

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 1, 2001 in Room 231-N of the Capitol.

All members were present except: Senator Praeger (EA)

Committee staff present: Ms. Emalene Correll, Legislative Research Department
Mr. Hank Avila, Legislative Research Department
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Mr. Kevin Robertson, Executive Director, KS Dental Board
Dr. Steve Haught, President, Kansas Dental Board
Dr. Roger Rupp, President, Kansas Dental Association
Ms. Leah Sperry, Dental Assistant, Garden City
Dr. Ted Maple, Ulysses
Ms. Melanie Mitchell, Dental Assistant Program Specialist,
Wichita Area Technical College
Ms. Natalie Eastman, RDH, Wichita
Dr. Jeff Stasch, Garden City
Dr. Rita Burnett, Kansas City

Others attending: See Attached Guest List

Continued Hearing on SB50 -elimination of the dental assistant sunset provision.

Upon calling the meeting to order Chairperson Wagle reminded the Committee that at the end of yesterday's meeting, Senator Salmans had the floor and as time was short, his questions would be heard today. Senator Salmans directed his question to Mr. Ron Gaches, Lobbyist for the Kansas Dental Hygienists Association. Senator Salmans stated he was left yesterday with the impression that there is a triage, a three-tier level of progression of knowledge. He asked what would happen if it is not available in a rural town. Mr. Gaches responded that the dentist's office is reimbursed whether the work is performed by a dental hygienist or an assistant. With that business aside, the Chair called upon the proponents of **SB 50**.

Mr. Kevin Robertson, Executive Director, Kansas Dental Board was the first proponent conferee to come before the Committee. Mr. Robertson stated that the bill came to the Committee as a recommendation from the Health Care Reform Legislative Oversight Committee. A written copy of his testimony is (Attachment #1) attached hereto and incorporated into the Minutes by reference.

The next proponent to speak was Dr. Steve Haught, President, Kansas Dental Board, who stated the bill had the support of the Board, emphasizing that: the programs of training are in line with the Commission on Dental Accreditation (CODA), he had participated in the training at Emporia, and that the Board has been vigilant in investigations of reported violations against noncertified providers of the supra -gingival scaling. A copy of his testimony and handouts are (Attachment #2 and 3) attached hereto and incorporated into the Minutes by reference.

Dr. Roger Rupp, President, Kansas Dental Association gave proponent testimony regarding the shortages of hygienists, the KDS efforts, the Kansas Hygiene Programs enrollments and graduates, and the information provided to the Kansas Legislature as shown in Attachment #3. A copy of his testimony is (Attachment #4) attached hereto and incorporated into the Minutes by reference.

The next proponent to come before the Committee was Ms. Leah Sperry, Dental Assistant, Garden City, whose testimony was based on her 16 years as a dental assistant in a rural town. She provided information on her town, employment environment, and the impact of the sunset date not being lifted (i.e., patients driving up to four hours for an appointment). A written copy of Ms. Sperry's presentation is (Attachment #5) attached hereto and incorporated into the Minutes by reference.

Dr. Ted Maple, Ulysses, was the next conferee to give proponent testimony to the Committee. His presentation was similar to Ms. Sperry's in that he related his 30-year experience as a dentist in a rural town. A written copy of his testimony is (Attachment #6) attached hereto and incorporated into the Minutes by reference.

With four more proponent testimonies to go, the Chair called Ms. Melanie Mitchell, Dental Assistant Program Specialist, Wichita Area Technical College. Ms. Mitchell gave an overview on the supra -gingival scaling course, eligibility pathways, and student curriculum. A copy of her testimony is (Attachment #7) attached hereto and incorporated into the Minutes by reference.

Ms. Natalie Eastman, Registered Dental Hygienist from Wichita, gave her history growing up in a rural community, became a hygienist, and did not remain in the rural environment. A copy of her testimony is (Attachment #8) attached hereto and incorporated into the Minutes by reference.

Dr. Jeff Stasch from Garden City was the next to testify. He presented information on how a practice in a rural community in Kansas is so different from in a more populated area. A copy of his testimony is (Attachment #9) attached hereto and incorporated into the Minutes by reference.

Last but not least, written proponent testimony was presented for Dr. Rita Burnett, Kansas City who was ill. A copy of her testimony is (Attachment 10) attached hereto and incorporated into the Minutes by reference.

Chairperson Wagle then requested comments or questions from the Committee. Senators Salmans, Harrington, Steineger and Haley asked questions of Mr. Kevin Robertson, and Dr. Steve Haught ranging from violations on fines, how complaints are worked, received, etc., to why the decrease in seats in schools.

Adjournment

The meeting adjourned at 2:30 p.m.

The next meeting is scheduled for February 5, 2001.

.5 in att.

GUEST LIST

MORE ON BACK

DATE: Thursday, Feb 1, 2001

NAME	REPRESENTING
Grant Larkin D.D.S.	KDA
Kelley Deeter DDS	KDA
BERT DETTMER DDS	KDA
Ted Jowett DDS	Kansas Dentist (KDA)
Kevin Cassidy DDS, MS	KDA
Julie Jackson, CDA	KDA
Ann Barber, DDS	Kansas Dentist
Donna Carter, Asst.	Appleton Fam. Dental - KDA
Kathryn Jannuggia DDS	Kansas Dentist
Tracie Kuvica	KDA
Anita Murray-Clary, DDS	KDA
Lacey Zinsler	KDA
CINDI SHERWOOD	KDA
Howard V. Davis, DDS	KDA
Greg Hill	KDA
Greg Kilbane DDS	KDA
NW Powers DDS	KDA
John McKnight DDS	KDA
William Donigan DDS	KDA

Joe Webber DDS, KDA
 John Carter DDS KDA

Dr. Anne Simpson
 KDA
 Nevin Waters KDA
 Jean Harper KDA

Jay Helbert DDS KDA
 Pam McCough KDA
 Linda Tabor 5th District

(over)

(over)

