

Approved: March 14, 2005

Date

## MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:39 P.M. on March 10, 2005, in Room 526-S of the Capitol.

### Committee members absent:

Representative Don Hill- excused  
Representative Jason Watkins- excused  
Representative Peggy Mast- excused

### Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department  
Mary Galligan, Kansas Legislative Research Department  
Rena Jefferies, Revisor of Statutes' Office  
Gary Deeter, Committee Secretary

### Conferees appearing before the committee:

Larry Williamson, Executive Director, Kansas Dental Board  
Kevin Robertson, Executive Director, Kansas Dental Association

### Others attending:

See attached list.

### The minutes for the March 9, 2005, meeting were approved.

The Chair opened the hearing on SB 91 and welcomed Larry Williamson, Executive Director, Kansas Dental Board, who said the proposed legislation was introduced at the request of the Kansas Dental Board. (Attachment 1) Noting that the financial status of the Board will be dire without the bill, especially in view of a 16% cut under the Governor's budget recommendations, he said the bill will ensure extended financial stability through FY 2011 for the Board by raising the statutory ceiling on fees collected by the Board. He further explained that an amendment added by the Senate committee addresses a relatively new methodology for the delivery of dental services—mobile and portable dental operations—to the place-bound, underprivileged, and underserved.

Kevin Robertson, Executive Director, Kansas Dental Association, spoke in favor of the bill. (Attachment 2) He said there were two separate issues addressed by the bill, the first that of raising the statutory cap on fees, an action which the Association supports. He agreed that the second issue, mobile dentistry, is proper for Board oversight. However, he expressed concern that the new language on mobile clinics might create problems for the Association's Kansas Mission of Mercy (KMOM), a KDA-sponsored dental charity clinic that, two weeks ago in Salina, provided free dental care to 2325 patients, a service worth \$1.1 million in dental care. He suggested amendments that would exempt from the bill dentists, dental hygienists, and any not-for-profit organization providing dental services under K.S.A. 75-6102. He then gave a brief orientation of what KMOM has done in the past two years.

## CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:39 P.M. on March 10, 2005, in Room 526-S of the Capitol.

Answering questions from members, Mr. Williamson said that the Kansas Dental Board has not been a target of any legislative fee-fund sweep, further noting that, of the fees collected, 80% goes to the Board and 20% is sent to the State General Fund. He replied that raising the cap on fees will enable the Board to meet the current budget and to provide additional investigative services that are needed. Regarding mobile dentistry, he said anyone practicing dentistry must have a license and that the new delivery system provides wider delivery of services to the underserved; however, he noted certain risks, such as possible lapses in cleanliness, the potential for abuse, less efficient record keeping, and—with aged and children—the potential inability to accept or decline services.

Several members complimented Mr. Robertson on the KMOM service to indigent Kansans. Answering a question, Mr. Robertson said that Colorado, Nebraska, and Iowa are planning or have scheduled a similar service based on Kansas' experience.

The Chair closed the hearing on **SB 91**.

Staff provided a briefing on two bills:

**HB 2496** would amend the Occupational Therapy Practice Act, changing the definition of the practice of occupational therapy to allow physician assistants, advanced registered nurse practitioners, and licensed chiropractors to make referrals to occupational therapists.

**SCR 5011** provides a means for the legislature to express its support for family caregivers through the Kansas Department on Aging's family caregiver support programs.

The chair opened discussion on **SB 183**.

A motion was made and seconded to recommend the bill as favorable for passage. The motion passed unanimously.

The chair opened discussion on **SCR 1604**.

A member requested delay until Monday to determine how to blend similar bills, which was granted by the Chair.

The Chair opened discussion on **SB 91**.

A motion was made and seconded to attach the Kansas Dental Association amendments to **SB 91**. The motion passed.

A motion was made and seconded to recommend **SB 91** as amended to be favorable for passage. The motion passed unanimously.

## CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:39 P.M. on March 10, 2005, in Room 526-S of the Capitol.

The meeting was adjourned at 2:29 p.m. The next meeting is scheduled for Monday, March 14, 2005.



