

## MINUTES

### 2024 SPECIAL COMMITTEE ON SEDATION DENTISTRY

October 10, 2024  
Room 112-N—Statehouse

#### Committee Members Present

Representative Will Carpenter—Chairperson  
Senator Beverly Gossage—Vice-chairperson  
Senator Larry Alley  
Senator Renee Erickson  
Senator Carolyn McGinn  
Senator Pat Pettey  
Representative Emil Bergquist  
Representative Doug Blex  
Representative Ron Bryce  
Representative Kirk Haskins  
Representative Cindy Neighbor

#### Members Absent

None

#### Staff Present

Elizabeth Cohn, Kansas Legislative Research Department (KLRD)  
Megan Leopold, KLRD  
Carly Humes, Office of Revisor of Statutes  
Jenna Moyer, Office of Revisor of Statutes  
Connie Bahner, Committee Assistant

#### Conferees

Christine Osterlund, Director of Medicaid, Kansas Department of Health and Environment  
Dr. Nick Rogers, Kansas Dental Association  
Dr. John Fales, pediatric dentist  
Jeffery W. Glasgow, CRNA, MSN, Advanced Specialty Anesthesia, LLC  
Jeremy Salsbury, CRNA, MSNA, Sleep in Safety  
Laura Suttles, BSN, RN, CNOR, Director of Surgery and Specialty Clinic Manager, South  
Central Kansas Medical Center  
Aldona Carney, private citizen  
Melanie Jacobs, private citizen  
Trina Morgan, private citizen  
Dr. MaryAnne Lynch Small, Medicaid Projects Manager, Oral Health Kansas, Inc.  
Tanya Dorf Brunner, Executive Director, Oral Health Kansas, Inc.

**Thursday, October 10**  
**All-day Session**

**Welcome and Announcements**

Chairperson Carpenter called the meeting to order. He noted there is a written-only memorandum from the Kansas Legislative Research Department providing a brief review of selected states that have implemented changes with the intent to expand specific dental programs or Medicaid dental services ([Attachment 1](#)).

**Kansas Medicaid–Sedation Dentistry Report**

Chairperson Carpenter recognized Christine Osterlund who testified on behalf of the Kansas Department of Health and Environment ([Attachment 2](#)). Ms. Osterlund discussed the sedation dentistry codes currently in effect for Medicaid. She identified where the sedation dentists are located by county and the dental sedation utilization for 2023. She shared that Oral Health Kansas is reviewing the codes as well as identifying the rates other states pay for treatment of children with behavioral issues or other complex issues relating to dentistry and dental case management. The dental code for behavioral management is D9920, advising that South Dakota covers that code at \$117.99. The Committee requested information on the total number of dentists in each county; how many of the providers offer sedation dentistry; how many people are enrolled in KanCare by county; and how many claims are actually made by providers to KanCare for sedation dentistry services.

**Testimony on Sedation Dentistry from Providers**

Chairperson Carpenter recognized Nick Rogers, DDS, who testified on behalf of the Kansas Dental Association ([Attachment 3](#)) ([Attachment 4](#)). He stated that he has been a practicing dentist in Arkansas City since 1979. He identified the two populations that have difficulty accessing dental care in general as well as sedation or hospital dentistry. Those groups are special needs patients of all ages and pediatric patients, whether they have special needs or not. Providing services to these populations is complex because there is no one-size-fits-all solution. Each treatment presents special challenges for the dentist, any assisting medical providers, and the facility. Dr. Rogers noted that his goal is to help find solutions for patients whose special needs make the traditional dental treatment challenging. To meet this goal, a solution must be found that will allow providers to work in hospitals and in their offices alongside necessary staff and equipment which will allow them to have options to treat these medically fragile patients. He shared that when treating special health care needs patients, it is important to learn as much as possible about that patient before they arrive at the office as many of these patients are unable to speak for themselves or even comprehend their own needs, which makes them a challenge to treat. He also noted there are many more people unable to find dentists with the right equipment or the right skills to treat them. He recommended the Committee work to implement equitable reimbursement for the dentists and the facilities that allow them to use their operating rooms and staff.

