Approved: <u>March 23, 2011</u> Date MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on March 8, 2011, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes Melissa Calderwood, Kansas Legislative Research Department Iraida Orr, Kansas Legislative Research Department Carolyn Long, Committee Assistant

Conferees appearing before the Committee: Suzanne Wikle, Kansas Dental Project Ron Nagel, Registered Dental Practitioners Dr. Daniel N. Minnis, DDS Melinda K. Miner, DDS

Others attending: See attached list.

The Chair called for final action on <u>SB 138—Pharmacy audit integrity act.</u> Staff gave a brief explanation of the proposed amendments to <u>SB 138</u> stating that "pharmacy benefits manager" means a person, business or other entity that performs pharmacy benefits management. It also indicates that the audit must be conducted by or in consultation with a pharmacist licensed in Kansas; that the pharmacy may request a rescheduling of an audit, if the audit is scheduled during the first seven days of the month; that either party not satisfied with the results of the mediation may seek arbitration; a copy of the final report must be provided to the plan sponsor and the commissioner of insurance; and the act shall apply to anything entered into, amended, or extended with the effective date of this act.

The Chair recognized Senator Pilcher-Cook who indicated another party had an amendment. When asked by the Chair if she was prepared to introduce the amendment. She stated she was not prepared to introduce it. The Chair inquired as to the origin of the amendment and was informed that it was the same attachment to testimony presented February 17, 2011 by MedCo. Although there was no time to review the balloon at that time, it was their intent to introduce it today. Senator Steineger offered to introduce and explain the amendment. Senator Steineger moved to adopt the amendment, Senator Pilcher-Cook seconded. Senator Steineger explained the amendment. Senator Reitz wondered where the compromise failed and why it failed. After further discussion, Senator Brungardt made a motion to table SB138 until Thursday, March 10, 2011. Seconded by Senator Huntington. Motion carried.

The Chair called the committee's attention to a letter sent to the Kansas Association of Oriental Medicine in care of John Federico indicating the recommendation of the committee that the Kansas Association of Oriental Medicine make application for review under the Health Occupation Credentialing Act (<u>Attachment #1</u>).

The Chair opened the hearing on <u>SB 192—Kansas Dental Board; licensure of registered dental</u> <u>practitioners</u>. This bill would create a new category of dental service providers called registered dental practitioners, who must be licensed by the Kansas Dental Board to practice dental therapy. All licensing requirements, regulations, and powers and duties of the Kansas Dental Board related to registered dental practitioners would be identified under the bill.

Suzanne Wikle, representing the Kansas Dental Project, said that the key parts of this bill relating to Registered Dental Practitioners (RDP) were the additional education which would require 18 months of advanced training beyond the dental hygiene degree; that they must be supervised by a dentist and would not be practicing independently; that the services that may be provided by an RDP include all the services provided by the Registered Dental Hygienists plus additional services, including fillings, cavity preparation, extractions of baby teeth, and extractions of already loose permanent teeth. The supervising dentist may limit the scope of an RDP under their supervision through the written supervision agreement. To insure that the RDP would serve the communities that need them most they would be required to meet one of the following standards: work in a federally designated workforce shortage area; be employed by a

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safety-net clinic; or work for a private practice that derives at least 20% of their revenues from Medicaid (<u>Attachment #2</u>)

Ron Nagel, registered dental practitioner, is a recent retiree from the U.S. Public Health Service in Alaska. He was responsible for the federal oral health activities in the Alaska Tribal Programs and was the principle investigator for grants aimed at workforce development and developed the federal certification standards for these new providers. He said that the available evaluations and evidence suggests that the RDP would be able to deliver high quality, safe oral health care (<u>Attachment #3</u>).

Dr. Daniel N. Minnis has been a private practice dentist for 22 years and has dedicated 30% of his practice to care for Medicaid recipients, Head Start children, the mentally challenged, frail elders, individuals living with HIV, Hepatitis C, and high risk pregnant mothers. He stated he would hire a Registered Dental Practitioner in his practice tomorrow and allow them to perform procedures within their scope on himself, his family members, and his patients. He said Kansas has the opportunity to develop a new dental practitioner model which would benefit both patients and the dentists who employ these practitioners and would encourage us to seize this opportunity (<u>Attachment #4</u>).

Melinda K. Miner, DDS, is in private practice with her husband and the two of them serve a clientele which includes a lot of children covered by the state Medicaid and Healthwave programs. She reminded the committee of the additional intense dental training required and also that any dentist that would employ a RDP would understand that they are ultimately responsible for the successes and the failures of that employee (Attachment #5).

Due to a time restraint, the Chair informed the rest of the proponents for <u>SB 192</u> that she would continue their testimony on Wednesday, March 9, 2011.

The next meeting is scheduled for March 9, 2011.

The meeting was adjourned at 2:35 p.m.