# Kansas Dental Board

The Kansas Dental Board respectfully requests your favorable consideration of Senate Bill 91.

Section 1 increases the cap on fees that the Board can set.

1. The Kansas Dental Board is funded principally by net revenues from fees authorized in legislation and set by the Board.
2. Of existing revenues 90% to 95% are the result of the biennial license renewals of dentists and dental hygienists.
3. By statute the Dental Board is required to split its license fee revenues with the state general fund with 20% going to the SGF and 80% going to the Dental Board Fee Fund,.
4. As a part of the Fiscal Year 2006 and 2007 budget submission process the Board conducted a long-range financial analysis of the existing and projected fee fund balances. Net revenues were projected on the basis of the existing number of dentists and dental hygienists and the existing fee schedule. Expenditures were projected on the basis of a flat-line budget beyond the FY 2005 appropriation of \$344,000. This projection revealed that the Fee Fund balances would be insufficient for continued operations of the Board beyond the end of FY 2006.
5. This situation is reinforced by the fact that the Governor's budget request for the Dental Board is \$54,000 less than the requested amount of \$344,000—a 16% cut. The Budget Director could not justify an expenditure of \$344,000 when there was evidence that the revenue stream was insufficient to support it. Thus the cut.
6. In short, the Dental Board must raise the fees it imposes in order to support the ongoing operations of the Board and insure a longer term financial stability.
7. The bill before you raises the cap on fees. It does not raise fees. The Board sets the fees based on the ceilings set by the Legislature.
8. Without the authority to increase fees sufficient to support the flat-line budget expenditures into the future, the \$54,000 cut in the budget will likely prevail and the Board will be required to make some severe adjustments. Within the existing budget the fixed costs of 3 FTE plus compensation to the Board for meetings represents 38% of the budget. The costs associated with investigations and adjudications of complaints represent another 40%. So the fixed personnel costs and the costs of investigations claims almost 4/5's of the operating budget.
9. The increased fee structure is consistent with the fees charged by border states when the net revenue is taken into account. Of the six border states only

*Attachment 1  
HHS 3-10-05*

Oklahoma requires a split with the state general fund and that is set at 10%.

10. There are three new fees proposed in the bill. The fee for failure to provide a change of address gives enforcement power to KSA 65-1432 which requires this update but does not provide for a penalty. Keeping current addresses is a serious issue and this fee will help to encourage compliance. Further, the advent of mobile dentistry in Kansas is a new circumstance that meets the needs of place-bound patients and certain underserved populations. The KDB is developing rules and regulations to ensure oversight of these mobile dentistry operations and needs a mechanism to register and biennially reregister these operations.
11. Based on the projections of the Dental Board the fee ceilings that this bill would allow will be sufficient to beyond Fiscal Year 2011 even if potential future enhancements in the budget are submitted and approved.

Section 2 defines mobile dental facilities and portable dental operations and establishes the authority for the Board to regulate these delivery systems.

1. Mobile dentistry and portable dental operations are a coming methodology for the delivery of dental services to place-bound, underprivileged and underserved populations.
2. The Dental Act needs to provide authorization for the registration and regulation of these operations.
- 3.



KANSAS DENTAL ASSOCIATION

Date: March 10, 2005

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE  
Executive Director

RE: Testimony on SB 91

Chairman Morrison and members of the Committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing 1,168, or some 80% of the state's licensed dentists. I am here today to discuss SB 91.

The KDA has no concerns with the increased maximum fees contained in SB 91 as the Kansas Dental Board has shared their concerns regarding the revenue stream of the agency with the KDA leadership.

The KDA generally supports the Senate-added amendment regarding mobile dental facilities and portable dental operations. The KDA believes it is important for the Dental Board to be able to monitor for-profit business ventures in mobile dentistry. Our concern, however, is that SB 91 would affect the KDA's Kansas Dental Charitable Foundation's Kansas Mission of Mercy (KMOM) project. Though we share the Board's concern that mobile clinics should have the same dental standards for care and patient safety as are expected in a dental office, the basic concept and goals of KMOM to provide a permanent dental office of record are different. As such, the KDA would ask that the committee amend the bill to exempt KMOM and the dental licensees who volunteer from the requirements of SB 91. We believe this can be accomplished by inserting the following language

**Page 2, line 14 after "institutions"**

- 10 (2) Any nonfacility in which dental equipment, utilized in the
- 11 practice of dentistry, is transported to and utilized on a temporary
- 12 basis at an out-of-office location, including, but not limited to: (A)
- 13 Other dentists' offices; (B) patients' homes; (C) schools; (D) nursing
- 14 homes; or (E) other institutions.