Dr. Rogers explained that sedation dentistry helps patients relax and feel less pain during dental procedures. He stated that it is typically a moderate level of sedation where the patient is conscious. He explained the three types of conscious sedation used in dentistry—nitrous oxide, oral conscious sedation, and intravenous (IV) sedation. The factors in determining the level of sedation include the patient's level of anxiety, the length of the procedure, and the patient's health history. He stated that in some cases, general anesthesia, a type of unconscious sedation, may be necessary in a hospital or ambulatory surgery center when treating young children, adults with special needs, or people with severe dental anxiety.

Dr. Rogers stated that young children from lower socio-economic levels and children of minorities are at higher risk for severe early childhood cavities. According to the Centers for Disease Control and Prevention (CDC), in the United States, children from low-income families are twice as likely to have cavities as compared to children from higher income households. In addition, this population has the most difficulty accessing dental care because many dentists will not accept Medicaid. He stated that children who are unhealthy or have toothaches have trouble learning. In addition, most general dentists do not have the skills of a pediatric dentist or have the partnerships necessary to treat these children. In general, pediatric dentists are not found in rural areas.

He stated that “special health care needs” include any physical, developmental, mental, sensory, behavior, cognitive, emotional impairment, or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. These needs may be developmental or acquired. According to the CDC, there are approximately 638,000 persons with disabilities in Kansas. He described that it can be a real challenge for adult persons with special needs to find dental treatment. Children can often be seen by pediatric dentists but, once the child becomes an adult, it can be difficult to find a general dentist to whom the person can be referred.

Dr. Rogers discussed the various settings for the treatment of special health care needs patients, as well as the equipment needed. He stated that until last fall, hospitals were not receiving a facility fee reimbursement if dental procedures were performed in a surgery room because there was no billable code. Now they do receive about \$1,750, which is not adequate to cover the additional time and personnel required to care for these patients. Dr. Rogers recommended that an increase in funding for dentists who are willing to treat this population would help to maintain those who are treating these patients, as well as encourage others to provide services to this population.

The Chairperson recognized John Fales, DDS ([Attachment 5](#)). He stated he practices full-time as a pediatric dentist in Olathe and that providing care for individuals with special health care needs is a challenge. In a dental office, basic exams can be fraught with difficulties. Patients often slap, pinch, kick, punch, bite, and spit at dental professionals. Many times general anesthesia in a hospital operating room or sedation in the dental office is needed due to the complexity and volume of care that is required. He also noted that when parental financial resources are stretched, they must prioritize the treatment of health needs based on what is perceived as most important at that moment. Dental care is often at the bottom of the priority list. Dr. Fales stated the current reimbursement rates for these procedures are inadequate and substantially below the actual cost of the care. He also noted that KanCare will not pay for the nitrous oxide fee or behavior management techniques when a scheduled dental service was not able to be completed.

Dr. Fales stated there are over 1,500 licensed dentists in Kansas but only a small number of those provide care through the KanCare program, largely due to the low reimbursement rates for the care provided. He stated that without an increase of dental reimbursement, the current deficit in access to care will continue, and Kansas will continue to provide less than suitable access to patients needing dental care.

In response to a question from the Committee, Dr. Fales stated that 25 to 30 percent of his patients are reimbursed by Medicaid. He further stated that dental codes are attached to procedures so dentists bill for procedures rather than their time or a diagnosis code. He also explained that, under most private insurance plans, when a dentist is not able to complete the filling of a cavity but has administered sedation, they would not bill for the cavity filling but can bill and be reimbursed for the sedation. With KanCare, however, if the cavity is not filled, they are not paid for the other things that were attached to the service for this population such as the behavioral management techniques or the sedation.

Chairperson Carpenter recognized Jeffery Glasgow, certified registered nurse anesthetists (CRNA), MSN, of Advanced Specialty Anesthesia, LLC ([Attachment 6](#)). He stated that he is a CRNA and owns Advanced Specialty Anesthesia, LLC. This year, the business will provide over 4,400 anesthetic cases, and he personally has participated in 16,000 sedation dentistry cases over the last 18 years. He stated the Kansas Medicaid dental program is in crisis. There is no incentive for a dentist to stay in the KanCare program unless they have a large number of private pay patients and a very competent billing specialist. There is no incentive for any new dentists to join the KanCare program because the reimbursement is lower than the cost to provide any service. Kansas needs dentists that will service the KanCare population. Kansas is liable for underserving the vulnerable population of children and special needs adults. He further stated that Kansas has not adequately prepared for the Dual Eligible Special Needs (DNSP) adult population. There are only limited locations in Kansas that provide services for the DNSP adult population, and the dental exams performed do not meet the guidelines to properly be called an "examination." Mr. Glasgow stated that Kansas is not prepared to accommodate any portion of the young United States residents without legal immigration status brought to the United States as children that have shown to have extensive dental conditions. He stated that dentists do not have equal hospital privileges or operating room suite availability. There is no incentive for a hospital to recruit a dentist to provide dental services other than allowing an oral surgeon to provide prescriptive antibiotics on dental-related infections in the emergency room.

