February 16, 2023

Proponent Testimony for SB 112

My name is Jeffery W. Glasgow CRNA MSN. I am providing Proponent Testimony for SB 112 regarding Dental Sedation in office-based settings.

I own an all CRNA Dental office sedation practice that has been in existence of almost 18 years. The practice services most of Kansas from Kansas City to Liberal Kansas. My practice services in both rural and metropolitan communities.

Approximately 80% of the patient population under the age of 8 and are on the Kansas Medicaid insurance plan. We also see special needs adults in office settings as well. In the last 5 years we have provided sedation services for over 17,000 patients on the Kansas Medicaid plan.

The services are performed in dental offices which allows the patient to not have to go to a hospital or surgical center setting. The cost savings to the state of Kansas is \$34,000,000 in the past 5 years.

The cost of the medications in the past 5 years has been over \$350,000. These medications are purchased through the dentist or dental group's DEA. These medications are purchased and are secured at the dental office that the sedation(s) are performed. My group must manage over 50 DEA certificates and work with over 5 different pharmacy companies due to frequent drug shortages and recalls.

The anesthesia provider is the only provider, both medical and nursing, that directly administers the largest quantities of medications directly to the patient. There are mores duties required such as checking for expiration dates and overall management of the medications, the person administering managing and administering the medications for anesthesia should have the ability to have a DEA number for procurement, management and administration.

I also believe that the person that the drug is "associated to" with corresponding DEA should have experienced knowledge about the medications that were purchased. In the current situation, the Dentist (corresponding DEA) rarely has the knowledge or experience on all the side effects, contraindications and overall management of the medications administered. I also believe that since the dentist is not billing to Kansas Medicaid for the sedation services, the drugs administered for the sedation service should correspond to the anesthesia provider who is billing the state of Kansas for the sedation.

By allowing SB 112 to pass, this will allow easier accessibility to medication purchasing and management. With the continued expansion of Kansas Medicaid population, we will continue to be a cost savings to the state of Kansas.

I am available for any future conversations or questions you have regarding my practice and I want to thank you for the opportunity to provide Proponent Testimony for SB 112.

Respectfully,

Jeffery W. Glasgow, CRNA MSN Advanced Specialty Anesthesia LLC

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