

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 March 7, 2001 in Room 210 Memorial Hall

All members were present except: Representative Willa DeCastro, Excused
Representative Geraldine Flaharty, Excused
Representative Doug Patterson, Excused
Representative Gwen Welshimer, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Renae Jefferies, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Kevin Robertson, Executive Director, Kansas Dental Assn.
Dr. Steve Haught, President, Kansas Dental Board
Dr. Roger Rupp, President, Kansas Dental Board
Melanie Mitchell, President, Kansas Dental Assistants Association
Leah Sperry, Dental Assistant, Garden City
Natalie Eastman, RDH, Wichita
Dr. Ted Maples, Ulysses
Ron Gaches, Kansas Hygienist Association
Denise Maus, Hygienist
Teresa Higgs, Hygienist

Others attending: See Attached Sheet

The Chairperson opened the hearing on **SB 50 - Elimination of Dental Assistance Sunset Provision.**

Kevin Robertson, CAE, Executive Director, Kansas Dental Association, testified as a proponent to **SB 50**, stating the bill would remove the July 1, 2001 sunset on the ability of dental assistants to scale on the coronal surfaces of the teeth, above the gumline, under the direct supervision of a dentist, after completing a course of study approved by the Kansas Dental Board that meets certain requirements. This bill was recommended by the Healthcare Reform Legislative Oversight Committee which spent a full day discussing and studying this and other dental issues in September.

In January 1998, with the threat that the Dental Board would vigorously enforce AG's opinion regarding the current law, the KDA brought the basic ad hoc committee proposal to the legislature for approval in an attempt to ease a growing problem. **HB 2724** contained provisions to allow dental hygienists to work under general supervision of a dentist, increase the size of the dental board, created a task force to investigate the dental hygiene shortage and report back to the legislature, allowed dental assistants to polish teeth, and allowed dental assistants to coronal scale above the gumline after completing a course of study approved by the Board. The latter provision sunsets on July 1, 2001 and was added in conference committee as a compromise when the House and Senate versions of the bill differed on the coronal scaling issue. The House version of the bill contained the provisions that permanently created the dental assistants ability to scale. The conference committee report passed both houses of the Kansas legislature 31-9 and 93-29 respectively (Attachment 1).

Stephen R. Haught, President, Kansas Dental Board, testified as a proponent to **SB 50**. The Kansas Dental

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Board developed rules and regulations for a special support worker in the dental office. The maturation of the regulations was directly affected by the insight given to the dental board by the Joint Committee of Administrative Rules and Regulations in the August 11, 1998, letter to the Executive Director. The regulations are contained in Article 6 - DENTAL AUXILIARIES of the Kansas Dental Board's Administrative Regulations. Contained in the five parts of Article 6 are the rules by which dental practitioners, course of instruction schools, and the trained workers must act to be part of this special extension of care.

The impact on Kansans has been healthy. In addition to the positive personal changes of the trained providers of above the gum line scaling treatment, the Kansas Dental Board has been vigilant in our investigation of reported violations. As stated earlier, in reports against non-certificated providers of the supragingival scaling, five dentists were found in violation. Consent agreements with fines and additional stipulations have been signed. The dentists have ceased the service until properly trained workers could provide the care. Three other reported violations involved the display of the certificate of completion and not unauthorized care. The Kansas Dental Board has not been lax in the new rules enforcement, or "soft" on violators of the regulation ([Attachment 2](#)).

Dr. Roger Rupp, President, Kansas Dental Association, testified as a proponent to **SB 50**, stating the continuation of the dental assistant supragingival scaling program is directly tied to the shortage of dental hygienists and because of the shortage the supragingival scaling program must be continued. According to popular dental literature, dentists from around the country continue to be hampered by an inadequate supply of hygienists. The Kansas Dental Association is keenly aware of the shortage of dental hygienists and has been striving for over five years to increase the number of graduating dental hygienists ([Attachment 3](#)).

Melanie Mitchell, Dental Assistant Program Specialist, Wichita Area Technical College, testified in support of **SB 50**. Legislation passed 3 years ago allows experienced dental assistants, with appropriate training, to perform supragingival scaling. A 90 clock hour course was designed for experienced dental assistants to expand their skills in preventive dentistry, specifically to provide instruction in supragingival scaling and polishing. Currently, 5 technical/community colleges offer the course. Three of these institutions also offer entry-level dental assistant programs that are accredited by the Commission on Dental Accreditation of the American Dental Association. All participants must provide proof of one of the following eligibility pathways: (1) Graduate of an ADA accredited dental assistant program and Certified Dental Assistant and 6 months of experience OR (2) Two years of chairside dental assisting experience and CDA OR (3) Three years of previous chairside dental assisting experience within the past five years.

Student curriculum materials include a dental hygiene textbook and approximately 55 instructional modules from the University of Kentucky that include content in tooth and periodontal anatomy, collecting patient information, instrumentation and scaling, polishing, periodontal disease, nutrition, patient education, communication skills and radiology. The University of Kentucky also has videos and slides to supplement instruction. These are being utilized as well as additional teaching aids from other sources. The supragingival scaling course is approximately 50% didactic and 50% hands-on skill practice. Demand for dental services continue to grow while there continues to be a shortage of dentists and dental hygienists. **SB 50** allows the dentist to continue to more fully utilize the skills of the dental assistant to provide patient care ([Attachment 4](#)).

