

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 P.M. on March 12, 2007 in Room 526-S of the Capitol.

All members were present except:

Cindy Neighbor- excused  
Jim Ward - excused  
Tom Holland- excused

Committee staff present:

Jason Thompson, Revisor's Office  
Renaë Jefferies, Revisor's Office  
Melissa Calderwood, Legislative Research  
Mary Galligan, Legislative Research  
Tatiana Lin, Legislative Research  
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Teresa Schwab, Oral Health Kansas  
Marcia Manter, Oral Health Kansas  
Jane Rhys, Council on Developmental Disabilities  
Ron Gaches, Dental Hygienists Association  
Kevin Robertson, Kansas Dental Association  
Debra Billingsley, Kansas Board of Pharmacy

Others Attending:

See Attached List.

Open the floor for hearings on SB176 - Dental hygienists; issuance of permits, authorized practice.

Proponent **Teresa Schwab**, Executive Director of Oral Health KS (Attachment 1) stated that her agency was formed 3 years ago in response to overwhelming dental need and declining supply of dental services in the state of Kansas. To stress the importance of dental health she cited recent deaths of two young children stemming from dental infection, stating that these were preventable deaths.

Existing law allows dental hygienists to obtain Extended Care Permits and then work in certain extended care settings under the general supervision of a sponsoring dentist. With the support of United Methodist Health Ministry Fund, our organization has spent the last few years developing a tool kit and training opportunities to support dental hygienists, community-based settings, and dentists in the development of a community dental hygiene program. Existing law has limitations so a task force was created to explore possible changes.

**SB176** expands on our efforts to extend dental care from the Dental office into the community and is based on task force recommendations.

Proponent **Marcia Manter**, of Oral Health KS, (Attachment 2) is Project coordinator for Oral Health Kansas. She supports the development of Extended Care Permit (E.C.P.) dental hygiene services throughout Kansas. Currently there are 50 hygienists with extended care permits across the state. Several of them work with safety net clinics. She has received numerous requests in her position to expand the number of Kansans who can be served in community dental hygiene programs.

She reviewed proposed changes to existing law:

1. Today children are served in Head Start and schools. This is being expanded to include children and adolescents who are being served at community child care programs, youth groups, and therapeutic centers, as well as children in foster care and family preservation services.
2. A hygienist receiving an E.C.P. I license must have 1200 hours of clinical experiences. They serve children and adults in schools, local health departments and correctional facilities. The E.C.P. II designation

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on March 12, 2007 in Room 526-S of the Capitol.

would require 1800 hours of clinical practice. They could serve elders and medically frail, in addition to those served by the E.C.P. I licensees.

3. Two academic years is a potential change in how university and colleges may design academic program years in the future.
4. Allow use of topical anesthesia for temporary relief from pain during prophylaxis. This is a periodontal gel which is injection-free.
5. Current law limits treatment of older adults to Long Term Care facilities and Home and Community Based Services waiver. Area Agencies on Aging report only 5% meet those requirements. This change expands coverage to subsidized senior housing, and well as senior centers and senior meal programs.
6. Allow Dental Hygienists to apply topical Fluoride varnish during screening and oral health education sessions.
7. Adds two methods for hygienists who are no longer working in a dental office to practice E.C.P.

**Jane Rhys**, proponent with Council on Developmental Disabilities, (Attachment 3) said that as of April 1 the Kansas Home and Community Based Services Waiver for persons with developmental disabilities has been amended to include dental services. This bill would extend the circumstances under which many of these individuals can receive needed dental services. The Kansas Home and Community Based Services Waiver is a federally maintained and funded program.

**Ron Gaches**, proponent representing the Kansas Dental Hygienists Association, (Attachment 4) said that he is on the board of Oral Health Kansas. This is the first active dialogue to expand oral health care, since the passage of legislation in 2003. The original extended care permit bill was a bold move by the legislature. This law helps remove barriers to existing law while still fulfilling intent of the original law.

**Kevin Robertson**, proponent and Executive Director of the Kansas Dental Association, (Attachment 5) said that his organization represents 1,200 or 80% of the state's licensed dentists. They support **SB176**. This bill is the culmination of some six months of discussion among oral health professionals, advocates and others. A Senate amendment allows a hygienist to provide topical anesthetic care in a dental office same as this bill.

