

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 9, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Brenda Landwehr, Excused
Representative Bill Light, Excused
Representative Dale Swenson, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department
Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Representative Melvin Neufeld
Joyce Volmut, KS Assn for the Medically Underserved

Others attending: See Attached Sheet

The Chairperson opened the hearing and said we would be taking possible final action on **HB 2586 - Dental Practice Act Amendments.**

Staff gave a briefing on **HB 2586**, stated the bill was drafted and introduced by the Transition Oversight Committee and as a result of that committee's studies on dental services, or the lack thereof, as related to the Medicaid program and problems with getting dental care providers in sufficient numbers for the child health insurance program. The Health Care Reform Oversight committee also looked at these issues and reviewed materials that had been presented both to the Transition Oversight Committee and the Childrens Issues Committee relating to dental services under Medicaid in the Chip Program and they too adopted a position supporting amendment of the law to authorize dentists to practice in these settings without the restrictions that currently exist. This piece of legislation is necessary because there is a provision in another statute, the Medical Practices Act, which prohibits dentists from being employed by a corporation or under contract with another entity. The legislature, not that many years ago, adopted a statute that says those 4 types of providers of care may employ dentists and that dentists are not operating in violation of the Dental Practices Act if they contract with or are employed by one of those 4 entities. However, if the dentists who are employed in those situations were to contract and provide services in those settings can only serve people who are a member of a family earning at or below 200% of the federal poverty level. The restrictions have caused some problems for federally qualified health centers. As the bill was drafted the whole restriction of those that can be served by dentists employed by the clinic or not-for-profit would be stricken as would the language on page 2 which authorized the Kansas Dental Board to adopt rules and regulations necessary and carry out provisions of this section. The net result of that would be to allow dentists who are employed by anyone of the 4 entities listed in section 1 (a) to serve anyone who is eligible for services through those entities.

Representative Neufeld offered a balloon to **HB 2586** and stated the Transition Oversight Committee had some concerns as they looked at the issue of dental access and there are a lot of issues that aren't addressed. It was found there was a conflict the way the law is written. The federal law requires the FQHCs provide dental services to anybody that walks through their door and the state law says if you are over 200% of poverty and have any kind of health insurance, whether dental or not, you can't get services. The balloon exempts the FQHCs from portions of the bill in sub section 1 (b). Earlier it was felt this balloon would resolve the problem but not sure this is what is needed. Need to make sure that the federally qualified health care centers can provide the services required by federal law and keep the rest of the clinics under state law and that was the intent of the SRS Transition Oversight Committee (See Attachment #1).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 9, 2000.

Representative Geringer questioned what would happen if we don't match the federal laws for the federally qualified health clinics?

Representative Neufeld replied, the dentists that volunteer in the FQHCs risk their license and the state could end up in an audit and would risk FQHC money, either putting the dentists that volunteer at risk or the federal money at risk.

The Chairperson stated there are 11 proponents and asked each to summarize their testimony to speed the process. The Chairman stated that the bill as it was originally introduced was not the intent of the SRS Oversight Committee and most of the testimony will be based on the way the bill was written, so need to take that into consideration, but at the end of the testimony will have to determine whether or not to accept the balloon which is the charge from the SRS Oversight Committee.

Joyce Volmut, Kansas Association for the Medically Underserved, testified as a proponent to **HB 2586**, stating dental care remains one of the most critical problems in Kansas. Lack of access to dental care is not just an issue of the poor - although they are most at risk, the problem is widespread across the state - and no one group is to blame. Of the 105 counties in Kansas, 22 have been designated federal dental health professional shortage areas. This means in these counties there is a ratio of 1 dentist to over 5000 population. A workable ratio should be about 1:2000 (See Attachments 2&3).

Representative Storm stated we are working **HB2586** which is in the book and the Neufeld amendment and would like to know what any of it does.

Representative Geringer asked if the clinics see everybody regardless of ability to pay?

