

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on February 1, 2005 in Room 231-N of the Capitol.

All members were present except:

Mark Gilstrap- excused

Committee staff present:

Terri Weber, Kansas Legislative Research Department

Norm Furse, Office of Revisor of Statutes

Whitney Nordstrom, Committee Secretary

Conferees appearing before the committee:

Charles Hunt, Kansas Department of Health and Environment

Larry Williamson, Kansas Dental Board

Kevin Robertson, Kansas Dental Association

Others attending:

See attached list.

Bill Introductions

Upon calling the meeting to order, the Chair asked for any bill introductions. Chairperson Barnett had three bills to introduce: an act relating to food and beverage available to students in Kansas school district, an act concerning federally active licenses under the Kansas healing arts act, Out of State Orders, and last Health Saving Accounts. The drafts of these bills were not available at the time of the meeting.

Senator Wagle motioned to accept the introduced bills. Senator Jordan seconded the motion. Motion passed.

Hearing on SB 86

SB 86--Cancer registry, follow-up projects on cancer cases for public health purposes.

The next order of business was a hearing on SB 86, an act concerning the cancer registry; follow-up projects on cancer cases; amending K.S.A. 65-1,172 and repealing the existing section. The Chair asked Mr. Norm Furse, Revisor of Statutes, to give an overview of the bill. Mr. Furse stated that SB 86 relates to follow-up projects concerning cancer cases. Language changes include lines 36-41, subsections A-F, adding subsection G. SB 86 gives the Secretary of the Kansas Department of Health and Environment the authority of initiate follow-up with cancer cases.

Chairperson Barnett thanked Mr. Furse for his overview, then asked the Committee for any questions or comments concerning SB 86. As there were none, the Chair called upon the only proponent conferee to testify, Charles Hunt, Senior Epidemiologist, KDHE, who support the bill. Mr. Hunt stated that if enacted, SB 86 will provide the Secretary of Health and Environment the authority to conduct the follow-up studies necessary to successfully plan and implement programs aimed at improving health care, survivorship and quality of life among Kansans who are diagnosed with cancer. A copy of his testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

As there were no opponents, neutral conferees, or written testimonies, Chairperson Barnett asked for questions or comments from the Committee. Questions came from Senators Wagle, V. Schmidt, Palmer, and Barnett ranging from getting information from doctors who get their information from National Cancer Registry Banks, what happens if individuals do not offer information, will KDHE receive funding from this legislation, patients concerns, paperwork already in place, and will requested information provide any significant statistical data.

Chairperson Barnett then called upon Jerry Slaughter, Kansas Medical Society, to address the Committee. Mr. Slaughter stated that patients have difficulty conveying information concerning their illness to doctors, therefore they might have a harder time conveying this information to KDHE.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 1, 2005 in Room 231-N of the Capitol.

Senator Wagle stated that she feels that private sectors are far more advanced than KDHE in this matter, and feels that this legislation would be a duplication of current studies.

Chairperson Barnett thanked Mr. Hunt for his testimony.

Hearing on SB 91

SB 91--Dental board fees

The next order of business was a hearing on **SB 91**, an act concerning fees, amending K.S.A. 65-1447 and repealing the existing section. The Chair asked Mr. Norm Furse, Revisor of Statutes, to give an overview of the bill. Mr. Furse stated that **SB 91** dealt with the Kansas Dental Board and fees. His overview included:

- 1) Subsection B; Fees
- 2) Page 1, lines 34-39; New fees
- 3) Page 1, lines 36-40; Two registration fees

Mr. Furse added that the last time the Kansas Dental Board Fees were changed were in 2001. He also wanted to bring notice to the registration fees for mobile facilities.

Chairperson Barnett thanked Mr. Furse for his overview and asked the Committee if there were any questions or comments for Mr. Furse. As there were none, the Chair called upon the first proponent, Mr. Larry Williamson, Executive Director, Kansas Dental Board. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced. Mr. Williamson stated:

- 1) KDB is funded principally by net revenues from fees
- 2) 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.
- 3) The bill before the Committee raises the cap on fees. It does not raise fees.
- 4) There are three new fees proposed in this bill: failure to provide a change of address, mobile dentistry in Kansas

The Chair asked the Committee if there were any questions or comments for Mr. Williamson. Questions for Mr. Williamson came from Senator Jordan, Haley, and V. Schmidt asking if the Governor reduced funding, when fees last increased, and general fund.

Chairperson Barnett then thanked Mr. Williamson. The Chair introduced the second proponent Kevin Robertson, Executive Director, Kansas Dental Association. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced. Mr. Robertson stated that the Kansas Dental Board has shared their concerns regarding the revenue stream of the agency with the leadership of KDA. The KDA is accepting of **SB 91** and the increased maximum fees contain within it.

As there were no opponents, neutral conferees, or written testimony, Chairperson Barnett asked for questions or comments from the Committee. Questions came from Senators Journey and Haley regarding mobile dental units, regulations for mobile units, if fees are necessary, and projection of renewal fees.

Senator Haley asked Mr. Williamson if instead of opening a high ceiling could it be gradually phased in. Mr. Williamson replied, the high ceiling is due to the large volume of Medicaid and HealthWave patients served. Senator Haley then requested that Mr. Williamson provide the Committee with actual revenue from mobile units.

Approval of Minutes

Senator Brungardt motioned that the minutes of January 12, 18, 24, and 25, 2005, distributed January 31, 2005 be approved. Senator Jordan seconded the motion. Motion passed. Minutes stand approved as of February 1, 2005.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 1, 2005 in Room 231-N of the Capitol.

