



O R A L H E A L T H K A N S A S

2011 Legislative Session Wrap-Up

May 25, 2011

Dental benefit for all Kansas Medicaid beneficiaries

Oral Health Kansas and the Kansas Dental Association advocated this year for a dental benefit for all Kansas Medicaid beneficiaries.

Through the Affordable Care Act and the Children's Health Insurance Program Reauthorization Act, all children in the United States will be guaranteed access to a payment source for dental services. There is no such guarantee for adults. This means our culture has set up a system to allow people to age out of dental services. Further, the Medicare program offers no dental benefit for people who have worked throughout their lives and are now retired.

Oral Health Kansas succeeded in getting recommendations inserted in the FY 2012 budget reports for the Department on Aging and Kansas Health Policy Authority requesting a study on the cost effectiveness and health benefits of providing a Medicaid adult dental benefit. The study is likely to occur during interim committee meetings after the Legislature adjourns this year.

The Kansas Dental Association included the Medicaid adult dental benefit provision in SB 132. This bill includes a number of approaches to increasing access to dental care for all Kansans, one of which is ensuring all people on the Kansas Medicaid program have access to funding for dental services. SB 132 received a hearing in the Senate Public Health and Welfare Committee on February 16. No action was taken on the bill during the Legislative Session, but it remains alive for consideration during the 2012 Session.

Finally, a Medicaid adult dental proposal was submitted by Oral Health Kansas to the Lt. Governor's Medicaid Reform work group on February 28. The Lt. Governor solicited proposals that would create savings in the Kansas Medicaid program. At this writing, there is no announced date by which the Lt. Governor's work group will complete its work.

Dental Hygiene services for schoolchildren

Last fall Oral Health Kansas helped convene a group of stakeholders, including dentists, hygienists, and a school administrator, to review the Extended Care Permit law, KSA 65-1456. The stakeholder group concluded the Extended Care Permit (ECP) law is a tremendous asset in creating access to dental hygiene services to underserved populations in Kansas. One key barrier the group noted was that the children who are eligible to be seen by ECP hygienists in schools are not always able to see the ECP hygienists.

KSA 65-1456 (f) specifies that ECP hygienists may provide services to children who are on the free or reduced lunch program. We have learned that many school districts are uncomfortable sharing this list with ECP hygienists who request it. The primary reason seems to be concern over stigmatizing the students who are on free or reduced school lunches.

In one remarkable school district, all of the children in the district who do not have a dental home are able to be seen by an ECP hygienist. The Galena School District worked with their local community health center to set up a system at enrollment for parents to allow their children to be seen by the ECP hygienist. As a result, all of the

children who did not have a dental home now are able to receive services from the ECP hygienist at the school each year.

The Kansas Dental Association's bill, SB 132, would ensure all Kansas school children who have not had a routine dental visit in the last year are able to see an ECP hygienist, with parental permission. The language in this section was developed by this stakeholder group as a way to expand access to dental hygiene services to all schoolchildren in the state. As mentioned above, no action was taken on this bill, but it remains alive for consideration in 2012. OHK also is making plans to introduce this concept as a separate bill for consideration in the 2012 Session.

Midlevel practitioner bills

Registered Dental Practitioner

A group called the Kansas Dental Project introduced a bill in the House and the Senate this year to create a new dental professional called the Registered Dental Practitioner. The Kansas Dental Project is led by Kansas Action for Children, Kansas Association for the Medically Underserved, and Kansas Health Consumer Coalition. The Registered Dental Practitioners (RDP) would be dental hygienists who receive an additional 18 months of training to provide certain dental services, such as fillings, extractions of baby teeth, and extractions of loose permanent teeth. The RDP would work under general or direct supervision of a dentist.

The RDP bills are HB 2280 and SB 192. A variety of dentists, hygienists and safety-net clinics testified in favor of the bills during their respective hearings on February 17 and March 8-9. A variety of dentists testified in opposition of the bills as well.