Leah Sperry, Certified Dental Assistant, Garden City, testified supporting **SB 50**, stating this scaling course enabled her to deliver quality care to patients and patients in rural areas to receive the care they need without traveling to a large city. There is a huge shortage of dental hygienists in the area and many dentists have advertised for hygienists to move to the area with no response. Dental assistants are not trying to take jobs away from hygienists ([Attachment 5](#)).

Natalie Eastman, Registered Dental Hygienist, Wichita, testified in support of **SB 50**, stating the bill provides competent care and reaches more people throughout the state. Ms. Eastman testified she also teaches a supragingival scaling course for dental assistants at the Wichita Area Vo-Tech College ([Attachment 6](#)).

Dr. Ted Maples, Ulysses, a proponent and a practicing dentist since 1970 stated during those thirty years he has

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been able to employ a part-time hygienist most of the time. They generally have been willing to work two or three days a week. Before the new interpretation of our Dental Practice Act, the dentist had latitude in training our assistants. Over time, as they developed their skills, we could delegate some procedures to them that were reversible. Because of the sparse population and the rather large distances between towns, many of our patients travel for approximately an hour or more for treatment. To minimize the trips, usually several family members want to be seen simultaneously. Should they have to wait until a hygienist is there? There just aren't many hygienists available in western Kansas; even if they receive training in Colby or Garden City, they do not stay. The following recommendation is: (1) fund a new registered dental hygiene program in Garden City (2) continue with the supragingival scaling course for assistants in Garden City and (3) to allow dentists the flexibility of delegating some of the prophylaxis procedures to qualified staff—some of which may still be waiting in line to take the expanded duties course. Without this flexibility, the preventive procedures which could and should be available to all of the patients won't be done at all, or at best, in a very limited way (Attachment 7).

Ron Gaches, Gaches, Braden, Barbee & Associates, an opponent to **SB 50**, stated in 1995 the Attorney General rendered an opinion regarding the Kansas Dental Practice Act and who was authorized under the Act to polish and scale teeth. Attorney General Stovall issued an opinion that the only persons authorized under the Act to polish and scale teeth were dentists and dental hygienists. At the time, many dentists were using dental assistants to polish and scale teeth. There was not available at the time an immediate supply of dental hygienists to take the place of all the dental assistants who were working in violation of the law.

In 1998 the Kansas Dental Association asked for introduction of a bill to allow dental assistants to polish and scale teeth. The Kansas Dental Hygienists Association opposed the bill arguing that there was not a significant shortage of dental hygienists, only a distribution problem; that dental assistants lacked the education in dental health to replace dental hygienists; and that only licensed and certified dental professionals should be given the authority to polish and scale teeth. Compromising the quality of care of Kansans should be the last choice. There are many options available rather than passing **SB 50** in its current form (Attachments 8, 9, 10 & 11).

Denise Maus, KDHA Legislative Chairperson, testified as an opponent to **SB 50**, stating a Registered Dental Hygienist is a specialist in preventive oral health services, who is a graduate of a minimum two-year college program. Dental hygiene education includes over 800 clock hours of classroom studies and labs consisting of general education and academic subjects emphasizing basic sciences including microbiology, chemistry, pathology, anatomy, physiology, as well as dental and dental hygiene sciences.

Dental hygiene students participate in over 700 clock hours of extensive supervised clinical experience. This is the portion of the program during which dental hygiene students learn their skills. The students gain their clinical experience at the dental hygiene clinic based on the college campus during which the students are closely monitored and rigorously evaluated.

Basically, a new category of dental personnel was temporarily created who are able to provide direct, hands on patient care. Kansas is and remains the only state to allow unlicensed, unregulated dental personnel to perform scaling procedures (Attachment 12).

Teresa C. Higgins, RDH,BS, President of the Kansas Dental Hygienists' Association, testified as an opponent to **SB 50**, stating the sunset provision would have a tremendously negative public health outcome as well as being detrimental to the profession of Dental Hygiene and Dentistry. Three years ago legislation was passed creating an unlicensed, unregulated dental scaling assistant as a temporary measure to allow the dental hygiene educators and The Kansas Dental Board time to increase the dental hygiene population. A sunset provision was wisely applied so as not to create a new level of care but to help address access-to-care in rural and underserved areas of Kansas. The state also identified and labeled three regions of Kansas as underserved. These three regions were Northwest, Southwest and Southeast Kansas. The Kansas Dental Hygienists' Association has grave concerns about what impact this is going to present to the citizens of Kansas. Three questions need to be addressed: (1) Does the permanent creation of the scaling assistant really affect the access-to-care problem (2) will this level of care do any harm and (3) how will this affect the dental hygiene workforce (Attachment 13)?

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Written testimony provided by: Dr. Rita Burnett, Kansas City, Kansas a proponent(Attachment 14) and a paper “The Influence of Anatomic and Iatrogenic Root Surface Characteristics on Bacterial Colonization and Periodontal Destruction: A Review (Attachment 15).

The meeting adjourned at 3:05 p.m. and the next meeting will be March 8.