

SESSION OF 2018

**SUPPLEMENTAL NOTE ON SENATE SUBSTITUTE FOR
HOUSE BILL NO. 2674**

As Recommended by Senate Committee on
Public Health and Welfare

Brief*

Senate Sub. for HB 2674 would establish the Kansas Telemedicine Act (KTA) and expand the Dental Practices Act (DPA) by creating the practice of dental therapy and requiring the Kansas Dental Board (Dental Board) to authorize a person to practice as a dental therapist if such person meets the qualifications set forth in the bill.

Kansas Telemedicine Act

Definitions

The bill would establish definitions for the following terms under the KTA:

- “Distant site”—a site at which a healthcare provider is located while providing healthcare services by means of telemedicine;
- “Originating site”—a site at which a patient is located at the time healthcare services are provided by means of telemedicine; and
- “Telemedicine,” including “telehealth”—the delivery of healthcare services or consultations while the patient is at an originating site and the physician or licensed mental healthcare professional is at a distant site. Telemedicine would be provided by

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferences or store-and-forward technology, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, treatment, education, and care management of a patient's healthcare. The term does not include communication between licensed healthcare providers consisting solely of a telephone conversation, e-mail, or facsimile transmission or between a healthcare provider and a patient consisting solely of an e-mail or facsimile transmission.

Privacy and Confidentiality, Establishment of a Provider-Patient Relationship, Standards of Practice, and Follow-up

Requirements for patient privacy. The bill would specify the same requirements for patient privacy and confidentiality under the Health Insurance Portability and Accountability Act of 1996 and 42 CFR § 2.13 (related to confidentiality restrictions and safeguards), as applicable, applying to healthcare services delivered *via* in-person visits would also apply to healthcare services delivered *via* telemedicine.

Establishment of the provider-patient relationship. The bill would authorize telemedicine to be used to establish a valid provider-patient relationship.

Standards of practice. The bill would require the same standards of practice and conduct that apply to healthcare services delivered *via* in-person visits would apply to healthcare services delivered *via* telemedicine.

Application to Policies, Contracts, and Kansas Medical Assistance Program

Issued for delivery, amended, or renewed on or after January 1, 2019. The provisions of this section would apply to any individual or group health insurance policy, medical

service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or health maintenance organization that provides coverage for accident and health services issued for delivery, amended, or renewed on or after January 1, 2019. The KTA would also apply to the Kansas Medical Assistance Program (KMAP).

Prohibitions. The bill would prohibit the aforementioned policies, plans, contracts, and KMAP from excluding an otherwise covered healthcare service from coverage solely because the service was provided through telemedicine rather than in-person contact or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by one of the following:

- A physician licensed by the State Board of Healing Arts (BOHA);
- A physician assistant licensed by the BOHA;
- A person who practices as any category of healthcare provider licensed by the BOHA who is not a physician or a physician assistant;
- An advanced practice register nurse licensed by the Board of Nursing;
- A person who practices as any category of healthcare provider licensed by the Behavioral Sciences Regulatory Board (BSRB);
- A dentist, dental hygienist, or dental therapist licensed by the Dental Board; or
- A speech-language pathologist or audiologist licensed by the Kansas Department for Aging and Disability Services (KDADS).

The bill would also prohibit such groups from requiring a covered individual to use telemedicine or in lieu of receiving

in-person healthcare service or consultation from an in-network provider.

Medically necessary coverage. These groups would not be prohibited from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered individual's health benefits plan.

Medical record. The insured's medical record would serve to satisfy all documentation for the reimbursement of all telemedicine healthcare services, and no additional documentation outside the medical record would be required.

Payment or reimbursement. The bill would authorize an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation, or health maintenance organization to establish payment or reimbursement of covered healthcare services delivered through telemedicine in the same manner as payment or reimbursement for covered services delivered *via* in-person contact.

No mandate of coverage. The bill would not mandate coverage for a healthcare service delivered *via* telemedicine, if such service is not already a covered service when delivered by a healthcare provider listed above.

