

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:35 P.M. on January 10, 2007 in Room 231-N of the Capitol.

All members were present except:

Mark Gilstrap
Pete Brungardt
Phil Journey

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Nobuko Folmsbee, Office of Revisor of Statutes
James Wilson, Office of Revisor of Statutes
Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Teresa Schwab - Executive Director, Oral Health Kansas
Mack Smith - Executive Secretary, Kansas Board of Mortuary Arts
Kevin Robertson - Executive Director, Kansas Dental Association
Dr. Marcia Nielsen - Executive Director, Kansas Health Policy Authority

Others attending:

See attached list.

Introduction of Staff

Upon calling the meeting to order, Chairman Barnett welcomed the Committee Members and introduced staff members, Morgan Dreyer, Committee Secretary, Nobuko Folmsbee, and James Wilson in the Office of Revisor of Statutes, Emalene Correll, and Terri Weber in the Kansas Legislative Research Department.

Introduction of Bills

Chairman Barnett then asked for the introduction of bills. Teresa Schwab, Executive Director, Oral Health Kansas presented the introduction of the bill. The proposal concerns the field of dental hygiene; relating to Extended Care Permits. The drafts of these bills were not available at the time of the meeting. A handout explained the contents that the bill will address to change the current statutes. A copy of her presentation is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Vice Chairwoman Senator V. Schmidt motioned to adopt the introduced bill. Senator Jordan seconded the motion. Motion passed.

The Chairman asked any other bill introductions. Mack Smith, Executive Secretary, Kansas Board of Mortuary Arts presented the introduction of the bill. The proposal concerns mortuary arts; relating to funeral directors and licenses. Drafts were given to be copied for the Committee. A copy of his bill draft is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

Senator Palmer motioned to adopt the introduced bill. Senator V. Schmidt seconded the motion. Motion Passed.

Announcement

The Chair then called for Kevin Robertson, Executive Director, Kansas Dental Association for an announcement. He stated that The Kansas Dental Charitable Foundation will be holding its sixth Kansas Mission of Mercy free dental clinic on February 2-3, 2007 at the Landon Arena in Topeka. He also invited the members of the Senate Public Health and Welfare Committee to the clinic on the morning Friday, February 2, 2007 for a brief informational tour. A copy of his announcement and informational pamphlet is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on January 10, 2007 in Room 231-N of the Capitol.

Discussion of Committee Session Agenda

Chairman Barnett discussed with the Committee a few of the main issues, bills that the Committee would be looking at as well as the Committee's chance to work hard in the advancement of effective legislation.

Presentation on Kansas Health Policy Authority Overview

Chairman Barnett then introduced guest speaker Dr. Marcia Nielsen, Executive Director, Kansas Health Policy Authority to give her overview presentation. Dr. Nielsen stated she would be giving the Committee an overview of the Kansas Health Policy Authorities activities since the last legislative session and the work that the agency has done and continues to do in the mission of improving health care for Kansans. Highlights of her presentation included:

1. Focused on Budget and Finance
2. Increased Communication
3. Developed and Maintained Relationships with Stakeholders
4. Renewed Emphasis on Health and Wellness
5. Strengthened Medicaid and Health Wave Programs
6. Access to Health Care
7. Quality and Efficiency
8. Affordable and Sustainable Health Care
9. Health and Wellness
10. Responsible Stewardship
11. Education and Engagement of the Public
12. Kansas Health Policy Authority: Legislative History
13. The General Charge of the Authority
14. Kansas Health Policy Authority: Time Line
15. Kansas Health Policy Authority: Board Members
16. Programs Transferred to Kansas Health Policy Authority

A copy of her presentation is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The Chair asked for questions or comments from the Committee. Questions came from Senators Barnett, Wagle, V. Schmidt, and Palmer regarding KHPA reports to the legislature, Health Wave, and data access.

As there was no further business, the meeting was adjourned at 2:15 p.m.

The next meeting is scheduled for Thursday, January 11, 2007.

Jan. 10, 2007

Senate Public Health and Welfare Committee

Please Sign In

FRED Luckey	KANSAS HOSP. ASSN
Telany Opiso Williams	Legislative Post Audit
Melissa Graham	Ks. Dental Board
Betty Wright	Ks Dental Board
Mack Smith	KS ST BO of Mortuary Arts
Pat Hubbell	Pharma
TK Shively	Ks Legal Services
Joni Rose	KCSL
Deby Allen	Plan Law Firm
Michelle	Univ Health-Ce
Dan Morin	Kansas Medical Society
Suzanne Winkle	Kansas Action for Children
Ryan Gaches	KDHA
KEVIN ROBERTSON	KS DENTAL ASSN
Karla Tinnell	KAMU
Cara Cramer-Grewe	KAMU
Corrine Edwards	Ks Health Consumer Coalition
Kerri Spielman	KACCA
Larry Magill	KACCA
Dan Murray	Federico Consulting

Senate Public Health and Welfare Committee

Please Sign In

Mike Huffles

Marcia Manta

Teresa Schwab

Joshua Freeman

Oral Health Kansas

Oral Health Kansas

Oral Health Kansas

KU School of Medicine Fam Med (+ "Doc of the Day")



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

1/10/06

Dear Chairman Barnett & Members of the Public Health and Welfare Committee:

Oral Health Kansas, the statewide oral health coalition, is respectfully requesting the introduction of a bill that seeks changes in the current statute related to Extended Care Permits (ECP).

Our recommendations for changes are based on two years of experience working across the state of Kansas, assisting dental hygienists, dentists and community settings in creating dental hygiene programs. These changes all come at the request of those working directly in the field and are designed to increase the number of Kansans receiving prevention and early identification services by incorporating a wider range of eligible children, adults and elders.

These recommendations are the result of several months' work in concert with the Kansas Dental Association and the Kansas Dental Hygienists' Association, as well as schools of dentistry and dental hygiene and other statewide stakeholder groups.

