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Senate Bill 280 (as enacted)
Sponsor: Senator Sam Singh
Senate Committee: Health Policy
House Committee: Health Policy

PUBLIC ACT 316 of 2023

Date Completed: 1-8-24

RATIONALE

According to the Centers for Disease Control and Prevention (CDC), acute and unplanned dental care in children is responsible for about 34 million hours annually of missed classroom time in the United States.¹ This is because tooth decay remains the most common chronic disease among children.² Some people believe that a preventative strategy such as screening is better at combatting poor dental health and informing parents of their children's dental problems. Accordingly, it was suggested that children be required to undergo a dental health oral assessment before kindergarten or first grade.

CONTENT

The bill amended 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 may 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 deleted the January 1, 2024, sunset on the dental oral assessment program.

The bill took effect December 14, 2023.

In 2020, Public Act 261 amended the Code to require the DHHS to establish the dental oral assessment program for children. The program provides assessments to children in the State whose parents do not have a dentist conduct a dental oral assessment within six months of the child's first time in kindergarten or first grade. The DHHS maintains the program by contracting with a government entity or person selected by the DHHS. The Code allows a parent, guardian, or person in loco parentis applying to have a child registered for the first time in kindergarten or first grade to have a dentist or dental hygienist perform an oral assessment or have the program's selected entity perform an assessment on the child. Under the bill, a dental oral assessment is required as described below.

Beginning in the 2024-2025 school year, a parent, guardian, or person in loco parentis who applied to have a child registered for the first time in kindergarten or first grade in a school in Michigan must comply with the following:

- Have a dentist or dental hygienist conduct a dental oral assessment on the child not earlier than six months before the date of the child's registration with the school and obtain from

¹ Centers for Disease Control and Prevention, *Oral Health Fast Facts*, January 2021.

² Institute for Health Metrics and Evaluation, *GBD Compare Data Visualization*, 2020.

the dentist or dental hygienist a written statement certifying that the child has received the dental oral assessment.

- If the parent, guardian, or person in loco parentis of the child does not meet the requirements described above, the individual must ensure that the government entity or person selected by the DHHS conduct a dental oral assessment on the child.

Under the Code, when the result of an assessment indicates that a child requires follow-up care, the dentist, hygienist, governmental entity, or person conducting the assessment must present to the individual bringing the child a written statement indicating that follow-up treatments is encouraged. The bill requires the written statement distributed by a dentist, hygienist, governmental entity, or person conducting the assessment to indicate that follow-up treatment is required.

Beginning in the 2024-2025 school year, a parent, guardian, or person in loco parentis who applies to have a child registered for the first time in kindergarten or first grade in a school in Michigan must present to school officials, at the time of registration but not later than the first day of school, one of the following: 1) a statement of religious exemption to the bill's requirement; 2) the statement from a dental professional described above; or 3) a written statement indicating that the parent, guardian, or person in loco parentis will provide for the child's dental oral assessment by the DHHS's program.

A child cannot be excluded from school attendance if the parent, guardian, or person in loco parentis of the child does not present a statement described above to school officials on or before the first day of school.

Previously, a school district that entered a contract with a government entity or person who administered dental oral assessments to the school district's students had to report 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 dental oral assessments.
- The total number of dental oral assessments that were scheduled.

The bill deleted these reporting requirements.

In addition, the bill deleted the program's sunset of January 1, 2024.

MCL 333.9316

PREVIOUS LEGISLATION

(This section does not provide a comprehensive account of all previous legislative efforts on the relevant subject matter.)

Senate Bill 280 is a companion bill to House Bill 4445.

BACKGROUND

Healthy Kids Dental – a partnership between DHHS and Delta Dental – is available to Michigan children who have Medicaid and are under the age of 21.³ About eight out of 10 dentists across the State accept Healthy Kids Dental.⁴ The program covers services such as dental

³ MDHHS, *Healthy Kids Dental Program*, 2023.

⁴ *Id.*

assessments, fluoride treatment, X-rays, fillings, sealants, space maintainers, root canals, IV sedation, and emergency treatments to reduce pain.⁵

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

Tooth decay is preventable, but often hidden and embarrassing. According to testimony before the Senate Committee on Health Policy, tooth decay often goes undiagnosed until pain arises. Additionally, children keep select teeth until the age of 12 years old, which can be embarrassing to the child if these teeth are sites for tooth decay. Oral health screenings are a quick, easy, and non-invasive method of detecting tooth decay in a child. They should be deployed more broadly to prevent tooth decay in children and to prevent future pain, lost school time, and embarrassment.

Supporting Argument

According to testimony before the Senate Committee on Health Policy, one dental organization completed 1,651 dental assessments in Jackson County. Of these assessments, 30% reported some level of dental decay or disease. Additionally, Head Start – a poverty-relief program focused on supporting children's growth from birth to age five – reports that close to 33% of participants have untreated tooth decay. This means that 60,000 children entering kindergarten in Michigan every year do not have preventative dental care. These statistics reveal a need to expand coverage for the dental oral assessment program.

Legislative Analyst: Alex Krabill

FISCAL IMPACT

The bill will 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 will depend on the number of children that are not already participating in the dental oral health assessment described in the Code that will participate upon enactment of the bill. Formerly, participation in the dental oral health assessment program was 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

⁵ *Id.*

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.

Fiscal Analyst: Ellyn 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.