

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE.

The meeting was called to order by Chairperson Jim Morrison at 1:34 p.m. on February 11, 2003, in Room 243-N of the Capitol.

All members were present except Representatives Landwehr and Holland, both of whom were excused.

Committee staff present:

Bill Wolff, Legislative Research Department
Renae Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Robert Day, Director of Medical Policy, Division of Health Care Policy, Social and Rehabilitative Services
Robert Williams, Executive Director, Kansas Pharmacists Association
Jerry Slaughter, Executive Director, Kansas Medical Society
Ernest Pogge, Chair, Topeka Satellite Group, Association of Retired Persons
Carolyn Middendorf, MSN, RN, Kansas State Nurses Association
Jim Murphy, Kansas Department of Health and Environment

Others attending: See Guest List.

Representative Bethell chaired the hearing on **HB 2116**, proposed legislation establishing a Kansas Health +Commission.

Robert Day, Director of Medical Policy, Division of Health Care Policy, Social and Rehabilitative Services (SRS), spoke in support of the bill, saying that if the bill passed, SRS would cooperate with the Commission as staff was available. (Attachment 1) He noted that nationally the cost of health care in 2001 was 14.1% of the gross domestic product and was projected to increase to 25% within 10 years, a significant shift that required forward-looking public policy such as the Commission might provide. Answering questions, Dr. Day said presently there is no statewide coordinated health policy. He said Post Audit addresses more narrow health concerns, as does the Kansas Health Institute, and neither deals with broad health policy. One member expressed concern that of the 22 members, only 4 were elected; another, that creating health-care policy was a crucial need.

Robert Williams, Executive Director, Kansas Pharmacists Association, spoke in support of the proposed legislation, noting that a pharmacist is now considered an integral part of any treatment plan; he recommended that a pharmacist be included as a member of the Commission. (Attachment 2)

Mike Hammond, Interim Executive Director, Association of Community Mental Health Centers, testified in support of the bill, suggesting two changes: one, making one member of the Commission a member of a community mental health organization; and, at another point, designate as a member one whose family member is receiving mental health services. (Attachment 3)

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at on February 11, 2003, in Room 243-N of the Capitol.

Jerry Slaughter, Executive Director, Kansas Medical Society, supported the concept of the bill. He commented that Kansas is lacking a public body where dialogue can develop health-care policy; he suggested that Section 1, page 3, sub-section f, clarify the purpose of the Commission. He noted that a Commission might consolidate all health-care activities into one state agency. (Attachment 4)

Ernest Pogge, Chair, Topeka Satellite Group, Association of Retired Persons, spoke in support of the bill, noting that because of escalating health costs, the proposed Commission could provide a degree of guidance in marshaling health-care resources and emphasize collaboration among health-care providers. (Attachment 5)

Carolyn Middendorf, MSN RN, Kansas State Nurses Association, testified in support of the bill, suggesting two changes: 1) That the word "oversee" in the first sentence be changed to "review and recommend;" and 2) The clause, ". . . make a determination of what should be the appropriate levels and delivery of services in Kansas," overreaches, intrudes into spheres of practice better left to the separate disciplines, and should be restated. (Attachment 6)

Jim Murphy, Kansas Department of Health and Environment, asked that, if the bill is recommended for passage, KDHE be given as much flexibility as possible to assist the Commission in carrying out its duties.

A fiscal note from Duane Goosen, Director, Division of the Budget, indicated that the fiscal impact of the bill would be negligible. (Attachment 7)

The Chair closed the hearing on **HB 2116**.

By motion and second, **HB 2155**, giving out-of-state dentists and dental hygienists a temporary license to serve indigent Kansans in free clinics, was recommended favorable for passage. Staff had prepared two balloon changes in wording: the title to include dental hygienists, and replacing "temporary permit," with "temporary license" for any out-of-state licensed dentist or dental hygienist. (Attachment 8) A motion was made and seconded to accept these amendments, and to replace ". . . is not licensed to practice dentistry in Kansas" (Page 2, Section 2. (b) (3) with "practice as a dental hygienist." The motion to amend passed.

