



Senate Fiscal Agency
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Senate Bill 280 (Substitute S-1 as reported)

Sponsor: Senator Sam Singh

Committee: Health Policy

CONTENT

The bill would amend the Public Health Code to require a parent, guardian, or person in loco parentis of a child to provide for a dental oral assessment for the child before the child's first time in kindergarten or first grade. The assessment could be performed by a dentist or dental hygienist selected by the parent, guardian, or person in loco parentis or by the entity selected by the Department of Health and Human Services (DHHS) to provide assessments through the dental oral assessment program already established by the Code. The bill also would delete the January 1, 2024, sunset on the dental oral assessment program.

MCL 333.9316

BRIEF RATIONALE

According to testimony, poor dental health in children is responsible for a significant chunk of annual missed classroom time. Reportedly, 60,000 children entering kindergarten every year do not have preventative dental care. Some people believe that a preventative strategy is the most effective way to combat poor dental health. Accordingly, it has been suggested that children be required to undergo a dental health oral assessment before kindergarten or first grade.

Legislative Analyst: Alex Krabill

FISCAL IMPACT

The bill would have a negative fiscal impact on the DHHS and on local units of government, although operation of the dental screening clinics is subject to appropriation from the Legislature. The Department estimates an annual cost of \$4.5 million to cover approximately 112,000 children across all 45 local health departments. The magnitude of the cost would depend on the number of children that are not already participating in the dental oral health assessment described in the Code that would participate upon enactment of the bill. Currently participation in the dental oral health assessment program is optional, although the bill does not include any penalties for parents that do not have a dental oral assessment performed before their child enters school.

Similar to the funding for the vision and hearing clinics, funding for local costs stemming from operation of the dental clinics is appropriated to the DHHS, and then distributed to the government entity or person with which the DHHS has contracted. Some of the costs of the expanded 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 DHHS 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.

Beginning in FY 2021-22 the DHHS budget has included ongoing funding of \$3.26 million Gross, which consists of \$1.5 million from the State School Aid Fund for the local services costs for school children, \$1.5 million of private authorization for private matching contributions from Delta Dental for services, and \$260,000 GF/GP to support 1.5 State positions for administering the program and to support the existing dental oral assessment program. The \$1.5 million in private funding from Delta Dental was carried forward from FY 2021-22 and will be fully spent in FY 2022-23. There will be a difference of \$2.74 million between the Department's estimated cost and already appropriated funding. Neither the Executive, Senate, or House included additional funding to support an expansion of the dental oral assessment program in its' proposed FY 2023-24 DHHS budget.

Date Completed: 6-27-23

Fiscal Analyst: Ellyn Ackerman

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