**,except that a not-for-profit organization providing dental services under KSA 75-6102 and amendments thereto shall be exempt from this act.**

and

Attachment 2  
HHS 3-10-05

**Page 3, after line 27**

- 15     (2) *This section shall not apply to:*  
16     (A) *Dentists providing dental services for federal, state and lo-*  
17     *cal governmental agencies;*  
18     (B) *dentists licensed to practice in Kansas providing emergency*  
19     *treatment for their patients of record;*  
20     (C) *dentists who are not employed by or independently con-*  
21     *tracting with a mobile dental facility or portable dental operation*  
22     *who provide nonemergency treatment for their patients of record*  
23     *outside the dentist's physically stationary office fewer than 30 days*  
24     *per calendar year; and*  
25     (D) *dental hygienists who are providing dental hygiene services*  
26     *as authorized by the Kansas dental act and the board's rules and*  
27     *regulations.*

**(E) dentists who are providing dental services under KSA 75-6102 and amendments thereto.**  
**(F) dental hygienists who are providing dental hygiene services under KSA 75-6102 and amendments thereto.**

The language we are attaching the above "KMOM amendment" to (KSA 75-6102) is the Kansas Charitable Healthcare Provider Act which the Kansas Legislature helped the KDA to amend during the 2003 Session to limit KMOM provider volunteers (dentists and dental hygienists) from liability during the project.

For those of you that are unfamiliar with the Kansas Mission of Mercy (KMOM) let me take a moment to explain what it is. KMOM is the world's largest dental charity clinic sponsored by the KDA's 501(c)(3) foundation - The Kansas Dental Charitable Foundation (KDCF) - to help address oral healthcare concerns throughout Kansas.

KMOM treats all patients on a first come-first served basis after first receiving a health screen prior to a dental assessment. Based on dental needs, patients are given a choice of receiving a dental cleaning, restorative care (fillings, root canals, etc.) or tooth extraction. The underserved population is targeted with clinic information in the project area. Patients range in age from toddlers to seniors. Exit surveys conducted at each of the four KMOMs have indicated that 19-25% of the participants were children. Though many patients may be Medicaid/Healthwave participants, no fees are collected or claims filed with Medicaid/ Healthwave. KDCF owns nearly all the mobile chairs, dental units, instruments, sterilizers, suctions units, etc. required to put on KMOM, though some equipment is borrowed. The equipment is stored and transported in our own 53' semi-trailer and two 9' trailers. All the funds necessary to hold the four KMOM events have been private donations, foundation grants, etc. No tax dollars have ever been sought or used.\*

*\*Communities have provided facilities and/or security free of charge.*

To date, there have been four KMOM projects completed by the KDCF over the past two years. The care provided at these projects is as follows:



<b>KMOM by the Numbers</b>		
	<b>Patients</b>	<b>Care Given (\$)</b>
<b>Garden City (2/03)</b>	1,734	\$553,979.00
<b>Kansas City (8/03)</b>	2,659	\$758,455.00
<b>Pittsburg (4/04)</b>	2,159	\$981,487.00
<b>Salina (2/05)</b>	2,326	\$1,100,437.00
<b>TOTAL</b>	<b>8,878</b>	<b>\$3,394,358.00</b>



*A view of KMOM-Salina, February 18-20, 2005*

For more information on the Kansas Mission of Mercy please visit the KDCF website at [www.ksdentalfoundation.org](http://www.ksdentalfoundation.org). Click on "Kansas Mission of Mercy" under "Initiatives" on the right side of the page.

Thank you for your time today, I am happy to answer any questions you may have at this time.