GUEST LIST

NAME	REPRESENTING
Jason WAGLER	KDA
Edward L. Kirk	Senator District 1
Judy Ryan R.DA.	K.D.A.A.
Pamela May	KDAA, ADAA, NADA
Becky Jones	Dental Assistant
April Thompson D.A.	KDA.
April Bright DA.	KDA
Leslie C Oubre DA	KDA
Dana Clark	Dental Assistant
Michelle Sparks	Dental Assistant
Paul Heath D.D.	KDA + Self
Kathleen Searle	Dental Assistant
Gene L. Berger	Dental Assistant
Jack Haining DDS	KDA
Marvin B. Edgerton DDS	Dentistry
Lynne J. Allen DDS	KDA - Self
Nancy Gasch	CDA - Emporia
Steve Moore DDS	KDA
Lisa Thurman	Dental Assistant
Steve Haight	KDB
Juni Freed	KDB



KANSAS DENTAL ASSOCIATION

Date: February 1, 2001

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE
Executive Director

Re: **SB 50 – Removal of Sunset on Dental Assistant Scaling Program**

Senator Wagle and members of the Committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) which represents about 80% of Kansas' practicing dentists. I am here today to testify in support of SB 50 which would remove the July 1, 2001 sunset on the ability of dental assistants to scale on the coronal surfaces of the teeth, above the gumline, under the direct supervision of a dentist, after completing a course of study approved by the Kansas Dental Board that meets certain requirements. SB 50 comes to you as a recommendation from the Healthcare Reform Legislative Oversight Committee which spent a full day discussing and studying this and other dental issues in September.

The KDA began working to ease the problem of the dental hygiene shortage in Kansas in 1995-96 after the evidence indicated this was a major problem for access across Kansas as dentists simply could not find dental hygienists to work in their practices. About that time the KDA began courting schools across Kansas to either expand or open a new school of dental hygiene. These efforts paid off in the fall 1998 when Colby opened its dental hygiene school thanks largely to the persistence of the KDA and Dr. Roger Rupp (who you will hear from later). The KDA provided Colby Community College \$37,000 in funds to assist with start up costs and was instrumental in securing dental chairs and their clinical instruments necessary to compete Colby CC's dental hygiene clinic.

Also in 1996, the Attorney General provided an opinion on duties that could be performed by dental assistants. In a nutshell, that opinion ruled that only a dentist or dental hygienist could perform any part of a prophylaxis (cleaning). This was contrary to the common practice at that time as many dental assistants in dental offices across Kansas were routinely polishing teeth with a rubber cup, and scaling off cement around crowns, orthodontic appliances, etc. The AG's opinion further clarified that dental assistants could scale teeth if the procedure was not considered part of a cleaning. It is not overly dramatic to say that the opinion sent the dental community into turmoil as dentists contemplated how they would deliver care to their patients without the use of dental assistants performing these procedures. As dental hygienists were not easily found, many dentists were faced with the unenviable option of reducing their ability to deliver care, or continuing to practice as they had by using dental assistants and risk disciplinary action from the Dental Board.

In the summer of 1997 the KDA, Kansas Dental Hygienists Association (KDHA), and Kansas Dental Assistants Association (KDAA), and Kansas Dental Board came together in several meetings to explore ways to meet the oral health needs of Kansans and develop solutions to 1996 AG opinion. That committee, working with the blessing of the organizations listed,

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*Senate Public Health & Welfare Committee
Meeting Date 2-1-01
Attachment 1-1*

developed the following recommendations that it believed provided changes in the law that worked to increase access to care while supporting initiatives that each group desired:

1. establish a new dental auxiliary known as an Expanded Hygiene Dental Assistant (EHDA) to supragingivally scale and polish above the gumline;
2. allow dental hygienists to perform their duties under general supervision in order to address the shortage of qualified dental professionals in rural and elderly populations;
3. increase the members of the Kansas Dental Board to be composed of three dentists, two dental hygienists, one dental assistant, and one consumer, and;
4. Recognize the vocation of dental assisting, defined as an unlicensed person working in the dental office.

The final report included specific requirements, laid out a course of study, etc. for the EHDA. The membership of the KDHA rejected the proposal, and frankly, the KDA membership had concerns with some points of the recommendation.

In January 1998, with the threat that the Dental Board would vigorously enforce AG's opinion regarding the current law, the KDA brought the basic ad hoc committee proposal to the legislature for approval in an attempt to ease a growing problem. HB 2724 contained provisions to allow dental hygienists to work under general supervision and administer local anesthesia under the supervision of a dentist, increase the size of the dental board, created a task force to investigate the dental hygiene shortage and report back to the legislature, allowed dental assistants to polish teeth, and allowed dental assistants to coronal scale above the gumline after completing a course of study approved by the Board. The latter provision sunsets on July 1, 2001 and was added in conference committee as a compromise when the House and Senate versions of the bill differed on the coronal scaling issue. The conference committee report passed both houses of the Kansas legislature 31-9 and 93-29 respectively.

Following passage the Kansas Dental Board went about its business preparing the rules and regulations for the program. The plans calling for a new registered position of "Preventive Dental Assistant," specific enrollment prerequisites, and dentist sponsorship of a dental assistant were all rejected by the Joint Committee on Rules and Regulations in favor of a more streamlined program that is in force today.

Initially Wichita ATC, Flint Hills ATC, and Salina ATS, all schools with ADA accredited dental assisting programs, were approved to deliver the course of study. Since that time Concorde Career College in the KC area, Garden City CC, and Coffeyville CC have been approved for the course. Coffeyville has yet to hold any courses. Salina ATS has been inactive for about one year. To date about 190 dental assistant scaler graduates are working in 40 counties across Kansas.

Let me conclude my comments by addressing the issue of distribution – both for the 190 new dental assistant scalers (for lack of a better term) and the increase in the number of dental hygienists in Kansas since January 1998. I think you would all agree that the four congressional districts theoretically represent an even distribution of the state's population. On the chart below you can see that the 190 dental assistants who have completed a course of study to coronal scale are disproportionately located in the two most rural of Kansas' congressional districts - the 1st and 2nd Districts. In fact, 50% more dental assistant scalers are located in the 1st and 2nd Congressional Districts than the considerably more urban 3rd and 4th Districts where an overwhelming majority of the states dentists reside. In contrast, the opposite is true of the state's increase in dental hygienists as 66% are concentrated in the 3rd and 4th Districts while a

mere 35% have located in the rural 1st and 2nd Districts. Of which, only 11% have located in the most rural 1st District.