**Written testimony was provided by:**

Suzanne Wikle	KS Action for Children	(Attachment 6)
Betty Wright	KS Dental Board	(Attachment 7)
Craig Kaberline	KS Area Agencies on Aging	(Attachment 8)
Barb Conant	KS Dept. Of Aging	(Attachment 9)
Debra Zehr	KAHSA	(Attachment 10)

Chair Landwehr closed the hearings on **SB176** and opened the floor to work **HB2531** - Pharmacy act amendments concerning durable medical equipment and wholesale drug distribution regulation.

**Renae Jeffries**, Revisor, reviewed changes requested by the Board of Pharmacy from the original hearings. Definitions have been added for chain pharmacy warehouse, durable medical equipment, exclusive distributor, third party logistics provider, wholesale distributor, wholesale distribution, and a list of what is not included in wholesale distribution.

Following several questions directed at Ms. Jeffries and **Debra Billingsley**, Executive Director of the Board of Pharmacy, Chair Landwehr appointed Representatives Colyer, Garcia and Hill as a subcommittee to work with involved groups and the Revisors. Subcommittee will report back on Wednesday. We will work this bill after the subcommittee meets.

Meeting adjourned at 3:21. Next meeting is Tuesday, March 13 at 1:30 P.M.

## HOUSE HEALTH AND HUMAN SERVICES COMMITTEE GUEST LIST

DATE: March 12, 2007

NAME	REPRESENTING
Kevin Baccatsou	KS Dental Assn
Bill Sheed	Imvick
Gut Hubbel	Pharma
Nancy Zogelman	Pfizer
Jan Rhy	KCDL
Tim Beckwith	CITIZEN
Suzanne Winkle	KAC
MAY P MATTE	VIA CRUISE HEALTH SYSTEM
Craig Kahlberline	K4A
Mary Swan	KAHSA
Frank Rose	KHPA
Teresa Schwab	OHK
Marcia Mauter	OHK
Debra Billimply	KBOP
Julie Heim	NACDS/KPHA
Bud Burke	Eli Lilly



## Testimony before the House Health & Human Services Committee

### Board of Directors

Andrew Allison, PhD  
KS Health Policy Authority

Graham Bailey  
Blue Cross & Blue Shield of KS

Mary Baskett, MPA  
KS Head Start Assn.

Barry Daneman  
UMKC School of Dentistry

Karla Finnell, JD, MPH  
KS Assn. for the  
Medically Underserved

Karen Finstad  
Delta Dental of KS Foundation

Ron Gaches, JD  
KS Dental Hygienists' Assn.

Christina Gore, DMD

Judy Johnston, MS, RD, LD  
Dept. of Preventive Medicine  
& Public Health  
KU School of Medicine –  
Wichita

Denise Maseman, RDH, MS  
WSU School of  
Dental Hygiene

Dawn McGlasson, RDH, BSDH  
KS Dept. of Health  
& Environment,  
Office of Oral Health

Daniel Minnis, DDS  
Community Health Center of SEK

Kim Moore, JD  
United Methodist Health  
Ministry Fund

Kevin Robertson, MPA, CAE  
KS Dental Assn.

Loretta J. Seidl, RDH, MHS

Deborah Stern, RN, JD  
KS Hospital Assn.

Sharon Tidwell  
Jones Foundation

Katherine Weno, DDS, JD  
KS Dept. of Health  
& Environment,  
Office of Oral Health

Ruth Williams  
EDS

### Supporting SB 176 (as amended)

March 12, 2007

#### Chairman Landwehr and Members of the Committee:

Thank you for the opportunity to provide testimony to you this afternoon in support of SB 176, an act concerning Extended Care Permits. My name is Teresa Schwab, and I am the Executive Director of Oral Health Kansas (OHK), the statewide oral health coalition. The coalition was established a little over three years ago to respond to critical oral health issues in the state. In that time, the coalition has been built to approximately 160 members representing a wide array of stakeholders, including Head Start, elder care organizations, health foundations, dental insurers, safety net clinics, educational institutions, advocacy organizations, professional associations, as well as private dentists, dental hygienists and other clinicians.