Impact report and state employee group pilot project statutes. The bill would specify KSA 40-2248 (related to mandated health benefits and impact report) and KSA 40-2249a (related to state employee group pilot project), and amendments to them, would not apply to this section except as follows.

Telehealth services provided by a person who practices as any category of healthcare provider licensed by the BOHA who is not a physician or a physician assistant; a dentist, dental hygienist, or dental therapist licensed by the Dental Board; or a speech-language pathologist or audiologist licensed by KDADS would be subject to KSA 40-2249a; the

provision would apply only to the state health care benefits program until December 31, 2019. On and after January 1, 2020, such provisions would apply to any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or health maintenance organization that provides coverage for accident and health services, and KMAP. However, these provisions would not apply to services provided in a school setting for a student enrolled in kindergarten or any grade 1 through 12 and that are reimbursable as a Medicaid service under KMAP if provided by a dentist, dental hygienist, or dental therapist licensed by the Dental Board, or by a speech-language pathologist or audiologist licensed by KDADS.

Rules and Regulations

BOHA. The bill would require the BOHA, following consultation with the State Board of Pharmacy and the Board of Nursing, to adopt rules and regulations by December 31, 2018, relating to the prescribing of drugs, including controlled substances, *via* telemedicine.

Additionally, the BOHA would be required to adopt rules and regulations necessary to effectuate provisions of the KTA by December 31, 2018.

BSRB. The BSRB would be required to adopt rules and regulations as necessary to effectuate provisions of the KTA by December 31, 2018.

These rules and regulations provisions would be in effect upon publication in the statute book.

*Prohibition on Delivery of Abortion Procedures via
Telemedicine*

The bill would state nothing in the KTA would be construed to authorize the delivery of any abortion procedure via telemedicine.

Application of the KTA to Insurance Policies

The bill would specify the requirements of the KTA would apply to all insurance policies, subscriber contracts, or certificates of insurance delivered, renewed, or issued for delivery within or outside of Kansas, or used within the state by or for an individual who resides or is employed in the state.

*Corporations Under the Nonprofit Medical and Hospital
Service Corporation Act*

The bill would specify corporations organized under the Nonprofit Medical and Hospital Service Corporation Act would be subject to the provisions of the KTA.

Effective Date

Unless otherwise noted, the provisions in the bill related to the KTA would take effect from and after January 1, 2019, and its publication in the statute book.

Dental Practices Act

Prior to practicing as a dental therapist, a person would be required to pass an examination by the Dental Board and, upon passing the examination, pay a license fee to the Dental Board as set by the Dental Board. The Dental Board would authorize a person to practice as a dental therapist if such person meets specific qualifications, works under the direct or general supervision of a Kansas licensed dentist, is licensed by the Dental Board, and practices in accordance with the

requirements set forth in the bill and the rules and regulations adopted by the Dental Board.

Supervising Dentist

Any supervising dentist of a dental therapist would be required to:

- Enter into agreements to supervise no more than three dental therapists; and
- Be employed by an indigent health care clinic or enrolled as a Medicaid provider.

Qualifications

To qualify to practice as a dental therapist, such person would be required to be a licensed dental hygienist and meet the following requirements:

- Graduate of a dental therapist education program approved by the Dental Board that requires the study of dental therapy, is determined by the Dental Board to have standards of education not less than that required for accreditation by the Commission on Dental Accreditation of the American Dental Association, or, prior to such accreditation process for dental therapy programs, is approved by a licensing entity of another state or federal jurisdiction and that requires no less than 500 hours of clinical training. If the person's dental therapist training program did not include training on any individual competency stated below, the person would be required to provide documentation to the Dental Board's satisfaction that such person successfully completed additional training on that competency;
- Pass a comprehensive, competency-based clinical examination approved by the Dental Board and

administered independently of an institution that provides dental therapist education; and

- Obtain a policy of professional liability insurance and show proof of such insurance, as required by rules and regulations.

Any person practicing as a dental therapist in violation of the above provisions would be guilty of a misdemeanor, and the Dental Board would be allowed to revoke or suspend such person's license.