Congressional District	Dental Assistant Distribution	Increased RDH Distribution
1 st District	31%	11%
2 nd District	30%	24%
3 rd District	20%	34%
4 th District	20%	32%

To this point, you have not heard from a single conferee-either yesterday or today-that has direct involvement with the dental assistant scaling program. That is about to change. You will now hearing from dentists, dental assistants, program instructors, and others, all whom have first hand knowledge of the dental assistant scaling program. They will discuss the training, prerequisites for program admission, Dental Board criteria, who is using the dental assistants, the successes of delivering a higher level of care to more persons-rural, underserved, and urban, and the KDA's past and ongoing commitment and effort to get a new school of dental hygiene in Kansas. We will all show that this 2 ½ year program is working as advertised.

Thank you for your time. The KDA requests that each of you **support SB 50 favorably for passage.**



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KANSAS DENTAL BOARD

Legislative Testimony – Senate Bill 50

Stephen R. Haught, President

February 1, 2001

Senate Bill 50 has the support of the Kansas Dental Board. Trained dental assistants have returned to their office of employment and provided care, skill, and judgment to patients of record in the removal of hard deposits above the gum line. The data indicate return of the trained personnel to the office that sent them for the training. Practices across the state have these skills being applied in almost every conceivable mode, including doctor only, doctor and hygienist, and multi-doctor and multi-hygienist forms.

The programs of training are utilizing student/instructor ratios that are in line with the Commission on Dental Accreditation (CODA) standards for general dental assistants. Instructors are professionals or educators. Facilities for the training vary but are consistent with good safe environment as put forth in the CODA standards. The course content of each training program meets or exceeds the standards set forth in the Kansas Dental Board regulations.

Since the dental provider has been the only referral source for trainees, I feel very good about the qualifications of those entering the supragingival scaling program. Having participated in the training at the Emporia site, I can positively support the faculty, facility, course content and students. I am grateful that detailed registration and licensure/testing are not part of the

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2-1-01
ATTACHMENT 2

requirements of the enabling legislative work. The administrative two person work force of the Kansas Dental Board could not handle additional licensing/registration duties in its present configuration.

In addition to the positive personal changes of the trained providers of above the gum line scaling treatment, the Kansas Dental Board has been vigilant in our investigation of reported violations. In reports against non-certificated providers of the supragingival scaling, we have found five dentists in violation. Consent agreements, with fines and additional stipulations have been signed. The dentists have ceased the service until properly trained workers could provide the care. Three reported violations involved the display of the certificate of completion and not unauthorized care. The Kansas Dental Board has not been lax in the new rule enforcement, or "soft" on violators of the regulation.

KANSAS DENTAL BOARD

INVESTIGATIONS

Case Number	Date of Order	Action or Order	Violation
1697-98	September 26, 1998	Stipulation and Consent Agreement - shall not permit unlicensed persons to perform any part of prophylaxis except as may be permitted by the Kansas Dental Law, \$500 fine	Allowing unlicensed persons to perform parts of a prophylaxis
1709-98	September 26, 1998	Stipulation and Consent Agreement - shall not permit unlicensed persons to perform any part of prophylaxis except as may be permitted by the Kansas Dental Law, \$500 fine	Allowing unlicensed persons to perform parts of a prophylaxis
1458-99	November 5, 1999	Stipulation and Final Agency Order - Shall not request or permit unlicensed persons to perform prophylaxis; within 10 days of order or within 10 days of employment, obtain signatures from each unlicensed person acknowledging the restrictions; \$5,000 fine	On multiple occasions, instructed and allowed an unlicensed dental assistant to perform prophylaxis.
1521-98	November 5, 1999	Stipulation and Final Agency Order - Shall not request or permit unlicensed persons to perform prophylaxis; within 10 days of order or within 10 days of employment, obtain signatures from each unlicensed person acknowledging the restrictions; \$5,000 fine	On multiple occasions, employed, allowed or permitted an unlicensed person to perform prophylaxis.
2259-00	May 20, 2000	Stipulation and Final Agency Order - Administrative fine of \$2,500, cease and desist from permitting unlicensed persons to perform prophylaxis, advise unlicensed persons in writing	On multiple occasions, instructed and allowed an unlicensed dental assistant to perform supragingival scaling as part of a prophylaxis
1567-00	June 26, 2000	Case Closed - No violations found	Alleged allowing assistants to clean teeth, even when dentist was not in the office
1283-00	Under Investigation		Alleged that on multiple occasions, instructed and allowed an unlicensed dental assistant to perform a prophylaxis
1097-01	Under Investigation		Alleged that on multiple occasions, instructed and allowed an unlicensed dental assistant to perform a prophylaxis
<p>Note: The Dental Board's Inspector checks for a Certificate of Completion of an approved scaling course if he observes a nonlicensed person performing a prophylaxis.</p>			

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 ATTACHMENT 3

STATE OF KANSAS

BEN F. BARRETT
DIRECTOR
WILLIAM G. WOLFF
ASSOCIATE DIRECTOR
ALAN D. CONROY
CHIEF FISCAL ANALYST



STAFF
LEGISLATIVE COORDINATING COUNCIL
INTERIM COMMITTEES
STANDING COMMITTEES
LEGISLATIVE INQUIRIES

THE LEGISLATIVE RESEARCH DEPARTMENT

300 W. TENTH—ROOM 545-N
PHONE: (913) 296-3181/FAX (913) 296-3824
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TOPEKA, KANSAS 66612-1504

August 11, 1998

Ms. Carol Macdonald
Kansas Dental Board
3601 SW 29th Street, Suite 134
BUILDING MAIL

Dear Ms. Macdonald:

At its meeting on August 5, 1998, the Joint Committee on Administrative Rules and Regulations reviewed for public comment rules and regulations concerning preventative dental assistants and procedures performed under general supervision. After discussion, the Committee expressed the following comments.