In January 2005, Kansas Health Institute released a report entitled *The Declining Supply of Dental Services in Kansas: Implications for Access and Options for Reform*. The report clearly demonstrated that many poor and rural Kansans lag significantly behind an accepted standard for dental care and oral health. Although the data is extremely important in driving our policy decisions, other compelling evidence exists to demonstrate the dramatic level of need in our state. Just last month, the Kansas Dental Association and the Kansas Dental Charitable Foundation sponsored the latest Kansas Mission of Mercy (KMOM) free dental clinic. Over 1,800 Kansans braved the bitter cold to receive dental care over the two-day period. It is clear that we must make oral health a priority and must work together to find solutions.

One definite step in the right direction was the passage of legislation in 2003 that allowed dental hygienists for the first time to work in certain extended care settings under the general supervision of a sponsoring dentist. Sponsoring dentists must have a valid Kansas license and may sponsor up to five hygienists—the dentist does not have to be on-site to provide supervision. The coalition has viewed this as a very promising opportunity to expand access to preventive dental care for many vulnerable Kansans. With the support of United Methodist Health Ministry Fund, our organization has spent the last few years developing a tool kit and training opportunities to support dental hygienists, community-based settings and dentists in the development of community dental hygiene programs utilizing Extended Care Permits.

800 SW Jackson, Ste. 1312  
Topeka, KS 66612

785.235.6039 (phone)  
785.233.5564 (fax)  
ohks@oralhealthkansas.org

www.oralhealthkansas.org

House Health and Human Services

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ATTACHMENT 1-1

With this legislation, communities have been given the flexibility to design dental programs that meet their unique challenges and needs.

We did find through the course of our work that although very promising, the ECP legislation had some limitations. Based on feedback received from the field, OHK created a task team to explore possible changes that would remove some of the limitations and allow more effective services to be delivered to an even greater number of Kansans. Senate Bill 176 is the result of the hard work and dedication of our stakeholders, and I am extremely pleased to offer OHK's full support of this bill. As you will see from the number of conferees, offering both verbal and written testimony, we have very dedicated individuals in this state who are working diligently to expand access to dental care and who are very committed to this issue.

I would like to introduce to you Marcia Manter, who has been the coordinator for our ECP project. She has spent tireless hours supporting the development of ECP programs across the state. I think it is important that you hear her perspective and insights gained throughout the last few years.

I would be happy to stand for questions.

Respectfully submitted,  
Teresa R. Schwab, LMSW  
Executive Director



**Board of Directors**

Andrew Allison, PhD  
KS Health Policy Authority

Graham Bailey  
Blue Cross & Blue Shield of KS

Mary Baskett, MPA  
KS Head Start Assn.

Barry Daneman  
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800 SW Jackson, Ste. 1312  
Topeka, KS 66612

785.235.6039 (phone)  
785.233.5564 (fax)  
ohks@oralhealthkansas.org

www.oralhealthkansas.org

March 12, 2007

House Health & Human Services Committee  
Representative Landwehr, Chair  
Senate Bill 176 – Expansion of Extended Care Permit Dental Hygiene  
Services

Good Afternoon Chairman Landwehr and Members of the Committee:

I am Marcia Manter, Project Coordinator for Oral Health Kansas. My current role with our organization is supporting the development of Extended Care Permit Dental Hygiene Services throughout Kansas. The original law, enacted in 2003, provided experienced dental hygienists the opportunity to offer comprehensive services designed to prevent oral disease and to identify oral disease early enough to ward off serious illnesses. Hygienists have been permitted to provide services in Head Start, public and accredited non-public schools, local health departments, safety net clinics, long-term care facilities, and correctional institutions.

Currently, fifty registered dental hygienists licensed in the state of Kansas have received Extended Care Permits. Several are working full time or part time with safety net clinics around the state. Oral Health Kansas and Kansas Association for the Medically Underserved are looking to dental hubs as part of the safety net clinics to expand the number of ECP hygienists to vastly increase the number of children, adults, and elders they serve.

