

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Brenda Landwehr at 1:30 P.M. on February 19, 2008 in Room 526-S of the Capitol.

All members were present except:

Vice Chairperson Peggy Mast, Excused
Representative Trimmer, Excused

Committee staff present:

Norman Furse, Revisor of Statutes Office
Dianne Rosell, Revisor of Statutes Office
Melissa Calderwood, Kansas Legislative Research Department
Cindy Lash, Kansas Legislative Research Department
Chris Haug, Committee Assistant

Conferees appearing before the committee:

Kevin Robertson, Kansas Dental Association
Teresa Schwab, Executive Director of Oral Health Kansas

Others Attending:

See Attached List.

The hearing on **HB2781, Dental Offices; permitting offices in counties with low population**, was opened.

Kevin Robertson, Kansas Dental Association provided testimony in support of this bill. (Attachment 1) He also provided a map of Kansas with the county populations. (Attachment 2) Mr. Robertson stated this bill will create more dental practice opportunities in the rural areas throughout the state.

Teresa Schwab, Executive Director of Oral Health Kansas, spoke as a proponent of **HB2781**. (Attachment 3). Ms. Schwab supports the bill with 2 amendments. Changing the language on page 2, line 15 from one to two and changing the mile radius from 75 to 125 miles.

There was no additional testimony for or against this bill.

Chairperson Landwehr asked if there was any objection to closing this bill and working the bill today. There were no objections. Representative Flaharty moved to adopt **HB2781** with the balloon amendment. It was seconded by Representative Neighbor. Representative Schroeder stated if the balloon was adopted with the "two" on line 15, it should also be changed to "offices". The motion carried.

Representative Neighbor moved that **HB2781** be passed out of committee, as amended. . Representative Hill seconded the motion. The motion carried.

The hearing on **HB2781** was closed.

HB 2570 - Persons authorized to make adoption assesments

Dianne Rosell, Assistant Revisor of Statutes, presented the proposed amendments. There is some confusion on this bill regarding the job titles and it was agreed the adoption people would get with the revisor of statutes office and make additional changes and we will try to work this bill tomorrow.

Chairperson Landwehr adjourned the meeting at 3:12 p.m. The next meeting will be February 20, 2008.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE GUEST LIST

DATE: February 19, 2008

NAME	REPRESENTING
Teresa Schwab	Oral Health Kansas
Brad Parry	Kansas Athletic Trainers Society
Tom Brons	KATS
John Peterson	Ks Dental Assn
Ron Seiber	MHCC
Willa De Castro	American Adoptions
Robin Clum	Child Welfare Cas.
R.S. McKenna	SRS
Steve Solomon	TFI Family Services
Janie Rye	KCSL
Kyle Kessler	KVC
Bruce Linder	Children's Alliance
Sky Wintfeld	KS Chapter, NASW



KANSAS DENTAL ASSOCIATION

February 19, 2008

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony in Support of HB 2781

Thank you for the opportunity to address you today, I am Kevin Robertson, Executive Director of the Kansas Dental Association (KDA) representing approximately 80% of Kansas' 1,300 licensed dentists. Today I am here to support HB 2781 which would provide more dental practice opportunities in rural Kansas by reducing the restrictions on dentists operating satellite offices in the 64 counties with population less than 10,000.

Currently licensed dentists who own dental practices are required to be physically present in the satellite office(s) they operate a majority of time dentistry is being performed in the satellite dental office(s). **HB 2781 is a carve-out** to this 50% rule which would allow dentists to own one dental office (without being physically present) within 75 miles of the dentists primary office in counties less than 10,000 population.

Communities from Atwood to Elwood struggle to recruit dentists into their communities. Many have dental office facilities that a previous dentist simply abandoned after unsuccessful attempts to sell the practice at any price. New dental school graduates seem to be less willing to locate in rural areas. Though the reasons vary from student to student, we commonly hear concerns about dental school debt that now averages \$130,000, the financial viability of rural practices and professional support.

While more often rural dental practices are abandoned, the number of dentists working as employees in safety net clinics across the state have increased from 5-21 in the past four years. This seems to show a willingness of new dental school graduates to locate in all areas of the state without assuming the financial burden and risk of practice ownership.

HB 2781 will create more dental practice opportunities in the areas of the state that are most in need for both existing and new dentists. Some scenarios under HB 2781 might include a dentist purchasing a practice to staff fully with an associate dentist or an associate dentist sharing time between the primary satellite office. I have even received calls from dentists who are interested in purchasing a satellite practice with the thought of hiring an associate dentist in order to sell or transition the practice to the new dentist over a short period of time with the motivation of taking the pressure off their already over-busy dental practice. Whatever the case, it is hoped that any new dentist to locate in these rural areas will ultimately stay.