Extended Care Permit III

The Kansas Dental Association included a proposal for an Extended Care Permit (ECP) III in SB 132. Dental hygienists who have practiced for 2000 hours and received 18 hours of specified education would be able to perform certain dental services including, removing decay using hand instruments, placing temporary fillings, and adjusting dentures. The ECP IIIs would work under general supervision of a dentist. During SB 132's hearing on February 16, a variety of stakeholders testified in support of the bill. The Board of Pharmacy provided neutral testimony, but expressed some concern over the prescribing privileges described in the bill.

Oral Health Kansas' position on midlevel practitioner bills

Oral Health Kansas recognizes the need to expand and strengthen the dental workforce in Kansas. We believe access to both a provider and a payment source need to be strengthened in order to ensure all Kansans have access to good oral health care. Our board supports the efforts being undertaken to address workforce issue through SB 132 and HB 2280/SB 192. Oral Health Kansas is dedicated to collaboration; as such, we encourage the parties working on dental workforce models to collaborate on a model that works best to meet the oral health needs of all Kansans.

Outlook for the midlevel practitioner bills

All of the bills received hearings in either Senate Public Health and Welfare or House Health and Human Services. Neither the House nor the Senate Committee took action on these bills this year. Both remain alive for consideration during the 2012 Session.

Dental franchise bill

HB 2241 is a bill that would permit the franchising of dental practices. The bill represents a compromise between the Kansas Dental Association and a dental franchising company called Comfort Dental. HB 2241

outlines the circumstances under which dentists in Kansas can own and operate franchise dentistry practices. The bill was heard in the House Health and Human Services Committee on February 15. After Committee discussion and additional compromise with the Kansas Dental Board, the bill was amended and passed by the House of Representatives. The Senate Public Health and Welfare Committee sent the bill to the full Senate on March 17. An amendment was made to the bill that would allow hospitals in communities of under 50,000 to employ dentists.

At the end of the Session an “omnibus health” bill passed. HB 2182 contained provisions from a number of health bills considered throughout the Session. The contents of HB 2241 were included in HB 2182, thus the dental franchise bill and the provision that allows hospitals in communities of under 50,000 to employ dentists passed.

In-state tuition at the UMKC School of Dentistry

Oral Health Kansas worked with the Kansas Dental Association on a proposal in SB 132 to require Kansas students who benefit from our state’s agreement with UMKC for in-state tuition to practice dentistry in Kansas for at least four years after graduation. We believe this is one very concrete approach to increasing the number of dentists in our state every year.

The federal rules governing the National Health Service Corps, which is the loan repayment program, do not allow a state to put an additional service requirement in place. The Kansas Association for the Medically Underserved, Kansas Dental Association, Kansas Department of Health and Environment, and Oral Health Kansas devised compromise approach to follow both the federal rules and increase the number of Kansas UMKC dental school graduates practicing in Kansas. On March 14, the National Health Service Corps approved the compromise proposal to require Kansas UMKC dental school graduates to hold an active license in Kansas for at least four years after graduation. That compromise proposal now will go to the Kansas Board of Regents for their consideration as they negotiate the contract with UMKC School of Dentistry.

State Exchange planning work groups

The Kansas Insurance Department has launched a series of Kansas Health Insurance Exchange Planning Work Groups. Insurance Commissioner Sandy Praeger has appointed eight working groups that will help design and plan for the Kansas Health Insurance Exchange. The working groups cover a breadth of topics:

- Focus/Business Operation Issues
- Governance/Legal/Legislative
- Background Research
- Consumer Outreach/Education/Information
- Insurance Market Issues
- Funding/Financial
- Agents/Brokers/Navigators
- Medicaid Integration and Interagency Communications

The chairs of each working group, along with several other stakeholders make up a Steering Committee, which will receive reports from each working group and synthesize them into a set of recommendations to the Insurance Commissioner. Oral Health Kansas is pleased to be at the table for the Focus/Business Operation Issues, Agents/Brokers/Navigators, and Medicaid Integration groups. OHK also is pleased to serve on the Steering Committee. Participation at the Steering Committee level, as well as on the two work groups, ensures an oral health perspective will be shared at every available turn.