Further discussion centered on whether the exclusion of a person who had failed a Kansas dental board test was important. A motion was made and seconded to strike the "failed test" exclusion. By vote of 7 to 11, the motion failed.

The motion to recommend the bill as amended favorable for passage was passed unanimously.

Staff Bill Wolff briefed the Committee on **HB 2234**, a bill allowing uniform licensure reciprocity for

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at on February 11, 2003, in Room 243-N of the Capitol.

licensed individuals moving into Kansas. He said for certain skill levels (baccalaureate counselors and social workers and some psychologists), the out-of-state license must be equivalent to Kansas standards. Further, the person must demonstrate compliance with standards the Behavioral Science Regulatory Board sets forth; the person must have practiced the previous 5 years; and there had been no disciplinary actions against him/her. He said for higher levels (MSW, psychotherapist, clinical professional counselors, clinical marriage and family therapists, Phd-level psychologists) more stringent standards applied: the person must not only hold a license equivalent to Kansas standards, but must pass a clinical exam, have three years of clinical practice, and receive attestation of competency from a recognized authority. He noted that statutory fees were set for licensing the various disciplines.

The meeting was adjourned at 2:43 p.m. The next meeting will be on Wednesday, February 12, 2003, in Room 243-N of the State Capitol.

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST**

DATE: FEBRUARY 11 2003

NAME	REPRESENTING
Carolyn M. [unclear]	Ks St Ws Assn
Peter [unclear]	KMB
Joe Murphy	KATHE
Bob [unclear]	Ks Pharmacists Assoc.
Mike Hammond	Assn. of CMAs of KS
[unclear]	Ks DOA
Jennifer Crow	Governor's Office
Cheryl Sillars	Coverity Health Care
Michael P. Keelane	Lendworth Ks
Vickie Burgess	Burgess Assoc.
Sky Wisterlund	KNASW
Carol Dermeyer	KSD E
Connie [unclear]	KFM C
Dodie Weelshear [unclear]	K-NAGE
Rebecca [unclear]	Federico Consulting
Jawette Pucci	Ks Bd of Nursing
DEBORAH STERN	KS. HOSP. ASSOC.
Ernie Fogge	AARP
Ernest Kutsky	AARP

Kansas Department of

Social and Rehabilitation Services

Janet Schalansky, Secretary

House Health and Human Services
February 11, 2003

House Bill 2116

Division of Health Care Policy
Janet Schalansky, Secretary
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For additional information contact:
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Marianne Deagle, Director

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Attachment 1
HHS 2-11-03

Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary

House Health and Human Services
February 11, 2003

House Bill 2116

Chairman Morrison and members of the Committee, thank you for the opportunity to testify regarding the provisions of House Bill 2116. HB 2116 proposes to create a commission on health to oversee and make recommendations on all aspects of health in Kansas. The commission will focus primarily on prevention, health promotion and the reduction of health disparities throughout Kansas.

HB 2116 provides Kansas the opportunity to develop health policy in a comprehensive way by requiring participation on the commission of a broad array of professionals including policy makers, health care providers, insurers, educators, consumers and state agency representatives, among others. The commission will be charged with determining appropriate levels and delivery of health care services in Kansas, focusing in particular, on mental and physical health and under-served areas throughout the State. These are areas of concern to SRS and the consumers it serves.

SRS supports a comprehensive approach to creating health care policy in Kansas. We do, however, question whether the bill clearly articulates a comprehensive scope and vision for the commission. Additionally, in light of the reduced staff resources available at SRS, we would like to have further conversations about the extent to which SRS staff would be involved in seeking funding for the commission on health. I would be glad to answer any questions the Committee may have.