Adjournment

As there was no further business, the meeting was adjourned. The time was 2:30 p.m.

The next meeting is scheduled for Monday, February 7, 2005.

PLEASE SIGN IN

February 1, 2005

Please Print

NAME:

Chad Austin

KS Hosp Assoc.

Ward Cook

American Cancer Society

Larry Williamson

Kansas Dental Board

Janelle Nuessen

Hein Law Firm

Ira Stama

Self - cancer survivor

Lorie Anderson

KS Governmental Consulting

Kevin Robertson

KS DENTAL ASSN



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony for Senate Bill 86 Follow-up Projects on Cancer Cases

To
Senate Public Health and Welfare Committee

By
D. Charles Hunt, MPH
Senior Epidemiologist, Office of Health Promotion

Kansas Department of Health and Environment

February 1, 2005

Senator Barnett and members of the Senate Public Health and Welfare Committee, my name is Charles Hunt. I am the Senior Epidemiologist in the Office of Health Promotion at Kansas Department of Health and Environment, and I am grateful for the opportunity to appear before you today to discuss Senate Bill 86. The Department of Health and Environment supports this bill, which will grant authority to the Secretary of Health and Environment to utilize the Kansas Cancer Registry to conduct follow-up projects for important public health purposes.

Each year in Kansas, more than 12,000 people are diagnosed with cancer, and approximately 5,400 people die from cancer. Cancer is second only to heart disease as a leading cause of death among Kansans. The costs of cancer in Kansas exceed \$1.6 billion each year due to direct medical costs and lost productivity due to illness and premature death.

Current law authorizes the Secretary of Health and Environment to collect data pertaining to all cancers occurring in Kansas into the Kansas Cancer Registry. The intended purpose of the registry is to provide data that can be used to describe the incidence and survival patterns of cancer, design and implement effective screening programs, conduct epidemiological studies, monitor health care access, utilization, and effectiveness of services for prevention and treatment, and quantify costs associated with cancer care.

The Kansas Cancer Registry has achieved gold standards from the National Association of Central Cancer Registries for completeness, timeliness, and data quality. Data from the registry have been used extensively to respond to reports of cancer clusters, develop a comprehensive state plan for the prevention and control of cancer, to guide program planning and evaluation for the Prevention Works early breast and cervical cancer detection program, and to conduct epidemiological research.

DIVISION OF HEALTH
Office of Health Promotion

*Senate Public Health and Welfare
2-1-05 Attachment #1*

CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 230, TOPEKA, KS 66612-1274

Despite these successes, significant challenges remain regarding the ability to fully utilize the registry for its intended purposes. Although current law allows non-confidential data in the registry to be used for a wide variety of purposes that provide useful information, the use of confidential data in the registry are limited to a few narrow purposes. As a result, we are unable to conduct follow-up studies that would provide the information necessary for improving quality of cancer care, survivorship after cancer, and quality of life among persons who have been diagnosed with cancer. Improvements in these areas were recently identified as priorities by the Kansas Cancer Partnership, which is comprised of individuals from more than 65 agencies in the public and private sectors across the state.

If enacted, Senate Bill 86 will provide the Secretary of Health and Environment the authority to conduct the follow-up studies necessary to successfully plan and implement programs aimed at improving health care, survivorship and quality of life among Kansans who are diagnosed with cancer. This ability will help Kansas successfully implement its Comprehensive Cancer Plan.

To help clarify issues of informed consent for children and persons who are deceased, we recommend paragraph (g) be replaced with the following text:

"With the approval of the health and environment institutional review board, as provided for in title 45, part 46 of the code of federal regulations, the secretary of health and environment or the secretary's designee is authorized to conduct follow-up projects on cancer cases for public health purposes, with the informed consent of the person who is the subject of the information, or with the informed consent of a parent or legal guardian if the person is under 18 years of age. Informed consent is not required if the subject of the information is deceased."

Thank you for your consideration of this issue. I would be happy to answer any questions you may have at this time.

Larry Williamson 2KATHLEEN SEBELIUS
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KANSAS DENTAL BOARD

Senate Bill 91

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 \$55,000 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 \$55,000 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.

*Senate Public Health and Welfare
2-1-05 Attachment #2*

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 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.

Your favorable consideration of this bill is requested.



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KANSAS DENTAL BOARD

Analysis of Comparative Fees from Border States

	Nebraska	Oklahoma	Arkansas	Missouri	Iowa	Colorado	Kansas
Hygienist Renewals	\$110.00	\$65.00	\$100.00	\$130.00	\$120.00	\$186.00	\$125.00
Dentist Renewals	\$175.00	\$125.00	\$300-340	\$250.00	\$240.00	\$426.00	\$250.00

Notes:

All renewal fees are biennial.

No state receives any budgetary support from general revenue.

All budgets are supported by fee funds.

No other state is required to split (off the top) with the state general fund other than Oklahoma which is required to split 10%. Therefore Kansas fees are substantially less than border states.

Adjusted for comparison:

Net revenue to the Kansas Dental Board from dentist renewals is \$200.

Net revenue to the Kansas Dental Board from hygienist renewals is \$100.00



KANSAS DENTAL ASSOCIATION

Date: February 1, 2005

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony on SB 91

Chairman Barnett 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 Kansas Dental Board has shared their concerns regarding the revenue stream of the agency with the leadership of the KDA. The KDA understands the problem and is accepting of SB 91 and the increased maximum fees contain within it.

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

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*Senate Public Health & Welfare
2-1-05 Attachment #3*