Sincerely,

Teresa R. Schwab, LMSW
Executive Director

800 SW Jackson, Ste. 1312
Topeka, KS 66612

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senate Public Health and Welfare
Attachment # 1
Committee
January 10, 2007

**ORAL HEALTH KANSAS WORK FORCE ECP TASK GROUP
RECOMMENDED DENTAL HYGIENE STATUTE CHANGES
K.S.A. 65-1456(f), (g) & (k)

Introduction: The recommendations for changes in Kansas laws pertaining to the practice of dental hygiene are designed to decrease the number of Kansans currently at risk for oral disease. Recommended changes are designed to increase prevention and early identification services by incorporating a wider range of children, adults, and elders. These changes take into account the need for ECP hygienists to have clinical experience with a supervising dentist and to respond to the growing number of new graduates and returning hygienists eager to serve in community settings.

The recommendations were generated by and have support from the dental community, as well as education, public health, developmental disability, and elder care organizations.

Task Group Participants:

- **Cynthia Amyot, R.D.H., Ed.D. Director, Division of Dental Hygiene, University of Missouri School of Dentistry**
- **Barry Daneman, Director, Office of Alumni and Development University of Missouri School of Dentistry**
- **Janette Delinger, R.D.H., Legislative Chair, Kansas Dental Hygienist Association**
- **Ron Gaches, President, Gaches, Braden, Barbee & Associates, representing Kansas Dental Hygienist Association**
- **Kathy Hunt, R.D.H., Extended Care Permit Hygienist**
- **Jarrold Jones, DDS, Hays, Kansas**
- **Denise Maseman, R.D.H., M.S. Chair, Department of Dental Hygiene, Wichita State University**
- **Marcia Manter, M.A., Project Coordinator, Extended Care Permit, Oral Health Kansas**
- **Dawn McGlasson, R.D.H., B.D.H. Deputy Director, Office of Oral Health, Kansas Department of Health and Environment**
- **Sean McReynolds, DDS, Humboldt, Kansas**
- **Kevin Robertson, M.P.H. Kansas Dental Association**
- **Letty Seidl, R.D. H., M.H.S., Oral Health Kansas Board Member**
- **Maggie Smet, R.D.H. Extended Care Permit Hygienist**
- **Teresa Schwab, L.M.S.W., Executive Director, Oral Health Kansas**

The proposed statute changes are --

K.S.A. 65-1456(f)(1) The dental hygienist has received an "extended care permit" from the Kansas dental board specifying that the dental hygienist has performed ~~1800~~ 1200 hours of dental hygiene care within the past three years or has been an instructor at an accredited dental hygiene program for four semesters or four semester equivalents ~~during the three years prior~~ within the past three years

1. Twelve hundred hours of practice under the supervision of a dentist was deemed sufficient by experienced dentists and dental hygienists to gain the speed and proficiency needed to perform community-based dental hygiene services for children in community and educational settings and adults being served at health departments, safety net clinics, and correctional institutions.
2. KDA, KDHA, Office of Oral Health (OOH), and OHK will be able to offer continuing education workshops, online courses, and teleconferences, all designed to build the knowledge and confidence of hygienists and sponsoring dentists to resolve treatment issues and challenges faced in community-dental hygiene services.

K.S.A. 65-1456(g)(1)(A) ... performed 1800 hours of dental care within the past three years or has been an instructor at an accredited dental hygiene program for four semesters or four semester equivalents ~~during the three years prior~~ within the past three years ...

1. Kansas Dental Association and Kansas Dental Hygienist Association agreed that ECP hygienists benefit from an additional 600 hours of supervised dental care to serve personas with developmental disabilities and elders in community settings.
2. Within the past three years has been determined to express more accurately the intent of the original statute language

PROPOSED NEW STATUTE

A dental hygienist who meets the requirements of K.S.A. 65-1456(f)(1) or K.S.A. 65-1456(g)(1)(A) and is returning to active practice after a period of retirement or disability (K.S.A. 65-1431(i) or who has retained a license to practice but has not practiced in the past three years or more may qualify for an ECP by completing a refresher course approved by the board (K.S.R. 71-3-8) or performing 200 hours of dental hygiene care under dental supervision within the past three years and has a letter of endorsement from a dentist.

1. Dental hygienists report that it is common to stop practicing to raise a family, care for family members, or undergo physical rehabilitation. For experienced hygienists who have worked more than 1200 or 1800 hours respectively in their careers but have not been practicing their professional skills for more than five years have been shut out of securing an Extended Care Permits
2. KDA and KDHA agree that when an experienced hygienist wishes to return to active practice with an ECP, an approved refresher course or 200 hours working under the supervision of a dentist is sufficient to gain the proficiency and knowledge of current techniques;

K.S.A. 65-1456(f)&(g)(4) the tasks and procedures are limited to: (A) removal of extraneous deposits, stains and debris from the teeth to the depths of the gingival sulci; (B) applying topical anesthetic; ***

Successful completion of a local anesthesia course (either in basic preparation dental hygiene education or through a recognized continuing education certification course) would provide evidence that the dental hygienist has the appropriate background to safely deliver non-injectable anesthetic agents with general supervision.

****** (C) the application of fluoride; (D) dental hygiene instruction; (E) assessment of the patient's apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities; (F) other duties as may be delegated verbally or in writing by the sponsoring dentists consistent with this act;**

1. Kansas Board of Healing Arts makes distinctions between general, local and topical anesthesia. Topical is defined as *producing a transient and reversible loss of sensation to a circumscribed area.*
2. The topical anesthesia (lidocaine and prilocaine periodontal gel) now used in dental offices is designed to be injection-free. The product is fairly new, within the past three years. In 2006, Kansas Dental Board decided that these products may not to be used in ECP settings.
3. If this recommended statute insertion is passed, ECP hygienists in community settings will be able to serve additional patients who need temporary relief from pain during prophylaxis. These patients most often are adults and elders who have had little dental hygiene care over the past few years; as a result, they cannot tolerate hygiene services without some topical anesthetic.
4. According to manufacturers' representatives for these products, other states that do not have anesthetic laws for RDH's are allowing their RDH's to use it.

