need to enhance the diversity of the student population. Last week, the Board proposed and the Committee concurred with, a similar amendment to the Ethnic Minority Scholarship Program.

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Attachment 1

The following is a brief description of the changes included in SB 381:

1. Expands the list of eligible sponsors for nursing students to include licensed home health agencies and local health departments.
2. Adds language to the Teacher Scholarship Program under which a student could fulfill the service obligation by serving in a part of the state where there is a critical teacher shortage, regardless of the discipline taught.
3. Reconciles the definitions of "primary care" in the Osteopathic Scholarship Program to make them consistent.
4. Adds the reason of "family leave", as defined in the Family Medical Leave Act, to the list of reasons the service obligation could be deferred.
5. Adds an "extenuating circumstances" reason, as determined by the Board of Regents, to the list of reasons for deferral of the service obligation.
6. Adds training in residency programs or other similar programs to the list of reasons for deferral of the service obligation for optometry graduates.
7. Standardizes the grace period between the time a person is eligible to work and must begin to fulfill the service requirement to six months.
8. Increases the maximum scholarship to an amount not to exceed 70 percent of the cost of attendance at a Regents university for the ROTC, nursing, advanced registered nurse practitioner and teaching scholarship programs; in the case of the osteopathic scholarship program, increases the maximum amount of the scholarship to the amount allowed under the Medical Student Loan Act; establishes the maximum award for the ethnic minority fellowship program to an amount not exceed the cost of attendance at a Regents university.
9. Renames all programs as service programs to emphasize that a service commitment is expected.
10. Lowers the interest rate on repayments from 15 percent to rates applicable to loans made under the federal PLUS (Parent Loan for Undergraduate Student) program at the time the recipient first entered the program, plus 2 percentage points. Currently the interest rate on the PLUS Program is around 8.5%.
11. Makes consistent the ways in which the recipient's obligation can be satisfied.

12. Gives the Board of Regents the option to contract with a private service to collect repayments.
13. Allows practitioners to work part-time, as long as part-time service equated to full-time equals the total amount of time required under the service agreement.
14. Amends the existing Kansas National Guard ROTC Scholarship Program to reallocate unused slots among eligible institutions.
15. Establishes the dental scholarship program that would award scholarships in an amount up to 70% of the cost of attending a dental school and would not have to be repaid if the recipient practices dentistry in a medically underserved area or a rural area for each year for which a scholarship was received.
16. Establishes the professional service scholarship advisory committee comprised of eight members that represent each of the service area.

The Board of Regents supports passage of SB 381, with the amendments it has requested, and urges the Committee to pass the bill out favorably.

MINORITY FELLOWSHIP

74-32,112. Citation of act; legislative findings and declaration of intention. (a)

This act shall be known and may be cited as the Kansas ethnic minority fellowship program.

(b) The legislature hereby finds that: (1) The enrollment of certain ethnic minority students in graduate programs is low and declining; and (2) the ratio of graduate students who receive teaching and research assistantships is lower for ethnic minority students than for Caucasian students; ~~and (3) the ethnic origin of faculty at institutions of higher education is disproportionately Caucasoid.~~

(c) The legislature hereby declares that it is the intention of this act to provide for a program under which the state in cooperation with the state educational institutions may award grants of financial assistance in the form of fellowships to qualified ethnic minority graduate students as a means of: ~~(1) Recruiting and retaining ethnic minority students in the graduate programs of the state educational institutions; and (2) attracting and retaining ethnic minority faculty members and educational leaders in Kansas in order~~ to enhance the diversity of the student population.

History: L. 1993, ch. 47, § 1; July 1.

74-32,113. **Definitions.** As used in this act:

(a) "Kansas ethnic minority fellowship program" means a program under which grants of financial assistance in the form of fellowships are awarded to qualified ethnic minority graduate students.

(b) "Qualified ethnic minority graduate student" means a person who: (1) Is a citizen of the United States; (2) is a member of an ethnic minority group; (3) has been accepted for admission to or is enrolled full time in a graduate program at a state educational institution; and (4) has qualified for the award of a fellowship under the Kansas ethnic minority fellowship program on the basis of having demonstrated scholastic ability, or who has previously so qualified and remains qualified for renewal of the fellowship on the basis of remaining in good standing and making satisfactory progress toward completion of the requirements of the graduate program in which enrolled.

(c) "Ethnic minority group" means a group of persons categorized as: (1) American Indian; (2) Asian or Pacific Islander; (3) Black, non-Hispanic; or (4) Hispanic.

(d) "American Indian" means a person having origins in the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

(e) "Asian" or "Pacific Islander" means a person having origins in any of the original peoples of ~~Laos, Vietnam, Cambodia, or Korea~~ the Far East, Southeast Asia, the Indian subcontinent, or pacific islands. This includes, but not by way of limitation, persons from China, Japan, Korea, the Philippine Islands, Samoa, India, Laos, Vietnam, or Cambodia.

(f) "Black, non-Hispanic" means a person having origins in any of the black racial groups of Africa (except those of Hispanic origin).

(g) "Hispanic" means a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

(h) "State educational institution" has the meaning ascribed thereto in K.S.A. 76-711, and amendments thereto.

(i) "Executive officer" means the executive officer of the state board of regents, appointed under K.S.A. 74-3203, and amendments thereto.

History: L. 1993, ch. 47, § 2; July 1.

74-32,118. Administration of program; rules and regulations; agreement terms, conditions, and obligations. (a) The state board of regents shall adopt rules and regulations for administration of the Kansas ethnic minority fellowship program and shall establish terms, conditions and obligations which shall be incorporated into the provisions of any agreement entered into between the executive officer and an applicant for the award of a fellowship under the program. The terms, conditions and obligations shall be consistent with the provisions of law relating to the program and shall include, but not be limited to, the circumstances under which eligibility for financial assistance under the program may be terminated, the amount of financial assistance to be provided, the circumstances under which obligations may be discharged or forgiven, the amount of money required to be repaid because of failure to satisfy the obligations under an agreement and the method of repayment.

(b) The state board of regents shall annually review the Kansas ethnic minority fellowship program to determine if it is meeting the intent of the legislature and to make such recommendations to the legislature for continuance, discontinuance, expansion, or contraction of the program.

History: L. 1993, ch. 47, § 7; July 1.



Testimony
To The
Senate Education Committee
Regarding 2000 Senate Bill 381
By Charles Wheelen
February 9, 2000

Thank you for this opportunity to express our support for Senate Bill 381. These amendments and new sections are the product of extensive hearings, staff work, and deliberations by the Legislative Educational Planning Committee.

This bill reestablishes the eligibility requirements, terms, and conditions for a number of scholarship programs that create incentives for students to engage in an academic curriculum leading to a particular occupation. These scholarships were created by the Legislature at different times to address a documented shortage of professionals. This bill does not create demand transfers or require appropriations of any kind. Funding of the scholarship programs is completely separate as a function of annual appropriation acts.

We are particularly supportive of sections one through six of SB381. These amendments would significantly improve the Kansas Osteopathic Medical Service Scholarship Program.

As you probably know, the State of Kansas does not have the benefit of a school of osteopathic medicine at any of our academic institutions. Instead, we have an excellent program that provides financial assistance to Kansas residents while they pursue a doctor of osteopathy degree at an out-of-state college or university. Then, if they return to Kansas and practice primary care medicine in a rural county, the academic loan is forgiven, whereas if they do not return to Kansas to practice medicine, they must repay the funding with interest. In either event, the Legislature and the taxpayers receive a good return on their investment.