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Robert R. Williams, MS, CAE, Executive Director

TESTIMONY
February 11, 2003

House Health and Human Services Committee
HB 2116

My name is Bob Williams I am the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the committee regarding HB 2116.

HB 2116 will create the Kansas Commission on Health to "examine and make recommendation on all aspects of health in Kansas". KPhA applauds the development of such a commission. However, given the fact that one of the largest expenditures of health care plans is prescription drugs, KPhA recommends the addition of a pharmacist to the composition of the commission.

The use of prescription medication to treat diseases will continue increase. Pharmacists are the drug experts and an integral part of the health care team. Their knowledge will bring invaluable information and insight to the proposed health care commission.

Thank you.

Attachment 2
HHS 2-11-03



Association of Community Mental Health Centers of Kansas, Inc
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House Health and Human Services Committee

**Testimony on
H.B. 2116**

February 10, 2003

Presented by
Mike Hammond, Interim Executive Director
Association of Community Mental Health Centers of Kansas, Inc.

Attachment 3
HHS 2-11-03

Mr. Chairman and members of the Committee, I am Mike Hammond, Interim Executive Director of the Association of Community Mental Health Centers of Kansas, Inc. I am here today to speak in support of House Bill 2116, and to seek two changes in the language of the bill. Those two changes are as follows:

- On line 37 of page one, I would ask for the Committee's consideration that the language, "one member who is a mental health care provider," be amended to read, "one member who is a community mental health provider."

The purpose for this suggested amendment is due to the size of our community mental health system. We are a network of 29 Community Mental Health Centers (CMHCs) who serve as the public mental health system. We have a state-wide presence, we are a public system, and have a public health responsibility in the public arena. The CMHCs provide community-based mental health services in all 105 counties in Kansas, 24-hours a day, seven days a week. During FY02, the network of CMHCs served almost 90,000 Kansans.

- On line 4, page two, I would ask the Committee's consideration that in addition to "one member who is a consumer of health care," that language be added to include "one member who is a consumer of mental health services and a family member of a child or adolescent who is receiving mental health services."

The purpose for this suggested amendment is that often times when discussions around health care issues occur, they intend to address the wide array of public health issues, but representation of consumers of such services are generally those representing issues concerning physical health and not mental health. By adding an adult consumer and a family member of a child or adolescent receiving mental health services, this provides equal input on mental health issues.

The Association and its members certainly support this bill as well as the focus and challenge of the new Commission on Health and would look forward to working with such a Commission to address the health care needs of Kansans.

Thank you for the opportunity to appear before you today. I would be happy to stand for questions.



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To: House Health and Human Services Committee

From: Jerry Slaughter
Executive Director

Date: February 11, 2003

Subject: HB 2116; concerning the Kansas Commission on Health

The Kansas Medical Society appreciates the opportunity to appear today on HB 2116, which would establish the Kansas Commission on Health. This legislation appears to be identical to HB 2905 from last session, which we supported. We would like to renew our support for the underlying concept in this bill, which is to create a commission with broad representation that begins a dialogue on ways the state can work towards improving the health of Kansans. In particular, we believe such a commission could serve as the starting point for discussions about the appropriateness of consolidating all the health-related functions of state government into one agency, a concept we have supported for some time.

Quite clearly one of the potential outcomes of such a commission is greater focus on developing a plan for the health of Kansans that integrates all of the public and private assets for improving health. Currently, our state distributes responsibility for health care policy among at least three and possibly four cabinet-level agencies. Decisions related to the financing of health care, particularly as it relates to indigent and vulnerable populations, is housed in one agency, while public health policy is found in another. The financing of private health care is yet in another, while group of issues related to our senior citizens is yet in another. While we believe each of those agencies is working hard on its mission and goals, the idea of better integrating our efforts is worthy of a broader discussion and evaluation.