K.S.A. 65-1456(k) Nothing in this section shall be construed to prevent a dental hygienist from providing dental hygiene instruction, visual oral health care screenings or fluoride applications in a school or community based setting regardless of the age of the patient.

1. Topical fluoride applications have been deemed as safe, non-invasive treatment to increase the prevention for dental caries.
2. The practice act for registered nurses in the State of Kansas permits them to apply fluoride varnish immediately after receiving their registration.
3. Applying fluoride varnish during screening and hygiene instruction procedures for children and adults is cost-effective and timely to combat dental caries.

K.S.A. 65-1456(f) The practice of dental hygiene may be performed at a public school or accredited nonpublic school, as defined in K.S.A. 72-89b02, and amendments thereto and any head start program with consent of the parent or legal guardian all children participating in residential and non residential centers for therapeutic services, all children residing in foster care homes or under the care of the Kansas Department of Social and Rehabilitation Services, all children and adolescents being served by runaway youth programs and homeless shelters; for all children birth to five, all children in public and non-public schools k-12 regardless of the time of year and all children participating in youth organizations who meet the requirements of Medicaid, HealthWave, or free or reduced lunch programs or Indian Health Services; any state correctional institution, local health department, or indigent health care clinic, as defined in K.S.A. 65-1466, any federally qualified health center, federally qualified health center look-alike, or A community health center that receives funding from Section 330 of the Health Center Consolidation Act and amendments thereto, on a person, an inmate, client or patient thereof , and other persons as may be defined by the board as long as:...

1. In 2005, 29.1% of Kansas children receive free school meals, a 9% growth over the past few years. Many children who are underserved or unserved by traditional community dental offices are from families who have a low income and cannot afford dental care for their children; these are most often children who have early childhood caries, caries in permanent teeth by the age of 9, or do not have sealants.
2. Even though these children are eligible to receive dental hygiene services in schools, school systems present multiple barriers to receiving services during the school day: inadequate processes to gain written parental consent, building principals who elect not to allow children time to for dental care, and teachers who insist on children not being allowed to leave for an hour for special services.
3. Young children from birth to five years old, regardless of family income, rarely visit community dental offices and so miss out on prevention and early identification services. Approximately 75% of children birth to five are cared for in out-of-home settings; most of the parents work and have limited time to take their children to a dental office.
4. School children need alternative settings for dental hygiene care. These include community youth centers, such as YMCA, Boys and Girls Clubs, and formal before-and-after-school programs.
5. Children being served in homeless shelters and community runaway youth centers have little or no opportunity to maintain personal oral hygiene or receive consistent dental hygiene care.

K.S.A. 65-1456(g) The practice of dental hygiene may be performed on persons with developmental disabilities and on persons who are sixty-five years and older who live in a residential center, adult care home, subsidized housing, hospital long-term care unit, state institution, or are served in a community senior service center, elderly nutrition program or at the home of a homebound person who qualifies for the federal home and community based service (HCBS) waiver on a resident of a facility, client or patient thereof so long as..

1. Disabilities include physical, mental, and developmental.
2. Home and Community Based Services provide an alternative to nursing facilities, according to Kansas Department on Aging.
3. Approximately ninety-five percent of elders and persons with developmental disabilities live outside of long-term care residential facilities; many of these people need community-based dental hygiene services to augment treatment in private dental offices.
4. For example, in Sedgwick County, over 4,000 elders are on Medicaid, with a monthly income of \$1,595. This amount must feed and house the individual, as well as pay for medications, medical bills, personal caregiving services, and at times care for grandchildren.
5. Research in Sedgwick County highlights many factors, other than income, that act as barriers to elders seeking out and paying for dental care: high prescription costs, limited transportation options, physical disabilities, or dental insurance that terminated at retirement.
6. Elders lack information and services to prevent dental problems, and so minor problems escalate into extractions, abscessed teeth, and root canals.

b) A community health center defined as an entity that receives funding from Section 330 of the Health Center Consolidation Act and thus meets all of the requirements of 42 U.S.C. Section 254(b), generally meaning an entity that serves a population that is medically underserved, or a Special medically underserved population comprised of migratory and Seasonal agricultural workers, the homeless, and residents of public housing, by providing, either through the staff and supporting resources of the center or through contracts or cooperative arrangements and provides all required primary health services as defined by 42 USC Section 254(b).

c) A federally qualified health center look-alike defined as entity which has been determined by the Health Resources and Services Administration (HRSA) to meet the definition of an federally qualified health center as defined by the Social Security Act § 1905(l)(2)(B), but does not receive funding from Section 330 of the Health Center Consolidation Act.



Kansas Facts

Extended Care Permits

Kansas Extended Care Permit (ECP) for dental hygiene services became law in 2003:

K.S.A. 65-1456
(f) & (g)



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FACTS

- There has been a steady decline in the number of dentists in Kansas over the past several decades, and an increase in the number of hygienists.
- Extended Care Permits (ECP) allow dental hygienists to provide services in community settings, ensuring preventive care for certain vulnerable populations who are not currently receiving service and those in underserved areas.
- Extended Care Permits (ECP) allow experienced hygienists to provide services in community settings, increasing oral hygiene care for all who are not currently receiving service and those in underserved areas.
- The law provides the opportunity for dental hygienists registered in the state of Kansas to provide the following community-based hygiene services:
 - *removal of extraneous deposit stains, stains, and debris from the teeth*
 - *the application of fluoride*
 - *dental hygiene instruction*
 - *assessment of the patient's need for further evaluation by a dentist*
 - *other duties which may be delegated verbally, or in writing, by the sponsoring dentist which are in compliance with this act*
- Dentists, who hold a valid Kansas license, may monitor up to five hygienists. Sponsoring dentists are not obligated to examine or treat patients seen by an ECP hygienist.
- The dentist and hygienist must have a written agreement spelling out the conditions of the extended care permit hygiene service. The hygienist must send a report to the sponsoring dentist documenting findings and treatment within 30 days of service.