Section one of SB381 would establish a new limit on the amount of the scholarship that is equal to the amount granted to a medical student loan recipient at the University of Kansas School of Medicine. This would not necessarily require additional funding for osteopathic scholarships but, as a matter of public policy, would establish equity between the two comparable programs. We believe this is an important amendment which reflects fundamental fairness.

Section two of the bill contains an amendment that allows the physician to fulfill his or her commitment by practicing part-time. Of course the duration of service obligation is commensurately longer for the physician who practices part-time in a rural county or underserved location. This would allow, for example, a physician to practice part-time in Wichita (which does not fulfill the obligation) and also practice part-time in one of the surrounding rural counties (which does fulfill the obligation).

Section two also clarifies that a physician may fulfill his or her commitment by practicing at least half-time at a state institution such as a psychiatric hospital or correctional facility. In addition, this section adds obstetrics and gynecology to the list of medical specialties that are defined as primary care.

Another important amendment contained in section two allows the Board of Regents to designate medically underserved areas other than the rural counties. For example, the Board could designate an urban clinic for medically indigent patients as medically underserved, thus allowing the scholarship recipient to fulfill his or her obligation by providing medical care to patients who lack resources.

Section three makes an important change in the rules governing repayment of the grant in the event the physician decides not to engage in a primary care specialty or decides not to practice in a rural county of the State. Current law imposes a fifteen percent interest rate which may have been appropriate in the past. Nowadays, however, a fifteen percent rate of interest is perhaps usurious. The amendment would establish an interest rate based on the prevailing rate for other student loans plus two percent.

Section four of HB2014 contains technical amendments only, but it is important to note that it pertains to K.S.A. 74-3267a. This is the section of law that created the osteopathic medical service scholarship repayment fund. In recent years, balances in this fund have been sufficient to afford a significant portion of financing the scholarships. And it's our understanding that the Governor's recommended budget for next fiscal year would fund all of the osteopathic scholarships from the repayment fund. In this regard it is important to keep in mind that prior to 1993 the laws governing service commitment were so stringent that many physicians chose to repay the financial assistance rather than attempt to comply with the requirements. As a result of improvements in the laws made by the 1993 Legislature, more physicians can be expected to fulfill the obligation.

Section five of the bill deals with K.S.A. 74-3268 which allows physicians to postpone their practice commitment under certain circumstances such as military service. This section of law would be amended to conform with the federal Family and Medical Leave Act of 1993 and would also allow the Board of Regents to exercise discretion in the event of special circumstances. The Board would be required to adopt administrative regulations setting out the criteria or guidelines for determining when special circumstances exist. And section six incorporates technical amendments in K.S.A. 74-3268a which are consistent with other amendments contained in the bill.

In conclusion we want to endorse the provisions of new section 52 that creates the Professional Service Scholarship Advisory Committee to work with the Board of Regents staff. This Committee would include one member to represent each of the interested professions. The purpose of this Committee is to continue the valuable collaboration which occurred ad hoc during the 1998 and 1999 interims between legislative sessions.

Thank you for considering our comments in your deliberations. We respectfully request that you recommend passage of SB381.

TESTIMONY FOR THE SENATE EDUCATION COMMITTEE

February 9, 2000

Thank you for the opportunity to discuss Senate Bill 381. I am Gary Robbins, Executive Director of the Kansas Optometric Association. I wish to thank the Legislative Educational Planning Committee for introducing this legislation, which reflects two years of work and deliberation by that committee. Our association is strongly in favor of the improvements initiated by this bill. This bill was a cooperative team effort with the staff of the Legislative Research Department, Revisor of Statutes, and Board of Regents working with interested organizations who had rather diverse professional service scholarship programs. I was very impressed with the patience and cooperation exhibited by everyone in this process to reach agreement.

My comments will be directed to the optometry seat program, which starts on page 8 in Section 7. After completing the necessary undergraduate requirements and entrance examination, optometry students enter a four-year, post-graduate program. There are only 17 optometry schools in the United States and obtaining admission is very competitive. This program guarantees admission and continued enrollment for Kansas students. In addition, this program allows Kansas students to pay in-state tuition.

We are pleased that this bill allows for part-time practice to count toward the service obligation for the first time, along with more flexibility in determining the interest rate on loans for those not returning to practice in Kansas. My final comments are directed toward section 52, which establishes a professional service scholarship committee to advise the Board of Regents. Hopefully, this advisory committee will be a beneficial resource to the Board of Regents in addressing issues relative to these various professional programs. The Kansas Optometric Association is extremely appreciative of the support from the Board of Regents in administering our current program.

Due to the many hours of work by all interested parties, we strongly believe that Senate Bill 381 will further improve the administration of all these programs. We respectfully request your support of Senate Bill 381, which provides uniform guidelines for similar programs.

Thank you for your time and consideration.



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the Voice of Nursing in Kansas

Emma Doherty, M.A., R.N.
President

Terri Roberts, J.D., R.N.
Executive Director

February 9, 2000

S.B. 381 Professional Scholarship Programs

Senator Lawrence and members of the Senate Education, my name is Terri Roberts and I represent the KANSAS STATE NURSES ASSOCIATION appearing before you today to support the proposed changes in S.B. 381 the Professional Scholarship Programs bill. KSNA worked with representatives of the other health disciplines and the Board of Regents staff throughout the interim to realign provisions of the various programs to streamline the management of these programs administered by the Board of Regents.

There is one specific change that is unique to the Nursing Student program that bears highlighting: Currently the program requires a sponsoring hospital or long term care facility. This program was initiated as a public private partnership by the Hayden administration to respond to the nursing manpower shortage of the late 1980's and requires a sponsoring organization to contribute half the scholarship amount (with the exception of rural facilities that are required to contribute \$1000 or the \$1500 match). **S.B. 381 expands the nursing student scholarship eligible sponsors list to include *licensed home health agencies and local health departments.* (Page 12 line 26)**

In addition to the specific change made to the Nursing Student Scholarship Program KSNA supports the substantive changes recommended by the LEPC to this program and the the ARNP Scholarship Program:

- * Retitle the program by adding the term "Service" prior to scholarships.
- * Standardize the grace period to six months for all programs
(nursing is at six months already.)
- * Increase the scholarship amount from \$3500 to a higher amount.
- * Provide to the Board of Regents the option of contracting out repayment collections.
- * Add language for deferral of service obligations mimicking the "family leave" definition in the FMLA, and standardize deferral language among all scholarship programs.
- * Lower the Interest Rate for repayments
Federal *PLUS* program loan interest rate plus 2%, with the interest rate in effect the first year remaining consistent for the student for succeeding years.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

Constituent of The American Nurses Association

Senate Education
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Attachment 4

The public-private partnership that is unique to the Nursing Student Scholarship Program was preserved and we are very appreciative of this. The sponsorship element provides a responsible mechanism to meet nursing manpower demands throughout Kansas communities.

As a footnote I'd like to add that we have begun to experience geographic shortages of RN's and anticipate increasing difficulty in this area in the future. Recruiting nursing students will be an ongoing challenge for the profession. There are currently 29 Schools of Nursing preparing R.N.'s, 20 programs preparing LPN's and 5 ARNP programs in Kansas at this time. The nursing profession according to the Kansas Department of Human Resources has one of the highest projected growth of job opportunities of any profession from 1998-2005. We do anticipate increased interest and participation in this scholarship opportunity in the next couple years due to the impending shortage. We support the proposed revisions that should provide greater continuity for administration and increased attraction for nursing students.