A dental therapist would be required to maintain current basic cardiac life support certification from the American Heart Association, or an equivalent certification approved by the Dental Board.

Licensure Fees

The fees for dental therapist would be capped as follows:

- Certificate: \$25;
- Biennial license renewal: \$200;
- Examination: \$150; and
- Subsequent examination: \$100.

Scope of Practice

The practice of dental therapy would be performed under the direct or general supervision of a licensed dentist. The bill would define "direct supervision" to mean the supervision of tasks and procedures with the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed where the dentist personally diagnoses the condition to be treated, personally authorizes the procedure and, before dismissal of the patient, evaluates the dental therapist's performance; and "general supervision" to mean the supervision of tasks or procedures without the

presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed, so long as those tasks and procedures are within the scope of the practice for a dental therapist.

Dental hygiene. Subject to limitations imposed by rules and regulations adopted by the Dental Board, a licensed dental therapist would be allowed to perform dental hygiene tasks and procedures. Limitation on locations or premises where a licensed dental hygienist may perform extended care permit III dental hygiene tasks and procedures would not apply to a licensed dental therapist.

The definition of “direct supervision” by a dentist as it relates to the performance of a dental hygienist would be amended to mean the supervision of tasks and procedures with the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed where the dentist personally diagnoses the condition to be treated, personally authorizes the procedure and, before dismissal of the patient, evaluates the dental hygienist’s performance.

General supervision. A licensed dental therapist would be allowed to perform the following services under general supervision:

- Identification of oral and systemic conditions requiring evaluation or treatment, or both, by dentists, physicians, or other healthcare providers, and management of referrals;
- Comprehensive charting of the oral cavity;
- Oral health instruction, disease prevention education, and oral health-related nutritional and dietary instruction;
- Exposure of radiographic images;

- Dental prophylaxis, including sub-gingival scaling or polishing procedures, or both;
- Application of topical preventive or prophylactic agents;
- Pulp vitality testing;
- Application of desensitizing medication or resin;
- Fabrication of athletic mouthguards;
- Placement of a temporary filling, including glass ionomer and other palliative materials;
- Fabrication of soft occlusal guards;
- Tissue conditioning and soft reline;
- Changing of periodontal dressings;
- Tooth reimplantation and stabilization;
- Administration of local anesthesia, if the dental therapist has completed a course on local anesthesia;
- Administration of nitrous oxide, if the dental therapist has completed a course on nitrous oxide;
- Dispensing and administering by the oral or topical route, or both, non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed dentist;
- The formulation of a dental therapy care plan limited to approved procedures;
- Emergency palliative treatment of dental pain limited to approved procedures;
- The placement and removal of space maintainers;
- Fabrication and placement of single-tooth temporary crowns;

- Suture removal;
- Brush biopsies;
- Minor adjustment and repairs on removable prostheses;
- Re-cementing of permanent crowns; and
- Prevention, identification, and management of dental and medical emergencies.

Direct supervision. A licensed dental therapist would be allowed to perform the following services under direct supervision:

- Extraction of erupted primary teeth that are non-ankylosed and that have a majority resorption of all root structures;
- Preparation and placement of direct restoration fabricated or made directly inside the mouth in primary and permanent teeth;
- Preparation and placement of preformed crowns on primary teeth;
- Indirect pulp capping on permanent teeth; and
- Indirect pulp capping on primary teeth.

License Revocation and Suspension

Scope of practice. The Dental Board would be allowed to suspend or revoke the license of any dentist who directs any dental therapist operating under such dentist's supervision to perform any operation other than what is permitted under the bill and would be allowed to suspend or revoke the license of any dental therapist found guilty of performing any operation other than those permitted under the bill. Prior to revoking or suspending a dental or dental therapist license in an administrative proceeding, the Dental

Board would be required to comply with notice and hearing requirements of the Kansas Administrative Procedure Act (KAPA).