RESOURCES AND EDUCATION:

- ECP services are funded by several sources: Medicaid reimbursement, patients' fees for service, and community funds. Hygienist's fees are paid by dentists or sponsoring organizations. ECP hygienists may volunteer their services, but most ECP services are on a fee-for-service basis. Participating hygienists have the option to work full or part-time in a dental clinic or community setting.
- Oral Health Kansas, Inc. (OHK) Extended Care Permit Initiative has developed an ECP ToolKit, which will soon be available to hygienists, dentists, and community organizations. The ToolKit provides information about the laws governing ECP, sample agreements for sponsoring organizations, financial plans, and self-assessments for hygienists exploring the possibility of ECP hygiene services.



Extended Care Permits

EXTENDED CARE PERMIT SITES ARE STIPULATED BY LAW:

- ECP I- 'Head Start, public and non-public accredited schools, local health departments, indigent health care clinics, state correctional institutions for persons who meet the requirements of Medicaid, HealthWave, and federal free and reduced lunch school programs, a client, or an inmate who is a patient thereof. . . also qualify.
- ECP II: Adult care home, hospital long-term care unit, state institution, or at the home of a homebound person who qualifies for the federal home and community based service waiver on a resident of a facility, client, or patient thereof. . .



ORAL HEALTH AND LEARNING

- Early tooth loss caused dental decay can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school, and reduced self-esteem.
- Children are often unable to verbalize their dental pain. Teachers may notice a child who is having difficulty attending to tasks or who is demonstrating the effects of pain— anxiety, fatigue, irritability, depression, and withdrawal from normal activities. However, teachers cannot understand these behaviors if they are not aware that a child has a dental problem.
- Students between the ages of 5-17 years missed 1,611,000 school days in 1996 due to acute dental problems—an average of 3.1 days per 100 students.
- Children from families with low incomes had nearly 12 times as many restricted-activity days (e.g. days of missed school) because of dental problems as did children from families with higher incomes.
- Hygiene services that prevent dental decay can be carried out in Head Start programs, public and non-public accredited schools, local health departments, indigent care clinics, and juvenile correctional centers.

SENIORS, ORAL CARE & THE EXTENDED CARE PERMIT II

- Associations between chronic oral infections and other health problems, including diabetes, heart disease, and stroke have been reported.
- Research has confirmed the correlation between Intermediate Activities of Daily Living (IADL) and the demise of elderly persons in the community. One of those IADLs is oral/dental condition, the lack of which contributes to weight loss, loss of skin integrity and increased pain.
- Preventive oral hygiene is intended to improve eating ability, unplanned weight loss, skin breakdown and pain.
- Dental hygiene services for patients with special needs can be carried out by an Extended Care Permit II hygienist in a variety of long-term care facilities, and at the home of a homebound person who qualifies for the federal home and community based service waiver on a resident of a facility, client or patient thereof. . .
- Portable dental equipment is used and can be set up in a relatively small space such as: an exam room, beauty shop or the resident's room. A regular 110v outlet and a source of water, is all that is required.

FOR MORE INFORMATION CONTACT: MARCIA MANTER AT: MMANTER@ORALHEALTHKANSAS.ORG

2007

7rs0099

COPY

DRAFT BILL NO. _____

By

Mack Smith
Exec. Secretary
KS Board Mortuary
Arts

AN ACT concerning mortuary arts; relating to funeral directors and licenses; amending K.S.A. 65-1713 and K.S.A. 2006 Supp. 65-1751 and repealing the existing sections.

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

Section 1. K.S.A. 65-1713 is hereby amended to read as follows: 65-1713. (a) A "funeral director" is a person engaged in or conducting, or holding ~~himself~~ oneself out as engaged in or conducting, the business of --:

(a) (1) Preparing dead human bodies, other than by embalming, for ~~burial or disposal~~ disposition; or

(b) (2) Meeting with families for the purpose of making at-need funeral arrangements; or

(3) Directing and supervising the burial or disposal of dead human bodies; or

(c) (4) Providing or maintaining a place-for-the-preparation or-the-disposition-or-the-care-of-dead-human-bodies,--or funeral establishment, branch funeral establishment or crematory.

(d) (b) Who A funeral director shall, in connection with his such person's name or business, use the words "funeral director," "undertaker," "mortician," or any other title implying that he such person is engaged in the business herein described.

Sec. 2. K.S.A. 2006 Supp. 65-1751 is hereby amended to read as follows: 65-1751. (a) The state board of mortuary arts may refuse to issue or renew a license, may condition, limit, revoke or suspend a license or may publicly or privately censure a licensee, or may impose a fine not to exceed \$1,000 per violation upon a finding that a licensee or an applicant for a license:

(1) Has made any misleading, deceptive, untrue or fraudulent statements in applying for or securing an original or renewal license;

(2) has committed an act of unprofessional or dishonorable conduct or professional incompetency;

(3) has been convicted of a felony, and the licensee or

*Senate Public Health and Welfare
Attachment #2
January 10, 2007
Committee*

applicant for a license is unable to demonstrate to the board's satisfaction that such person has been sufficiently rehabilitated to warrant the public trust, or, has been convicted of any offense involving moral turpitude or has been convicted of criminal desecration or any other crime which reflects on the licensee's fitness to practice;

(4) has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies;

(5) is rendered unfit or unable to practice embalming or funeral directing by reason of illness, alcohol, chemicals or other types of substances, or as a result of any mental or physical condition as determined by the board after receiving the results of an evaluation by a person licensed to practice medicine and surgery or a person licensed to diagnose and treat mental illness, or both, as directed by the board;

(6) has failed or refused to properly protect or guard against contagious, communicable or infectious disease, or the spreading thereof;

(7) has refused to surrender a dead human body upon the request of the next of kin, or legal representative, if there is no next of kin, or person entitled to the custody and control of the body if there is no next of kin available and no legal representative qualified to act;

(8) or the agent, employee or representative thereof, has advertised, solicited or sold merchandise or services in a manner which is fraudulent, deceptive or misleading in form or content;