In the course of my work -- conducting workshops, providing technical assistance, and staffing exhibits at conferences -- many dental hygienists and directors of ECP sties, such as local health departments and Area Agencies on Aging, have requested that the law being expanded to increase the number of Kansans who can be served in community dental hygiene programs.

Here are the changes we're requesting and the rationale behind our request:

**K.S.A. 65-1456(f)** Based on requests from children's advocacy organizations and dental hygienists in the field, OHK recommends changing the focus from locations -- Head Start and schools -- to children and adolescents who are being served at community child care programs, youth groups, therapeutic centers, as well as children in foster care and family preservation services. The change opens up opportunities for ECP hygienists to serve many more children and to provide prevention services before and after school and on Saturdays. The services include screening for signs of potential dental problems, fluoride varnish applications, prophylaxis, and sealants, plus individualized oral health education for the children and their families.

**K.S.A. 65-1456(f)(1)** We are recommending that hygienists receiving an ECP I have 1200 hours of clinical experience under the supervision of a dentist. ECP I hygienists serve children and adults in schools, local health departments and correctional

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institutions. This reduction in number of hours is supported by Kansas Dental Association and Kansas Dental Hygienist Association. For hygienists serving elders and people with disabilities who may be more medically fragile, hygienists will continue to obtain 1800 hours of clinical practice before qualifying for an ECP II.

**K.S.A. 65-1456(f)(1)(A) & (g)(1)** The proposed change to two academic years reflects potential changes in how university and colleges may design academic program years in the future.

**K.S.A. 65-1456(f)(4)(B) & (g)(4)(B)** The topical anesthesia (lidocaine and prilocaine periodontal gel) used in dental offices is designed to be injection-free. Topical anesthesia in community programs is important: hygienists will be able to serve additional patients who need temporary relief from pain during prophylaxis. These patients are adults and elders who have had little dental hygiene care over the past few years; as a result, they often find hygiene services very painful without some topical anesthetic.

**K.S.A. 65-1456(g)** The current legislation limits community-based dental hygiene services to residents in long-term care facilities and for those in Home and Community Based Services waiver. Area Agencies on Aging report that only 5% of elders live in long-term care facilities. Many more elders without regular dental care live in subsidized senior housing, as well as frequent senior centers and senior meal programs. This change opens up opportunities for many elders and adults with developmental disabilities to receive regular screening, prophylaxis, and fluoride treatments, all designed to prevent oral disease or to identify problems early enough to ward off serious health problems.

**K.S.A. 65-1456(k)** Fluoride varnish has become a favorite technique for topically applied fluoride. It is used on first teeth of babies, school children, adults and elders to strengthen tooth enamel and prevent decay. In Kansas newly graduated registered nurses may apply fluoride varnish; all dental hygienists need to have the same permission to use it during screening and oral health education sessions.

**K.S.A. 65-1456 New Section 2.** Once Extended Care Permit services were launched, Oral Health Kansas began hearing from dental hygienists who had stopped practicing in dental offices for medical or personal reasons but now wish to provide community-based hygiene services. With advice from Kansas Dental Association, Kansas Dental Hygienists' Association, and directors of university dental hygiene programs, Oral Health Kansas designed two ways these hygienists can come back into the field. We expect this inclusion will increase the number of ECP hygienists within the year.

Thank you for your time to consider Oral Health Kansas proposed legislation changes for Extended Care Permits for dental hygienists.

Respectfully submitted,

Marcia Manter  
Oral Health Kansas  
ECP Project Coordinator

**SENATE BILL 176  
FEBRUARY 7, 2007**

**ADDENDUM TO ORAL HEALTH KANSAS TESTIMONY**

**TECHNICAL CHANGES TO K.S.A. 65-1456(f)&(g)**

**Oral Health Kansas requests a few changes in wording to SB 176 to capture the original intent of our proposed legislation. This is done after conferring with Kansas Dental Board, Kansas Dental Association, and Kansas Dental Hygienists' Association.**