Mr. Glasgow recommended that Kansas raise dental reimbursement rates to the same level as Missouri. This will retain the few dental providers in existence and attract pre-existing and future dentists to join the KanCare program. He further recommended that dentists in the program for five or more years should receive the elevated rate. Kansas Neurological Institute and Parsons State Hospital have dental clinics that see unlimited special needs children and adults residing in their facilities. He recommended that KanCare allow their dental clinics to bill the MCOs for the work they do for those patients who live outside in the community. He further suggested Kansas needs to encourage the Federally Qualified Healthcare Clinics (FQHC) to see special needs adults in their clinics on a routine basis, allowing sedation services, if needed. Kansas needs to allow mobile anesthesia providers to be paid \$1,930 after Medicare pays a primary insurance. The remaining balance would then be reimbursed through the MCO. The current condition only pays the provider \$200 per patient which does not cover billing or administrative costs. Further, Kansas needs to create a billing code for established mobile anesthesia providers of over five years to receive a standardized rate of reimbursement for services of \$1,930. The current rate is not standardized and discriminates with fair reimbursement.

Chairperson Carpenter called upon individuals who would not be available in the afternoon to present their testimony. Trina Morgan, private citizen, provided testimony ([Attachment 7](#)). She stated that she has two adult sons who have disabilities. Her son, Gregory, is 25 and has autism, Tourette Syndrome, and sensory integration disorder. He struggles with social cues, emotional regulation, balance, speech clarity, and being still. He has had significant issues with his teeth and being able to brush, which has led to many trips to the dentist. He struggles to sit still in the chair and is very fearful of anything in his mouth. Just opening his mouth is a struggle to his anatomy. Early on, it was decided the best way to get restorative work done was to have him sedated. Once Gregory became an adult, they only had two dental practices in their area that would take his adult Medicaid. They chose GraceMed in Wichita, but they are only able to provide him with one appointment a year for sedation. Therefore, the restorative work he needs is held off longer than it should, leading to increased oral health issues. His yearly appointment just occurred last Monday. Gregory will have to have more teeth pulled, but by the time he is able to get this done, even more teeth may be involved. A few years ago, Gregory had a front tooth pulled, which was incredibly hard for him and for her. It led to purchasing a partial for him to wear but, because of his sensory issues, he doesn't like to wear it. Therefore, it is very noticeable that he is missing teeth, and he worries what people think about him while he is at work.

She stated that Gregory receives \$786 a month from Social Security. He works an average of 15 hours per week for \$10.50 an hour. This does not give him enough to pay for even close to all his monthly expenses. She stated that providing coverage for sedation dentistry at an appropriate reimbursement rate will improve the lives of thousands of Kansans.

Chairperson Carpenter called upon Tammy Vicin, private citizen, to testify ([Attachment 8](#)). Due to technical difficulties, he referred the Committee to her written testimony.