Probably one of the most immediate benefits of the proposed commission is that of creating the opportunity for a public dialogue on the health of Kansans. It has potential for focusing attention on the issues of the uninsured, underinsured, access to care, the adequacy of the workforce, emergency preparedness, health care financing, and how we as a state will address those issues. Additionally, it has great promise for actually beginning to identify a comprehensive health plan for all Kansans, which integrates planning, financing, distribution of resources and the roles of the various stakeholders in our health care system.

Attachment 4
HHS 2-11-03

KMS Testimony on HB 2116
February 11, 2003
Page 2

We do believe the actual charge to the commission should be more clearly spelled out in section 1 of the bill. As it currently reads, the purpose of the commission is a little unclear. Last year we suggested the addition of clarifying language, which we would offer again this year. This language makes it clear that the commission will work to develop a health plan for the state:

“The commission shall develop a comprehensive plan for the health of all Kansans, which takes into consideration issues relating to access to care, health manpower, private and public financing and of health care, insurance issues including the problems of the uninsured and underinsured, the role of state government and its various agencies in the development and delivery of health policy and benefits, the role of local units of government in the development and delivery of health policy, the role of technology in health care, including telemedicine, and improving the overall health of Kansans through lifelong education and prevention activities.”

We support the establishment of the commission, and would urge the committee to report the bill favorably. Thank you for the opportunity to offer these comments.

AARP Kansas

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February 10, 2003

Representative Morrison
Chairman Health and Human Services Committee

Good afternoon Representative Morrison and members of the House Health and Human Services Committee. My name is Dr. Ernie Pogge and I am the Chair of the Topeka Area Satellite group for AARP Kansas. AARP Kansas represents the views of our more than 348,000 plus members in the state of Kansas. Thank you for this opportunity to express our *support* and comments on House Bill 2116.

The nation's health care system has been undergoing massive changes since the mid-1980s. The driving force behind this transformation was escalating health care costs, which grew an average of 12 percent annually during the 1980s

This is a time of transition. Changes in the health care system cut across many areas of existing public policy and bring new areas of concern into focus. These changes are the source of anxiety and uncertainty on many levels and have raised a series of public policy concerns. Policymakers and elected officials have an important role in ensuring quality in the health care system. They can initiate changes in federal, state and local programs and facilities. They regulate various activities (e.g., mergers, securities and licensure) of private health care entities. They have broad power to protect the public's health and safety. In these roles, government is in a position to oversee the transformations in the health care system and to monitor carefully the impact of these dramatic changes on those who use and rely upon it.

Federal and state governments must play essential roles and carefully monitor the ongoing changes in the health care marketplace to assess their impact on consumers and the health delivery system. Market forces may not always protect communities' or consumers' access to health care services. Thus, governments must ensure that access to affordable, quality care increases, rather than decreases, as changes occur in the health care delivery and insurance systems.

We do understand these are financially hard times and believe that grants can help in funding these types of oversight committees. Given the importance of these issues, we believe that there should be an adequate baseline of funding to create a solid foundation for the committee's work.

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Esther "Tess" Canja, President William D. "Bill" Novelli, Executive Director

Attachment 5
HHS 2-11-03

We also believe that consumer representation on committees such as this should be diverse including representation for the mental retardation, developmental disabilities and mental health arenas.

We believe that changing health needs and health care system is a critical concern to all Kansans. Therefore, AARP *supports* the efforts and principles of House Bill 2116. Thank you for this opportunity to express our opinions and support.

Dr. Ernie Pogge
Chair, Topeka Satellite Group



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February 11, 2003

H.B. 2116 Kansas Commission on Health

Chairperson Morrison and members of the House Health and Human Services Committee, my name is Carolyn Middendorf M.S.N., R.N. and I am here on behalf of the KANSAS STATE NURSES ASSOCIATION to speak in support of this bill.