**The first change is on page 3, line 4**

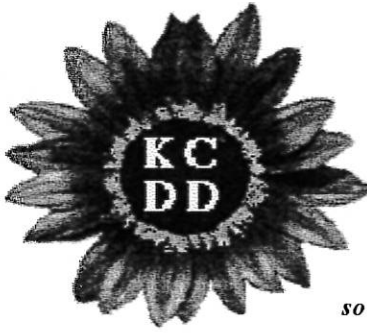
**...and children participating in youth organizations ~~which~~ who meet the requirements of medicaid.,,  
The phase modifies the children who have benefits rather than the youth organizations.**

**The next changes are imbedded New Sec 2. page 5, beginning on line 31  
The additions clarify the original intent of the proposed legislation.**

**New Section 2**

**A dental hygienist who meets the requirements of subsections (f)(1) or (g)(1)(A) of K.S.A. 65-1456, and amendments thereto, prior to a period of retirement or disability, but not within the past three years, and is returning to active practice after such a period of retirement or disability under K.S.A. 65-1431(i), and amendments thereto, ~~and~~ or who has retained a license to practice but has not practiced in the past three or more years may qualify for an extended care permit by completing a refresher course approved by the board under K.A.R. 71-3-8 or by performing 200 hours of dental hygiene care within the last twelve months under dental the supervision within the past three years of dentists licensed in the state of Kansas and provides the board with obtaining a letter of endorsement from a dentist one of the supervising dentists.**





# ***Kansas Council on Developmental Disabilities***

KATHLEEN SEBELIUS, Governor  
DONNA BEAUCHAMP, Chairperson  
JANE RHYS, Ph. D., Executive Director  
kcdd@alltel.net

Docking State Off. Bldg., Room 141, 915 SW Harrison  
Topeka, KS 66612-1570  
Phone (785) 296-2608, FAX (785) 296-2861  
<http://nekesc.org/kcdd>

*"To ensure the opportunity to make choices regarding participation in  
society and quality of life for individuals with developmental disabilities"*

## **HEALTH AND HUMAN SERVICES COMMITTEE**

**March 12, 2007**

Madame Chairperson, Members of the Committee, my name is Jane Rhys and I appear today on behalf of the Kansas Council on Developmental Disabilities. The Council is federally mandated and funded – we receive no state funds. Our mission is to provide information to policymakers, promote systems change and innovation, and advocate for individuals with developmental disabilities. I am here as a proponent for S.B. 176 regarding dental hygienists.

The Council supports this Bill, which would permit dental hygienists who have an extended care permit to practice without being under the supervision of a licensed dentist and at the office of such dentist. The Kansas Home and Community Based Services Waiver (HCBS) for persons with developmental disabilities has been amended to include dental services for persons who have a developmental disability. This Bill would extend the circumstances under which many of these individuals can receive needed dental services. Therefore, the Council would urge your approval and passage of this Bill.

As always, the Council thanks you for the opportunity to present our concerns and would be happy to answer any questions you might have.

Jane Rhys, Executive Director

Kansas Council on Developmental Disabilities

Docking State Office Building, Room 141

915 SW Harrison

Topeka, KS 66612-1570

785 296-2608

[jrhys@alltel.net](mailto:jrhys@alltel.net)

*House Health and Human Services*

DATE: 3-12-07

ATTACHMENT 3



# GACHES, BRADEN, BARBEE & ASSOCIATES

PUBLIC AFFAIRS & ASSOCIATION MANAGEMENT

825 S. Kansas Avenue, Suite 500 ♦ Topeka, Kansas 66612 ♦ Phone: (785) 233-4512 ♦ Fax: (785) 233-2206

**House Health and Human Services Committee  
Regarding SB 176 – Amendments to the Extended Care Permit  
Testimony of Kansas Dental Hygienists Association  
Presented by Ron Gaches**

Thank you Chair Landwehr and members of the Committee for this opportunity to express our support for passage of Senate Bill 176, a proposal to amend the Extended Care Permit authorization of our Kansas Dental Act.

This bill expands beyond the excellent work that the Kansas Legislature enacted three years ago with the original authorization of the Extended Care Permit. Since that time, innovative Dental Hygienists, Dentists and community health providers have worked together to create the initial opportunities for ECPs to meet the needs of those with limited access to dental care.