- General Comment. The Committee believes that the proposed regulations do not comport with legislative intent in the passage of 1998 H.B. 2724. Particularly, the creation of a new category of provider was rejected by the Legislature. Further, the regulations create an unnecessary bureaucratic structure for a program that has a statutory life of three years.
- K.A.R. 71-6-1. Delete, from all of the definitions, reference to a provider category of Preventative Dental Assistant, *i.e.*, delete subsection (i). The new law speaks of "individuals who are not licensed." Additionally, delete subsection (b) concerning an internship program. In subsection (c), delete "an approved preinternship course, and an approved PDA internship program." And, delete subsection (d).
- K.A.R. 71-6-2. Rewrite and delete references to a Preventative Dental Assistant and to a certificate issued by the Board.
- K.A.R. 71-6-3. Revise the regulation deleting reference to Preventative Dental Assistant, a PDA certificate, and to an orientation course.
- K.A.R. 71-6-4. Rewrite this regulation to provide that an unlicensed person would be qualified to provide services if that person has completed a course of instruction approved by the Board. The Board may require proof in the form of a certificate from the entity providing the course of instruction that the applicant has successfully completed. There should be no preinternship course or internship program.

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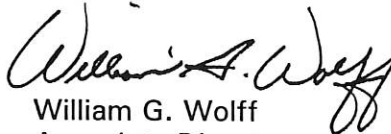
AUG 14 1998

Kansas Dental Board
attachment 3-2

- K.A.R. 71-6-5. Revise the regulation deleting references to PDA. Also, revise the regulation so that the course provides the appropriate training that will prepare the unlicensed person to perform scaling and coronal polishing.
- K.A.R. 71-6-6. Delete this regulation. Again, there should be no internship program.
- K.A.R. 71-6-7. Delete this regulation. There should be no certification given by the Board.
- K.A.R. 71-6-8. Delete this regulation. There should be no renewal since there is no initial certification and there is no need or authority for continuing education.
- K.A.R. 71-6-9. Delete this regulation. There should be no internship program.
- K.A.R. 71-6-10. Revise to delete reference to a PDA.
- K.A.R. 71-6-11. Revise to delete reference to receipt of a PDA certificate and to a PDA in the remainder of the regulation. The appropriate name is unlicensed person.
- K.A.R. 71-6-12. Delete this regulation. It should be made clear that the unlicensed person functions under the direct supervision of the dentist who is responsible and subject to discipline for the actions of the unlicensed person.
- General Comment. Perhaps the Board also should cite in the history section of the regulations its rulemaking authority in K.S.A. 74-1406.

Please make this comment a part of the public record on these regulations. The Committee will review the regulations which the agency ultimately adopts and reserves any expression of legislative concern to that review. To assist in that final review, please inform the Joint Committee in writing, at the time the rules and regulations are adopted and filed with the Secretary of State of any and all changes which have been made following the public hearing.

Sincerely,



William G. Wolff
Associate Director

WGW/jar

Attachment 3-3



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KANSAS DENTAL BOARD

Minimum Requirements for an Approved Instruction Course

- 1) Has a student-instructor ratio consistent with the American Dental Association accreditation standards for dental assisting programs;
- 2) encourages enrollment by a geographically diverse population of prospective students;
- 3) includes the following course topics;
 - A) Dental and gingival anatomy and morphology;
 - B) periodontal disease, including recognition and treatment;
 - C) dental plaque, stain, and calculus formation;
 - D) sterilization and infection control;
 - E) oral hygiene, with an emphasis on technique, products, and devices;
 - F) topical fluoride application;
 - G) the use of instruments, including technique, position, and sharpening;
 - H) coronal scaling, including laboratory experience with mechanical and ultrasonic devices; and
 - I) coronal polishing, including laboratory experience;
- 4) is a minimum of 90 hours;
- 5) includes one or more outcome assessment examinations that demonstrate that the student has obtained technical and clinical competency in the coronal scaling of teeth; and
- 6) upon successful completion of the course, issuance by the offering educational entity of a certificate identifying the student and the date of successful completion.