Call lists. The Dental Board would be required to revoke or suspend the license of any licensed dental therapist who is found guilty of using or attempting to use any prophylactic lists, call lists, records, reprints or copies, or information gathered therefrom of the names of patients whom the dental therapist might have served in the office of a prior employer, unless such names appear upon the *bona fide* call or prophylactic list of the dental therapist's present employer and were caused to so appear through the legitimate practice of dentistry.

The Dental Board would be required to suspend or revoke the license of any licensed dentist who is found guilty of aiding or abetting, or encouraging a dental therapist employed by such dentist to make use of a prophylactic call list or calling or using written letters transmitted through the mail to solicit patronage from patients served in the office of any dentist formerly employing such dental therapist. The Dental Board would not be allowed to make an order of suspension or revocation except after notice and opportunity for hearing in accordance with KAPA. Any final order of suspension or revocation of a license would be reviewable in accordance with the Kansas Judicial Review Act.

Rules and Regulations

Prior to July 1, 2020, the Dental Board would be required to adopt rules and regulations as necessary to administer the provisions in the bill regarding the licensure of dental therapists. The bill would also require that prior to July 1, 2020, the Dental Board have such rules and regulations proposed, submitted to the Secretary of Administration and the Attorney General for approval, notice of the proposed rules and regulations given, and a hearing held.

These rules and regulations provisions would be in effect upon publication in the statute book.

Dental Practices Act Provisions

The DPA would be amended by adding dental therapist to the following provisions:

- Definitions of “proprietor,” “unlicensed proprietor,” and “health care provider”;
- Licensure, including expiration, renewal, reciprocity, qualifications, revocation or suspension, and fees;
- Circumstances for which the Dental Board could refuse to issue a license or could take action against a license;
- Criminal punishment for practicing without first obtaining a license or violating the DPA;
- Civil immunity for individuals of an association of dental therapists conducting a good faith investigation and transmittal of information made in good faith;
- Registration requirements for a mobile dental facility; and
- Compensation paid to a Dental Board member conducting examinations.

Reciprocity

The bill would allow the Dental Board, without examination, to issue a license as a dental therapist to an applicant holding a license in another state upon compliance with the requirements of professional qualification and experience required by the DPA.

Each applicant for licensure as a dental therapist would be required to have a license to practice dental therapy in another U.S. state for a three-year period immediately preceding the date of application and would be required to have engaged in the active practice of dental therapy for at least three years prior to the date of application. Each applicant also would be required to provide a certificate from the executive director of the board of dental therapists of the state in which the applicant has been licensed and has practiced during the required period preceding the date of the application.

Additional Provisions

“Dental therapist” would be added to the definition of “health care provider” in statutes pertaining to healthcare provider peer review committees and the requirement to disclose a reportable offense in accordance with the risk management protocols at a medical care facility.

The Dieticians Licensing Act would include licensed dental therapist as a person to whom such act would not apply as long as the licensed dental therapist did not hold himself or herself out to the public as a dietitian or licensed dietitian.

A licensed dental therapist would be subject to licensure as set forth in the Radiologic Technologists Practice Act.

The Dental Board would be allowed to affiliate as an active member with the National Association of Dental Examiners for the purpose of conducting a standard examination for candidates for licensure as dental therapists. The Dental Board would be required to adopt rules and regulations for qualifications and licensing of dental therapists.

A state officer who is a dental therapist employed by KDADS would be an unclassified employee.

“Dental therapist” would be added to the statutory provisions pertaining to charitable healthcare provider.

Joint Report

The Kansas Department of Health and Environment (KDHE) and the Dental Board would be required to submit a joint report to the Legislature on or before the first day of the 2030 Session that details the effects the enactment of the bill has had on access to dental care in rural Kansas, including but not limited to the number and geographical distribution of practicing dental therapists, the number of dentists supervising dental therapists, the number of participating Medicaid providers, the treated and untreated tooth decay rates of Medicaid beneficiaries, urgent need rates, and federally designated dental health professional shortage areas. These provisions would be in effect upon publication in the statute book.

Effective Date

Unless otherwise noted, the provisions related to the DPA would become effective on and after July 1, 2020.