Chairperson Carpenter recognized the provider, Jeremy Salsbury, CRNA, MSNA, Sleep in Safety ([Attachment 9](#)). He is a CRNA in Wichita. His business provides services at GraceMed and the dental clinic at Parsons State Hospital. They care for approximately 3,700 patients each year, of which approximately 75 percent are insured by one of the three Kansas MCOs or KMAP. They have dedicated their practice to bringing safe and comfortable anesthesia services to dental offices all around Kansas. By giving dentists the opportunity to perform procedures in their own offices, they eliminate the hospital or ambulatory surgical facility fee and help make patients generally more comfortable with their surroundings. Last year alone their services saved Kansas taxpayers approximately \$5.0 million. He stated that caring for patients in the dental office setting can be challenging. Many have complex health issues that prevent them from being able to be safely sedated in the office. Unfortunately, due to many factors including low reimbursement and facility credentialing challenges, there are not many dentists that have hospital privileges or are even willing to take patients to the hospital. That leaves many patients without proper dental care. Low reimbursement rates impact anesthesia providers as well, particularly when the patient has both Medicare and Medicaid. Their fee schedule rates simply do not cover the cost of providing the services. Often, anesthesia groups will receive a subsidy from the facility they are working for to offset the low reimbursement rates. This is a growing trend which puts a financial burden on the facility and often causes contention between the provider and the facility. He stated that, with improved reimbursement rates of the Kansas Medicaid program, more dentists and anesthesia providers would be willing to fill the need for office-based sedation dentistry. Moreover, with an increase in Medicaid anesthesia professional fees, perhaps less of a subsidy would be required, thereby decreasing the burden to the hospitals.

Laura Suttles, BSN, RN, CNOR, Director of Surgery and Specialty Clinic Manager, South Central Kansas Medical Center (SCKMC) provided testimony ([Attachment 10](#)). She stated she has been a RN assisting special needs surgical dental patients for 20 years. Most of them have severe cognitive, behavioral, and physical disabilities. For a patient to undergo surgery, the hospital requires a complete medical history and physical examination within 30 days of the surgery date. The documentation is to be submitted two weeks prior to the surgery so that the anesthesia and surgical teams can evaluate the patient and develop a care plan, as well as any additional testing that may be necessary. Based on the information collected, the surgical team formulates backup plans because often, despite their best efforts, a patient may need different intentions than what is anticipated.

One of the goals of the surgical team is to place an IV before the patient goes to surgery, although that is not always feasible. At times oral Versed may be administered or anesthesia gas to help the patient fall asleep before starting the IV. Sometimes they might need to administer a shot to help the patient relax prior to surgery. To ensure the best interest of the patient, additional staffing is required, including two anesthesia providers, two RNs, a scrub tech, and the dental staff for special needs patients. Once in the surgical suite, the most challenging moments occur during intubation and after extubation. There is also an increased risk that these patients may need to stay longer in the hospital for monitoring due to their health concerns.

Other health care needs are provided when necessary while the patient is under general anesthesia, although there is no additional reimbursement because it is all bundled into the dental surgery. She provided examples of the challenges that have been encountered with patients and situations that arose while treating them. They have patients from all over the state because there are very few facilities that care for adult special needs patients. A significant factor for this is the extremely low reimbursement rates compared to the time, risk, and effort involved.

She stated that CMS now has a code for reimbursement for dental procedures; however, some private insurers have yet to adopt this. Special needs dental procedures—pre-operative, intra-operative, and post-operative—require significantly more effort and time than those in some other specialties. She stated in 2023 their hospital's total charges for all dental cases came to \$265,808.54 while SCKMC received total payments of \$55,740.76, resulting in a contractual write-off of \$210,067.78. The total reimbursement the hospital received for dental surgeries in the year is equivalent to the reimbursement for one patient with a severe fracture. Additionally, the hospital's charges for dental surgery are considerably lower than those for other types of surgeries despite the fact that dental procedures often require more time and staff. There is a significant need for this service. If reimbursement rates are increased, more dentists and hospitals will be able to meet this need without incurring losses.

Chairperson Carpenter noted that there is written-only testimony from Kevin Robertson, Executive Director, Kansas Dental Association ([Attachment 11](#)).

Chairperson Carpenter recessed the meeting for lunch.

## Testimony on Sedation Dentistry from Individuals and Organizations

Chairperson Carpenter called the meeting back to order following the lunch recess.

The Chairperson recognized Aldona Carney, private citizen ([Attachment 12](#)). She stated that she and her husband are the parents and guardians of their son, Neil, who is 29 years old and has severe nonverbal autism. She spoke about the lack of access to sedation dental services. Ever since her son entered adult services, it has been a constant struggle to find a dentist that contracts with KanCare to accept Neil as a patient. Having dual insurance in Medicare and Medicaid has made it harder to access this service. She stated that several years ago, the president and CEO of one of the MCOs gave her a list of six dentists in their area that would provide services to Neil, but not one of them would take him as a patient. She noted that not being able to access dental care affects overall well-being. Neil has a history of self injury and aggressive behaviors if there is something wrong with his teeth. The number one reason dentists do not contract with KanCare is the low reimbursement rates. Neil will need this service his entire life, and she worries about who will fight for him getting these vital services when she is no longer around. She asked the Committee to please help her son and the others who do not have a voice.