THANK YOU

Practical Nursing Programs

Barton Co. Com. College
Nursing Education
245 N.E. 30th Rd
Great Bend, KS 67530
(316) 792-9357

Butler Co. Com. College
Department of Nursing
Towanda & Haverhill Rd
El Dorado, KS 67402
(316) 321-2222

Cloud CCC/No. Cen. Ks. Tech. Col.
Department of Nursing
P.O. Box 507
Beloit, KS 67420
(785) 738-9025

Colby Com. College
Department of Nursing
Colby Campus
1255 South Range
Colby, KS 67701
(785) 462-3984

Colby Com. College
Department of Nursing
Norton Annex
102 1/2 E. Holme
Norton, KS 67654
(785) 462-2259

Kaw Area Technical School
Health Occupations
5724 Huntoon
Topeka, KS 66604
(785) 273-7140

Labette Com. College
Department of Nursing
200 S 14th
Parsons, KS 67357
(316) 421-6700

Manhattan Area Technical Col.
Practical Nursing Program
3136 Dickens Ave
Manhattan, KS 66503
(785) 587-2800

Neosho Co. Com. College
Mary Grimes School of Nursing
1000 S. Allen
Chanute, KS 66720
(316) 431-2820 ext. 255

North Central Ks. Tech. College
Department of Nursing
2205 Wheatland
Hays, KS 67601
(785) 738-2259

Dodge City Com. College
Dept. of Nurse Education
2501 N. 14th St.
Dodge City, KS 67801
(316) 225-1321

Flint Hills Technical Col.
Department of Nursing
3301 W. 18th
Emporia, KS 66801
(316) 341-2300

Hutchinson Com. College
Practical Nursing Program
925 N. Walnut
McPherson, KS 67460
(316) 241-4417

Johnson Co. AVS
Health Occupations
10000 W 75th St.
Overland Park, KS 66210
(913) 469-2350

Kansas City Kansas AVTS
Practical Nursing Program
2220 N. 59th
Kansas City, KS 66104
(913) 596-5500

Northeast Kansas ATS
Practical Nursing Program
1501 W. Riley
Atchison, KS 66002
(913) 367-6204

Pratt Com. College
Department of Nursing
348 NE SR 61
Pratt, KS 67124
(316) 672-5641

Seward Co. Com. College
Department of Nursing
P.O. Box 1137
Liberal, KS 67901
(316) 626-3027

Wichita Area Technical College
Practical Nurse Program
324 N. Emporia
Wichita, KS 67202
(316) 973-4374

Wichita Area Technical College
Practical Nurse Program
Arkansas City Satellite
125 South 2nd
Arkansas City, KS 67005
(316) 441-5319

Associate Degree Programs

Barton Co. Com. College
Nursing Education
245 N.E. 30th Rd
Great Bend, KS 67530
(316) 792-9357

Butler Co. Com. College
Department of Nursing
Towanda & Haverhill Rd
El Dorado, KS 67402
(316) 321-2222

Cloud CCC/No. Cen. Ks. Tech. Col.
Department of Nursing
P.O. Box 507
Beloit, KS 67420
(785) 738-9025

Colby Com. College
Department of Nursing
1255 S. Range
Colby, KS 67701
(785) 462-3984

Dodge City Com. College
Dept. of Nurse Education
2501 N. 14th St.
Dodge City, KS 67801
(316) 225-1321

Ft. Scott Com. College
Dept. of Nursing Education
2108 S. Horton
Ft. Scott, KS 66701
(316) 223-2700

Garden City Com. College
Department of Nursing
801 Campus Drive
Garden City, KS 67846
(316) 276-7611 ext 560

Hesston College
Department of Nursing
P.O. Box 3000
Hesston, KS 67602
(316) 327-4221

Hutchinson Com. College
Associate Degree Nursing
Program
1300 North Plum
Hutchinson, KS 67501
(316)665-3500 ext. 4930

Johnson Co. Com. College
Nursing Program
12345 College Blvd
Overland Park, KS 66210
(913) 469-8500 ext. 3157

Kansas City Ks. Com. College
Nursing Education Program
7250 State Ave.
Kansas City, KS 66112
(913) 334-1100

Kansas Wesleyan University
Nursing Division
100 E. Claflin
Salina, KS 67401
(785) 827-7220

Labette Com. College
Department of Nursing
200 S 14th
Parsons, KS 67357
(316) 421-6700

Neosho Co. Com. College
Mary Grimes School of Nursing
1000 S. Allen
Chanute, KS 66720
(316) 242-2067

North Central Ks. Tech. College
Department of Nursing
2205 Wheatland
Hays, KS 67601
(785) 738-2259

Pratt Com. College
Department of Nursing
348 NE SR61
Pratt, KS 67124
(316) 672-5641 ext. 232

Seward Co. Com. College
Department of Nursing
P.O. Box 1137
Liberal, KS 67905
(316) 626-3027

Baccalaureate Degree Programs

Baker University
Pozez Educational Center
1500 W. 10th St.
Topeka, KS 66604
(785) 354-5853

Bethel College
Department of Nursing
300 East 27th Street
N. Newton, KS 67117
(316) 283-2500

Emporia State University
Newman Division of Nursing
1127 Chestnut
Emporia, KS 66801
(316) 343-6800 ext. 641

Fort Hays State University
Department of Nursing
600 Park
Hays, KS 67601
(785) 628-4498

Kansas Wesleyan University
Nursing Division
100 E. Claflin
Salina, KS 67401
(785) 827-7220

MidAmerica Nazarene University
Division of Nursing
2030 E. College Way
Olathe, KS 66062
(913) 782-3750

Newman University
Nursing Division
3100 McCormick Ave.
Wichita, KS 67212
(316) 942-4291

Pittsburg State University
Department of Nursing
1701 S. Broadway
Pittsburg, KS 66762
(316) 235-4431

Southwestern College
Department of Nursing
100 College
Winfield, KS 67156
(316) 221-8207

University of Kansas
School of Nursing
3901 Rainbow Blvd.
Kansas City, KS 66160
(913) 588-1614

Washburn University
School of Nursing
1700 College
Topeka, KS 66621
(785) 231-1010

Wichita State University
School of Nursing
1845 Fairmont Ave.
Wichita, KS 67260
(316) 978-3610

Kansas Primary Care Nurse Practitioner Program: A Partnership in Education

by: H. CONNORS RN,PhD; D. HAWLEY RN,EdD; S. KRUGER RN,PhD; J. SWANSON RN,PhD, ARNP; AND C. LEE RN,PhD,FAAN

Today, the focus of consumers, employers, legislators, and health professionals is riveted to the issue of health care reform. The underlying reason for this tremendous concern centers on the problems of access, quality, and cost of health care. Health care costs are approaching 14% of the gross national product (GNP) and are predicted to escalate at a phenomenal rate if changes are not made. Despite the cost of health care to this nation, many Americans must overcome enormous geographic and/or economic obstacles to get even the most elementary services (Lee, 1991), and 60 million Americans are either uninsured or underinsured (Powers, 1991). Inadequate access to primary health care contributes to an alarming number of disease processes which are not only costly, but are actually preventable (Moses, 1989; Van Hook, 1989). Pregnant women, children, the homeless, migrant workers, and the elderly are particularly vulnerable populations (Hanson, 1991). One remedy for this multi-faceted health care dilemma is the employment of nurse practitioners in primary care settings. For more than a decade, data have been accumulating that support the assertion that nurse practitioners who work in primary care settings enhance access to health care, improve quality, and lower costs, especially for the poor in rural and urban settings (Cosby, Ventura & Feldman, 1987; McGrath, 1990).