Ms. Volmut responded, yes.

Representative Geringer asked if a person earning \$100,000 a year could go in and be treated free, true or false?

Ms. Volmut responded, false, you would have to pay the full fee which would depend on regular services for that particular area as determined by that clinic. Proof of income has to be shown, the rule is a community rule, there is no common rule.

Representative Geringer stated every community may establish their own rules.

Representative Haley asked if there was a sliding scale or do you pay or not pay if above or below the 200% of poverty so you don't have to show your W-2.

Ms. Volmut stated there is a sliding scale. When a patient enters the clinic there is a form they fill out and they are asked for verification of income. Different clinics use different proof; some requests pay stubs and some W-2 forms. Some people may be paid in cash and do not have any proof. If people are under 100% of poverty, they usually aren't charged at all, but it is dependent upon the policy by the clinic.

The Chairperson stated what we are working is the bill because we just found out two days ago that there was a difference between the bill that is in the bill book and what the bill was supposed to look like that was passed out by SRS Oversight Committee and consequently that is the reason that we have the balloon. After we hear this testimony we will go back to the balloon and vote on either accepting or rejecting the balloon. The bill that we are going to have to work then is going to be that bill, not the one we are hearing the testimony on right now that is in the book. I am sorry for that but we did not have time to tell all of these people that the bill is not the right bill.

Representative Storm stated they are testifying on the bill that is in the bill book and think everyone is confused.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 9, 2000.

The Chairperson closed the hearing on **HB 2586**. A new bill will be drafted, based on the balloon, and when that is received will see if there is time to hold hearings.

The Chairperson opened the hearing on **HB 2759 - Relating to Pharmacy Act of the State of Kansas.**

Staff gave a briefing stating the bill was requested for introduction by the Pharmaceutical Association that would authorize pharmacists to administer vaccine in certain circumstances.

Gianfranco Pezzino, MD, MPH, State Epidemiologist, Director, Bureau of Epidemiology and Disease Prevention, testified that **HB 2759** has the potential to expand adult immunization by making vaccines more easily accessible which can be a serious barrier, particularly in rural settings. According to information from the American Pharmaceutical Association, at least 22 states allow pharmacists to administer vaccines (See Attachment #4).

Sally Finney, Executive Director, Kansas Public Health Association, Inc., testified in support of **HB 2759**, stating it makes sense. Public health has learned over time that for disease prevention outreach to succeed, we must reach the target audience by bringing interventions to them (See Attachment #5).

Bob Williams, Executive Director of the Kansas Pharmacists Association, testified in support of **HB 2759**, stating this would allow pharmacists to administer adult vaccinations (eighteen years and over). The bill requires pharmacists to obtain a “vaccination protocol” with a physician and successfully complete a course of study and training approved by the American Council on Pharmaceutical Education (ACPE) or the State Board of Pharmacy that includes vaccination storage, protocols, injection technique, emergency procedures and record keeping. The bill also states that the pharmacist “may not delegate to any person the authority granted under this Act to administer a vaccine” (See Attachment #6).

Chris Collins, Director of Government Affairs, Kansas Medical Society, testified in opposition to **HB 2759**. It is believed Kansans have adequate access to vaccinations. If this change is made then propose amendment to protect the patient by ensuring that pharmacists are working under a protocol with a physician, after receiving training. However, the bill does not limit the types of vaccinations that pharmacists would be authorized to provide. A number of our members feel that if it is the intention of the pharmacists to provide only flu and pneumonia vaccinations, then the bill should be specific on that point. The bill also raises the questions of future scope of practice concerns (See Attachment #7).

The Chairperson closed the hearing on **HB 2759**.

The Chairperson stated regarding **HB 2586**, would ask for a new bill to be drafted and introduced in Appropriations and have assigned back to Health and Human Services Committee and the testimony would be on the bill.

The meeting adjourned at 3:05 p.m. and the next meeting will be February 10.