Chairperson Carpenter recognized Melanie Jacobs, private citizen ([Attachment 13](#)). She stated the lack of dental providers who accept Medicaid and offer sedation services for adults with disabilities can be especially challenging. Many of these patients require sedation for even routine dental procedures due to sensitivities, anxiety, or other medical conditions. She believes the lack of providers is largely due to the inadequate reimbursement rates. Without an increase, significant challenges in finding providers who can meet the specialized needs of the IDD community will remain. She provided the Committee with the experiences they have had with their daughter, Sandra, who is a quadriplegic with cerebral palsy, as well as an array of other medical problems.

Chairperson Carpenter noted that there is written-only testimony from Matt Fletcher, Executive Director, Interhab ([Attachment 14](#)) and Tom Gdisis ([Attachment 15](#)).

### Sedation Dentistry Status and Innovations to Consider

Chairperson Carpenter recognized Dr. MaryAnne Lynch Small ([Attachment 16](#)). She stated that she is a dentist and the Medicaid Projects Manager at Oral Health Kansas. She discussed some of the values that the Sedation Dental Care Task Force has uncovered, what has been done to date, and summarized some of the existing sedation dental provider and anesthesia provider data available. The Task Force falls under the umbrella of Pathways to Oral Health which looks at oral health care broadly and oral health for people with disabilities. Sedation dental care is not always used as the first line of treatment; however, for certain individuals it offers the only route to dental health and maintenance. It is comprised of community members, dental providers, KanCare, MCOs, KDHE, and others.

She stated that sedation dental care access is a persistent and complex issue. One barrier that has been identified is the limited participation by dentists in the KanCare dental program. The American Dental Association estimates only 39 percent of dentists in Kansas participate in Medicaid. The national average is 43 percent. Recent data from KDHE shows that less than 15 percent of Kansas dentists see 100 KanCare patients and only 13 percent of Kansas dentists provide any sort of Medicaid dental services. Some dentists may be enrolled

with KanCare, but actually see only a handful of patients, do not take on new patients, or do not see any KanCare patients at all. She further stated that an essential barrier to participation for dentists is the reimbursement rate. Other barriers include lack of training and education, increased non-reimbursable time, a misunderstanding that there are other providers out there who are serving the disability population, and the persisting misunderstanding and stigma of disabilities. This combination of the lack of KanCare providers and the lack of providers who see individuals with disabilities mean that Kansans with disabilities have the greatest barriers to dental care, particularly adults with disabilities.

She stated the second barrier is a lack of dental provider and dental team training, particularly treating patients with disabilities and determining when sedation is appropriate. This lack of training may also perpetuate a pattern of misinformation to individuals with disabilities and their families regarding dental sedation. Information and support regarding the care options can help people navigate the system and advocate for their own health, including working with health care professionals to explore all their treatment options. There is also no complete and reliable list or directory of the sedation dental providers in the state.

She stated that another barrier is the CRNA reimbursement rate for the dual Medicare and Medicaid patients and the hospital and facility fees. The KDHE report details that the KanCare rate for CRNAs is only around \$18 for 15 minutes of care, which is not adequate to safely care for individuals under sedation, particularly those with complex needs. Compounding the reimbursement issues for CRNAs is the dual Medicare Advantage-Medicaid plans. Medicaid is the payor of last resort and, due to the application of “lesser of logic” when billing for sedation services, CRNAs are receiving the federally set Medicare rate for their services, which is very low and is not sustainable to continue providing sedation for this population for this fee.

Some individuals require dental care in a hospital setting for safety issues for complex medical needs. Medicaid began implementing a policy change last fall to pay the hospital and ambulatory care center a facility fee of \$1,722 for dental procedures. Unfortunately, utilization has been low and access to surgical space for dental procedures is still difficult.

She stated the Task Force has focused on understanding the existing sedation dental provider network to eliminate barriers. A requirement was made of the MCOs to maintain a list of sedation dental providers. Information needs to be given to the individuals and caregivers who require dental sedation services as to the type of sedation each provider offers, the insurance that is accepted, the populations they treat, and the geographic areas they serve. Dental provider and dental team education is also needed to improve the network of dentists who feel confident in serving individuals with disabilities.

