



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

BILL



ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

House Bill 4996 (as reported without amendment)
Sponsor: Representative Barb Vander Veen
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 9-14-05

RATIONALE

There are many reasons people do not always receive appropriate dental care; one reason is that not all residents have easy access to a dentist's office. Whether it results from geography, income level, or residence in a nursing home, the lack of dental care can lead to serious health conditions. Studies are beginning to show a connection between oral disease and diabetes, heart and lung disease, stroke, and low-birth weight or premature babies.

Under provisions of the Public Health Code enacted in 1991, dental hygienists, under the supervision of a dentist, may provide dental hygiene services to patients who have not first been examined by a dentist, as part of a program for dentally underserved patients conducted by a local, State, or Federal grantee health agency. Due to several restrictions contained in these provisions, however, only a few programs have been instituted to serve these populations. It has been suggested that the criteria for designation as a grantee health agency be revised to enable more underserved areas to receive the services of dentists or dental hygienists.

CONTENT

The bill would amend the Public Health Code to include a school or nursing home as a "grantee health agency", and otherwise revise the criteria for the designation of a grantee health agency.

Under the Code, a dental hygienist may practice at the "assignment" of a dentist, which means that the dentist has designated

a patient of record and described the procedures to be performed. Notwithstanding this provision, the Code allows a dental hygienist to perform services under the "supervision" of a dentist as part of a program for dentally underserved populations conducted by a local, State, or Federal grantee health agency for patients who are not assigned by a dentist. ("Supervision" is defined below.) The Director of the Department of Community Health (DCH) may designate an entity as a grantee health agency for a two-year period if the entity applies to the Department and meets criteria set forth in the Code.

Currently, to be designated as a grantee health agency, an entity must be a public or nonprofit agency administering a program of dental care to a dentally underserved population. Under the bill, the Director also could designate a school or nursing home that administers such a program. ("School" would mean a public or private elementary or secondary institution of learning for any grade from kindergarten to 12. "Nursing home" would mean that term as defined in Section 20109 of the Code, i.e., a nursing care facility, including a county medical care facility, that provides organized nursing care and medical treatment to seven or more unrelated individuals suffering or recovering from illness, injury, or infirmity.)

The bill would delete a requirement that a designated agency obtain more than 50% of its total revenue from public or nonprofit organization sources. The bill also would delete a provision under which an agency may not be associated with a private dental

practice or an incorporated dental service provider whose only source of State or Federal funding is reimbursement under the program for medical assistance administered by the Department of Human Services.

Currently, a designated agency must employ or contract with at least one dentist and one dental hygienist. Under the bill, an agency would have to employ or contract with at least one dentist *or* one dental hygienist.

The Code requires an agency to submit a program overview indicating specified information. The bill would require an agency also to submit the name and license number of the dentist and dental hygienist, if applicable, who were performing services under the program.

Under the bill, within 10 days after approving an application and designating a grantee health agency, the DCH would have to notify the Michigan Board of Dentistry of the designation in writing or make the information electronically available.

(For the purpose of these provisions, "supervision" means the oversight of or participation in the work of any other individual by a licensed health professional in circumstances in which one or more of the following exist:

- The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional.
- The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to educate the individual further in the performance of his or her functions.
- The provision by the licensed supervising health professional of predetermined procedures and drug protocol.)

MCL 333.16625

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

Public Act 58 of 1991 amended the Public Health Code to allow dental hygienists to provide dental hygiene services in certain approved public health settings to dentally underserved patients who have not first been examined by a dentist. At the time, it was envisioned that many programs would arise to provide needed dental services to the poor, to migrant workers, to nursing home residents, and to those who live in areas where there is a shortage of dentists. To date, only a few programs have been implemented due to restrictions contained in Public Act 58.

Now that studies are finding a connection between poor oral health and the onset of many serious, even life-threatening, health conditions, the importance of early and regular dental care cannot be ignored. Since the costs of treatment for serious diseases continue to escalate, preventive measures should be encouraged and access to health care providers, including dentists and dental hygienists, increased as a way of controlling health care-related costs.

The bill would be consistent with these goals in that it would remove barriers that have prevented the implementation of many well-intentioned programs. As a result, more highly trained professionals, both dentists and dental hygienists, would be able to provide services to residents of nursing homes, schoolchildren, and other underserved groups. The bill would retain the same level of supervision by dentists over dental hygienists that is required under current provisions.

As children received early screenings and fluoride treatments, tooth decay should decrease. As nursing home residents received appropriate dental care, respiratory ailments associated with gum disease also should decrease. In addition to increasing services to those without regular dental services, the bill would create jobs, have a positive impact on the overall health and well-being of the State's residents, and, due to the preventive benefits of good dental health, potentially serve to decrease public spending on serious illnesses in the future.

Legislative Analyst: Julie Koval

FISCAL IMPACT

The bill would likely create a mild cost increase for the State. The Department of Community Health would experience a slight increase in administrative cost associated with the processing of additional applications from dental providers seeking to become designated as grantee health agencies.

Fiscal Analyst: David Fosdick

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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.