

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 21, 2002 in Room 210 Memorial Hall

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

Conferees appearing before the committee: Gary Mandermack, Doral Dental
Joyce Cussimanio, Executive Director, Kansas
Childrens Cabinet and Trust Fund
David Lake, Director, State Board of Emergency
Medical Services

Others attending: See Attached Sheet

Representative Morrison moved and Representative Welshimer seconded to approve the minutes of January 28, 29, 31, February 4, 5, 6, 7, and 11. The motion carried.

Gary Mandermack, Doral Dental, gave a update on dental care under Healthwave. There are 252 providers in Kansas, 209 are general dentists and the remaining are specialists. 80% are seeing new patients and 20% are seeing existing patients (Attachments 1 & 2).

It was asked what the number of children they can see and Mr. Mandermack said he would provide that information.

It was asked what percentage of dentists in Kansas participate?

Mr. Mandermack said there are approximately 2,000 dentists in Kansas and only 10% participate in the program.

Representative Welshimer asked why there isn't more participation?

Mr. Mandermack replied there are not enough dentists, they are of an aging population and not enough are graduating. We are trying to recruit in outlying areas.

It was asked if the rates Kansas is paying is a problem?

Mr. Mandermack replied that Kansas is generous in their reimbursement to dentists.

Joyce Cussimanio, Executive Director, Kansas Childrens Cabinet and Trust Fund, gave an overview of Smart Start Kansas which is a comprehensive early childhood initiative designed to ensure that children enter school ready to learn.

A coalition of organizations committed to improving the oral health of Kansas children has established a pilot for oral health services in Kansas with the vision that all Kansas children would enter kindergarten cavity-free (Attachment 3).

The Chairman opened the hearing on **HB 2665 - Emergency Medical Care, certification to perform activities of.**

David Lake, Director, State Board of Emergency Medical Services, testified as a proponent stating this proposed the establishment of a temporary graduate level of certification for a

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210,
Memorial Hall at 1:30 p.m. on February 21, 2002.

student who has successfully completed an approved course of instruction, taken with the intention of gaining certification as an Emergency Medical Services attendant in Kansas. The student must be serving with the ambulance service requesting the temporary certification and the student is working under the direct supervision at all times of a physician, physician assistant, professional nurse or an attendant who is at or above the certification level that the student has applied for (Attachment 4).

The Chairman closed the hearing on **HB 2665** and asked is the Committee wished to work the bill.

Representative Showalter moved and Representative Lightner seconded to move **HB 2665** out favorably.

Representative Wells moved a Substitute motion and Representative Long seconded to move **HB 2665** out favorably and place on the Consent Calendar. The motion carried.

The meeting adjourned at 2:30 p.m. and the Sub-Committee met following the full committee. The next meeting will be February 25, 2002.

Kansas Dental Program Update

Doral Dental Program Update (Title 21)

	<u>July 2001</u>	<u>July - December 2001</u>
Providers enrolled	205	241
Providers participating	48	191
% Providers participating	23%	79%
Total participants served	189	6475
% total population being served		27%
Total payments	\$24,067	\$1,305,597

BCBS Dental Data Update (Title 19)

	<u>July 2001</u>	<u>July to December 2001</u>
Providers enrolled	379	387
Providers participating	279	314
% Providers participating	74%	81%
Total participants served	5770	29,141
% total population being served		25%
Total payments	\$895,438	\$5,469,386

1/31/02

HsHHS
2-21-02
Atch #1



Doral Dental Services of Kansas, Inc.

A subsidiary of Doral Dental USA, LLC

Hs HHS
21-02
Atch #2

Provider Participation Analysis - Title 21 July 2001

	THIS MONTH	SAME MONTH LAST YEAR	SIX MONTH AVERAGE	FISCAL YEAR-TO-DATE	
				THIS YEAR	LAST YEAR
Providers Enrolled	205	N/A	N/A	205	N/A
Providers Participating	48	N/A	N/A	48	N/A
Percent Provider Participating	23.41%	N/A	N/A	23.41%	N/A
Total Claims Paid	198	N/A	N/A	198	N/A
Claims Paid Per Participating Provider	4.13	N/A	N/A	4.13	N/A
Total Participants Served	189	N/A	N/A	189	N/A
Total Payments	\$24,066.80	N/A	N/A	\$24,066.80	N/A
Average Payment Per Participating Provider	\$501.39	N/A	N/A	\$501.39	N/A
Average Payment Per Participant	\$127.34	N/A	N/A	\$127.34	N/A
Services Rendered	695	N/A	N/A	695	N/A
Average Number of Services Per Participating Provider	14.48	N/A	N/A	14.48	N/A
Average Number of Services Per Participant	3.68	N/A	N/A	3.68	N/A
Average Payment Per Service	\$34.63	N/A	N/A	\$34.63	N/A

* Statistics do not include Incurred But Not Reported expenses.



