

## 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 8, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Brenda Landwehr, Excused

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

Conferees appearing before the committee: Joyce Volmut, Kansas Association of Medically Underserved  
Kevin Robertson, Kansas Dental Association  
Dr. Kelly Douglass  
Vickie Armstrong, Kansas State Nurses Association  
Judy Eyerly, Douglas County Dental Clinic  
Susette Schwartz, CEO, Hunter Health Clinic  
Cathy Harding, Executive Director Flint Hills Community Health Center  
Barbara Stevko, M. D., Health Officer, Shawnee County Health Agency

Others attending: See Attached Sheet

The Chairperson announced that Mr. Merle Raber and Via Christy Family Residency from Wichita were in the audience.

The Chairperson opened the hearing on **HB 2990 - Relating to the dental practices act.**

Staff gave a briefing on **HB 2990** stating had seen the concept earlier and it originally came from the SRS Oversight Committee after the Committee worked this summer on dental services for Medicaid and CHIP populations and discovered shortages of dental services. The statute that is amended is a statute that creates an exception to the Kansas Dental Practice Act. That Act forbids or prohibits dentists from being employed by other persons and this creates an exception to allow certain types of facilities that provide generally charity care services or services to the underserved to employ dentists. There seems to be some misunderstanding about who all is included in the places where dentists may be employed. This only deals with a not-for-profit hospital.

Joyce Volmut, Executive Director, Kansas Association for the Medically Underserved, testified in support of **HB 2990**, that allows FQHC's to fulfill their federal mandate. It is believed this is a step in the right direction toward providing access to dental care but not enough. There are currently three FQHC's that have dental clinics. Two are located in Wichita and one in Emporia that is a health department. There are six more clinics involved in some level of investigation regarding the need for dental care. A balloon which is attached to testimony is needed to strengthen this bill (See Attachment #1).

The Chairperson stated it was his understanding after the last meeting on the dental practices act that Ms Volmut was going to work with the Dental Board and crunch these differences out before a bill was drafted. This is different from what the Oversight Committee recommended.

Ms. Volmut stated the Dental Board had not seen the testimony, not everything was worked out. We came to some agreement on some of the differences.

The Chairperson asked, your request is different from what the Oversight Committee suggested?

Ms. Volmut replied, yes.

## CONTINUATION SHEET

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The Chairperson asked, so your request has nothing to do with what was worked in the Oversight Committee?

Ms. Volmut stated she testified in the Oversight Committee and some of the recommendations that were made were based upon the testimony given. The information today is pretty much similar to that testimony. There is a difference of opinion in what the Oversight Committee requested because had talked out removing the insurance and there was a lot of support for that and there are members on this committee that are also on that committee.

The Chairperson stated we were not here to settle turf battles but would grant a little leeway to try to work through this bill.

Kevin J. Robertson, Executive Director, Kansas Dental Association, testified as a proponent to **HB 2990**, asking the Committee to consider an amendment to require FQHCs to report to the Health Care Reform Legislative Oversight Committee detailing the income levels and insurance status of their patients an annual basis. This proposed amendment is on line 27 to add, “except that a federally qualified health center shall be required to provide a report to the Health Oversight Committee indicating the income level of their patients, and the percentage of patients covered by dental insurance in the preceding year.” It is not intended to create burdensome requirement for the FQHCs as it is our understanding the Kansas Association of Medically Underserved already compiles such information. Since **HB2990** exempts FQHCs from the law, the reporting would provide the legislature with some oversight of their activities.

Kevin Robertson stated they would probably accept the amendment by Ms. Volmut to insert “or National Health Services Corps site” and strike only “medical and hospital care” on line 33 and insert only “Health Wave” on line 35, but would have to consult with the Executive Committee (See Attachment #2).

Dr. Kelly D. Douglass, a periodontist practicing in Topeka and President of the Kansas Dental Board, testified in support of **HB 2990**. The Dental Board acknowledges the need for the proposed legislative changes in **HB 2990**, and maintain the language presented in the current form of this bill, which ensures access to safe care for the population to be determined by dentists and not nonprofessional corporations other than the exception of federally qualified health centers, and maintain the regulatory function of the Dental Board over this care and those providing it (See Attachment #3).

Vickie Armstrong, R. N., Kansas State Nurses Association, supported **HB 2990** with the amendments by Ms. Volmut, stating healthy teeth is important as it makes a person feel good about themselves, gives fresh breath and a nice smile. Poor dental care can lead to major health problems in adulthood. Registered nurses as front line caregivers see children and adults whose dental care is so inadequate that it interferes with their self concept (particularly in children); health in general, because of chronic pain or malnutrition or a combination of both of these (See Attachment #4).

Judy Eyerly, Douglas County Dental Clinic, testified as a proponent to **HB 2990**, with the amendments by Ms. Volmut. According to a state analysis, approximately 37% of the county has difficulty accessing dental care by one of the above methods. The analysis done by the state lead the federal government to declare that Douglas County is a Dental Health Professional Shortage Area.

Ms. Eyerly’s main area of concern was the restrictive language that remains in the bill. The language effectively kills any change Douglas County has of creating a viable dental clinic in Lawrence. We ask that 200% below the poverty restriction be stricken and consider a sunset provision to evaluate it to see what sort of impact it has. (See Attachment #5).

Susette Schwartz, CEO, Hunter Health Clinic, Wichita, testified in support of **HB 2990**, with the amendments by Ms. Volmut. The Hunter Health Clinic receives federal funding to provide primary health care services to all people, regardless of ability to pay. As amended, the bill would allow Hunter Health Clinic to employ or contract with a licensed dentist to provide dental services because Hunter is a federally qualified health center (FQHC) (See Attachment #6).

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Cathy Harding, Executive Director, Flint Hills Community Health Center, Emporia, Kansas, testified as a proponent to **HB 2990**, stating their dental clinic opened one month ago. The decision to commit to this clinic was the result of years of public and professional concern, community needs assessments, and the determination by the federal government that Emporia is a designated dentally underserved area. No dentist in Emporia, or Lyon County, accepts new Medicaid patients. Low-income, uninsured people in the area had no options for many years (See Attachment #7).

Barbara Stevko, M.D., M.P.H., Health Officer, Shawnee County Health Agency, testified in support of **HB 2990** with amendments, stating there is an enormous need for dental care for the indigent and working poor in Kansas. The county was designated a Dental Professional Shortage Area for indigent services in September 1996, by the Department of Health and Human Services. This was based on a low-income population at or below 200% of poverty of 35,624, who were served by 2.4 FTE dentists, a ratio of 14,843:1. For the individual living on the margins of poverty, dental health impacts general health and employability. The existing legislation places an unnecessary burden on organizations who attempt to help the indigent and others who can not afford dental care in the first place. The existing legislation denies or limits funding from grants that could help establish needed dental programs and help maintain them (See Attachment #8).

The Chairperson stated that time had run out, would not close the hearing, but would try to continue at a later date.

The meeting adjourned at 3:10 p.m. and the next meeting will be March 13.