Background

The Senate Committee on Public Health and Welfare amended the contents of HB 2674, as amended by the House Committee on Health and Human Services; made a technical amendment to the contents of SB 312, as amended by the Senate Committee; and inserted the amended contents of both bills into a substitute bill.

HB 2674 (Kansas Telemedicine Act)

The House Committee on Health and Human Services held hearings on two telemedicine bills: HB 2512 and HB 2674. The House Committee did not take action on HB 2512,

but referenced the testimony of HB 2512 during the hearing on HB 2674. Background information on both bills follows.

HB 2674 was introduced by the House Committee on Taxation at the request of Representative Hawkins. The bill was referred to the House Committee on Health and Human Services. The House Committee received written-only testimony during the February 12, 2018, hearing. [Note: The House Committee held two days of hearings on the original telemedicine bill, HB 2512. See the section below labeled “HB 2512” for additional information.]

Written-only proponent testimony was submitted by representatives of Blue Cross and Blue Shield of Kansas, Inc.; Kansas Academy of Family Physicians; Kansas Academy of Physician Assistants; Kansas Chiropractic Association; Kansas Clinical Improvement Collaborative, LLC; Kansas Hospital Association (KHA); Kansas Medical Society (KMS); and Teladoc. The written-only proponents generally stated the bill is a compromise among several stakeholders. Additionally, the proponents stated, the bill clearly outlines the criteria for the delivery of healthcare services *via* telemedicine and provides a mechanism for thousands of Kansans to receive medical care, especially in rural communities.

Written-only neutral testimony was provided by representatives of the Kansas Association of School Boards, Kansas Association of Special Education Administrators, Kansas Speech-Language-Hearing Association, and United School Administrators–Kansas. The written-only neutral representatives generally asked for updates to the definition of “healthcare provider.”

The House Committee amended the bill to specify nothing in the Act would be construed to authorize the delivery of an abortion procedure *via* telemedicine, include a severability clause for all portions of the Act except for the provision related to abortion, and include a non-severability clause related to the abortion language.

In the Senate Committee on Health and Public Welfare hearing, proponent testimony was provided by representatives of Association of Community Mental Health Centers of Kansas, Inc.; Blue Cross and Blue Shield of Kansas, Inc.; FreeState Connect; Kansas Advanced Practice Nurses Association; KHA; KMS; St. Francis Community Services; and Teladoc.

Written-only proponent testimony was provided by representatives of AARP Kansas; Behavioral Health Association of Kansas; Kansas Clinical Improvement Collaborative, LLC; and Kansas Metro Business Healthcare Coalition.

Neutral testimony was provided by representatives of Kansans for Life, Kansas Chiropractic Association, and Kansas Speech-Language-Hearing Association.

Written-only neutral testimony was provided by representatives of the Kansas Academy of Family Physicians, Kansas Dental Association, Kansas Optometric Association, Kansas Physical Therapy Association, and Kansas State Alliance of YMCAs.

Opponent testimony was provided by a representative of Planned Parenthood.

Written-only opponent testimony was provided by a representative of Trust Women, Inc., and Trust Women Clinics, Inc.

The Senate Committee amended the bill to make the following changes:

- Insert the contents of SB 312, as amended by the Senate Committee;
- Eliminate the use of acronyms;

- Replace references to “healthcare provider” and “licensed mental healthcare provider” to refer to specific categories of practitioners;
- Remove definitions of “BSRB,” “BOHA,” “healthcare provider,” “licensed mental healthcare provider,” and “physician”;
- Modify the standards of practice and conduct to apply broadly to any person providing telehealth services authorized by law;
- Remove the 72-hour notification requirement for a provider providing telemedicine to report to the primary care or other treating physician;
- Insert a one-year pilot project in the State Health Care Benefits Program for non-physician and non-physician assistant licensees of the BOHA, dentists, dental hygienists, dental therapists, speech-language pathologists, and audiologists and exclude such requirements for certain providers if services are provided in a school setting and if they are reimbursable by Medicaid;
- Remove the severability clause; and
- Clarify dental therapists would be able to dispense and administer certain medications as prescribed by a licensed dentist only, not a healthcare provider.