With the assistance of Oral Health Kansas, of which the Kansas Dental Hygienists Association is a member, considerable work has been done to create a toolkit to assist hygienists who would like to become ECPs. In the course of that effort we have identified several barriers to the expansion of the Extended Care Permit concept. The recommendations embodied in SB 176 speak to those barriers with pro-active solutions that we believe will assist in delivery of dental services to those currently underserved.

This bill have been extensively reviewed and discussed by all of the interested parties. Several compromises have been struck to reach consensus. It's been a great effort and we encourage your favorable consideration of the results.

Thank you for your consideration of our comments.

*House Health and Human Services*

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ATTACHMENT 4



**KANSAS DENTAL ASSOCIATION**

Date: March 12, 2007

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE  
Executive Director

**RE: Testimony in SUPPORT of SB 176**

Chairman Landwehr and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing 1,200, or some 80% of the state's licensed dentists.

I am pleased to be here today expressing the KDA's support of SB 176. This bill is the culmination of some six months of discussion including numerous emails, meetings and other communication among oral health professionals, advocates and others.

There are significant populations of Kansans who - for a variety of reasons - have difficulty accessing dental services: Medicaid eligible children and adults, nursing home residents, and homebound persons are a few. Let me take a moment to review the brief history of the Extended Care Permit concept which allows qualified dental hygienists to practice in settings with a level of dental supervision less than currently exists. These practice settings are generally in underserved areas or populations where access to good oral health care is minimal. In 2003 the KDA and Kansas Dental Hygienists' Association (KDHA) spent considerable time and effort to forward this concept to the legislature to increase the role that dental hygienists can play in helping meet the preventative dental needs of many Kansans outside the dental office setting.

Now after four years of real world practical experience implementing the Extended Care Permit concept, there are practice models, settings and issues that were either overlooked or unforeseen in 2003. SB 176 is an attempt to clarify and correct those issues as previously discussed by Oral Health Kansas. In 2006-07 the KDA was an active participant in the Oral Health Kansas task force that has brought these amendments to the legislature to clarify these Extended Care Permit issues. The KDA Board of Delegates reviewed and approved these changes at its meeting in November, and supports SB 176 as presented today.

Let me note that the Senate did add an amendment at the KDA's request to allow a dental hygienist working in a dental office under general supervision to apply topical anesthesia. This request was made as SB 176 would have created a dilemma in the dental hygiene practice act as it would have allowed an Extended Care Permit dental hygienist working under *less* dentist supervision to do so this same procedure.

I urge you to support SB 176 and the Senate amendments with a favorable recommendation. Thank you for your time today, I am happy to answer any questions you may have at this time.

**5200 SW Huntoon, Topeka KS 66604 ♦ 785.272.7260 ♦ FAX 785.272.2301 ♦ kevin@ksdental.org**

*House Health and Human Services*

DATE: 3-12-07

ATTACHMENT

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March 12, 2007

To: Health and Human Services  
From: Suzanne Wikle, Kansas Action for Children  
Re: SB 176

Good afternoon Madam Chair and committee members. My name is Suzanne Wikle and I am the Director of Health Policy at Kansas Action for Children. This testimony is submitted in support of SB 176.

**Oral health is essential to overall health.** Oral health is a critical but often overlooked aspect of overall health and well-being among children. Dental caries (tooth decay) is the most common preventable chronic childhood disease. In Kansas, 55% of children in third grade have experienced dental decay. Pain from untreated dental disease can lead to eating, sleeping, speaking, and learning problems in children and adolescents, which affect a child's social interactions, school achievement, general health, and quality of life.

**Oral health has a direct impact on children's ability to learn.** Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, inability to concentrate, absence from school, reduced self-esteem, and poor social relationships. When children's acute dental problems are treated and they are not experiencing pain, their learning and school-attendance records improve. Just as it is important for a child to see a physician for routine and preventative care, a child must also have the opportunity for routine and preventative oral healthcare.

**Oral health problems are almost entirely preventable.** Tooth decay is easily preventable by receiving care by a professional every six months, having a daily oral health routine, and maintaining a healthy and nutritious diet. Establishing these habits early in life are essential for children to avoid tooth decay, tooth loss, or gum disease.