She stated that the dental care passport is a communication tool created by Oral Health Kansas and its partners to improve the dental office visit by letting patients voice their specific needs. It was designed to help people with disabilities share with the dental office how they like to communicate, what worked well for them in past dental visits, and what parts of the appointment might be hard for them. This should help break down communication barriers, save time and money, and perhaps even remove the need for sedation in certain circumstances.

She stated the code G0330 is for dental procedures within hospital and ambulatory surgical centers or dental procedures. In 2023, the Kansas State Medicaid Program adopted this code, and hospitals within Kansas are reimbursed \$1,722 for dental procedures.

She stated the Kansas Dental Board tracks the number of dentists who are qualified to provide differing levels of sedation as part of the licensure process. This is in reference to dentists who provide sedation themselves, but they do not have data on any sedation that may be carried out by a CRNA. They also received the Kansas Medicaid: Sedation Dentistry Report from KDHE which was an essential step to affirm some of the barriers related to sedation dental care access and to begin to build a baseline understanding of the current Medicaid sedation dental provider network. They identified three distinct items from that report which warrant further investigation: low Medicaid reimbursement rates compared to neighboring states; delineation of the individual sedation codes; and the identification of the frequency of use of each sedation code billed by each provider.

The Chairperson recognized Tanya Dorf Brunner ([Attachment 17](#)). She summarized the avenues for improvement and some policy changes the Legislature could consider. Just this month Oral Health Kansas was awarded an ARPA grant from the KDHE Division of Health Care Finance to help improve access to dental care for people with disabilities.

She stated that the dental care passport is a big part of the new project they will be working on. Over the coming year they will do a lot of work around improving communications and promoting the passport. With regard to provider education, there will be resources in 2025 to launch a project ECHO training series concerning people with disabilities for dental teams. Future investments in Project ECHO and My Dental Care Passport education may be needed.

She stated that there will be resources in 2025 to grow and improve the Feeling Good About Your Smile program and develop new educational videos for individuals with disabilities. They also may look at future investments in consumer education programs.

She further stated that their goal for the next year is to explore available programs regarding delivering care for people with disabilities so that by the end of next year they will know something more than we do now. They want to look at the Centers for Inclusive Dentistry model. It is a home training model that helps dentists with hands-on experience, to provide some mentorship to help them gain more confidence in seeing people with disabilities.

She stated they also want to improve the Medicaid dental provider network. There are not enough Medicaid dental providers and even fewer that are prepared and comfortable in serving people with disabilities. They plan to develop a Medicaid Dental Facilitator program to recruit and support Medicaid dental providers to serve people with disabilities.

She stated that there is a need to have a better sedation network. They will look at ways to provide a sustainable way to update and maintain the sedation dental provider survey every year so we can meaningfully track the sedation network adequacy over time. The survey will accomplish three important goals. First, consumers who are looking for sedation dental care will have a realistic list of offices to call. Second, the MCOs will be able to realistically update their sedation provider lists annually, as required in the new KanCare contract. Third, the organization will learn where the gaps still are.

She further stated that Oral Health Kansas is requesting to study models of providing enhanced rates for dental care provided under IV and hospital sedation. Dental providers who offer sedation care do it at a cost to them. It takes longer to provide care under sedation because of all the work to prepare for the visit, get the person ready for sedation, and to ensure they come out of the sedation safely. The dentist is able to bill only the regular procedure codes for the care provided. This does not begin to adequately compensate them for the care they provide.

She stated the hospital facility fee code is G0330 and went into effect last fall. The rate was set at the federal Medicare rate of \$1,722.43. In January 2024, the federal Medicare rate for that code increased to \$3,087. They would like to see the Kansas rate increased to that amount and to index the rate to the federal Medicare rate so that they do not have to come back to the Legislature every year and ask for a rate increase.

She stated the most complex issue the Committee is looking at today is the dual Medicare and Medicaid coverage patients. Oral Health Kansas is requesting to continue exploration of policy and/or reimbursement changes to mitigate the sedation reimbursement rate issue for people who have dual Medicare and Medicaid eligibility.

