

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE.

The meeting was called to order by Chairperson Jim Morrison at 1:32 p.m. on February 18, 2003, in Room 243-N of the Capitol.

All members were present except Representatives Landwehr and Holland, both of whom were excused.

Committee staff present:

Bill Wolff, Legislative Research Department
Renae Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Rod Bates, Kansas X-Ray School, Oakley
Judy Eyerly, Deputy Director, Kansas Association for the Medically Underserved
Janette Delinger, President, Kansas Dental Health Association
Kevin Robertson, Executive Director, Kansas Dental Association
Deborah Zehr, Kansas Association for Homes and Services for the Aging (written testimony)
Maggie Smet, Wichita Dental Hygienists Association
Marla Rhoden, Director, Health Occupations Credentialing, Bureau of Health Facilities, Kansas Department of Health and Environment
Ron Hein, Kansas Society for Radiologic Technologists
Dr. James Owen, Diagnostic Radiologist, Kansas Radiological Society
Randy Stucky, President, Kansas Society of Radiologic Technologists
Wayne Probasco, Executive Secretary, Kansas Podiatric Medical Association
Priti Lakhani, Podiatrist, Topeka

Others attending: See Guest List.

Serving as chair, Representative Judy Showalter opened the hearing on **HB 2161**.

Janette Delinger, President, Kansas Dental Hygienist Association, gave background on **HB 2161**, saying it was patterned after Missouri legislation. (Attachment 1) She noted that 14 other states have similar statutes which allow dental hygienists less restrictive supervision. She observed that the bill will allow dental hygienists to work with Medicaid and HealthWave children, many of whom have never seen a dentist. Answering questions, Ms. Delinger said most dental hygienists' work under this bill will be compensated, and that the sponsoring organization will usually bill Medicaid for their services. In working with children, she assured members that services will not be done without parental consent.

Kevin Robertson, Executive Director, Kansas Dental Association, said the KDA enthusiastically supports the bill, noting that KDA worked for 12 months with KDHA to develop this legislation. (Attachment 2) He commented that a hygienist cannot bill Medicaid or a patient directly; payment must be received through another source, noting also that when a dental hygienist provides indigent care, he/she must notify the patient or legal guardian what care is being received and what is not being done. The dental hygienist

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must also provide the sponsoring dentist and the institution the services that have been provided. A committee member wondered if schools where dental care has been received will ask school nurses to handle the paperwork. Answering another question, Mr. Robertson said the bill goes further that the current definition of “general supervision,” allowing a hygienist to see a patient irrespective of whether he/she had been seen by a dentist within the past year, thus offering care than would otherwise not be provided.

Judy Eyerly, Deputy Director, Kansas Association for the Medically Underserved, commended KDA and KDHA for making dental care available to a wider range of Kansas citizens. (([Attachment 3](#)))

Maggie Smet, Wichita Dental Hygienists Association, Newton, reported on the Health Ministries of Harvey County, which serves the indigent population from Harvey and surrounding counties. ([Attachment 4](#)) She said that, since not every dentist accepts HealthWave or Medicaid, the bill would enhance dental service to the underserved. Answering questions, Ms. Smet said after determining dental needs, the hygienist would encourage parents to take a child to a dentist. Ron Gaches noted that the hygienist would also provide information to the sponsoring dentist or another supervisor, as the bill requires; since most have never seen a dentist, he did not see problem of dentists competing for the patient.

The hearing was closed for **HB 2161**.

With Representative Peggy Long as chair, the hearing was opened for **HB 2274**.

Rodney Bates, Oakley, spoke in support of the bill. ([Attachment 5](#)) As an administrator of an x-ray training school approved by the Kansas Board of Regents, he questioned if licensure might be too stringent for small rural hospitals, but he acknowledged that the public needed more protection than under current regulations. He noted that 32 of the 50 states have established at least some form of regulation. He noted that some technicians have limited education and very little training in operating radiologic equipment. He suggested as an adjunct to licensure a form of attestation or affidavit of competence.

Wayne Probasco, Executive Secretary, Kansas Podiatric Medical Association, introduced Priti Lakhani, a local Podiatrist. She reported that, for her, employing a radiologic technologist would be cost-prohibitive and that sending a patient to the hospital for needed x-rays would cost the patient additional time and money. She said she delegates 400 x-rays annually to her nurse, using only 5 views. She suggested that podiatrists, like dentists, could be excepted from statutory strictures. Answering a question, staff Bill Wolff noted that podiatrists, as licensed practitioners, were excluded from the bill; however, delegated persons were not exempt.

Marla Rhoden, Director, Health Occupations Credentialing, Bureau of Health Facilities, Kansas Department of Health and Environment (KDHE), testified that the radiologic technologists had successfully completed the credentialing process, meeting all 10 criteria. ([Attachment 6](#)) Further, she

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said the Secretary of KDHE has concurred with the credentialing committee's recommendation.

Ron Hein, representing the Kansas Society for Radiologic Technologists, stated that Kansas is one of 11 states that does not license radiologic technologists. (Attachment 7) He said that during the summer he had contacted various groups to apprise them of the contents of the bill in order to ward off turf battles, often adjusting the legislative wording to address their concerns. He noted that the paucity of radiologic personnel in small hospitals and rural areas could be addressed in various ways: through a liberal grandfather provision, through an attestation of competency, or through a scaled-down licensure as a first step. He said the intent was to upgrade the quality of education and practice for the public.

Dr. James Owen, Diagnostic Radiologist, Kansas Radiologic Society, reviewed the history of licensure for radiologic technologists, saying the need has been recognized for 25 years, noting that most other states have comparable legislation already in place. (Attachment 8) He said the proposed legislation focuses on who can take x-rays; currently anyone can do so. He warned that the results include inadequate diagnosis or wrong treatment, further unnecessary diagnostic procedures, overexposure to radiation, and ultimately increases costs for health-care. He said he opposes exempting small practices or rural areas, since those are the ones who may offer less protection for patients. By showing comparative radiographs, he illustrated that a bad radiograph may be worse than none at all. Representative Reitz expressed a desire to expedite the bill.

Randy Stucky, President, Kansas Society of Radiologic Technologists, assured the Committee that the Society wants to work with other groups to address their reservations, with the goal of providing better health care. He said at the very least there should be minimal uniform training for all those operating radiologic equipment. (Attachment 9)

Additional written testimony is provided in Attachment 10.

Chairman Morrison announced that the hearing for **HB 2274** would continue on Thursday, February 20, and that a hearing would also be held for **HB 2171** and **HB 2172**.

The meeting was adjourned at 2:37 p.m. The next meeting is scheduled for Wednesday, February 19, 2003.