**Community-based oral health care increases access for Kansas children.** Kansas continues to see a decrease in practicing dentists, but is experiencing an increase in hygienists. The rising number of hygienists in Kansas presents a workforce opportunity to provide preventative care to children in multiple community settings. Allowing children to receive oral healthcare in various community settings in addition to schools increases the likelihood that they will be reached by a hygienist.

In summary, amending the Extended Care Permit legislation is an important step toward assuring early and preventative oral healthcare for children across the state of Kansas, particularly vulnerable populations of children that are more likely to go without necessary care.

*House Health and Human Services*

DATE: 3-12-07

ATTACHMENT 6

Kansas Action for Children Inc.  
720 SW Jackson | Suite 201  
Topeka, KS 66603

☎ 785-232-0550 | 📠 785-232-0699  
kac@kac.org | www.kac.org

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A Member of Voices  
for America's Children



# KANSAS

KANSAS DENTAL BOARD

900 SW JACKSON, ROOM 564-S  
TOPEKA, KANSAS 66612  
TELEPHONE (785) 296-6400  
FAX (785) 296-3116  
WEBSITE: [www.accesskansas.org/kdb](http://www.accesskansas.org/kdb)

KATHLEEN SEBELIUS, GOVERNOR

Testimony re: SB 176  
House Health and Human Services  
Presented by Betty Wright  
March 12, 2007

Chairperson Landwehr and Members of the Committee:

My name is Betty Wright, and I am the Executive Director of the Kansas Dental Board. The Board consists of nine members, six dentists, two hygienists and one public member. The mission of the Dental Board is to protect the public through licensure and regulation of the dental profession.

SB 176 has been drafted by a task force consisting of members representing Kansas Dept. of Health and Environment, Oral Health Kansas, Kansas Dental Association, Kansas Dental Hygiene Association and others. Their purpose is to expand the services of dental hygienists who have extended care permits to more citizens, and to allow more hygienists to qualify for the permits. The overall purpose is to reach more of the dentally underserved citizens of Kansas.

The Kansas Dental Board supports this bill as amended by the Senate in the spirit of expanded dental services to those who often do not have access to dental care. The bill contains reduced requirements for Extended Care Permits, but the new requirements are reasonable.

Thank you for providing me the opportunity to clarify the board's position on this bill. I am glad to stand for questions by the Committee.

Sincerely,

Betty Wright  
Executive Director

*House Health and Human Services*  
DATE: 3.12.07  
ATTACHMENT 7

KANSAS  
AREA AGENCIES  
ON AGING  
ASSOCIATION



*Meeting the Needs of Older Kansans*

2910 SW TOPEKA BOULEVARD • TOPEKA, KS 66611 • 785-267-1336 • FAX - 785-267-1337

## **House Health and Human Services Committee Testimony in Support of SB 176**

**March 12, 2007**

The Kansas Area Agencies on Aging Association (K4A) represents the 11 Area Agencies on Aging (AAA) in Kansas, who collectively serve all 105 counties of Kansas. In Kansas, AAAs are the “single point of entry,” coordinating the delivery of publicly funded community-based services. The Area Agency on Aging system is federally, state and locally funded and locally administered. Consequently, service delivery decisions are made at the community level, closest to the seniors needing those services.

The Area Agencies on Aging in Kansas are part of a national network of 655 AAAs. Area Agencies on Aging were established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans aged 60 and over in every local community. The services available through the Area Agencies on Aging fall into five broad categories: information and access services, community-based services, in-home services, housing and elder rights. Within each category a range of programs is available. The Area Agencies on Aging carry out their federal mandate as “the Leader” on aging issues at the local level. The Kansas Area Agencies on Aging Association works to improve services and supports for all older Kansans and their caregivers.

**The Kansas Area Agencies on Aging Association submit this written testimony in complete support of Senate Bill 176.** The Kansas Area Agencies on Aging Association (K4A) believe this change could be very beneficial to seniors in Kansas who reside outside of a long-term care facility. Currently, the only elders that can be served under the Extended Care Program are those in residential care in long-term care facilities, no more than 5% of the senior population. Oral Health Kansas and its partners are proposing in this legislation to expand dental hygiene services to elders being served in community settings, such as subsidized housing, community meal programs, and senior centers. This legislation has the potential to reach seniors and other vulnerable populations in our state who currently are not receiving oral health care.