Source: K.A.R. 71-6-3

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ATTACHMENT # 3-4

STATE OF KANSAS



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KANSAS DENTAL BOARD

Statistical Review
February 1, 2001

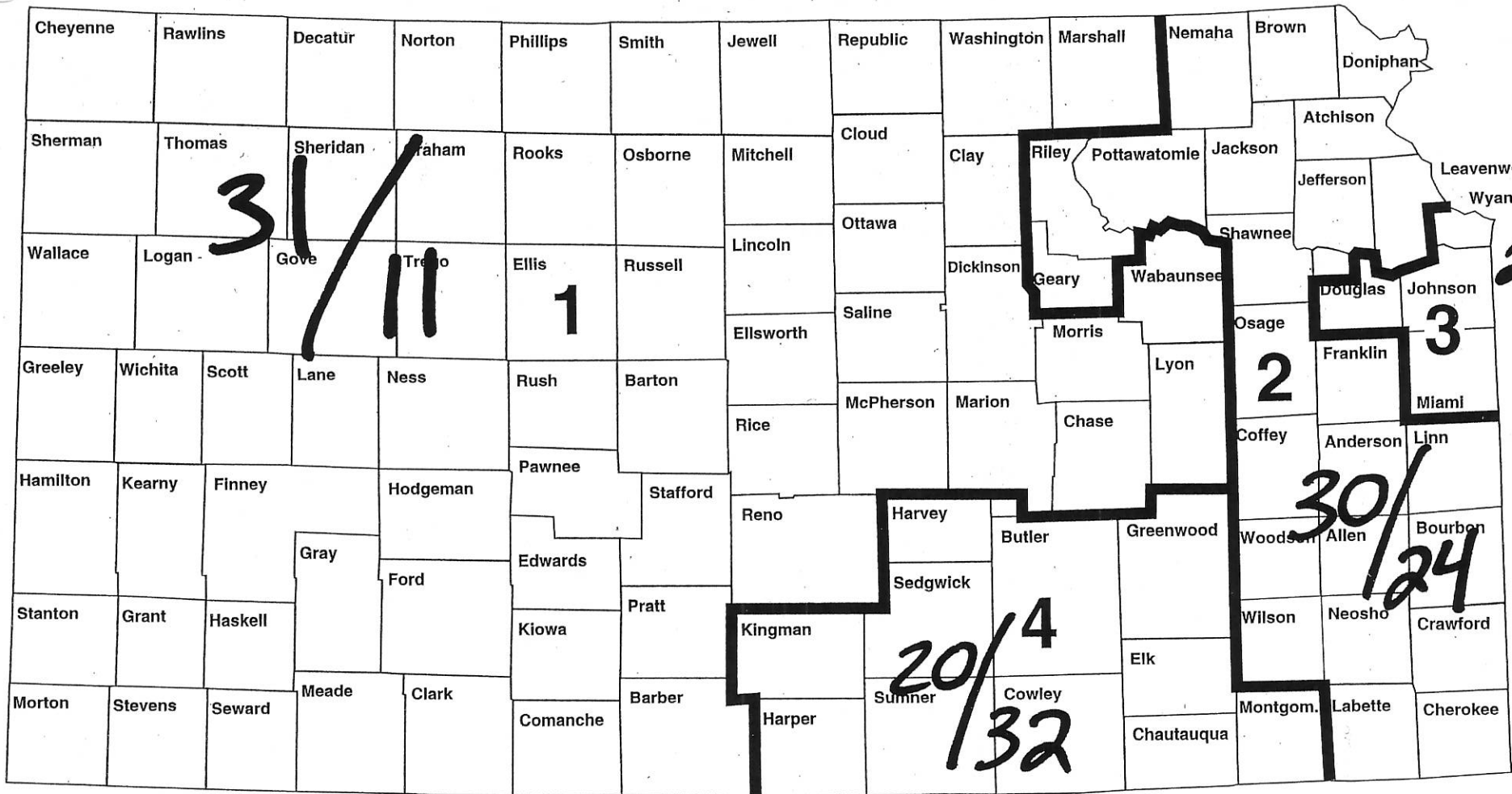
The Kansas Dental Board is pleased to provide a statistical review of license holders. The fact sheet included here indicates a decreasing number of dental practitioners and a steady number of hygienists being licensed in Kansas. From January 1999 through January 23, 2001, the number of hygienists licensed and working in Kansas either part-time or full-time has increased by 12%. During the same time period, the number of dentists licensed and working in Kansas either part-time or full-time has decreased by 3%.

There are currently 1,115 hygienists working in Kansas, accounting for an average of 1,284 hours of work per hygienist each year, and 1,042 general dentists, accounting for an average of 1,612 hours of direct patient care per dentist each year. The number of specialists working in Kansas is 193, accounting for an average of 1,619 hours of direct patient care per specialist each year.

Data regarding hours worked per week and weeks worked per year are collected via the biennial license renewal process. Hygienists report the number of hours worked per week and weeks worked per year by practice location. Dentists report this same information, along with a breakdown of the hours spent in Direct Patient Care, Administration, Teaching, Research and Other. Detailed reports summarized by county are available for Hygienists (84 pages), General Dentists (72 pages) and Specialists (14 pages).

Attachment 3-4-05

U.S. Congressional Districts in Kansas: 1992



9-36

Top # = % of statewide dental assistants who have completed training

Bottom # = % of statewide increase in dental hygienists since 1998

Source: KS Dental Board
Steve R Haight

SB 50

- The continuation of the dental assistant supragingival scaling program is directly tied to the shortage of dental hygienists
- Because of the shortage of registered dental hygienists in Kansas, the supragingival scaling program must be continued

The Shortage of Hygienists

- According to popular dental literature, dentists from around the country continue to be hampered by an inadequate supply of Hygienists. (Stoudoll, J Am Coll Dent; Cox, Ohio Dent J; Maslin, JADA)
- A survey of the Kansas Academy of General Dentistry found that 80% of Kansas dentists perceived a shortage of hygienists. (Rupp, 1996)

Shortage continued

- A needs study done by Colby Community College found that 75% of the dentists responding felt there is a great need for a dental hygienist program in western Kansas (Mildrexler 1996)

Hygienist Shortage (cont.)

- The Kansas Dental Association is keenly aware of the shortage of dental hygienists and has been striving for over five years to increase the number of graduating dental hygienists
- The KDA has been minimally effective

Kansas Dental Association(KDA) Efforts

- Wichita State University
- Johnson County Community College
- Colby Community College
- Cowley County Community College
- Fort Hays State University
- Labette County Community College
- Flint Hills Area Technical College
- Kaw - Topeka
- Manhattan Area Technical College
- Hutchinson Community College
- Garden City Community College
- Pittsburgh State University
- Dodge City Community College
- Concorde Career Colleges

Kansas Hygiene Programs Enrollment and Graduates

(Source: American Dental Association, Survey Center, 1998/99 Survey of Allied Dental Education)

■ JCCC 1 st year capacity	26
1 st year enrollment	27
2 nd year enrollment	20
Graduates	21
WSU 1 st year capacity	30
1 st year enrollment	32
2 nd year enrollment	28
Graduates	31

OVER

Senate Public Health & Welfare Committee
Meeting Date 2-1
Attachment 4-1

Colby Community College 2001 Class

- 391 packets mailed
- 122 interested students in Colby's 14 county service area
- 186 interested if you stretch to Salina
- They have 30 meeting all requirements
- They have accepted 12 for the next class

Colby Community College Current

- First year class 12
- 2nd year class 9
- Graduates 4
- Pass rate on Central Regional Dental Testing Service – 100%

Prepared for KS Legislature 1/11/99

- 36 Kansas Counties have no practicing hygienists
- 13 Kansas Counties have no practicing dentists

1999 report to the KS legislature on the number of hygienists needing to be trained - 4 methods

- Using the *Kansas Occupational Outlook* 210
- Using the national 1:1 ratio of dental hygienists to dentists 315
- Using the # of patients a hygienist can see in one day 147
- Using the ratio of 1 hygienist/2000 patients 265

■ The End

Senate Committee on Public Health and Welfare

Senate Bill 50

My name is Leah Sperry. I am a certified dental assistant from Garden City, where I have lived my whole life and have been a dental assistant for 16 years. This scaling course enables me to deliver quality care to our patients and for the patients in rural areas to receive the care they need, without traveling to a large city. There is a huge shortage of dental hygienists in our area. Many dentists have advertised for hygienists to move to our area with NO response.

