



Senate Fiscal Agency
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House Bill 4223 (Substitute H-1 as passed by the House)
Sponsor: Representative Scott VanSingel
House Committee: Families, Children and Seniors
Ways and Means
Senate Committee: Health Policy and Human Services

Date Completed: 10-1-19

CONTENT

The bill would amend Part 93 (Hearing and Vision) of the Public Health Code to do the following:

- **Change the heading of Part 93 to "Hearing, Vision, and Dental".**
- **Beginning in the 2020-2021 school year, require a parent, guardian, or person in loco parentis applying to have a child registered for the first time in kindergarten or first grade in a school to ensure that a dentist or dental hygienist conducted a dental oral assessment on the child that met certain requirements, or ensure that a governmental entity or person selected by the Department of Health and Human Services (DHHS) conducted the assessment.**
- **By the 2020-2021 school year, require the DHHS to establish and maintain a dental oral assessment program to provide assessments to a child residing in the State whose parent, guardian, or person in loco parentis failed to meet the requirement described above.**
- **Require the DHHS to establish and maintain a dental oral assessment program by contracting with a government entity or person that met certain requirements.**
- **Require a person conducting a dental oral assessment to issue a written statement clearly indicating that follow-up treatment was required, if the assessment indicated that the child required follow-up care.**
- **Specify that the bill's provisions related to the dental oral assessment requirement and dental oral assessment program would not apply in a fiscal year in which the Legislature did not appropriate money for the program.**

The bill would take effect 90 days after its enactment.

Dental Oral Assessment Requirement

Under the bill, beginning in the 2020-2021 school year, a parent, guardian, or person in loco parentis applying to have a child registered for the first time in kindergarten or first grade in a school in the State would have to comply with the following:

- **Ensure that a dentist or dental hygienist conducted a dental oral assessment on the child not earlier than six months before the date of the child's registration and obtained from the dentist or dental hygienist a written statement certifying that the child had received the assessment within the required timeframe.**

- If the parent, guardian, or person in loco parentis of the child failed to meet the requirements described above, that person would have to ensure that the government entity or person selected by the DHHS conducted an assessment on the child.

Beginning in the 2020-2021 school year, a parent, guardian, or person in loco parentis applying to have a child registered for the first time in kindergarten or first grade would have to present to school officials, at the time of registration or by the first day of school, a statement of exemption as provided by the Code; the statement certifying that the child had required an assessment; or a written statement indicating that the parent or guardian, or person in loco parentis of the child would provide for the child's dental oral assessment by a government entity or person selected by the DHHS. A child could not be excluded from school attendance if the parent, guardian, or person in loco parentis of the child failed to present a statement to school officials on or before the first day of school.

Before November 1 of each year, beginning in the 2020-2021 school year, the principal or administrator of each school would have to give the DHHS a summary of the dental reports at the time of school entry of new kindergarten and first grade students. The reports would have to be made on forms provided or approved by the DHHS.

Department Established Dental Oral Program

Under the bill, by the 2020-21 school year, the DHHS would have to establish and maintain a dental oral assessment program to provide dental oral assessments to children residing in the State whose parents, guardians, or persons in loco parentis had failed to meet the requirements described above.

The DHHS would have to accomplish the program by contracting with a government entity or person, which could include a grantee health agency described in Section 16625 of the Code. The following would apply to the government entity or person selected by the DHHS:

- The government entity or person would have to conduct the program in each area served by a local health department and would have to publicize the dental oral assessment service and the time and place of the clinics.
- An assessment administered under the program would have to include a limited clinical inspection, performed by a dentist or a dental hygienist, to identify possible signs of oral systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

(Section 16625 of the Code specifies that the Department of Community Health, now the DHHS, must designate a person as a grantee health agency for a two-year period if the person applies to the DHHS on a form provided by the DHHS and meets other requirements.)

If a school district had entered into a contract with a government entity or person to administer dental oral assessments to the school district's students, the school district could continue to use the government entity or person to conduct the assessments if the district ensured that the assessments were conducted by May 31 of each year and the requirements of the bill related to follow-up care and summary of dental reports were met, and provided all of the following information to the DHHS:

- The name of the government entity or person that conducted the dental oral assessments.
- Each date the government entity or person was scheduled to provide the assessments.
- The total number of assessment that were scheduled.

Dental Oral Assessment Follow-Up Care

Under the bill, when the result of a dental oral assessment indicated that a child would require follow-up care, the dentist or dental hygienist or government entity or person conducting the assessment would have to present to the individual bringing the child a written statement clearly indicating that follow-up treatment was required and, upon request, provide information concerning the availability and sources of dental treatment required to eliminate or reduce an identified problem.

Frequency of Hearing and Vision Testing & Preservation of Records

Currently, the Code requires records of hearing and vision testing and screening administered and conducted to be made and preserved as provided by the DHHS. The records must be available to health agencies and other entities to assist in obtaining proper and necessary health and educational care, attention, and treatment as permitted by the DHHS. Under the bill, this also would apply to records of dental oral assessments.

MCL 333.9307 et al.

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

The bill would have a negative fiscal impact on the Department of Health and Human Services and an indeterminate negative fiscal impact on local units of government, although operation of the dental screening clinics would be subject to appropriation from the Legislature. Under the bill, State costs would increase by approximately \$332,000 per year, while local costs would increase by approximately \$2.6 million per year, for a total increase of approximately \$2.9 million per year. Similar to the funding for the vision and hearing clinics, funding for local costs stemming from operation of the dental clinics would be appropriated to the DHHS, and then distributed to the government entity or person with which the Department had contracted. Some of the costs of the dental screening program could be offset, depending on the extent that children receiving dental screenings had insurance coverage (either through Healthy Kids Dental or private insurance). Local units of government could face increased costs if the Department contracted with local public health departments to operate the dental screening clinics and the costs to operate the program exceeded the funding provided by the State or cost offsets resulting from reimbursements from other insurance coverage.

The enrolled fiscal year (FY) 2019-2020 DHHS budget included \$2.0 million General Fund/General Purpose for a dental screening program for children entering school; however, it was vetoed by the Governor.

In the FY 2018-2019 budget, \$5.2 million Gross was allocated to local public health departments with \$2.6 million Gross going to support vision clinics and hearing clinics. According to the DHHS, the program provides over one million vision or hearing screenings annually.

Fiscal Analyst: Elyn Ackerman

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.