(9) or the agent, employee or representative thereof, has engaged in the uninvited, in-person solicitation of an actual or potential customer, who, because of the customer's particular circumstances, was vulnerable to undue influence, intimidation, coercion or overreaching or has violated a provision of K.S.A. 65-1752 and amendments thereto;

(10) or the agent, employee or representative thereof, has knowingly engaged in at-need solicitation;

(11) has used or employed, directly or indirectly, any agent, representative or person, for the purpose of contacting public officials or agents of institutions by whose influence dead human bodies may be turned over to a particular licensee or funeral establishment;

(12) has aided or abetted an unlicensed person to practice any activity for which a license is required under article 17 of chapter 65 of the Kansas Statutes Annotated and acts amendatory of the provisions thereof or supplemental thereto;

(13) has had a license to practice embalming or funeral directing revoked or suspended, has been censured or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, an attested copy of the record of the action of the other jurisdiction being presumptive evidence thereof;

(14) has cheated on or attempted to subvert the validity of the examination for a license;

(15) has been found to be mentally ill, mentally disabled, not guilty by reason of insanity, not guilty because the licensee suffers from a mental disease or defect or incompetent to stand trial by a court of competent jurisdiction;

(16) has failed to furnish the board, or its investigators or representatives, any information legally requested by the board;

(17) has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(18) has an adverse judgment, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action

under this section or has failed to report such matter to the board;

(19) has knowingly submitted any misleading, deceptive, untrue or fraudulent representation on a claim form, bill or statement;

(20) has violated any lawful rules and regulations promulgated by the board or any state or federal law including the federal trade commission's funeral rule related to the practice of funeral directing, embalming, cremation or funeral establishments;

(21) has failed to pay any fee required under this act;

(22) has been found liable for or guilty of negligence, incompetence, fraud, misrepresentation or deceit in connection with services rendered as a licensee by a court of competent jurisdiction;

(23) has provided misleading, fraudulent or deceptive statements to the board, its investigators or its representatives, when information is legally requested; or

(24) has provided misleading, fraudulent or deceptive information when filing a death certificate.

(b) The board may adopt rules and regulations defining, construing and interpreting the above grounds for licensure action. All administrative proceedings taken by the board pursuant to this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(c) As used in this section:

(1) "License" means an embalmer's license, funeral director's license, assistant funeral director's license, funeral establishment license, crematory license or branch establishment license.

(2) "At-need solicitation" means any uninvited contact for the purpose of the sale, or attempted sale, of funeral services or merchandise to the family or next of kin of a person after the person's death, or where death is imminent.

Sec. 3. K.S.A. 65-1713 and K.S.A. 2006 Supp. 65-1751 are



Kansas Mission of Mercy
Making a Difference

Date: January 10, 2007

To: Senate Committee on Public Health

From: Kevin J. Robertson, CAE
Executive Director

RE: **KMOM-Topeka, February 2-3, 2007 - SAVE THE DATE**

The Kansas Dental Association's 501c3 foundation – The Kansas Dental Charitable Foundation (KDCF) – will be holding its sixth Kansas Mission of Mercy (KMOM) free dental clinic on February 2-3, 2007 at Landon Arena in Topeka.

The KDA invites members of the Senate Committee on Public Health to the clinic on the morning of Friday, February 2 for a brief informational tour. The KDA will provide transportation to Landon Arena at 9:00 A.M. and then return to the Statehouse around 10:15 A.M. The time is subject to change based on the Senate and House work schedules on February 2.

Please mark your calendars and plan to see KMOM-Topeka in action.

Volunteer registration and more information on KMOM can be found on the KDCF website – www.ksdentalfoundation.org.

Senate Public Health and Welfare
Committee
Attachment #3
January 10, 2007

Making a Difference...

A dental clinic filled with seventy-five chairs and a hundred dentists treating two thousand patients in two days. That's how we make a difference. In two days in February, our volunteers – we call them heroes – will provide a million dollars in dental care right here in Topeka. And we will charge the patients nothing for our services.

We live in a wonderful state, but unfortunately, there are still problems facing people in our community. Access to dental care is one of those issues.

The Kansas Dental Charitable Foundation was created five years ago for the purpose of providing funding and resources to improve oral health in Kansas. One of our projects is the Kansas Mission of Mercy. To date, our five free dental clinics have provided nearly 11,000 patients with dental care valued at over \$4.4 million.

Our project, however, cannot happen without the support of community volunteers, food donations, and other items needed to support both the patients and the volunteers. On February 2-3 at the Kansas Expocentre, more than 2000 patients will be treated by hundreds of volunteers from the dental community and from the Topeka community. Due to the enormity of this project, we are asking the community for its help.

In the next few months, we will be contacting local businesses to partner with us to provide this remarkable service to our community.

...one smile at a time.



How You Can Help

In each of our five projects, hundreds of volunteers – we call them the KMOM Heroes – donate their time, energy and talents to serve our patients. Due to the enormity of the project, we are asking local businesses to help support the project in a number of ways.

- ◆ Provide a "gift certificate" to your store or donate items that are needed for the project
- ◆ Donating meals for patients and or volunteers
- ◆ Donating snack foods, water or other beverages
- ◆ Donating coloring books, crayons, stuffed animals and other toys to entertain children
- ◆ Making a cash donation which will be used to purchase supplies, food, to support the project.

Please join us and other community leaders to witness the amazing process we call the Kansas Mission of Mercy and to learn how you too can make a difference, one smile at a time, right here in Topeka.



**Kansas Dental
Charitable Foundation**

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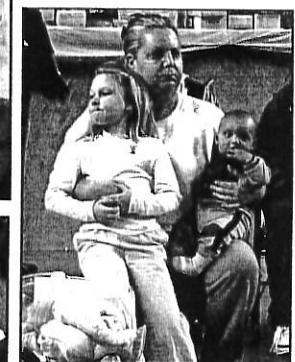


3-2



Kansas Mission of Mercy

Making a Difference



What is KMOM?

The Kansas Mission of Mercy was modeled after similar programs in Virginia and Texas. Our concept is to create a dental clinic and then open our doors to the community. We target our services to low-income individuals and families through local churches, community programs and service organizations.

