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House Bill 6307 (Substitute H-1 as reported without amendment)
Sponsor: Representative Marie Donigan
House Committee: Health Policy
Senate Committee: Economic Development and Regulatory Reform

CONTENT

The bill would amend the Public Health Code to do the following:

- Require a dentist, by December 31, 2013, to install or have installed and use a dental amalgam separator on each wastewater drain in the dentist's office that was used to discharge dental amalgam.
- Require a separator to have an efficiency of at least 95%.
- Require the Department of Community Health (DCH), in consultation with the Department of Environmental Quality, to promulgate rules regarding best management practices for dental amalgam collection, disposal, and recycling, and the retention and inspection of related dental records.
- Allow the imposition of administrative sanctions for a violation of the bill or a rule promulgated under it.
- Provide that the bill would supercede a conflicting, additional, or different local ordinance or regulation, but allow a local unit to enact, adopt, maintain, and enforce an ordinance, regulation, or resolution that implemented the bill's requirements to install and use separators before the date required in the bill.

The bill would apply to dentists who use and dentists who remove dental amalgam. It would not apply to oral and maxillofacial surgeons, oral and maxillofacial radiologists, oral pathologists, orthodontists, periodontists, or dentists providing services in a dental school or hospital or through a local health department.

Proposed MCL 333.16631

Legislative Analyst: Patrick Affholter

FISCAL IMPACT

The bill would require that dentists install separators in their offices to prevent amalgam, which contains mercury, from entering sewers and the ground water supply. These costs would presumably be borne by the affected dentists. However, the installation and maintenance of this equipment could represent a new cost for local public health departments that operate dental clinics. The DCH indicates that 13 local public health departments currently operate a total of 27 public dental clinics.

The bill also would have a small, indeterminate fiscal impact on the State budget in the form of additional administrative and oversight costs. The Michigan Board of Dentistry would be charged with additional responsibilities, likely leading to a mild increase in State expenditures.

Date Completed: 12-8-08

Fiscal Analyst: Matthew Grabowski