This bill proposes to create a Kansas Commission on Health that would examine and make recommendations on all aspects of health in Kansas, emphasizing prevention, health promotion and the reduction of health disparities for Kansans. We think a high profile Commission as envisioned is excellent, and believe that it could be effective and would assist in public policy and funding of health initiatives to improve the health of the citizens of our state. The concept is whole heartily endorsed by KSNA.

In reviewing the bill draft we make the following observations and comments:

COMMISSION CHARGE

- The breadth of the Commissions charge is quite extensive. There are two statements that we would recommend revising or eliminating.

The first is the first sentence qualifier that reads "to oversee the necessary changes in state laws and regulations in order for the commission to reach its goal to be able to examine and make recommendations on all aspects of health in Kansas." This suggests that the Commission may have the sole responsibility for this function and that all health disciplines would need to go through the Commission to seek changes in Scopes of practice, and regulatory agency recommendations. The word "oversee" may need to be changed to "review & recommend". The statement as written also implies some authority in regulation promulgation. Changing the word "oversee" would address this.

"The Commission shall make a determination of what should be the appropriate levels and delivery of services in Kansas, transcending the scope of practice of all providers of health care" seems quite broad and overreaching. Would eliminating this language take too much away from the directive to the Commission to be progressive and futuristic? Is there better language that can be used to preserve this intent?

COMMISSION COMPOSITION

- The Insurance Commissioners office **as an advisor** is noticeably missing (Page 1 line 37). If three health insurance representatives are going to be included on the Commission, it makes sense that the Insurance Commissioners office be included in an advisory capacity.

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

Attachment 6
HHS 2-11-03

- The size and composition of any entity like this is always highly charged. The list of categories from which appointments would be made by the Governor appears representative enough to meet the charge of the Commission..

FUNDING/OPERATIONS

- If the Commission is going to have to fund itself through grants, etc., then the efficacy and effectiveness may be compromised by attention/time focused on this activity as opposed to the Commissions true charge. This was an issue with the 403 Commission appointed a number of years ago. The authority to pursuit grant funds and contributions is excellent, however, the concept that this is the sole source of funding for the Commission to conduct its work and complete its mission is not sound. If the creation of the Commission is important enough to be considered and created by the Legislature, then funding its existence and operations should also be a priority. If this cannot be addressed, then the expectations for what can be accomplished by the Commission should be adjusted accordingly.
- The last comment is about the Commissions authority to appoint Advisory Committees (Sec. 2. (c)) that have expertise on relevant and timely health care issues. Since this authority exists, we want to insure that staff support would also be available to coordinate task forces.

Thank you for this opportunity to present to you today.

KANSAS

DIVISION OF THE BUDGET
DUANE A. GOOSSEN, DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

February 11, 2003

The Honorable Jim Morrison, Chairperson
House Committee on Health and Human Services
Statehouse, Room 171-W
Topeka, Kansas 66612

Dear Representative Morrison:

SUBJECT: Fiscal Note for HB 2116 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2116 is respectfully submitted to your committee.

HB 2116 would create the Kansas Commission on Health that would examine and make recommendations on all aspects of health in Kansas and emphasize prevention, health promotion, and the reduction of health problems. The bill would specify the make-up and responsibilities of the 16-member Commission as follows:

1. Two members would be from the House of Representatives, one appointed by the House Speaker and the other appointed by the House Minority Leader. Two members would be from the Senate, one appointed by the Senate President and the other appointed by the Senate Minority Leader. The remaining 12 members would be appointed by the Governor, two each from the following categories: large, self-insured employers, medical providers, or small business owners; one member from a local health department, one from organized labor, one health care consumer, one insurance provider, one K-12 teacher, and one member from public health academia. Commission members would serve four-year terms. The following cabinet secretaries would be advisors to the Commission: Health and Environment, Social and Rehabilitation Services, and Aging.
2. A quorum of the Commission would be ten, and all actions could be taken by a majority of those present when a quorum did exist. The members would elect a Chairperson and Vice-

The Honorable Jim Morrison, Chairperson

February 11, 2003

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Chairperson and could appoint sub-committees when needed. All meetings would be subject to the Open Meetings Act, and would be held when called by the Chairperson.