If you really need to know how great the need for oral health care is, just look at the 2,000 individuals who were served under the Mission of Mercy project that took place in Topeka in February. People stood out in the freezing cold for hours before the doors opened to get oral health care and many had to be turned away.

Senate Bill 176 will not solve all of the oral health needs of Kansas but it has the potential to address some of the oral health needs. For that reason, the Kansas Area Agencies on Aging Association asks that you too **Support Senate Bill 176.**

Thank you for the opportunity to submit testimony on this important piece of legislation.

Craig Kaberline, Executive Director  
Kansas Area Agencies on Aging Association

*House Health and Human Services*

DATE: 3-12-07

ATTACHMENT 8

**AREA AGENCIES ON AGING:**

CENTRAL PLAINS • EAST CENTRAL KANSAS • JOHNSON COUNTY • NORTH CENTRAL – FLINT HILLS • NORTHEAST KANSAS  
NORTHWEST KANSAS • SOUTH CENTRAL KANSAS • SOUTHEAST KANSAS • SOUTHWEST KANSAS • WYANDOTTE – LEAVENWORTH

e-mail: k4aed@hotmail.com • WEBSITE: www.K4A.org



# KANSAS

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DEPARTMENT ON AGING  
KATHY GREENLEE, ACTING SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on SB 176  
to  
The House Health and Human Services Committee**

**Kansas Department on Aging**

**March 12, 2007**

Rep. Landwehr and members of the House Health and Human Services Committee; the Kansas Department on Aging appreciates the opportunity to express its support for SB 176 to allow dental hygienists to provide care to seniors in expanded settings.

A 2003 U.S. Department of Health and Human Services report found that approximately 30 percent of adults 65 years and older were without teeth. The report also noted that the percent of seniors without teeth was higher for those seniors living in poverty.

KDOA recognizes that good oral health is critical to good overall health and is pleased that the Governor included in her 2007 budget an enhancement to provide dental services to seniors receiving benefits under the HCBS/FE waiver. In addition, her budget includes funding for dentures for HCBS/FE waiver recipients.

Expanded funding for dental services for the frail, elderly seniors combined with the provisions of SB 176 to allow dental hygienists to visit the seniors in congregate settings will help thousands of seniors receive the dental care they so badly need.

Thank you for the opportunity to express our support and KDOA encourages the committee to pass SB 176.

**NEW ENGLAND BUILDING, 503 S. KANSAS AVENUE, TOPEKA, KS 66603-3404**

Voice 785-296-4986

Fax 785-296-0256

<http://www.agingkansas.org>

*House Health and Human Services*

DATE: 3-12-07

ATTACHMENT 9



To: Brenda Landwehr Chair, and Members  
House Health and Human Services Committee  
From: Debra Zehr, President  
Date: March 12, 2007

## **Testimony in Support of Senate Bill 176**

The Kansas Association of Homes and Services for the Aging (KAHSA) represents 160 not-for-profit nursing homes, retirement communities, hospital long-term care units, assisted living facilities, senior housing and community service providers serving over 20,000 older Kansans every day.

We ask for your support of Senate Bill 176, which would expand the settings in which dental hygiene services could be provided to persons 65 and older. This would allow dental hygienists to come to nursing homes and provide services to Kansas elders. As you probably know, there are many health benefits to better access to dental care -- only one example is that good dental health leads to better nutrition -- which is key to maintaining health and vitality -- at any age.

Thank you for your favorable consideration of Senate Bill 176. I would be happy to answer questions, as would John Peterson or Bill Brady, KAHSA's "on the ground" people at the Statehouse.

*The Kansas Association of Homes and Services for the Aging, 217 SE 8<sup>th</sup> Avenue,  
Topeka, KS 66603, 785-233-7443, [www.kahsa.org](http://www.kahsa.org)*

*House Health and Human Services*

DATE: 3-12-07

ATTACHMENT 10