Date: February 9, 2012

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE
Executive Director

RE: HB 2631 – Comprehensive Oral Health Initiative

Chairman Landwehr and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association representing the dentists in our state. Thanks for the opportunity to appear before you today in **support of HB 2631.**

The Kansas Dental Association (KDA) believes that all Kansans deserve access to quality oral health care for their comprehensive oral health needs. As such, the KDA has worked with members of the dental team to enhance and increase the care they can provide to patients under various levels of dental supervision.

HB 2631 is a comprehensive approach to improving dental care to Kansans as it seeks to safely and responsibly improve the delivery of oral healthcare throughout the state by increasing the supply of dentists available in underserved areas of Kansas, improving the dentist access of Kansas' most vulnerable citizens, and by using the existing infrastructure to allow dental hygienists to perform more dental procedures to deliver more care without a dentist being present.

Specifically, HB 2631 would:

- Extend the level of care that a registered dental hygienist can provide outside a dental office by creating an Expanded Care Permit (ECP) III dental hygienist;
- Educate more dental students and designate them to practice in underserved areas of our state.
- Expand the liability protection of the Charitable Healthcare Provider Act to include organized in-office charitable projects, and;
- Create a Special Volunteer License for dentists;

Section 1 of the bill contains an expansion of services for dental hygienists. Back in 2002, the KDA and Kansas Dental Hygienist Association hammered out the agreement that became the

Extended Care Permit (ECP) Dental Hygienist. The KDA was also involved and supported changes to the ECP I and II legislation in 2007. HB 2631 is a further expansion to the **Dental Hygienist Extended Care Permit law to create an ECP III**. An ECP III would have the same infrastructure, practice locations/populations and dental supervision that the current ECP I and II have. These include nursing homes, prisons, indigent health clinics, head start programs and children in schools. The ECP III dental hygienist would be allowed to use additional procedures that would assist them in treating these patients:

These new procedures that the ECP III dental hygienist could perform are:

- (A) Removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the gingival sulci;
- (B) the application of topical anesthetic if the dental hygienist has completed the required course of instruction approved by the dental board;
- (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) identification and removal of decay using hand instrumentation and placing a temporary filling, including glass ionomer and other palliative materials;*
- *(G) adjustment of dentures, placing soft reline in dentures, checking partial dentures for sore spots and placing permanent identification labeling in dentures;*
- *(H) Smooth a sharp tooth with a slow speed dental handpiece;*
- *(I) Use of local anesthetic, including topical, infiltration and block anesthesia, when appropriate to assist with procedures where medical services are available in a nursing home, health clinic, or any other settings. If the dental hygienist has completed a course on local anesthesia and nitrous oxide as required in this act*
- *(J) Extract deciduous (baby) teeth that are partially exfoliated with class 4 mobility;*
- *(K) prescription of fluoride, chlorhexidine, antibiotics and antifungal as directed by a standing order from sponsoring dentist,*

Dr. Brett Roufs, Newton and Dr. Cindi Sherwood, Independence are here to discuss ECP III.

As you know, Kansas does not have a dental school, the state of Kansas has a formal arrangement with the state of Missouri to allow 85 dental students to attend the UMKC School of Dentistry along with 12 optometry students at UM-St. Louis School of Optometry in exchange for 491 undergraduate architecture design students from Missouri to attend KU, K-State or Wichita State.

As recently as 2004, Kansas had only **NINE** dental students graduate from UMKC School of Dentistry. The KDA was very involved in reworking the agreement between Missouri and Kansas at that time and the past five classes at UMKC have graduated 19, 19, 21, 23 and 27 Kansas students respectively.

Section 2 of HB 2631 directs the **Board of Regents to investigate 3-5 additional seats** for Kansas residents with the stipulation that they return to practice dentistry in underserved areas of the state. The KDA believes it is important that dental students in additional seats be directed to underserved areas even though this may disqualify them from receiving loan repayment from the National Health Service Corp. which is used for this purpose. Existing Kansas students at UMKC and other dental schools would remain eligible for such grants which are incentives to practice in rural areas and community health clinics. The KDA believes other funding opportunities, like our own private Kansas Initiative for New Dentists (KIND) Program funded by Delta Dental of Kansas Foundation, could provide assistance to these 3-5 new dentists who would be required to practice in an underserved area.