Dental assistants are not trying to take jobs away from hygienists. There is a huge need for their expertise treating areas of the mouth we cannot work on. Graduates of the supra-gingival scaling program are held to the same standards within our area of treatment as hygienists. We feel like we are helping our hygienist by taking care of the needs of the kids and teenagers who do not usually need extensive treatment. This allows our hygienist to spend more quality time with the majority of our adults, new patients and those with gum problems.

Our office is one of the lucky few to have a full time hygienist . I thank God everyday for her. There are 12 general dentists in Garden City and only two offices are able to have a hygienist on their team. My dentist feels that a hygienist frees him up to do more needed restorative dentistry just as an assistant frees up a hygienist to take care of adults and teens with more advanced gum problems. Thus more people will have access to the dental care they need and deserve. This is called team work!

When I took the supragingival scaling course there were 12 dental assistants in the class. We were in Wichita for a portion of our classes and one of the instructors, who happens to be a member of the Kansas Dental Board was amazed to find out that we had over 130 years experience in our class alone! Many of the dental assistants that are currently in the class in Garden City each have 10-18 years experience.

I have an aunt in Oklahoma, that used to be a teaching dental hygienist. I was explaining this course to her and she thought it would have been wonderful to have an assistant with the supra-gingival program helping her when she was a hygienist. She said it would have given her more time to spend with the patients that required her expertise and training.

We feel that if a hygiene program was to come to G.C.C.C. (Garden City Community College), it would help with our shortage. A lot of dental assistants would like to go on to become a hygienist, but are unable to move due to a husband's job or family responsibilities!

>Not all hygienists are against the program. Several hygienists in Wichita help teach and praised us for taking this course. Two hygienists in Garden City are also helping teach because they recognize the need in rural areas.

This course has increased the quality and access to care of the public in rural areas. If the sunset date is not lifted, are we asking people in rural areas to drive four hours every six months to have their teeth cleaned????? Think of the impact this could cause on our area and the neglect that would occur. We also must consider the fact that we have numerous patients that are employed by the beef packing plants and are not allowed time off. These patients must have late day appointments in order to prevent being docked their daily wages. Our rural area is much different than the big city life and we are sometimes considered the melting pot of Kansas.

I would like to thank the committee for listening to all sides of this difficult issue. Please let us continue to take the best care of our patients that we can. The patients are the only ones to lose if this program does not continue.

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Meeting Date 2-1-01
Attachment 5-1*

Ted J. Maple, D.D.S.

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January 30, 2001

Committee on Public Health & Welfare

Greetings from way out west where the deer and the antelope play and seldom is heard a discouraging word. I am grateful for the opportunity to perhaps illustrate the uniqueness of the dental health care situation in southwestern Kansas.

I have been practicing dentistry in Ulysses since 1970. During those thirty years I have been able to employ hygienists on a part-time basis for most of the time. They have been willing to work two or three days a week. We have had numerous maternity leaves during this time because the good Lord has blessed their homes with seven children. I love everyone of them.

Please allow me to try to illustrate the problem. Everyone in my practice is in agreement---the hygienist wants to do the prophies, the assistants want the hygienist to do the prophies, the patients want the hygienist to do the prophies and I want the hygienist to do the prophies. Everyone wants the hygienist to do the prophies! But the reality is, in the four southwestern counties where Ulysses, Hugoton, Elkhart, Johnson and Syracuse are located, out of seven dentists I employ the only registered dental hygienist there is and she will work only two days a week. She is married to an attorney and has two small children and two days a week is all of the time she chooses to be away from her family. As laudable and proper as this decision is, the question remains, "what am I to do with the patients requesting treatment on the other days of the week?" Is my patient flow limited to the availability or unavailability to the amount of time an R.D.H. decides to work?

Before the new interpretation of our dental practice act, the dentists had considerable flexibility in training his assistants. Over time as each one developed more skill we could delegate many procedures which were reversible. Recently, my core staff consisted of employees with tenures of 22 years (which included three years for an orthodontist), 17 years, 16 years and 12 years (she had worked eight years previously for another dentist). Two of these ladies were Certified Dental Assistants and all of them were very gifted and could masterfully do many delegated assignments. Some, incidently, were more demanding than polishing teeth.

Because of our sparse population and the rather large distances between towns, many of our patients travel for approximately an hour or more for dental treatment. And to minimize the number of trips, usually several family members want to be seen at the same visit. So the scenario is, if dad and mom come with two or three kids for their six month checkups do they have to wait until they can all be seen by the hygienist on one of the two days she is there? Do they have to patiently wait in the reception room until she can see each one in order (vertically) or can I use my professional judgment to make a decision for their best care? In this case, for decades, we expedited by having one of our experienced assistants do the prophies on the kids while the hygienist treated the parents (horizontally). This cut the amount of time the family had to spend in the dental office in half. Even though I thoroughly check all of the patients who are having their checkups, during their treatment time I am having to care for someone who has a broken tooth or needs some other treatment that only the dentist can provide.

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I would like to focus on a possible solution. The supragingival scaling course is good and I applaud it. But it is not the sole solution to the problem. For example, one of my assistants who had been with me for seventeen years was in the first class held in Garden City and Wichita. I paid for her tuition, supplies, motel, food, mileage, plus her regular hourly wage while she was in school. Approximately thirty days after receiving her certification she quit because of a conflict with another employee and she went to work for a neighboring dentist. All of this happened while my part-time hygienist was on maternity leave. So all last summer, until the hygienist returned in the fall, I had no employee certified to do prophies even though I still had two assistants who had over thirty-eight years of experience between them. Something is definitely wrong with this picture.