Doral Dental Services of Kansas, Inc.

A subsidiary of Doral Dental USA, LLC

Provider Participation Analysis - Title 21 December 2001

	THIS MONTH	SAME MONTH LAST YEAR	SIX MONTH AVERAGE	FISCAL YEAR-TO-DATE	
				THIS YEAR	LAST YEAR
Providers Enrolled	241	N/A	225	241	N/A
Providers Participating	156	N/A	129	191	N/A
Percent Provider Participating	64.73%	N/A	56.76%	79.25%	N/A
Total Claims Paid	2037	N/A	1542	9959	N/A
Claims Paid Per Participating Provider	13.06	N/A	11	52.14	N/A
Total Participants Served	1,710	N/A	1311	6475	N/A
Total Payments	\$273,342.65	N/A	\$204,141.88	\$1,305,596.84	N/A
Average Payment Per Participating Provider	\$1,752.20	N/A	\$1,444.39	\$6,835.59	N/A
Average Payment Per Participant	\$159.85	N/A	\$150.48	\$201.64	N/A
Services Rendered	7,235	N/A	5585.67	36,022	N/A
Average Number of Services Per Participating Provider	46.38	N/A	39.80	188.60	N/A
Average Number of Services Per Participant	4.23	N/A	4.17	5.56	N/A
Average Payment Per Service	\$37.78	N/A	36.06	\$36.24	N/A

* Statistics do not include Incurred But Not Reported expenses.

2-2



Doral Dental Services of Kansas, Inc.

A subsidiary of Doral Dental USA, LLC

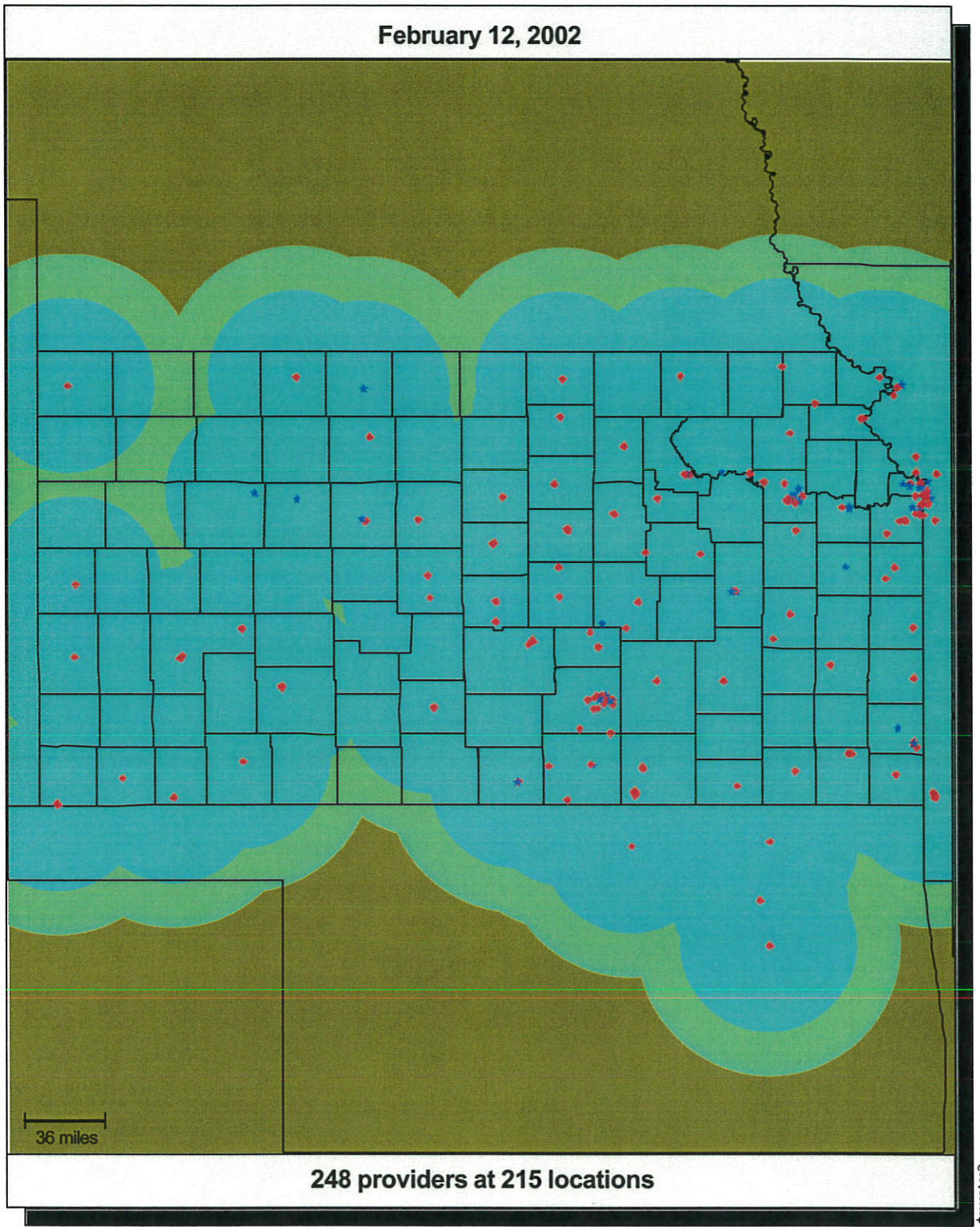
Provider Participation Analysis - Title 19 December 2001