*House Health & Human Services Committee
2-19-08
Attachment 1*

Let me take a minute to answer a few questions that I have heard while discussing this bill with some of the committee members:

1. *Why a 75 mile radius restriction?*

One concern that new dentists have regarding a rural practice is the isolation of being in a community without another dentist to back them up. What if they get in trouble with an extraction or other procedure – where do they go for help? The 75 mile radius keeps the dentist-owner in close proximity to the satellite practice and creates a mentoring aspect to the law.

Also, there is concern by many rural dentists that completely opening up satellite practices will result in a growing number of rural practices being owned by urban dentists with no ties or understanding of special dental needs of the rural population. The 75 mile radius for ownership will keep the dentist owner more “local.”

Oral Health Kansas will offer an amendment to increase the radius from 75 to 125 miles.

2. *Why not simply eliminate the “majority or 50% rule” regarding satellite practices?*

Kansas dentists believe very strongly that the patient is best served in a dentist-patient relationship where treatment decisions are made without the possible influence of an outside owner. HB 2781 is designed to address the special needs of rural Kansas.

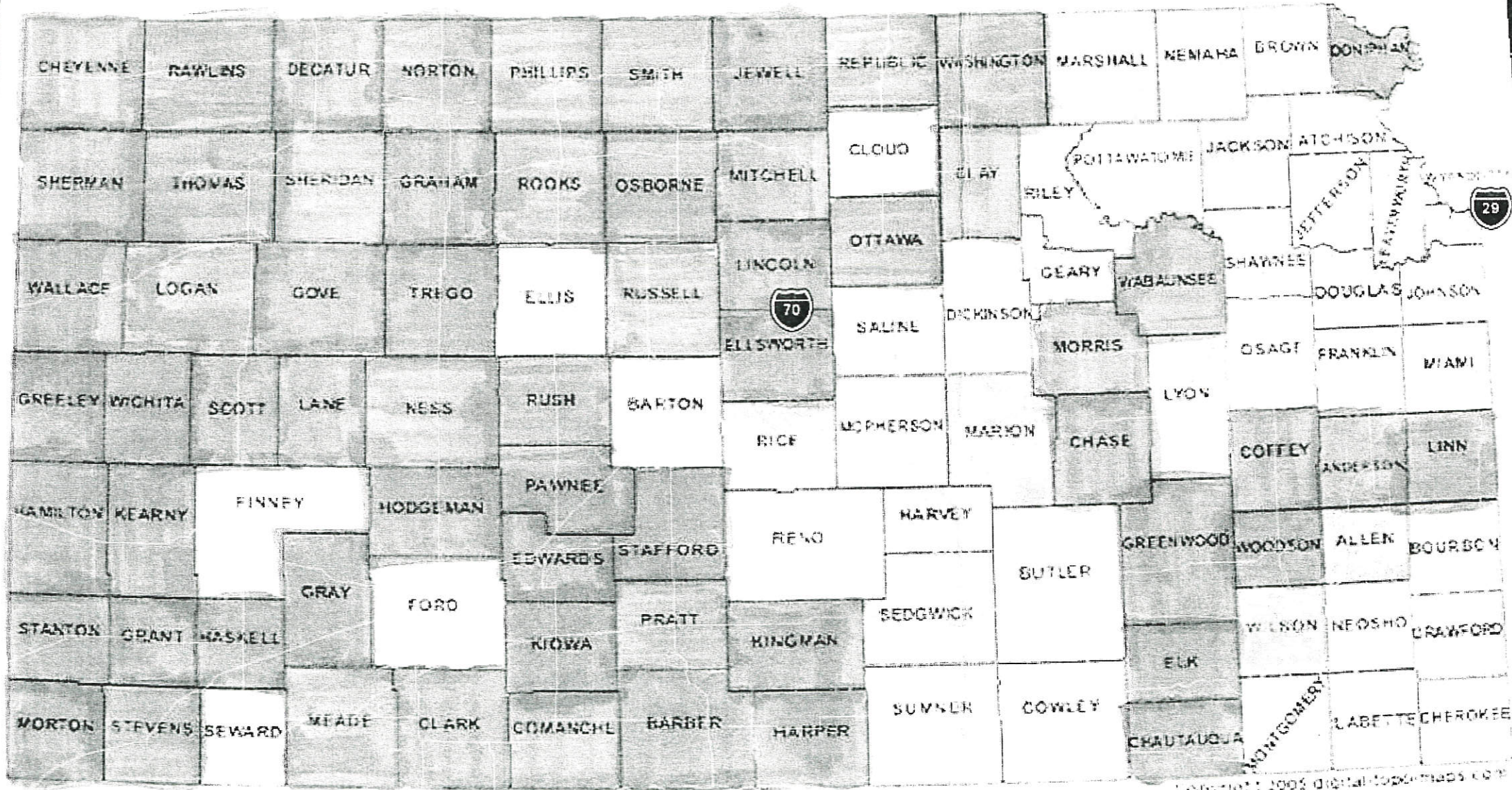
Moreover, an unscientific study by the KDA of Kansas counties under 10,000 shows the dentist to population ratio is 1:2,958 compared to 1:1,779 statewide. Johnson County is about 1:1,100. The KDA does not believe there is a need to provide greater incentives for dentists to open dental offices in the more populous areas of the state above the free market incentives that naturally exist.