Nurse practitioners are advanced practice nurses who have been educated to take health histories, examine patients, order and conduct diagnostic test, make diagnoses, prescribe both pharmacologic and nonpharmacologic treatments, and counsel and educate patients. They are experts in primary care, particularly in the health promotion and disease prevention components. It is estimated that between 75-80% of adult primary care, and up to 90% of pediatric primary care services can be performed by nurse practitioners (Brown, S.A. & Grimes, D.E., 1993).

At the present time, there is a serious shortage of nurse practitioners. Very few programs in the country are designed to prepare nurses with the advanced knowledge and skill necessary to provide primary care (Secretary's Commission on Nursing, [DHHS], 1988). However, in order to meet the proposed health care reform initiatives, many schools across the country are developing programs. Kansas is in

the forefront in addressing the needs and concerns for providing primary care providers to ameliorate the health care crises.

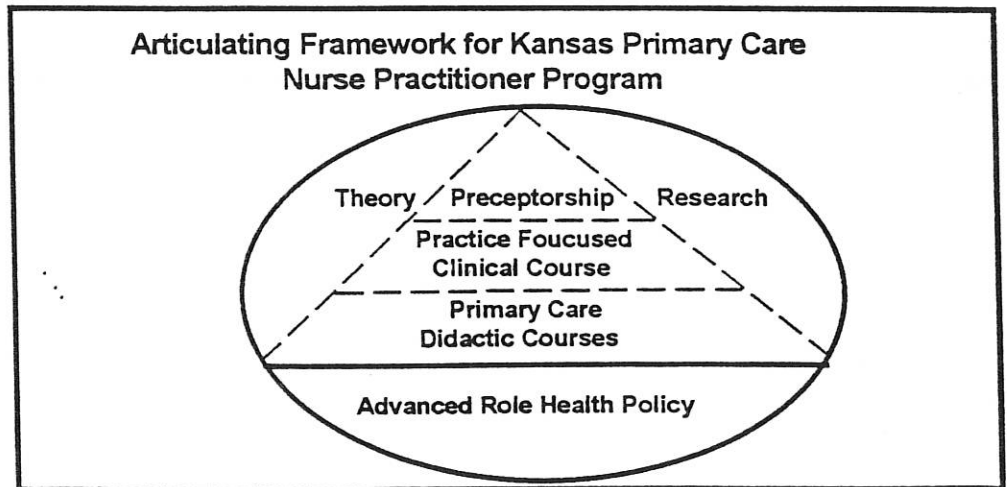
Recently, the University of Kansas School of Nursing (KU), Wichita State University School of Nursing (WSU), and Fort Hays State University Department of Nursing (FHSU) joined forces to form a collaborative, multi-site primary care nurse practitioner program designed to increase the statewide distribution of primary health care providers for residents of underserved, rural and urban areas of Kansas. This was accomplished through a common primary care core curriculum which is taught simultaneously on all three campuses via compressed video technology. Although the primary care core curriculum is the same at all sites, each institution maintains its own identity and individuality through other aspects of the graduate program; such as, admission requirements and graduate core courses.

Support for this program has been notable. Preliminary funding for program development was provided to KU by The Speas Memorial Trust and The Prime Health Foundation. In addition, The Kansas Health Foundation funded an 18 month demonstration project to prepare family nurse practitioners at WSU. The demonstration project was instrumental in development of curriculum for the cooperative statewide program. Funding for the implementation of this collaborative project, in the amount of \$1,040,000 (shared among the three institutions), was received from The Kansas Health Foundation (KHF) in March 1993. State support became available in July 1993. This funding provided the necessary equipment and technical support to fully operationalize the collaborative program. In addition, a federal grant to expand the program was funded by the Department of Health and Human Services, Division of Nursing in July 1993.

The Primary Care Curriculum

The Kansas Primary Care Nurse Practitioner Program launched in June 1993 is an integral part of the master's in nursing programs at the collaborating institutions. The common core curriculum consists of 5 didactic courses which are shared among the institutions and taught via two-way interactive compressed video. The common curriculum also includes integrated practice-focused clinical learning opportunities, and an intensive preceptorship experience in a rural or underserved area of Kansas. The practice-focused clinical courses and preceptorship are directed by faculty at the on-site institutions. The curriculum focuses on the knowledge and skills required to educate nurses to provide primary health care to patients/clients and families across the life span. Throughout this curriculum students are given the opportunity to apply in a practice setting the theory, research, and advanced skills they are learning, and to function as a member of an interdisciplinary team. The articulating modality for this curriculum is diagrammed in Figure 1.

Figure 1



Target Populations

The initial target population of this program are post-baccalaureate nurses from rural, underserved communities of Kansas. An overriding objective of this project is to identify, recruit,

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select, and admit nurses from underserved, rural areas in anticipation that these nurses will return to these same areas to provide primary health care. Rural nurses are distinct from other nurses in that they already possess a wide range of knowledge, skills, and appropriate attitudes for successful practice in rural areas. They are typically highly skilled and independent in health assessment, promotion, and treatment (Hanson, 1991). They also share the same traditional community and family values as their rural clients and are acclimated to living in communities which are often geographically isolated. The people in rural, medically underserved Kansas communities are the ultimate target population of this program. Residents in these areas experience an inadequate distribution of physicians which constitutes the main barrier to health care access. This barrier is often further complicated by an additional impediment of cost, since people in rural communities are often underinsured or uninsured. Thus, rural communities experience great difficulties in obtaining adequate and appropriate primary care services, most notably for the major Kansas health problems identified as heart disease, cancer, injury, substance abuse, and adolescent pregnancy (Department of Preventive Medicine, KU School of Medicine, 1992). Nursing faculty at KU, WSU, and FHSU have long expressed the need to educate primary health care practitioners to meet a growing statewide demand for improved access, quality, and cost of health care.

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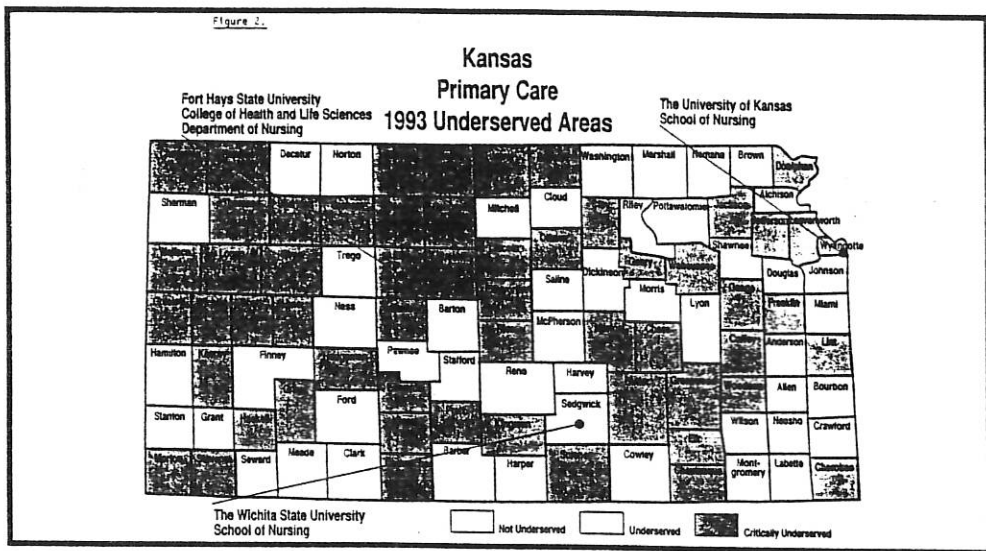
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Anticipated Outcomes

Collaboration among these institutions allows us to share resources, and unites students across the state. In addition, it offers a variety of options to students during a four semester program (including two summer semesters), and affords students the opportunity to remain close to their own community during the education process. Through this partnership in education, it is our intent to recruit students from underserved areas, which are predominately rural, and to greatly influence program graduates to continue practicing in these underserved communities. Also, students who do not currently reside in underserved areas are encouraged to relocate to medically underserved areas for preceptorship experience and loan payback plans.

