

**Testimony on HB 2631  
Presented to  
Committee on Public Health and Welfare**

**By  
Katherine Weno DDS, JD  
Bureau of Oral Health  
Kansas Department of Health and Environment**

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Chairperson Schmidt and members of the committee, I am Dr. Kathy Weno, the Director for the Bureau of Oral Health at the Kansas Department of Health and Environment, the State Dental Director. Thank you for the opportunity to provide testimony to the committee about a bill that as amended will expand the number of children eligible for school based services provided by extended care permit hygienists.

The Bureau of Oral Health is the state's public health section dedicated to oral health. We are in the second year of our School Sealant program, a project that provides sealants, fluoride and cleanings to children at risk of dental disease in schools across the state. The Bureau of Oral Health partners with 14 clinics and private dental practitioners on a federally funded project to provide preventive dental services in schools. Our programs utilize hygienists with Extended Care Permits (ECP) to work regionally in schools without direct supervision of a dentist. A map of our current locations and the counties they serve is below.

**School Sealant Program Sites**



**Current KDHE School Sealant Program Sites:**

Rawlins County Dental Clinic – Atwood, United Methodist Mexican American Ministries Clinic - Garden City, Salina Family CARE Clinic – Salina, Konza Prairie - Junction City, Community Health Ministry – Wamego, Open Wide Atchison, Miles of Smiles – Olathe, Flint Hills Community Health Center, Emporia, Community Health Center of SE Kansas – Pittsburg, Douglas County Dental Clinic – Lawrence, Rogers Family Dentistry - Arkansas City, Wichita - GraceMed Clinic, Hunter Health Clinic and EC Tyree Clinic

The Bureau of Oral Health supports community based solutions that reduce barriers to dental care for Kansan kids. School based prevention services provide preventive hygiene services to children in schools utilizing licensed, experienced dental hygienists (those with Extended Care Permits or ECPs). These programs are federally funded and all target dentally indigent patients, including those on Medicaid and Healthwave. Parents of eligible children choose to participate by signing up for the program by signing a permission slip that details what services will be provided. Our school programs have provided services to many children who have never been to a dental office, and parents are pleased as they do not have to take a day off work or worry about transportation. School based sealant programs are a national public health best practice, supported by numerous scientific studies as a proven way to reduce dental disease in children.

The Kansas Dental Practice Act currently limits the types of children that are eligible to receive preventive treatment by ECP hygienists in schools. The current statute requires that a child be enrolled in Medicaid/Healthwave and/or the Free and Reduced Lunch Program in order to be treated by an ECP school sealant program. These restrictions stigmatize low income children participating in our programs, and also create barriers to care for parents who would like their children to be treated in schools but do not meet eligibility requirements. We support amendments to HB 2631 to allow ECP I, II and III hygienists to treat all children in schools as long as the program is primarily targeting underserved children. All KDHE funded sealant programs target the dentally underserved as it is defined in the bill. This will make a significant difference in helping children in need receive care.

Section 2 of the HB 2631 encourages the Board of Regents to work to reserve more seats for Kansans in regional dental schools but also creates a service obligation of four years for these students in these seats to work in underserved areas. Federally funded loan repayment programs (the National Health Service Corps and the Kansas State Loan Repayment Program) require that a recipient have no other outstanding service obligation prior to enrolling in the program. Thus, if any seats were created using this provision of the bill, none could receive loan repayment for the entire four year period.

Section 4 of HB 2631 amends provisions of the Charitable Health Care Provider Program, although this change is unnecessary as what is proposed in this bill is already allowable under current law.

Thank you for the opportunity to provide this written information to the committee, and I will be available at the hearing if you have questions.