Patients are screened and treated based on their most urgent dental needs – extractions, fillings, oral surgery and dental hygiene. Those services are then provided by one of our volunteers – hundreds of licensed dentists and hygienists who have donated their talents to treat patients. The greatest part of their service is that it is done absolutely free.

Here is what we have done to date:



Why we do it?

... so a child can sleep at night without dental pain

... so a man with a beautiful voice can feel better about himself as he sings

... so a young girl with a badly chipped tooth will not be embarrassed to start middle school

... so a father, who has given everything he has to care for his children, can finally get the dental care he needs

These stories are real. When Glenna smiled at her two pre-teenaged daughters at KMOM Garden City, it was a true gift. It was the first time either had seen their mother smile. The single mother of two was given a full set of dentures. That amounted to \$700 of dental care and a very happy mother. Lives have been changed because of the work done by our volunteers.

There are thousands of people in Shawnee County alone who have unmet dental need. Without KMOM, many of these people will never get the care they need. Each patient has their own story and with your help, we can make a difference.



Salina

The Bicentennial Center hosted KMOM-Salina. For the first time, our value of patient services provided surpassed the \$1 million mark. In total **2300** patients received care valued at **\$1.1 million**.

Topeka 2007

Garden City

The first KMOM was held February 28-March 2, 2003 in Garden City. In all, **1,734** patients received dental care totaling **\$554,000**.



Kansas City

The Kansas Speedway served as the site for KMOM-KC, using the pit garages and fan pavilion on the racetrack's infield to set up the dental clinic. The size and scope of KMOM-KC greatly exceeded that of Garden City as the size of the clinic consisted of 84 dental operatories and delivered free care to **2,659** patients valued at **\$758,500**.

Wichita

KMOM-Wichita was held at the Kansas Coliseum. During the two-day project, **1908** patients were treated with a value of **\$1.03 million** in services.



Pittsburg

KMOM-SEK (southeast Kansas) was held on the campus of Pittsburg State University. The dental clinic at KMOM consisted of 75 dental operatories and delivered free care to **2,161** patients valued at **\$981,500**.



Kansas Health Policy Authority

Coordinating health & health care for a thriving Kansas

MARCIA J. NIELSEN, PhD,
Executive Director

ANDREW ALLISON, PhD
Deputy Director

SCOTT BRUNNER
Chief Financial Officer

Testimony on:
Kansas Health Policy Authority Overview

presented to:
Senate Committee on Public Health and Welfare

by:
Dr. Marcia Nielsen
Executive Director

January 10, 2007

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*Senate Public Health and Welfare
Attachment # 4
January 10, 2007
Committee.*

Senate Committee on Public Health and Welfare
January 10, 2007

Kansas Health Policy Authority Overview

Good afternoon, Mr. Chairman and members of the Committee. I appreciate the opportunity to update the Senate Committee on Public Health and Welfare regarding the Kansas Health Policy Authority's activities since last legislative session. I want to give you a brief overview of the work this agency has done and continues to do in the mission of improving health care for Kansans.

We believe we are an agency that coordinates health and health care for a thriving Kansas. In fact, that is our vision statement, and I believe it correlates well with the mission the Legislature gave us. In addition to launching our vision statement for our employees this past Monday, the Authority has taken on a number of initiatives since we became a new independent agency in July of last year:

- ***Focused on budget and finance.*** Since I became Executive Director in July, the Kansas Health Policy Authority has placed a focus on the budget and finance areas of the agency.
 - KHPA developed and received Board approval for its first budget as a state agency.
 - KHPA is now engaged in monthly public reporting of budget performance and financial status, including key administrative and programmatic details.
 - KHPA is reorganized to reflect the increased focus on financial and budgetary responsibilities, including the hiring of the agency's first Chief Financial Officer, Scott Brunner, former Director of the Kansas Medicaid and HealthWave programs.
- ***Increased communication.*** Transparency is an important part of the process of advancing health policy in the state, and effective communication is a significant means to increase our transparency. The Kansas Health Policy Authority has worked to increase its communication efforts with all stakeholders.
 - KHPA developed a new website, which is updated daily, to better inform consumers, providers, and purchasers about our programs and policies.
 - The agency instituted new ways to communicate with its staff, including the creation of a staff e-newsletter, which is distributed weekly to staff members, and established quarterly all-staff town hall meetings.
 - KHPA conducted five town hall meetings for stakeholders. These community meetings were held in Hays, Kansas City, Wichita, Pittsburg, and Garden City, allowing area residents an opportunity to voice opinions regarding the future of the Kansas health system.
 - KHPA created an Interagency Deputy Secretaries Planning Group to better coordinate the health issues and policies facing the State and Kansans. The group meets monthly to discuss new initiatives, share ideas, and facilitate effective programmatic coordination.
- ***Developed and maintained relationships with stakeholders.*** Partnership is vital to successful programs and operations of the Kansas Health Policy Authority, and the agency has continued to develop its relationships with various stakeholders throughout Kansas.
 - KHPA collaborated with stakeholders to ensure the continued success of the Provider Assessment program.