	THIS MONTH	SAME MONTH LAST YEAR	SIX MONTH AVERAGE	FISCAL YEAR-TO-DATE	
				THIS YEAR	LAST YEAR
Providers Enrolled	237	N/A	N/A	237	N/A
Providers Participating	106	N/A	N/A	143	N/A
Percent Provider Participating	44.73%	N/A	N/A	60.34%	N/A
Total Claims Paid	940	N/A	N/A	2100	N/A
Claims Paid Per Participating Provider	8.87	N/A	N/A	14.69	N/A
Total Participants Served	747	N/A	N/A	1,766	N/A
Total Payments	\$146,874.49	N/A	N/A	\$313,937.24	N/A
Average Payment Per Participating Provider	\$1,385.61	N/A	N/A	\$2,195.37	N/A
Average Payment Per Participant	\$196.62	N/A	N/A	\$177.77	N/A
Services Rendered	3,389	N/A	N/A	7,618	N/A
Average Number of Services Per Participating Provider	31.97	N/A	N/A	53.27	N/A
Average Number of Services Per Participant	4.54	N/A	N/A	4.31	N/A
Average Payment Per Service	\$43.34	N/A	N/A	\$41.21	N/A

* Statistics do not include Incurred But Not Reported expenses.

2-3

Kansas Providers



- ◆ Single provider locations (175)
- ★ Multiple provider locations (40)

- 40 mile radius
- 60 mile radius

KANSAS CHILDREN'S CABINET AND TRUST FUND



Joyce A. Cussimano, Executive Director
415 sw 8th avenue, 1st floor
Topeka, Kansas 66603-3913
Tele: (785) 368-7044
Fax: (785) 296-6498

TESTIMONY

To the House Health and Human Services Committee
February 21, 2002

Thank you, Mr. Chair, and members of the committee for the opportunity to speak before you today. My name is Joyce Cussimano and I am Executive Director of the Kansas Children's Cabinet and Trust Fund. I'd like to report on the oral health initiative for children ages 0-5 that is being piloted in three Smart Start Kansas sites.

First, I'd like to provide a brief overview of Smart Start Kansas.

Smart Start Kansas is a comprehensive early childhood initiative designed to ensure that children enter school ready to learn. It is based upon multiple long-standing longitudinal studies as well as more recent studies reaffirming earlier findings—high quality early learning experiences for children have both short- and long-term impacts on the lives of children, well into adulthood. The discretionary grant program requires a comprehensive plan for school readiness efforts and allows maximum flexibility for communities to meet their needs with research-based programming, yet provides focus for strategies through five core service areas. The five core service areas are:

- Quality of early learning experiences
- Availability of early learning experiences
- Affordability of early learning experiences
- Family support services
- Child health services

Communities focus their efforts on multi-level needs by addressing the needs of children; parents and families; childcare providers; and childcare centers. In some communities Smart Start has served as the focal point for community efforts and created initial momentum within the community. Other communities have used funds to further existing efforts in the arena of early learning. Some communities have indicated that Smart Start Kansas serves as the "glue" that holds previously less connected services together. Across the state communities have overwhelmingly supported the Smart Start Kansas requirement for local collaboration, indicating the process has strengthened service provision among agencies and has led to increased coordination of services.

