Legislative Analysis



REQUIRED DENTAL SCREENING FOR CHILDREN

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House Bill 5241 as introduced Sponsor: Rep. Scott VanSingel Committee: Health Policy Complete to 5-14-18

Analysis available at http://www.legislature.mi.gov

SUMMARY:

<u>House Bill 5241</u> would amend Part 93 of the Public Health Code, which currently concerns hearing and vision screening, to include dental screening.

Currently, Part 93 requires local health departments to conduct <u>free</u> periodic hearing and vision testing and screening programs for local children and to publicize the date and location of the screenings. Additionally, it requires that a parent, guardian, or person in loco parentis of a child provide for the screening by an agency designated by the local health department.

<u>The bill</u> would replicate those requirements for dental testing and screenings (but not require that they be free).

<u>HB 5241</u> would also specify that a dental testing and screening under the bill must include a limited clinical inspection, performed by a dentist or dental hygienist, to identify possible signs of oral or systemic disease, malformation or injury, and the potential need for referral for diagnosis and treatment. The bill would provide that a parent meets the requirement of ensuring dental testing and screening if he or she presents a form as prescribed by the Department of Health and Human Services (DHHS) stating that the child has already received the prescribed dental screening and testing.

Finally, the bill would add the following dental screening requirements (the same requirements are currently in place for hearing and vision screenings):

- DHHS would establish and administer programs to assist local health departments in developing and maintaining periodic hearing testing and screening programs for children (and <u>could</u> establish such programs for adults).
- When a dental screening indicates that a child needs follow-up care, the local health department or authorized professional or agency would provide a written statement indicating as much.
- Upon request, the local health department would provide information on the availability and sources of dental treatment to eliminate or reduce an identified problem.
- When entering a child in kindergarten or first grade, a parent or guardian would be required to present a certificate of dental testing or screening or statement of exemption.
- School principals or administrators would give state and local health departments a summary of dental reports submitted.
- DHHS would make and preserve these records and make them available to health agencies and others to assist in obtaining dental care, attention, and treatment.

The bill would take effect 90 days after enactment.

MCL 333.9301 et al.

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BACKGROUND:

Tooth decay is the most common chronic disease for children and adolescents in the United States, according to a 2014 study by the American Academy of Pediatrics. In fact, more than one-quarter of children have tooth decay in baby teeth before entering kindergarten, and about 21% of children aged 5 to 11 have at least one untreated decayed tooth. Reportedly, children miss 51 million hours of school each year due to dental problems.

Healthy Kids Dental³—a partnership between DHHS and Delta Dental—is available to Michigan children who have Medicaid and are under the age of 21. An October 1, 2016 expansion of the program ensured that treatment such as dental exams, cleanings, X-rays, fillings, fluoride treatments, and sealants are available to about 930,000 children statewide.

FISCAL IMPACT:

Under House Bill 5241, the Department of Health and Human Services (DHHS) would have an estimated net cost of \$1.1 million to \$3.0 million to provide dental assessments without charge to 64,800 to 161,500 children per year who do not have dental insurance. This is 17% to 34% of the total cost to cover all children (\$6.6 million to \$8.8 million) under HB 5241. The total cost of the program is assumed to be reduced by reimbursement for services to children with dental insurance coverage and by children who will not have a dental assessment because a written statement of prior care has been provided by a parent.

This estimate includes the following assumptions: a schedule of four grades screened each year similar to the current hearing screening program schedule, a cost per screening of \$13.60 to \$15.50, funding for local coordinators of \$987,200 and for state staff of \$430,000, and local health department capacity to bill and receive reimbursement from Healthy Kids Dental (about 50% of all children) and from private dental insurance (16% to 33% of all children). This estimate more likely reflects use of trained dental hygienists or public health technicians rather than dentists for individual screenings. Utilizing licensed dentists may increase the full cost.

Fiscal Information on Similar School Screening Programs – Hearing and Vision

There are currently two similar programs required under Part 93 of the Public Health Code for hearing and vision screening of school children that are offered free annually for multiple grade groups. In the current fiscal year DHHS budget, \$5.2 million is provided to local public health departments for this screening for about 992,400 children annually, not including state administration costs. It is not known if this funding covers all or part of the screening costs of local public health departments. In some cases, it is likely that part of the screening program costs are being covered by local, nonprofit or donated resources, and possibly some reimbursement from insurance and/or Medicaid coverage.

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[■] This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.

¹ http://pediatrics.aappublications.org/content/pediatrics/early/2014/08/19/peds.2014-1699.full.pdf

https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html

³ https://www.michigan.gov/mdhhs/0,5885,7-339-71547 2943 4845 77918---,00.html