An overwhelming show of support for this program has been exhibited at each of the institutions as evidenced by feasibility studies and applications for enrollment. Currently, there are 16 students at KU and WSU and seven students at FHSU who are enrolled in this program. It is anticipated that these 39 students should complete the program in July 1994. For additional information about the Kansas Primary Care Nurse Practitioner Program, contact the cooperating institutions.

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New Members

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Kansas Nursing Occupational Projection 1995-2005

The Kansas State Department of Human Resources recently released a study of occupational employment throughout the state. The data was compiled using staffing pattern employment from the 1992, 1993 and 1994 occupational employment statistics program survey of industries, along with base year 1993 average annual employment for Kansas industries. Projected demand for occupational employment is significantly affected by the projected employment for industries.

In 1995, the population of Kansas was at 2.5 million with approximately 70% of residents living in urban areas. Kansas has consistently experienced unemployment rates below the nation as a whole. In 1995 the state unemployment rate was 4.4% compared to a national unemployment rate of 5.6%. Currently the Kansas unemployment rate stands at 3.9% and the nation at 4.9%. The base year used for the study was 1993. The average annual job openings are estimates of annual job growth and replacement needs. The report is an indication of economic trends based on knowledge of the industries at the time of the study.

National Trends

In 1994 registered nurses held approximately 1,906,000 jobs. Approximately two out of three jobs were in hospitals. Others were in offices and clinics of physicians, home health care agencies, nursing homes, temporary help agencies, schools and government agencies. More than one-fourth of all RNs worked part-time.

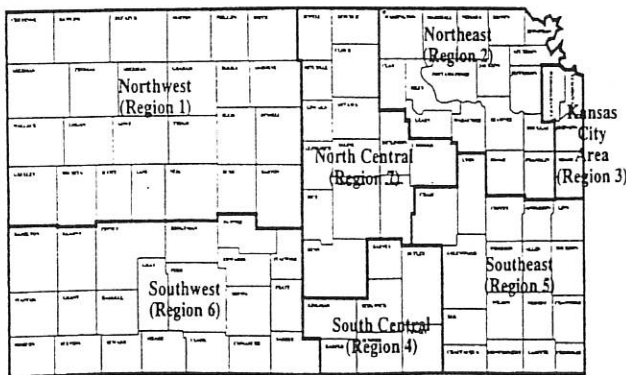
Job prospects in nursing are very good. Employment of registered nurses is expected to grow faster than the average for all occupations through the year 2005 and, because the occupation is large, many new jobs will result. Job prospects will be even better if nursing school enrollments level off or decline, as they have on a cyclical basis in the past, thus reducing the number of qualified applicants. There will always be a need for traditional hospital nurses, but a large number of new nurses will be employed in home health, long term care, and ambulatory care. Growth will also be driven by technological advances in patient care, which permit a greater number of medical problems to be treated, and increasing emphasis on primary care. Many job openings will also result from the need to replace experienced nurses who leave the occupation, especially as the average age of the registered nurse population continues to rise.

Employment in hospitals, the current largest sector of employment, is expected to grow more slowly than in other health-care sectors. While the intensity of nursing care is likely to increase requiring more nurses per patient, the number of hospital inpatients is unlikely to increase, if current trends continue. Rapid growth is expected in hospitals' outpatient facilities.

Employment in home health care is expected to experience the greatest growth. This is in response to a growing number of older persons with functional disabilities, consumer preference for care in the home, and technological advances which make it possible to bring increasingly complex treatments into the home.

Employment in nursing homes is expected to experience increased growth, also due to the increasing age of the population. In addition, the financial pressure on hospitals to release patients as soon as possible should produce more nursing home admissions. Growth in units to provide specialized long-term rehabilitation for stroke and head injury patients or to treat Alzheimer's victims will also increase employment.

In evolving integrated health care networks, nurses may rotate among employment settings. Since jobs in traditional hospital nursing positions are no longer the only option, RNs will need to be flexible. Opportunities will be best for nurses with advanced training. The report breaks Kansas into 7 areas that encompass several counties per area. The following is a brief summary of each area's projections.



Kansas

Occupations in Kansas adding the most number of jobs include registered nurses. In 1993, average employment of RNs stood at 20,380. Registered nurses are projected to experience a 35.3% growth or the addition of 7,200 new jobs by the year 2005. RNs maintaining a active license and a resident of Kansas total 23,687. (Kansas Board of Nursing August 1996: not a total of RNs actually practicing nursing.)

RNs are also considered a high demand occupation. To be considered high demand, the occupation must have 500 or more projected average annual job openings. RNs are projected to experience a growth of 610 new jobs per year. Replacement positions are projected at 320, which are separate from growth projections. RNs are considered the fastest growth occupation at 35.3%.

New job increases are also expected for nurses aides: In 1993 there were 17,830 nurses aides and orderlies employed. This occupation is expected to experience a 30.6% growth rate with the addition of 5,460 new jobs. There are currently 29,692 certified nurses aides with KDHE, with 300-600 newly certified each month (KDHE: those eligible to work versus those actually working.)

(see page 2 for regional map)

Northeast Kansas:

17 counties; [Atchison, Brown, Clay, Doniphan, Douglas, Franklin, Geary, Jackson, Jefferson, Marshall, Nemaha, Osage, Pottawatomie, Riley, Shawnee, Wabaunsee, Washington.]

Major employment centers include Topeka, Lawrence, Manhattan, and Junction City. The unemployment rate for the region has historically been stable, but higher than that of the state as a whole. The 1995 rate for this region was 4.8% compared to 4.4% for the state. RNs will be the single largest and fastest growing occupation with the most annual job openings; an expected increase of 33.9% or the addition of 1,390 new positions are projected.

Kansas City:

4 counties; [Johnson, Leavenworth, Miami, Wyandotte.] The region is one of the most densely population in the state. The 1995 unemployment rate for the region was 4.3%. RNs are considered to be one of the Kansas City occupations adding the most jobs by 2005. The area is projected to experience a 34.3% increase in nursing positions.

South Central Kansas:

7 counties; [Butler, Cowley, Harper, Harvey, Kingman, Sedgwick, Sumner.] Wichita is the major employment center in the area. In 1993 south central Kansas led the state in manufacturing employment, with 34.1% of the workers in this industry. The unemployment rate for this region is closely related to the economic stability of the aircraft production industry. In 1995 the unemployment rate was 4.8% compared to the state rate of 4.4%. RNs are expected to have the largest growth

Professional occupations with an increase of 4.9% or 2,030 new jobs by 2005. Also one of every four jobs will be a nursing aide or orderly position which will experience a 32.7% growth.

Southeast Kansas:

17 counties: [Allen, Anderson, Bourbon, Chase, Chautauqua, Cherokee, Coffey, Crawford, Elk, Greenwood, Labette, Linn, Lyon, Montgomery, Neosho, Wilson, Woodson.]

Major employment centers include Emporia, Pittsburg, Coffeyville, and Parsons. The unemployment rate for this region has remained stable in recent years, but has been above that of the state, with a rate of 5.6% in 1995.