Ladies and gentlemen, I cannot leave patients who are needing broken teeth restored, root canals for pain and swelling, or teenagers needing their bites orthodontically corrected, to take bitewing x-rays, remove plaque and give oral hygiene instructions to young patients who really do need this service.

This debate is NOT about money! No one is trying to make hygienists out of assistants. If I could employ one or two full time hygienists I would jump up and down and click my heels together. But the bottom line is and the point of all this is--there are virtually none available in our area. They won't even return our calls and we are paying more than thirty dollars an hour. I can understand it--if I were a young, recently graduated R.D.H I wouldn't move to western Kansas either; not when Denver, Amarillo, Wichita, and Kansas City are beckoning. Even with the addition of the hygiene program in Colby and, hopefully, in Garden City--the real trick is to get these new graduates to stay in western Kansas.

The Supragingival Scaling Course is a big help, but the results are limited, expensive and uncertain. The best senario, in my opinion, is to allow each dentist to use his or her professional judgment to delegate those reversible tasks to staff that have been properly trained on site. This is how the dentists in southwestern Kansas practiced for decades and so did I until the change in the interpretation of the practice act.

My recommendation for the optimum dental health care for our wonderful people in western Kansas is:

- 1) to fund a new R.D.H program in Garden City Community College
- 2)to continue with the supragingival scaling course for assistants in Garden City
- 3) to allow dentists the flexibility of delegating some the the prophylaxis procedures to qualified staff some of which may still be waiting in line to take the expanded duties course.

Sincerely,

Ted J. Maple, D.D.S.

Attachment 6-2

Senate Committee on Public Health and Welfare

Melanie Mitchell, Dental Assistant Program Specialist
Wichita Area Technical College
2/1/2001

Testimony in support of Senate Bill 50

In response to the legislation passed 3 years ago which allows experienced dental assistants, with appropriate training, to perform supragingival scaling, a 90 clock hour course was developed.

This course is designed for experienced dental assistants to expand their skills in preventive dentistry, specifically to provide instruction in supragingival scaling and polishing.

Currently, 5 technical/community colleges offer the course. Three of these institutions also offer entry-level dental assistant programs that are accredited by the American Dental Association. Accreditation is an endorsement from the American Dental Association that dental assistant programs are meeting the educational requirements and maintaining the educational quality that is clearly specified in the program standards established by the Commission on Dental Accreditation of the American Dental Association. Initially, these three institutions jointly developed the scaling course in accordance with the Kansas Dental Board guidelines. All institutions use basically the same curriculum and pre-requisites. All participants must provide proof of one of the following eligibility pathways:

- 1) Graduate of an ADA accredited dental assistant program and Certified Dental Assistant and 6 months of experience **OR**
- 2) Two years of chairside dental assisting experience and CDA **OR**
- 3) Three years of previous chairside dental assisting experience within the past five years

All of the dental assistants enrolling in the program have been employed and then have continued in their place of employment after completion of the program. To date, approximately 180 dental assistants have completed the program.

Student curriculum materials include a dental hygiene textbook and approximately 55 instructional modules from the University of Kentucky that include content in tooth and periodontal anatomy, collecting patient information, instrumentation and scaling, polishing, periodontal disease, nutrition, patient education, communication skills and radiology. University of Kentucky also has videos and slides to supplement instruction. These are being utilized as well as additional aids from other sources.

The course is approximately 50% didactic and 50% hands-on skill practice. Skills are systematically evaluated with competency checklists, written exams are given over didactic material and a final written and clinical examination are administered. Evaluation instruments and required competencies have been developed and utilized in the same manner as in the entry-level accredited dental assistant programs.

Demand for dental services continues to grow while there continues to be a shortage of dentists and dental hygienists. Senate Bill 50 will allow the dentist to continue to more fully utilize the skills of the dental assistant to provide patient care.

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Attachment 7-1*

Senate Public Health and Welfare
Testimony of Natalie Eastman
In Support of SB 50
February 1, 2001

Madam Chair, Senators, my name is Natalie Eastman, a RDH from Wichita. I would like to first thank you for allowing me the opportunity to testify in favor of the dental assistant scaling program. It is important to give you some history about me, which leads to my stand in supporting SB 50.

I grew up in Fredonia, KS, which is a rural community in the Southeast part of Kansas. The last two years of high school I had the privilege of working in a dental office after school and during the summer months. At the time I began considering the profession, dental hygienists did not exist in my part of the state. It was the combination of the dentist and dental assistant who did all the cleanings for the patients. Today the supply of dental hygienists continue to be very limited and many communities cannot recruit a dental hygienist.

After receiving my bachelor's degree and becoming a Registered Dental Hygienist it was the hope of the dentist back home that I would return to the community and establish a career there. That was not the case; I married right after graduation and moved to Woodward, OK, where for a number of years I held both a Kansas and Oklahoma license. I was able to secure a job four months before moving there.

Remember the dentist back in Fredonia...4 years after I left, another young girl started working in his office and chose the same path that I took and she also did not return. Today they still do not have a dental hygienist working in their office but they have taken the opportunity to send one of their dental assistants through the supra gingival scaling course!

I have been a dental hygienist for 14 years and out of those I have worked for the same dentist for 12 years in Wichita, Kansas. Yes, I am one of those statistics that did not stay very long in the rural setting after completing my degree. This is one of the most important reasons why the SB 50 was introduced...to provide competent care and reach more people throughout our state of Kansas. I also have significant knowledge of what is being taught in the supragingival scaling course that is being given to the dental assistants, as I am one of the instructors. The past two classes that I have taught at the Wichita Area Vo-Tech College have given me continuous interaction with the students in the classes. I can stand here proudly and

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give you reassurance that the quality of skills that these students acquired while attending the courses is outstanding. Both classes had 11 students who completed the courses and the average number of years of dental assisting experience was between 8-10 years, with many having over 15 years of experience. The feedback that the students gave us was unbelievable and the enthusiasm they had for learning and study was very positive. The dental profession should be very proud of these highly skilled individuals. I would encourage any dental hygienist that has concerns about the quality of the program to review the training material or better yet, sit in on some of the lectures or attend the clinical sessions. It has been a great review for me, even as a dental hygienist, and it is very important in any field that we continue the learning process.