Kansas Health Policy Authority Overview

Kansas Health Policy Authority ♦ Presented on: 1/10/07

- The first two of an ongoing series of Disproportionate Share Hospital (DSH) policy planning meetings for hospitals were conducted to provide input that ensures funding is equitable and the program advances state health policy.
 - KHPA worked with other state agencies to develop and oversee implementation of a CMS audit, deferral, and disallowance work plan to resolve outstanding issues, led by Dr. Barb Langner, Associate Professor at The University of Kansas School of Nursing.
 - KHPA has continued to support broadly collaborative efforts focused on health information technology and health information exchange initiatives aimed at improving quality and efficiency in health and health care.
- ***Renewed emphasis on health and wellness.*** With data showing the importance of a healthy lifestyle, the Kansas Health Policy Authority has worked to emphasize the importance of health and wellness.
 - L.J. Frederickson was hired as the State Employee Health Benefits and Plan Purchasing Director and is working to increase the promotion of health and wellness in the State Employees Health Benefits Plan (SEHBP), including signing a new pharmacy benefits manager contract with Caremark which will save the State \$3.6 million annually.
 - KHPA's quality and innovation team has analyzed State Employee Health Benefits Plan data, and planning has begun to enhance wellness efforts for state employees.
 - KHPA has explored additional health and wellness initiatives for Medicaid beneficiaries as outlined by the submitted FY 2008 budget, including reimbursement to physicians for weight management counseling, integrating Medicaid immunization records with KDHE, and a request for funding to study and implement health promotion programs for Medicaid beneficiaries.
 - ***Strengthened Medicaid and HealthWave programs.*** As the single state agency for Medicaid, the Kansas Health Policy Authority has strengthened its Medicaid and HealthWave programs to provide affordable and quality care to enrolled Kansans.
 - On July 1, 2006, KHPA became the single state Medicaid agency, bringing efficiency to the program and maximizing the state's purchasing power. KHPA is applying this leadership role in the multi-agency Medicaid program to increase transparency, improve cooperation, and streamline operations.
 - KHPA signed two contracts for Medicaid managed care services with two contractors, saving the state between \$10 to \$15 million annually and introducing choice and competition into this important and growing market.
 - KHPA submitted six Medicaid transformation grant proposals which will work to increase quality and efficiency of care.
 - KHPA conducted a systematic review of its Medicaid Information Technology Architecture (MITA) to identify opportunities for structural improvement in data management and operational structures. Future MITA reviews will focus on organization structure to more effectively coordinate health care purchasing.

In terms of a vision and broad goals for the Authority -- which is the purview of the Health Policy Authority Board -- the legislation is clear. The Kansas Health Policy Authority shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with health promotion oriented public health strategies. The powers, duties, and functions of the Authority are intended to be exercised to improve the health of the people of Kansas by increasing the quality, efficiency, and effectiveness of health services and public health programs.

Kansas Health Policy Authority Overview

Kansas Health Policy Authority ♦ Presented on: 1/10/07

At the Board Retreat held in February 2006, there were a number of strategies and long-term goals developed to assist the Board in meeting its broad mission and charge. Using these strategies as a guideline, the Board, during recent meetings and after many spirited discussions, identified overall priorities and goals for the Authority. This fall, the Board refined and approved the draft Vision Principles to include the six areas as described below.

- Access to Health Care
- Quality and Efficiency in Health Care
- Affordable and Sustainable Health Care
- Promoting Health and Wellness
- Stewardship
- Education and Engagement of the Public

Access to Health Care. The intent of the first vision principle, Access to Health Care, is that Kansans should have access to patient-centered health care and public health services which ensure the right care, at the right time, and at the right place. The Authority will analyze and seek to eliminate the many barriers Kansans face in attaining preventive health services. This includes making available non-emergent care options for uninsured populations seeking primary care services.

Quality and Efficiency. The second principle, Quality and Efficiency, addresses how the health delivery system in Kansas should focus on quality, safety, and efficiency, and be based on best practices and evidence-based medicine. It also means that health promotion and disease prevention should be integrated into the delivery of health services. Addressing quality and safety are very important in ensuring that Kansans receive the appropriate care to prevent further health complications. Ensuring that Kansans receive appropriate care, while containing costs, is a challenge for all health care providers. A great deal of work is currently being done in the field of health information technology and exchange. Several initiatives currently underway include the Governor's Health Care Cost Containment Commission (staffed by the Authority), Advanced Technology ID cards, and the Community Health Record of which e-prescribing is a critical part. Evidence-based medicine is the conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual patients. Employing these concepts yields efficiency in health finance, and that leads to the next principle.

Affordable and Sustainable Health Care. The third principle, Affordable and Sustainable Health Care, speaks to the financing of health care in Kansas and how it should be equitable, seamless, and sustainable for consumers, purchasers, and government. Regardless of geography or insurance status, access to affordable health care must meet the varying needs of Kansans across the State. Kansans should be able to depend upon a stable health system for their families without undermining the economic growth of our State.

Health and Wellness. The next principle, Promoting Health and Wellness, emphasizes that Kansans should pursue healthy lifestyles with a focus on wellness – to include physical activity, nutrition, and refraining from tobacco use – as well as through the informed use of health services over their life course. Whenever possible, the Authority intends to implement programs that seek to encourage Kansans to improve their own health. These programs will include evaluation, education, and even incentives. Combined with incentives, providing affordable health care for Kansans may result in more individuals taking advantage of preventive services. Additionally, we will encourage partnerships among health care providers and patients, and incentives for

Kansas Health Policy Authority Overview

Kansas Health Policy Authority ♦ Presented on: 1/10/07

providers and beneficiaries to promote prevention and healthy behaviors will need to be explored.

Responsible Stewardship. The next principle, Stewardship, means that the Authority will operate with the highest level of integrity, responsibility, and transparency for the resources entrusted to us by the citizens and the State of Kansas. First and foremost, the members of the Authority Board will make every effort to ensure that the policy options we put forth balance the best interests of all involved parties, including taxpayers and those that need and provide health services. At the same time, the State has created this as an independent agency to encourage decision making and idea fostering with regard to health care to not be affected by other political forces that commonly affect State agencies. The Authority plans to take advantage of this objective decision making environment that holds such a noble goal in the forefront.

Education and Engagement of the Public. Last but not least, Education and Engagement of the Public calls for Kansans to be educated about both health and health care delivery to encourage public engagement in developing an improved health system for all Kansans. One of the greatest challenges of the health system is communicating its issues outside of the health community. The system is complicated and as a result, it is easy for the public to become disengaged. And yet, every Kansas family is directly affected by their and others' health care costs. This is the reason that the Authority seeks to engage the public in the discussion about improving our health system and also our personal responsibility for our own health.