ABCD Kansas Oral Health Initiative

A coalition of organizations committed to improving the oral health of Kansas children has established a pilot for oral health services in Kansas with the vision that all Kansas children will enter kindergarten cavity-free.

ABCD Kansas has been modeled after the highly successful ABCD program in Washington State, also replicated in Iowa. Three ABCD Kansas pilot sites have been selected from existing Smart Start Kansas discretionary grantees. The three-year pilot is anticipated to begin in March.

ABCD Kansas is based on the rationale that--

- Dental caries (cavities) are the most common childhood disease;
- Left untreated, dental disease can interfere with language development, eating, sleeping and the ability to learn;
- Cavities are entirely preventable through proper nutrition, education, fluoride and similar treatments, and;
- In Kansas, thousands of young children do not have access to oral health services which can prevent or significantly minimize dental problems

The Kansas Medicaid program, United Methodist Health Ministry Fund and the Kansas Children's Cabinet have formed a public/private partnership to support these pilot sites in order to:

- Improve the oral health status of Kansas children from birth through age 5
- Increase access to dental health services
- Expand the capacity of local communities to provide dental health services to young children

Priority will be given to children from birth through age 5 who are Medicaid-eligible. Children may be identified through local health departments, WIC, Head Start and Early Head Start programs, childcare centers and other agencies serving this population.

The three components critical for its success are:

- Prevention services, including screenings and application of fluoride varnish;
- Case management and family education to increase dental appointment compliance and improve dental health habits; and
- Increased availability of dentists by training dentists to work with young children and reductions in barrier to serving Medicaid children.

United Methodist Health Ministries will provide \$25,000 and Smart Start Kansas Discretionary Grant funds will provide \$15,000 per site. A portion of these funds will be utilized to match Medicaid Administrative funds (match rate at 50%). A cushion of \$5,000 exists in each site for activities that would not be subject to the match rate. An in-kind match is expected of each funded site, although local cash match is not required due to the 10% cash match previously required of Smart Start Kansas grantees.

Support by a local dental champion was required to ensure local "buy-in" of the project. The Kansas Dental Association will provide training for dental professionals regarding serving young children. A program coordinator and a part-time case manager will be funded at each site through this project. In some sites, pre-existing case managers may absorb these services into existing case management responsibilities.

Members of the ABCD Kansas coalition have met with Doral staff during the development of this project. It is anticipated that the ABCD project coordinator and local pilot project coordinators will work closely with representatives from Doral to ensure the efforts being made in these three pilot sites are complementary, rather than duplicative in nature.

The Kansas Health Institute is the evaluator of this pilot program.

KANSAS BOARD OF
EMERGENCY MEDICAL SERVICES

109 S.W. 6th AVENUE
TOPEKA, KS 66603-3826

OFFICE (785) 296-7296
FAX (785) 296-6212

TDD (785) 296-6237
www.ksbems.org

David Lake
Administrator

Dennis Allin, M.D.
Chair

Bill Graves
Governor



M E M O R A N D U M

DATE: February 21 , 2002

TO: Rep. Garry Boston, Chair and Members
House Health and Human Services Committee

FROM: David Lake, Director
State Board of Emergency Medical Services

RE: Testimony in support of HB2665

Mr. Chairman and members of the committee, Thank You for the opportunity to provide testimony in support of HB2665. This bill proposes the establishment of a temporary graduate level of certification for a student who has successfully completed an approved course of instruction, taken with the intention of gaining certification as an Emergency Medical Services attendant in Kansas.

The request for consideration of issuing a temporary certification must come from the operator of a licensed ambulance service in Kansas. To gain this temporary attendant status, three criteria must be met. First, as mentioned above, the student must have successfully completed all components of an approved course of instruction. Second, the student must be serving with the ambulance service requesting the temporary certification. Third, the student is working under the direct supervision at all times of a physician, physician assistant, professional nurse or an attendant who is at or above the certification level that the student has applied for.

HsHHS
2-21-02
Atch #4

Once issued, the authority to practice under this temporary certification will expire 120 days from the date of last class or when the results of the first certification examination are received by the Board of EMS, whichever comes first. This temporary certification cannot be renewed and shall be valid only while the student serves with the ambulance service which has requested the temporary certification.

The value of this legislation is to allow a student to continue learning and gaining experience, while under the direct supervision of qualified personnel, from that period of time when formal "classroom" instruction ends and results of certification examinations, both practical and written, are received in the Board's office.

Thank you for the opportunity to present this testimony. I will be glad to address any questions, comments or concerns you may have regarding this proposed legislation.