Nursing aides and orderlies are projected to add the most new jobs (790), while RNs are expected to have the greatest growth (38.7%) and are considered one of the fastest growth occupations.

Southwest Kansas:

21 counties: [Barber, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Meade, Morton, Pawnee, Pratt, Seward, Stafford, Stanton, Stevens.]

Major unemployment centers include Garden City, Dodge City, and Liberal. The unemployment rate has historically been lower than the state average with a 3.3% rate for the region.

RNs are projected to experience a 39.1% growth in jobs by 2005 and are considered the fastest growing occupation.

North Central Kansas:

14 counties: [Cloud, Dickinson, Ellsworth, Jewell, Lincoln, McPherson, Marion, Mitchell, Morris, Ottawa, Reno, Republic, Rice, Saline.]

Primary employment centers include Salina, Hutchinson, and McPherson. The unemployment rate for the region has historically been stable and below that of the state average rate. In 1995 the regional rate was 3.8% in. Nurses aides and orderlies have an anticipated growth of 32.2% or 640 new jobs. RNs have a projected growth of 36.8% or 600 new jobs. Both areas are considered the fastest growing occupations.

North West Kansas:

25 counties: [Barton, Cheyenne, Decatur, Ellis, Gove, Graham, Greeley, Lane, Logan, Ness, Norton, Osborne, Phillips, Rawlins, Rooks, Rush, Russell, Scott, Sheridan, Sherman, Smith, Thomas, Trego, Wallace, Wichita.]

The area has the lowest population density of all the regions. Major employment centers are Hays and Great Bend. Agriculture is a major factor in the region's economy. The unemployment rate in the area is one of the lowest compared to other regions and the statewide average. In 1995, the rate was 3.2% compared to 4.4% for the state. Nurses aides and orderlies are expected to add the most number of new jobs by 2005. RNs will have the greatest % increase in the occupation and is considered to be the fastest growth occupation.

Ranking of Projected Job Increases (Most to least)

RNs		LPNs		PAs		Aides		Physicians	
SW	39.1%	NW	31.3%	SW	33.3%	NE	52.2%	KC	27.6
SE	38.7	NC	30.8	KC	27.3	SC	32.7	SC	23.7
NW	37.9	SE	29.7	SC/SE	25.0	NC	32.2	NE	17.
NC	36.8	NE	28.8	NE	18.8	SE	31.3	SW	13.3
SC	34.9	SW	28.6	NC/NW	0.0	NW	8.5	NC	12.1
KC	34.3	SC	28.1			KC	28.3	SE	11.1
NE	33.9	KC	26.5			SW	28.2	NW	6.1

Key

RN=Registered Nurse
 LPN=Licensed Practical Nurse
 PA=Physician Assistant
 Aide=Nurses Aide or orderly
 Physician= MD or DO

Key to Regions

SW Kansas
 SE Kansas
 NW Kansas
 NC Kansas
 SC Kansas
 KC (Kansas City)
 NE Kansas

Kansas Nursing/Health Employment Projections

Region	Occupation	1993 Annual Average Employment	Projected Employment 2005	Numeric Change	% Increase	Actual Job Growth	Job Replacements
Kansas	RNs	20,380	27,580	+7,200	35.3	610	320
	LPN	6,610	8,500	1,890	28.6	170	130
	PAs	470	570	100	21.3	-	-
	Aides	17,830	23,290	5,460	30.6	460	290
	Physicians	6,560	7,850	1,290	19.7	120	120
North East	RNs	4,100	5,490	1,390	33.9	120	60
	LPNs	1,600	2,060	460	28.8	40	30
	PAs	160	190	30	18.8	10	-
	Aides	230	350	120	52.2	10	-
	Physicians	1,130	1,330	200	17.7	20	20
Kansas City	RNs	5,280	7,090	1,810	34.3	150	80
	LPNs	1,360	1,720	360	26.5	30	30
	PAs	110	140	30	27.3	-	-
	Aides	2,970	3,810	840	28.3	70	50
	Physicians	1,850	2,360	510	27.6	40	30
South Central	RNs	5,820	7,850	2,030	34.9	170	90
	LPNs	1,530	1,960	430	28.1	40	30
	PAs	80	100	20	25.0	-	-
	Aides	3,700	4,910	1,210	32.7	100	60
	Physicians	1,520	1,880	360	23.7	30	30
South East	RNs	1,420	1,970	550	38.7	50	20
	LPNs	640	830	190	29.7	20	10
	PAs	40	50	10	25.0	-	-
	Aides	2,520	3,310	790	31.3	70	40
	Physicians	540	600	60	11.1	10	10
South West	RNs	1,100	1,530	430	39.1	40	20
	LPNs	350	450	100	28.6	10	10
	PAs	30	40	10	33.3	-	0
	Aides	1,240	1,590	350	28.2	30	20
	Physicians	450	510	60	13.3	10	10
North Central	RNs	1,630	2,230	600	36.8	50	30
	LPNs	650	850	200	30.8	20	-
	PAs	20	20	0	0.0	10	-
	Aides	1,990	2,630	640	32.2	50	30
	Physicians	580	650	70	12.1	10	10
North West	RNs	1,030	1,420	390	37.9	30	20
	LPNs	480	630	150	31.3	10	10
	PAs	30	30	0	0.0	10	-
	Aides	1,860	2,390	530	28.5	50	30
	Physicians	490	520	30	6.1	50	10



KANSAS NATIONAL EDUCATION ASSOCIATION / 715 W. 10TH STREET / TOPEKA, KANSAS 66612-1686

Craig Grant Testimony Before
Senate Education Committee
Wednesday, February 9, 2000

Thank you, Madame Chair. Members of the committee, I am Craig Grant and I represent Kansas NEA. I appreciate this opportunity to visit briefly with the committee about Senate Bill 381 as introduced by LEPC this legislative session. I am having to submit written testimony as I am in Washington D.C. today. I would be happy to answer committee member's questions when I return.

Kansas NEA certainly supports SB 381 and the changes it would bring to the teacher scholarship program. We appreciated being part of the group which worked with Carolyn Rampey in crafting the legislation before the LEPC introduced it. We asked for and LEPC included an addition to the scholarship by adding "underserved area" to the list of qualifiers for a teacher service scholarship.

With the impending teacher shortage upon us, KNEA believes that we will need to give an incentive for teachers to go to certain geographic areas of the state. In the past, higher beginning salaries attracted teachers to the isolated locations of our state. There no longer seems to be a differential that allows districts to attract replacement teachers. The Department of Education will need to determine if there is a need and declare an "underserved area" if there are problems. If the need is not there, we know that the "hard-to-fill teaching discipline" area continues to be a problem in the state.

Kansas NEA is not only satisfied with the wording of SB 381 but also supports this bill as one of our legislative initiatives for the 2000 Legislative Session. We hope that you will give your blessing to this concept. Thank you for listening to our concerns.

Senate Education
2-9-2000
Attachment 5



KANSAS DENTAL ASSOCIATION

Date: February 8, 2000

To: Senate Committee on Education

From: Kevin J. Robertson, CAE *Kevin*
Executive Director

Re: Hearing on SB 381

Senator Lawrence and members of the Committee I am Kevin Robertson, executive director of the Kansas Dental Association which represents about 80% of Kansas' practicing dentists. I am here today to testify in support of SB 381, particularly sections 38-43, which create the "dentistry service scholarship program", patterned largely after the existing osteopathic medical service scholarship program.