3. The operations of the Commission would be funded by grants and contributions made by foundations, nonprofit organizations, and individuals. The Commission would work cooperatively with state and federal agencies, health care providers, and consumer groups.
4. The Commission would employ an executive secretary who would serve as a liaison with state agencies and the Governor's Office.
5. State employees would supply information and assistance requested by the Commission. Administrative support would be provided by Legislative Administrative Services, the Office of the Revisor of Statutes, and the Legislative Research Department.
6. The Commission would submit an annual report to the Governor and the Legislature on the first Tuesday of the year.

The Department of Social and Rehabilitation Services and the Department on Aging both indicate that the passage of the bill would have no fiscal effect. The Department of Health and Environment (KDHE) is unable to estimate a fiscal effect because the bill states that employees would provide information and assistance. If the Commission requests substantial amounts of assistance or information from KDHE employees, the fiscal effect would consist of staff time and resources that would be shifted away from other activities. The Legislative Research Department and Legislative Administrative Services both would use existing staff and resources if assistance was requested by the Commission, but is unable to estimate how much support and assistance would be needed.

Sincerely,



Duane A. Goossen
Director of the Budget

cc: David Dallam, KDHE
Jackie Aubert, SRS
Doug Farmer, Aging
Sharon Schwartz, Legislative Services

HOUSE BILL No. 2155

By Committee on Health and Human Services

2-3

Attachment 8
HHS 2-11-03

9 AN ACT concerning dentists and dentistry, regarding temporary licen-
10 sure of out-of-state dentists; amending K.S.A. 65-1426 and 65-1455
11 and repealing the existing sections.
12

and dental hygienists

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

14 Section 1. K.S.A. 65-1426 is hereby amended to read as follows: 65-
15 1426. (a) Except as otherwise provided in subsection (c), every person
16 who desires to practice dentistry in this state shall file with the executive
17 director of the board a written application for a license, and furnish sat-
18 isfactory proof that the applicant is at least 21 years of age, of good moral
19 character and a graduate of a dental school or college approved by the
20 board. Such application shall be upon the form prescribed and furnished
21 by the board and verified by the oath of the applicant and shall be ac-
22 companied by the required fee and a recent unmounted, autographed
23 photograph of the applicant.

24 (b) The board shall approve only those dental schools or colleges
25 which require the study of dentistry and dental surgery and which the
26 board determines have standards of education not less than that required
27 for accreditation by the commission on dental accreditation of the Amer-
28 ican dental association or its equivalent.

29 (c) Notwithstanding the provisions of subsection (a), the board shall
30 consider an application of:

31 (1) Any graduate of a dental school which has not been approved by
32 the board if the applicant successfully completes a course of remedial or
33 refresher instruction offered by a dental school or college where both the
34 course and the school have been approved by the board.

35 ~~(2) A temporary permit of not more than 14 calendar days to a grad-
36 uate of an accredited dental school, dental college or the dental depart-
37 ment of a college or university, who (A) has a D.D.S. or D.M.D. degree
38 and is otherwise qualified; (B) is not licensed to practice dentistry in
39 Kansas; (C) holds a license to practice in the state from which they are
40 applying; and (D) has not failed an examination for a license to practice
41 dentistry in Kansas. Such temporary permits may be issued only to those
42 eligible graduates who serve as providers operated by an entity under
43 K.S.A. 75-6102, and amendments thereto.]~~

Any graduate of an accredited dental school, dental college or dental department of a college or university, who; (A) has a D.D.S. or D.M.D. degree and is otherwise qualified; (B) is not licensed to practice dentistry in Kansas; (C) holds a license to practice in the state from which they are applying; and (D) has not failed an examination for a license to practice dentistry in Kansas, may be issued a temporary license of not more than 14 calendar days to provide dental services under subsection (F)(4) of K.S.A. 75-6102, and amendments thereto.

f-2

(d) The board is hereby authorized and empowered to adopt such further rules in regard to the qualifications of applicants for licensure, not in conflict with this section, as it from time to time may deem necessary and proper.