This past Fall, the Kansas Board of Regents formed the "KBOR Oral Health Task Force." The Task Force is exploring the number of dentists that will be needed in Kansas in the future and the best way(s) to fill Kansas dentist workforce needs. Its charge is to study and make recommendations of improvements needed in the delivery of oral health in Kansas including the feasibility of a dental school, placement of a branch campus in Kansas of an existing dental school outside of Kansas, securing additional slots at neighboring state dental schools and or the utilization of a scholarship program to attract and retain dentists in Kansas. The task force is expected to make a recommendation to the full Board of Regents in June.

Section 3 of the bill expands the umbrella that limits the liability for those dentists and dental hygienists who provide free dental care in a dental office. Currently, the **charitable healthcare provider act** provides legal immunity to dentists that provide free care in settings outside their office like a KMOM event, health clinic, FQHC, etc., but it has been our understanding that if those same dentists organize an event and deliver that care in the dental office the licensed persons are not immune. By removing this barrier, the KDA believes dentists and dental hygienists would be more likely to participate in and/or organize such an event. Dr. Dave Hamel, Marysville will discuss his experience with such clinics.

Finally, section 4 creates a new category of dental license for retired dentists. Similar to the "exempt" license for Kansas physicians and patterned after an Oklahoma law, the **special volunteer dental license** would be made available to retired dentists who wish to maintain their license for the purpose of providing dental care in charitable setting with no remuneration to them. Dr. Hal Hale, Wichita, will discuss this section.

Let me take a minute to discuss a couple recent accomplishments in our efforts to assist with dental access.

After a 2 ½ year absence, the Governor included $70,000 is his 2013 budget to fund dental lab fees and administration for the **Donated Dental Services (DDS) Program**. The DDS program provides over $500,000 in free dental services to elderly and disabled Kansans each year. The Kansas Health Policy Authority cut funding for the program in 2010. We hope the legislature will see fit to include this funding in the final budget.

Mirroring a successful program in Iowa, the KDA and Delta Dental of Kansas of Kansas have created the **Kansas Initiative for New Dentist (KIND) Program**. Delta Foundation has pledged up to $150,000 for each of the next three years for two or three scholarships per year to recruit new dentist to the KDHE Bureau of Oral Health identified dental deserts of Kansas. In addition, the KDA and Delta Foundation will provide and absorb the cost of the administrative support for the program. This support will include, but is not limited to, the recruitment of dentists and communities by creating and distributing marketing materials and direct contact with dental students at UMKC, University of Oklahoma, University of Colorado and the University of Nebraska schools of dentistry; and, contact with rural communities regarding possible local incentives and opportunities. Fiduciary oversight and responsibility will also be provided through the Kansas Dental Charitable Foundation.

Of course, last year the legislature passed a bill that allowed dentist-owned dental practices to be administered by dental franchisors. One dental franchisor, Comfort Dental, has already announced its intention to expand services in Kansas. The same bill also allowed for hospitals in counties with less than 50,000 populations to employ a dentist. To my knowledge, know hospital has yet employed a dentist.

Finally, I would like to direct your attention to a few minor amendments in the bill that I would categorize as cleanup in HB 2631.

When the ECP III language was worked on with KDHA and others some changes to the ECP I and II statute did not get included in the bill:

Page 4, line 9: Delete "~~1,800~~" and insert "*1,600*"
Page 4, line 38: Delete "~~six~~" and insert *"three"*

We have also been working with Oral Health Kansas, KAMU, the Kansas Dental Hygienists Association and others to clean up the restrictions on ECP hygienists treating children in schools and this is what we have come up with:

Page 5, lines 8-11: Delete "~~birth to five, in a public or nonpublic…previous 12 months for a dental exam~~", insert *"who are dentally underserved are targeted"*

This same language should be deleted and inserted on page 3, lines 2-5 as well.

Thank you for the opportunity to appear before you today. I would be happy to answer any questions at this time.