Oral Health Kansas will offer an amendment to increase the number of satellite offices from *one* to *two*.

Finally, to help give you an idea of the counties in your area that would be affected by HB 2781 let me bring your attention to the colored Kansas map I’ve provided. As you can see this is a somewhat crudely colored county map overlain with a Google Earth Map. The red/pink indicates the 64 counties with less than 10,000 population according to the 2000 U.S. Census. On the bottom right there is a 125 mile scale that you can use to measure from any city.

The KDA believes private practice dentistry can improve dental access in rural Kansas. Please support HB 2781 and give Kansas dentists the opportunity to so.

Thanks you for your time



H-Health & Human Services
 2-19-08
 Attachment 2

Legend:
 Dark Gray: < 10,000
 Light Gray: 10,001 - 15,000



Testimony before the House Health & Human Services Committee
Regarding HB 2781

February 19, 2008

Board of Directors

Andrew Allison, PhD
KS Health Policy Authority

Mary Baskett, MPA
KS Head Start Assn.

Barry Daneman
UMKC School of Dentistry

Karen Finstad
Delta Dental of KS Foundation

Ron Gaches, JD
KS Dental Hygienists' Assn.

Cathy Harding, MA
KS Assn. for the
Medically Underserved

Mark Herzog, DDS

Denise Maseman, RDH, MS
WSU School of
Dental Hygiene

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
Kansas Health Care Assn.

Deborah Stern, RN, JD
KS Hospital Assn.

Douglas Stuckey
Community Health Center of SEK

Sharon Tidwell
Jones Foundation

Marlou Wegener
Blue Cross and
Blue Shield of KS

Katherine Weno, DDS, JD
KDHE, Office of Oral Health

Chairperson Landwehr and Members of the Committee:

Thank you for the opportunity to provide testimony to you this afternoon regarding HB 2781, a bill permitting an additional dental office in counties with low population densities.

My name is Teresa Schwab, and I am the Executive Director of Oral Health Kansas, the statewide oral health coalition. The coalition was established a little over four years ago to respond to critical oral health issues in the state. In that time, the coalition has been built to over 200 members representing a wide array of stakeholders, including Head Start, elder care and disability organizations, safety net clinics, educational institutions, advocacy organizations, professional associations, health foundations, dental insurers as well as private dentists, dental hygienists and other clinicians.

Although Oral Health Kansas stands in support of this bill, we would like to see it broadened to allow more flexibility to rural areas seeking to improve access to dental care.

As you are all well aware, access to dental care presents a major challenge to many Kansans, especially those living in rural areas of our state. In January 2005, Kansas Health Institute (KHI) released a report entitled *The Declining Supply of Dental Services: Implications for Access and Options for Reform*. The report clearly showed that many poor and rural Kansans lag significantly behind an accepted standard for dental care and oral health—the gaps in services caused in part by a limited supply of dentists, especially in rural areas of the state.

It is clear that rural areas face significant challenges to providing dental care to their residents, including recruiting dentists to practice in rural Kansas. In fact, according to a recent Office of Oral Health workforce survey, there are currently 14 counties in Kansas that do not have a full-time practicing dentist.

Over the last several months, at least three Kansas counties have encountered barriers as they have tried to develop dental care service models for their communities. These counties include Rawlins, Wallace/Greeley and Scott Counties, all in the most western part of our state. In each of these instances, the communities had overcome the most difficult barrier, which was recruiting

Health & Human Services Committee

Date: 2-19-08

Attachment: 3

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a dentist. After finding a dentist, however, each of these counties could not follow through with their plans due to barriers presented in the dental practice act. Unfortunately, two of these counties lost their dentist and were forced to abandon their immediate plans.

Because these counties are so rural and are so far away from any city of significant size, however, we would like to propose amending the language (balloon attached) to broaden the scope a bit further by expanding the radius *from 75 to 125 miles* and allowing the dentist to own *two dental offices in addition to their primary practice location, rather than just one.*

As amended, the bill before you today would allow some flexibility for these and other rural communities. Without the added burden of having to be in the actual practice, a dentist owner would be able to send an associate to practice in one of these rural areas or could split his/her time in each of the practice locations, thereby allowing the community some options as it explores ways to create access to dental care services.

I would be happy to stand for questions.

Respectfully submitted,
Teresa Schwab, LMSW
Executive Director