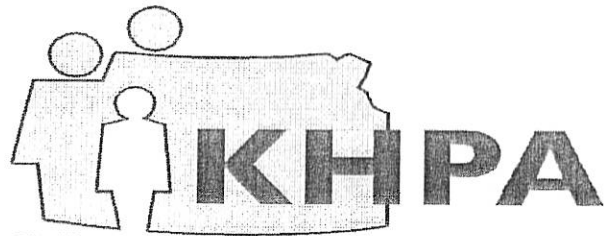
These vision principles will be used to help guide the Authority in the direction of formulating a comprehensive health agenda to achieve the goals laid out by the legislature.

As required by statute, in 2006, the Kansas Health Policy Authority Board developed and approved an initial set of health indicators that correlate with each vision principle. These indicators will include baseline and trend data on health care, health outcomes, healthy behaviors, KHPA operational integrity, and health costs.

In 2007, these health indicators will be prioritized, reviewed, and approved by the KHPA Board. The next step will be to identify the best way to quantify and measure these indicators to observe changes over time and track the impact of state health policy initiatives. The process for identifying the specific measures to be used will soon be finalized and options will be discussed by the Board in the near future.

On January 22-23, the Board will be holding its annual retreat at the Eldridge Hotel in Lawrence. We will be discussing a number of items as well as hearing from Chairman Barnett, Governor Kathleen Sebelius, and House and Senate leaders regarding their health care goals for the Legislative session. We will also be discussing our goals for the future of health care in Kansas.

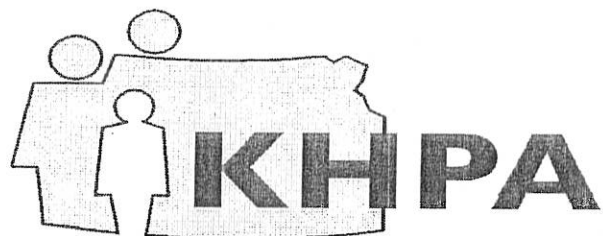
As we participate in this legislative process and look to the future, we look forward to working closely with you to advance these ambitious goals to improve the health of all Kansans. I thank you for your time and welcome any of your questions.



Kansas Health Policy Authority

KHPA: Legislative History

Marcia J Nielsen PhD MPH
Executive Director, Kansas Health Policy Authority



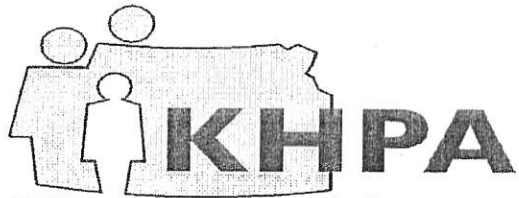
Kansas Health Policy Authority

- Created in 2005 Legislative Session
- Built on an “Executive Reorganization Order” proposed by the Governor
- Modified by State Legislature to:
 - Create a nine member Board to govern health policy
 - Executive Director reports to Board
 - Added a specific focus on health promotion and data driven policy making



Kansas Health Policy Authority

- The general charge of the Authority is to:
 - (1) develop and maintain a coordinated health policy agenda that
 - (2) combines effective purchasing and administration of health care
 - (3) with health promotion oriented public health strategies
 - (4) which is driven by health data



Kansas Health Policy Authority

41-9

July 1, 2005

Kansas Health Policy Authority Established. Transfer programs of programs to a Division first, then to a separate agency.

January 1, 2006

Assume responsibilities of Health Care Data Governing Board and oversight of KS Business Health Partnership program.

March 1, 2006

Authority plan for various program transfers submitted to Legislature.

July 1, 2006

Transfer programs to Authority.

2007 Legislative Session

Authority plan for additional program transfers submitted to 2007 and 2008 Legislatures.

2008 Legislative Session

KHPA Board Members

- Nine voting board members
 - Three members appointed by the Governor
 - Six members appointed by legislative leaders.
- Seven nonvoting, *ex officio* members include:
 - Secretaries of Health and Environment, Social and Rehabilitation Services, Administration, and Aging; the Director of Health in the Department of Health and Environment; the Commissioner of Insurance; and the Executive Director of the Authority.

Programs Transferred to KHPA in 2006

- Medicaid (Regular Medicaid)
- MediKan
- State Children's Health Insurance Program
- Ticket to Work/Working Healthy
- Medicaid Management Information System
- Medicaid Drug Utilization Review & related programs
- State Employee Health Insurance
- State Workers Compensation
- Health Care Data Governing Board
- Business Health Partnership Program

*KHPA: Coordinating health
and health care for a
thriving Kansas*



Vision Principles

- Adopted by the Board this fall
- Will provide direction to the Board as they and this agency develops and maintains a coordinated health policy agenda
- Guiding framework of the Board and the work the Agency intends to accomplish

Six Vision Principles

- Access to Care
- Health and Wellness
- Quality and Efficiency
- Responsible Stewardship
- Affordable and Sustainable Health Care
- Education and Engagement of the Public

Access to Care

Kansans should have access to patient-centered health care and public health services which ensure the right care, at the right time, and the right place.

- Analyze and seek to eliminate barriers
- Make available non-emergent care options for uninsured populations seeking services

Quality and Efficiency

The delivery of care in Kansas should emphasize positive outcomes, safety and efficiency and be based on best practices and evidence-based medicine.

- *Health promotion and disease prevention should be integrated*
- *Ensure Kansans receive appropriate care to prevent future health complications*

Affordable & Sustainable Health Care

The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers, and government.

- *Access to care must meet the varying needs of Kansans across the State*
- *Accessible stable health system without undermining State's economic growth*

Health and Wellness

Kansans should pursue healthy lifestyles with a focus on wellness as well as a focus on the informed use of health services over their life course.

- Implement programs to encourage Kansans to improve own health
- Encourage partnerships among providers and patients
- Incentives for providers and beneficiaries will be explored

Responsible Stewardship

The KHPA will administer the resources entrusted to us by the citizens and the State with the highest level of integrity, responsibility and transparency.

- *Ensure policy options balance best interests of all involved parties*
- *Take advantage of this objective decision-making environment to foster ideas*

Education & Engagement of the Public

Kansans should be educated about health and health care delivery to encourage public engagement in developing an improved health system for all.

- *Communicate issues outside of the health community*
- *Public engagement key to improving our health system*