(e) The board shall adopt rules and regulations establishing the criteria which a school shall satisfy in meeting the standards of education established under subsection (b). The board may send a questionnaire developed by the board to any school for which the board does not have sufficient information to determine whether the school meets the requirements of subsection (b) and rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the school to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about schools. In entering such contracts the authority to approve schools shall remain solely with the board.

Sec. 2. K.S.A. 65-1455 is hereby amended to read as follows: 65-1455. (a) No person shall practice as a dental hygienist in this state until such person has passed an examination by the board under such rules and regulations as the board may adopt. The board shall accept clinical board examination results for graduates of dental hygiene schools approved by the board from all nationally recognized regional dental hygiene clinical testing agencies and from individual state dental hygiene licensure authorities. The fee for such examination shall be fixed by the board pursuant to K.S.A. 65-1447 and amendments thereto. A license fee shall be paid to the board in the amount fixed by the board pursuant to K.S.A. 65-1447 and amendments thereto.

~~(b) A temporary permit of not more than 14 calendar days to a graduate of an accredited dental hygiene school, college or university, who (1) has a R.D.H. (registered dental hygienist) or L.D.H. (licensed dental hygienist) and is otherwise qualified; (2) is not licensed to practice dentistry in Kansas; (3) holds a license to practice in the state from which they are applying; and (4) has not failed an examination for a license to practice in Kansas. Such temporary permits may be issued only to those eligible graduates who serve as providers operated by an entity defined under K.S.A. 75-6102, and amendments thereto.]~~

(b)(c) The board shall issue licenses as dental hygienists to those who have passed the examination in a manner satisfactory to the board. Each license shall be posted and displayed in the office in which the hygienist is employed, but no person shall be entitled to such license unless such person is more than 18 years of age, of good moral character and a graduate of a school approved by the board for dental hygienists. The board shall approve only those dental hygiene schools which require the study

Any graduate of an accredited dental hygiene school, dental college or department of a college or university who, (1) has a R.D.H. (registered dental hygienist) or L.D.H. (licensed dental hygienist) and is otherwise qualified; (2) is not licensed to practice dentistry in Kansas; (3) holds a license to practice in the state from which they are applying; and (4) has not failed an examination for a license to practice in Kansas, may be issued a temporary license of not more than 14 days to provide dental hygienist services under subsection (F)(4) of K.S.A. 75-6102, and amendments thereto.

8-3

1 of dental hygiene and which the board determines have standards of
2 education not less than that required for accreditation by the commission
3 on dental accreditation of the American dental association or its
4 equivalent.

5 ~~(e)~~ (d) The board shall adopt rules and regulations establishing the
6 criteria which a school for dental hygienists shall satisfy in meeting the
7 standards of education established under subsection (b). The board may
8 send a questionnaire developed by the board to any school for dental
9 hygienists for which the board does not have sufficient information to
10 determine whether the school meets the requirements of subsection (b)
11 and rules and regulations adopted under this section. The questionnaire
12 providing the necessary information shall be completed and returned to
13 the board in order for the school to be considered for approval. The board
14 may contract with investigative agencies, commissions or consultants to
15 assist the board in obtaining information about schools. In entering such
16 contracts the authority to approve schools shall remain solely with the
17 board.

18 ~~(d)~~ (e) Any person practicing dental hygiene in violation of the pro-
19 visions of this act shall be guilty of a misdemeanor, and the board may
20 revoke or suspend such person's license therefor.

21 Sec. 3. K.S.A. 65-1426 and 65-1455 are hereby repealed.

22 Sec. 4. This act shall take effect and be in force from and after its
23 publication in the statute book.