The number of dentists being trained in the U.S. has decreased dramatically over the past 20 years due to the closing of a number of dental schools and the reduction of dental school class sizes. In fact, the number of dental school graduates decreased by 28.6% from a high of 5,336 in 1976 to 3,810 in 1996. The large number of dental school graduates during the 1960s and 1970s was largely the result of federal money provided to dental schools to increase the dentist population. Following the withdrawal of the federal money and an over abundance of dentists throughout the 1980s, many schools drastically reduced their class sizes. Persons having graduated from these larger dental school classes are now reaching retirement age.

An examination of the ages of Kansas dentists reveals this concern. Consider the following data for numbers of professionally active Kansas dentists in 1997:

Under 35	35-44	45-54	55-64	65 and over
130	386	350	199	112

The small number of dentists under the age 35 is particularly troubling as Kansas attempts to replace its retiring dentists. According to figures provided by the Kansas Dental Board, the number of practicing dentists in Kansas is decreasing at a rate of about 6% per year. There is concern that the number of practicing dentists will soon decline even more rapidly as the larger enrollment dental school classes reach retirement age and are not replaced at the same rate by incoming dentists. This is of even greater concern in rural areas, as the average age of rural dentists appears to be greater than that of the larger populated areas. Who will replace the dentists practicing in the smaller communities of our state? Currently in Kansas, 60% of dentists practice in Douglas, Johnson, Sedgwick, Shawnee, and Wyandotte counties, though the 1990 state census shows these counties make up only 47.7% of our population. Conversely then, 52.3% of our population is being treated by only 40% of the dentists. Attached is a chart that shows the disparity in ages among practicing dentists in Kansas and a map showing the number of dentists per 1,000 population in each Kansas county.

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Senate Education
2-9-2000
Attachment 6

In Kansas, the Board of Regents and the Missouri Coordinating Board for Higher Education have entered into an agreement whereby the UMKC School of Dentistry accepts a total of 80 Kansas students in their dental, dental specialty, and dental hygiene programs. This school year, UMKC reports a total of 52 Kansas residents in the four-year doctor of dental surgery (DDS) program, nine students in dental specialty training programs, and the balance are enrolled in the dental hygiene program. Tuition and fees at UMKC totals \$77,835 for four years of education. A cost comparison with the private School of Dentistry at Creighton University in Omaha, and the University of Nebraska, School of Dentistry is attached.

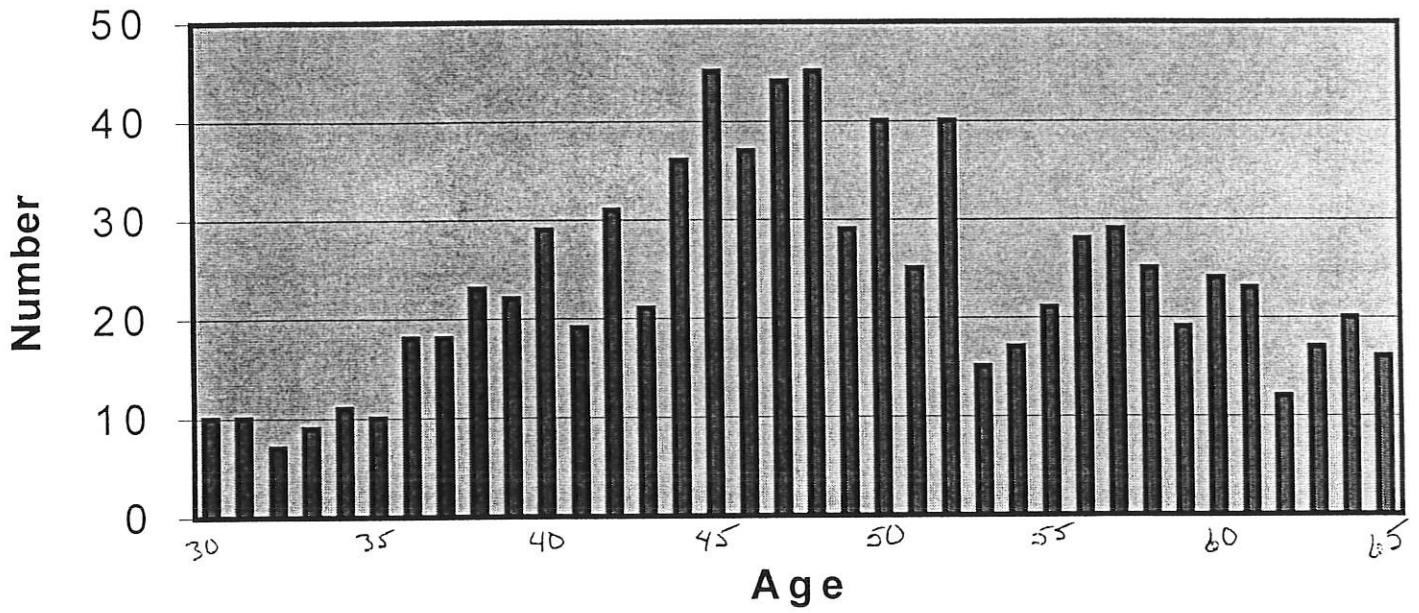
Among the many factors influencing practice location of recent graduates is the amount of their indebtedness upon graduation. According to the American Association of Dental Schools (AADS), in 1997 average educational debt for dental students increased 11.8% in 1996 and another 7.8% in 1997. Only 13% of 1997 graduates had no debt. Average student debt in 1997 was \$81,688 for all schools; public schools averaged \$66,669, while private schools reported \$113,128. A staggering 32.5% of dental student graduates from ALL schools reported debt of over \$100,000. This indebtedness, more often than not, forces new graduates to seek opportunities within busy metropolitan practices as an associate as it offers an opportunity to practice without bearing additional debt or overhead. Conversely then, the debt is a disincentive to practicing in a less populated area or in an underserved clinic. Generally, clinics do not offer the salary that a medium to large to private practice can offer, and dentists in rural areas may not have the patient-base to support an associate. Because of the indebtedness, purchasing or starting practices directly out of school has become less common. Depending upon infinite variables, a dentist starting a new practice would likely need in the neighborhood of \$250,00 in capital to purchase equipment, hire staff, lease office space, etc.

UMKC is reportedly considering increasing its dental class size, however, many issues regarding funding must be worked out by the Missouri Coordinating Board for Higher Education before final approval is given to move forward. In the meantime, the KDA has begun to explore the possibility of finding additional openings for Kansas students with Creighton University in Omaha and the University of Nebraska-Lincoln. The success of such discussions depend largely on the Kansas Board of Regents and the State's willingness to provide additional funding to purchase or trade for dental school slots. Regardless of the future number of dental slots available for Kansas residents, the current system offers no incentive for Kansas dental students to return to Kansas after completing their dental education – especially to the more rural areas of Kansas.

The KDA believes that the creation of a "dentistry service scholarship program" specifically designed to encourage dental school graduates to locate in the less populous areas of the state would be a positive step toward increasing (or at least maintaining status quo) access to oral health care in rural Kansas

Thank you for your time. I'll be happy to answer any questions you may have.