The amended contents were inserted into Senate Sub. for HB 2674.

According to the fiscal note prepared by the Division of the Budget on HB 2674, as introduced, the BOHA estimates enactment of the bill would increase expenditures by \$21,220 from the Healing Arts Fee Fund (including \$420 to publish rules and regulations in the *Kansas Register* and \$20,800 to

hire temporary administrative staff to assist in the development of new rules and regulations). BOHA indicates the total cost would be divided equally between FY 2018 and FY 2019 (\$10,610 for each year). BOHA indicates enactment of HB 2674 could also create additional costs related to an increased number of reports and complaints and subsequent investigations, disciplinary cases, and associated operational expenses; however, an estimate of these costs cannot be determined. BSRB indicates enactment of the bill would incur expenses to publish rules and regulations in the *Kansas Register*, but the cost would be negligible. Any fiscal effect associated with enactment of the bill is not reflected in *The FY 2019 Governor's Budget Report*.

HB 2512

HB 2512 was introduced by the House Committee on Health and Human Services at the request of Representative Kelly. The House Committee held two hearings on the bill. Proponent testimony was heard by the House Committee on February 1, 2018, and opponent and neutral testimony was heard by the House Committee on February 5, 2018.

During the February 1, 2018, House Committee hearing, proponent testimony was provided by representatives of the Association of Community Mental Health Centers of Kansas, Inc.; Blue Cross and Blue Shield of Kansas, Inc.; Blue Cross and Blue Shield of Kansas City; Kansas Academy of Family Physicians; Kansas Advanced Practice Nurses Association; Kansas Clinical Improvement Collaborative, LLC; KHA; KMS; and Teladoc. The proponents generally stated the bill would provide Kansans greater access to care, especially those residing in rural communities.

Written-only proponent testimony was provided by representatives of AARP Kansas, American Association for Marriage and Family Therapy, Kansas Association of Masters in Psychology, Kansas Center for Assisted Living, Kansas Counseling Association, Kansas Health Care Association,

Kansas State Alliance of YMCAs, March of Dimes, and the Rural and Frontier Subcommittee of the Governor's Behavioral Health Services Planning Council.

During the February 5, 2018, House Committee hearing, opponent and neutral testimony was provided. Opponent testimony was provided by representatives of Planned Parenthood; South Wind Women's Center; Trust Women, Inc.; and Trust Women Clinics, Inc. The opponents generally stated concern with the abortion language specified in Section 6 of the bill.

Written-only opponent testimony was provided by representatives of the American Civil Liberties Union of Kansas, Kansas Coordinating Council on Early Childhood Developmental Services, and MainStream Coalition.

Neutral testimony was provided by representatives of Behavioral Health Association of Kansas, Guardian Group, LLC; Kansas Association for the Medically Underserved; Kansas Association of School Boards; Kansas Association of Special Education Administrators; Kansas Chiropractic Association; Kansas Speech-Language-Hearing Association; Kansas Speech-Language-Hearing Association and Kansas Association of Special Education Administrators School Based Tele-Therapy State Task Force; Kansas Physical Therapy Association; and United School Administrators–Kansas. Several representatives providing neutral testimony generally expressed support for telemedicine legislation, but asked for clarifications regarding healthcare providers and reimbursement practices. The representative of Behavioral Health Association of Kansas requested a reference to federal confidentiality requirements.

Written-only neutral testimony was provided by Heartland Telehealth Resource Center, Kansans for Life, Kansas Optometric Association, LeadingAge Kansas, PresenceLearning, and Tiny-k Alliance. In written-only testimony, a representative of Kansans for Life requested a

provision prohibiting abortion *via* telemedicine and a non-severability clause.