She stated the fundamental issue for improving access to sedation dental care in Kansas is the rates. The capacity in the Kansas Medicaid dental provider network is limited. FQHCs and safety net clinics bear an outsized burden in seeing Medicaid members in Kansas. The only real solution to increase the provider network is to encourage more private dental offices to see Medicaid patients. They are requesting that the Committee recommend the 2025 Legislature increase the Medicaid dental rates to the level of the Missouri Medicaid dental rates.

She stated they are looking at a lot of different strategies and are hoping that the policy strategies outlined will make a dramatic increase in the availability of care and, hopefully, the need for hearings like this will diminish over time.

## **Kansas Sedation Dentistry Statutes and Regulations**

Chairperson Carpenter recognized Jenna Moyer, Assistant Revisor of Statutes, Office of Revisor of Statutes, who provided an overview of the relevant Kansas statutes on sedation dentistry ([Attachment 18](#)) ([Attachment 19](#)). She provided the Committee with a copy of all the statutes related to sedation dentistry. Generally, the Dental Practices Act requires anyone who is practicing in the state to get a license to do dentistry or dental hygiene. There are a couple of exceptions for three practices related to sedation dentistry: a licensed nurse performing a task as part of administering anesthesia under the supervision of a licensed dentist; a CRNA giving anesthesia during a dental operation as part of the health care team; and a non-licensed person may do certain tasks in a dental office but they may not administer anesthesia. KSA 65-1423 provides a definition of general and local anesthesia of any nature in connection with a dental operation. This does not include nitrous oxide or oxygen.

She stated that regulation of sedation dentistry is addressed in the Dental Practices Act at KSA 65-1444. This statute requires a dentist to get a permit issued by the Kansas Dental Board (Board) to practice sedation dentistry as long as they follow the Board's rules and regulations. The Board is authorized to issue permits, establish requirements and qualifications depending on the type of sedation, and require periodic renewal of that authorization. In an office where a dentist is authorized to administer sedation and anesthesia, the dentist is subject to inspection by the Board to ensure compliance with the rules and regulations. Subsection (b) of the statute allows a dentist to use a non-licensed assistant in the administration and monitoring of nitrous oxide and oxygen if the non-licensed assistant is certified in CPR and has completed a course of instruction approved by the Board.

KSA 65-1158 requires CRNAs to receive an order of a physician or a dentist requesting anesthesia or analgesia care. In 2022, the Legislature passed extended practice authority for advance practice registered nurses (APRNs), but that was a piecemeal approach just for that general category of APRNs. It did not go into effect in all the other statutes dealing with the other specific providers, including the CRNAs.

She stated the bill referred to earlier that was passed last year was 2024 SB 112.

She summarized the regulations she provided to the Committee. She stated Kansas laws and regulations permit dentistry members of medical staff, as well as physicians, to have admitting or clinical privileges, but those privileges would generally be up to the hospital. A dentist would have to apply to that hospital to either be a member of their staff or to receive those privileges, and the standards are up to the hospital. There are some guidance documents, but those are not part of her expertise.

### **Committee Recommendations**

The Chairperson opened the floor for recommendations from the Committee. Following discussion and a vote, the following recommendations were made by the Committee:

- Reviewing the scope of practice of certified registered nurse anesthetists to determine if the authority to procure their own medicines under a U.S. Drug Enforcement Administration license could be included;
- Recommend overall rate increases for dental providers including partial services that do not result in a dental service being provided;
- Have KDHE share with the Committee what the Sedation Dentistry Report would have been if the current Missouri rates were used, as well as 80 percent of the usual and customary rate;
- Recommend that KDHE provide a fiscal note regarding the cost to raise the dental code G0330 to the current Medicare rate of \$3,087 and index the full rate in future years to the current Medicare reimbursement rate;
- Recommend a dental provider network, including dentists and anesthesia, to ensure there is an accurate list of sedation dentistry providers that is complete and easily accessible to call for assistance;
- Recommend consumer education regarding the importance of the connection between dental care and overall long-term health care;
- Recommend that dental incentives be looked at to see how to include more dentists in the KanCare program; and
- Recommend support for the My Dental Care Passport.

### **Adjournment**

There being no further business, the Chairperson adjourned the meeting at 3:12 p.m.

Prepared by: Connie Bahner

Edited by: Elizabeth Cohn

Approved by the Committee on:

January 15, 2025  
(Date)