Age of Kansas Dentists



School of Dentistry
Tuition and Fees
 1999

The UMKC School of Dentistry reports that in-state tuition and fees in the DDS program is as follows:

	Tuition	Equip. & Books	Total
1st Year	\$13,929	\$6,500	\$20,429
2nd Year	\$13,929	\$4,710	\$18,639
3rd Year	\$17,411	\$2,710	\$20,121
4th Year	\$17,411	\$1,235	\$18,646
	\$62,680	\$15,155	\$77,835

The Creighton University, School of Dentistry tuition and fees are as follows:

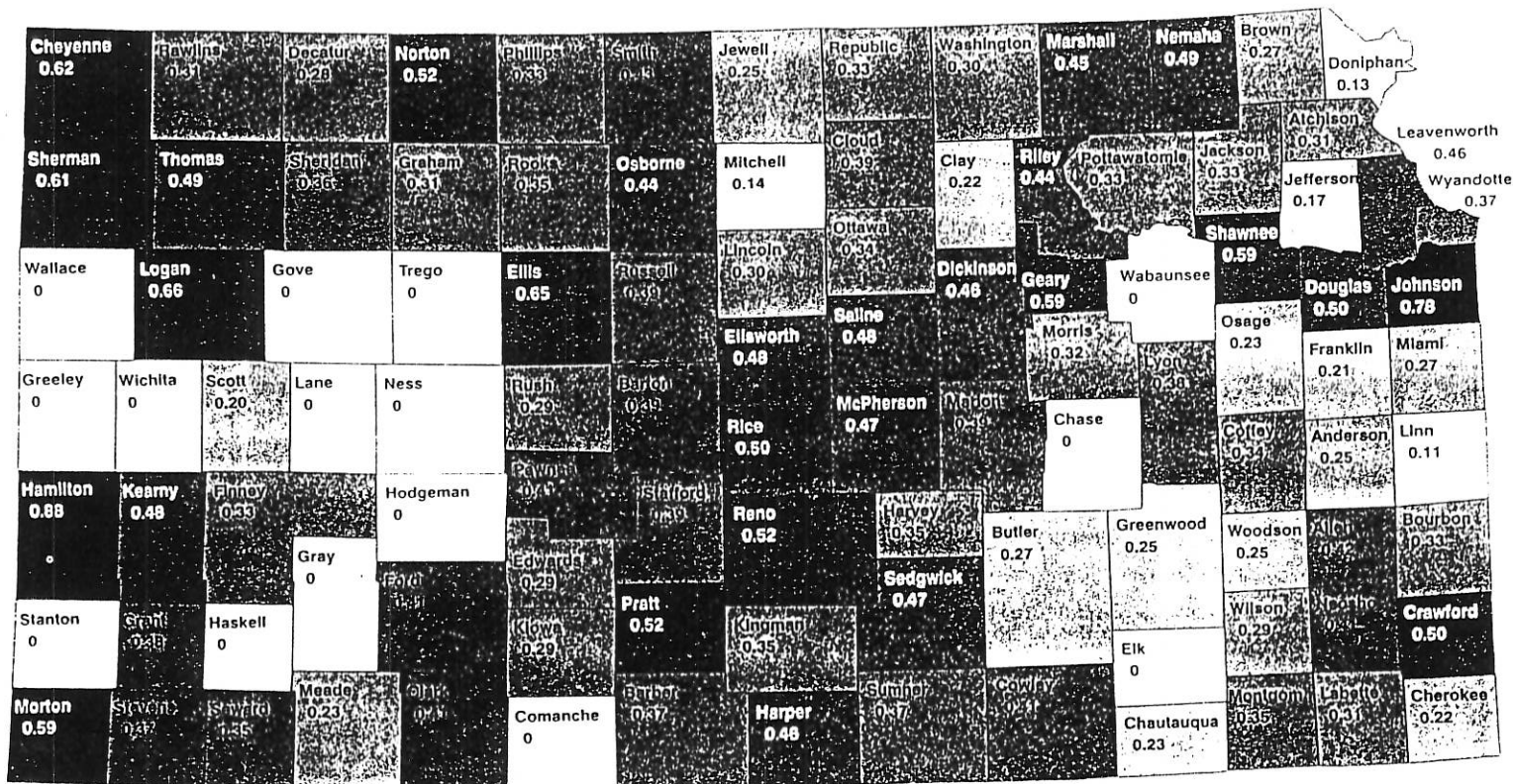
	Tuition	Equip. & Books	Total
1st Year	\$22,826	\$5,800	\$28,626
2nd Year	\$22,826	\$7,500	\$30,326
3rd Year	\$22,826	\$500	\$23,326
4th Year	\$22,826	\$350	\$23,176
	\$91,304	\$14,150	\$105,454

The University of Nebraska, School of Dentistry **out-of-state** tuition and fees are as follows:

	Tuition	Equip. & Books	Total
1st Year	\$24,587	\$4,030	\$28,617
2nd Year	\$24,587	\$4,030	\$28,617
3rd Year	\$24,587	\$4,030	\$28,617
4th Year	\$19,670	\$3,910	\$23,580
	\$93,431	\$16,000	\$109,431

Dentists Per 1,000 People, 1997

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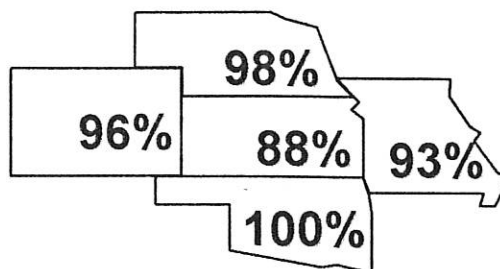


Source: Institute for Public Policy and Business Research, data from Kansas Department of Health and Environment, Office of Health Care Information

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Kansas State Senate Education Committee
Testimony supporting Senate 381
Major General(KS) Greg Gardner, Adjutant General
February 9, 2000

- ◆ SB 381 modifies existing Kansas Army National Guard ROTC scholarship program
 - Including it in the family of Professional Scholarships managed by the Regents
 - Administered by Professional Service Scholarship Advisory Committee in coordination with the Adjutant General's Department
 - Retains a maximum of 30 new ROTC scholarships each year at ROTC institutions
 - Provides up to 70% of average cost of attendance as opposed to tuition only
 - Allows unfilled scholarships to be moved from one ROTC institution to another
 - Strengthens repayment procedures (adds interest) for recipients who fail to satisfy agreement
- ◆ Enhances the future of Kansas and our National Guard
 - Helps recruit and retain highly qualified citizen soldiers to serve Kansas and stay in Kansas
- ◆ Positively impacts Kansas economically and qualitatively
 - Kansas Guard Officers bring an average of over \$21,000 annually to Kansas in Guard pay
 - Therefore an average investment of \$25,000 results in a return to Kansas over an average Kansas Guardsmen career a \$500,000 return
 - Economic multipliers provide a significant return for a modest investment.
- ◆ Scholarship recipients are committed to serve in Kansas National Guard four years after graduation
 - Keeps well educated Kansans in Kansas (NO brain drain)
- ◆ Good for Kansas schools - Guardsmen make high quality students "Quality in – Excellence out"
 - High entry qualifications (aptitude, medical exam, drug testing, physical fitness, security clearance checks)
 - High quality enhanced by additional Kansas National Guard training and experience in:
 - Leadership, communications training, human relations, sexual harassment, drug awareness and prevention, CPR, first aid, safety, and much more
 - Kansas Guard's structured and disciplined environment develops solid Kansas citizens with a high degree of personal responsibility and accountability developing mature, well rounded, excellent peer role models for other Kansas college students
- ◆ All of these qualities make Guardsmen valued employees and highly productive Kansas citizens
- ◆ This act will help Kansas National Guard recruiting and retention
 - We are ranked in the bottom 30% across the US
 - Oklahoma, in the same situation a few years ago, now waives tuition for all Guardsmen and is 100%
 - Future force drawdown & unit closure decisions are largely based on the ability to recruit & retain quality personnel
- ◆ Please support Bill 381, it will help Kansas!



Comparison of National Guard Personnel Strength