According to the fiscal note prepared by the Division of the Budget on HB 2512, the BOHA estimates enactment of the bill would increase expenditures by \$21,220 from the Healing Arts Fee Fund (including \$420 to publish rules and regulations in the *Kansas Register* and \$20,800 to hire temporary administrative staff to assist in the development of new rules and regulations). BOHA indicates the total cost would be divided equally between FY 2018 and FY 2019 (\$10,610 for each year). BOHA indicates enactment of HB 2512 could also create additional costs related to an increased number of reports and complaints and subsequent investigations, disciplinary cases, and associated operational expenses; however, an estimate of these costs cannot be determined. BSRB indicates enactment of the bill would increase expenditures from the Behavioral Sciences Regulatory Board Fee Fund by approximately \$250 in FY 2019 to publish rules and regulations in the *Kansas Register*. Any fiscal effect associated with enactment of the bill is not reflected in *The FY 2019 Governor's Budget Report*.

SB 312 (Dental Practices Act)

The bill was introduced by the Senate Committee on Public Health and Welfare at the request of Senator Schmidt. In the Senate Committee hearing, held on February 1 and 5, 2018, a pediatric dentist and representatives of the Kansas Dental Association, Kansas Dental Hygienists' Association, KDHE, and Oral Health Kansas testified in support of the bill. Proponents generally stated expanding the Dental Practices Act to include dental therapists would expand dental services to underserved communities. Written-only proponent testimony was received from representatives of the Kansas Academy of Nutrition and Dietetics and Saint Francis Community Services.

Neutral testimony was provided by Representative Lusk (originally listed on the agenda as an opponent but subsequently changed position to neutral); a dentist; and representatives of Kansas Action for Children, Kansas Association for the Medically Underserved, Kansas Health Care Association and Kansas Center for Assisted Living, Kansas Health Foundation, and LeadingAge Kansas. Written-only neutral testimony was received from representatives of Americans for Prosperity, Children's Alliance of Kansas, Heartland Institute, Kansas Advocates for Better Care, Kansas Association of Community Action Programs, Kansas Dental Board, Kansas Head Start Association, and Reach Healthcare Foundation.

Opponent written-only testimony was received from two dentists and a representative of the Kansas Board of Pharmacy.

On February 8, 2018, the Senate Committee amended the bill by changing the definition of "general supervision" by adding oral health-related nutritional and dietary instruction and deleting counseling and analysis; by changing the definition of "direct supervision" to clarify a dental office extends to the premises where tasks or procedures are being performed, as it relates to dental therapy and dental hygiene; by adding language to state, subject to certain limitations, a licensed dental therapist may perform dental hygiene tasks and procedures; and a technical amendment to update a term in the DPA.

On March 14, 2018, the House Committee on Health and Human Services held a hearing on SB 312 but did not take action on the bill.

In the House Committee hearing, proponent testimony was provided by a pediatric dentist and representatives of the Kansas Association for the Medically Underserved, Kansas Dental Association, Kansas Dental Hygienist's Association, and Oral Health Kansas. Written-only proponent testimony was provided by representatives of AARP Kansas, Kansas

Americans for Prosperity, Kansas Dental Association, KDHE, Kansas Health Foundation, and LeadingAge Kansas.

Opponent testimony was provided by three dentists, a pediatric dentist, a dental student, and a representative of the Kansas Board of Pharmacy. Two dentists provided written-only opponent testimony.

Neutral testimony was provided by Representative Lusk. Written-only neutral testimony was provided by representatives of the Kansas Center for Assisted Living, Kansas Dental Board, and Kansas Health Care Association.

On March 22, 2018, the Senate Committee made a technical amendment to the contents of SB 312, as amended by the Senate Committee on February 8, 2018, and inserted the amended contents into Senate Sub. for HB 2674.

According to the fiscal note prepared by the Division of the Budget on SB 312, as introduced, the Dental Board indicates additional revenue from new dental therapist fees would be received; however, a precise fiscal effect on revenue cannot be estimated as the number of dental therapists who would become licensed with the Dental Board is unknown. The fiscal note also states KDHE indicates the bill would have no fiscal effect on the agency. Any fiscal effect associated with the bill is not reflected in *The FY 2019 Governor's Budget Report*.