In a perfect world I'm sure that it would be best to have a Registered Dental Hygienist in every dental office. However the stark reality is that there will never be enough dental hygienists to fill the demands in all the far-reaching areas of Kansas. I know that after being in this profession for many years that there will always be a need for highly trained dental assistants in this state. Hence there will always be a need for continual training including the supragingival course for the dental assistant.

I would like to leave you not with figures and quotes but a thought. You see, I view the dental profession, as a whole, like being in a choir. The choir requires each section to be in harmony with each other. This supragingival scaling course is like adding another note in each cord to produce an even greater degree of harmony in the dental office, thus providing the best possible care for the patients.

Good Afternoon, I am Dr. Jeff Stasch from Garden City, and would like to thank you for this opportunity to speak in favor of SB50.

Practice in rural Kansas is so very different than in more populated areas. The American Dental Association (ADA) estimates the average general practice is "full" when it has 2,000 patients - I would be hard pressed to name a rural practice (anywhere west of Wichita) that had less than 4,000. On the average, we turn away 5 requests a day from people who are not patients, of record requesting emergency services. I serve patients from 15 counties in roughly a 100 mile radius. The distances alone provide a burden on the elderly and people who have to miss work or school. Many practices are booked out 5 months in advance - so as you can see access to care is a serious concern of ours.

Dentists have gone to great lengths to entice hygienists to rural Kansas. A colleague in Pratt is driving to Colby one day a week to help teach the hygiene class and recruit a graduate to his practice. Another dentist doubled the normal hygienist's salary, and advertised in Kansas City, and got no responses! I have had a hygienist 5 of my 16 years in Garden City - and have never stopped recruiting for replacements. We desperately need another hygiene school in western Kansas. There are on the average four to five applicants for every hygiene slot, and four to five job offers for every graduate - but they are not coming to rural areas - and if there was a rural school, not all graduates would stay "out west".

I have been involved with the supra-gingival scaling program from the outset - it's a wonderful program, but still only a finger in the dike, and the water is still rising. If these assistants can save me 15 minutes per appointment that translates to several additional appointments per day. We have a large indigent blue collar mix of Vietnamese, Hispanic, Laotian and Cambodian patients who have not had a cleaning in their entire life. I've seen tartar a quarter of an inch thick on patients requiring hours to remove. Those that say you can't scale just above the gumline must also believe you can't color inside the lines! If every hygienist had a supra-gingival scaler, that would free them up to handle the more involved cases. I truly believe the opposition to this program is not from mainstream hygienists, but from an urban minority with no exposure to our situation - they are protecting their turf. As the baby boomers retire, demand for dental services is going to increase dramatically while the number of dentist's decrease.

The very near future is going to be an onerous burden on our profession - we need more dentists - slots at area schools with incentives to move to rural areas. A dental school in Kansas would be terrific, but many years and dollars away. A hygiene program at Garden City Community College would be faster and less expensive. I would ask you to consider the difficulties of the cost of a hygiene program/per hour versus an accounting program - perhaps at the very least a one time startup provision of 5-8 hundred thousand - but for now, please don't take away the only step forward that we have made!

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Senate Committee on Public Health and Welfare

Testimony of **Dr. Rita Burnett** supporting SB 50

February 1, 2001

It is a privilege to speak before you today. I apologize that I cannot be present in person, but the flu has taken a toll on me for the second time this season. I come before you to present my plea to consider the Supragingival Scaling program for qualified dental assistants a continual program in the state of Kansas. I have practiced in Wyandotte County for 17 years. I have had two (2) hygienists during this time. My first hygienist has since completed dental school and opened her own dental practice in Kansas City, Missouri and my second hygienist chose to take another job at an office closer to her home in Grandview, Missouri. The length of time that I had a hygienist employed in my office was four years. During the other years, I performed the scaling myself.

There is no mistruth that there is a shortage of dental hygienists, not just in the Kansas City area but throughout many areas of Kansas and possibly the rest of the United States. I have no information to document this but through the conversations with many of my colleagues I do feel that there is indeed a shortage. From a personal point of view, many of the temporary hygienists I have had an occasion to speak with or work with have demanded ludicrous hours and wages or both. It seems that these auxiliary personnel have come to believe that dentistry will not be able to exist without them. I have tried to understand their reluctance to accept their negative opinion of this program for qualified dental assistants and have not been able to. Since I have not had a dental hygienist in my employ for the better part of twelve to thirteen years I, like many other of my colleagues, must entertain other methods of patient treatment, i.e. the supragingival scaling program.

As an advisory board member of Concorde Career Institute I was quite honored when I was asked to review information about this same program from the University of Kentucky approximately two years ago and subsequently instruct four sessions of this program at Concorde and my office in Kansas City, Kansas. Most of the students had done some form of scaling the teeth of patients. Many of the students were quite outstanding in their ability to perform this function, but needed direction as to various components of a dental prophylaxis such as health history, dental anatomy, radiography, patient management etc. I am proud to be an instructor for Concorde and proud of the graduates that I have completed the program under my instruction.

What makes me feel like I am qualified to instruct this program? My faculty advisor in dental school (UMKC class of 1983) was a periodontist, Dr. Richard Gilman. The better part of 75% of my practice is periodontitis in one form or the other. I know that this is not relevant for this issue at hand, but most of my colleagues and myself certainly were proponents for dental hygienists to be able to administer anesthesia and see patients of record in the absence of a dentist. I understand their role in the treatment of patients, but do they? Dental assistants are almost a lost commodity due to the limitations of the legal description of their job. Pride in a job well done is the result of being able to grow and be challenged on the job, such as the program of supragingival scaling.

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