



**House
Legislative
Analysis
Section**

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PERMANENTLY MARK DENTURES

House Bill 4807 as enrolled
Second Analysis (1-12-90)

RECEIVED

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Sponsor: Rep. Michael J. Bennane
House Committee: Public Health
Senate Committee: Health Policy

Mich. State Law Library

THE APPARENT PROBLEM:

Having readily identifiable dentures is helpful in two disparate situations: mass disasters involving fire (such as airplane crashes), and institutional settings where people may misplace their dentures.

In mass disasters involving fire, it sometimes is difficult to identify the bodies of victims, which can be burned beyond recognition. However, even badly burned bodies can be identified through dental work, which is highly individual. But in the case of burn victims who were wearing dentures, dental identification is extremely difficult, as one denture is much like another.

In quite a different setting, having easily identifiable dentures can help nursing home patients who may misplace their dentures, for it would help the nursing home staff to match dentures that they find in the facility with the patient who misplaced his or her dentures.

In order to facilitate the identification of victims of mass disasters, as well as to assist nursing home patients, the Office of Health and Medical Affairs (in the Department of Management and Budget), on behalf of the Statewide Health Coordinating Council (SHCC), has requested legislation that would require the permanent marking of new dentures and orthodontic appliances.

THE CONTENT OF THE BILL:

The bill would add a new section to the Public Health Code which would require that dentures or removable orthodontic appliances be marked with the patient's name or social security number unless the patient specifically refused. More specifically, dentists (and dental laboratories) would be required to mark patients' dentures or orthodontic appliances with the patient's name or social security number — and to inform patients of their right to refuse such identification — unless the patient refused.

In an amendment not related to dentures, the bill also would delay the implementation of the new licensing act for counselors (Public Act 421 of 1988, Senate Bill 386) from January 1, 1990, to October 1, 1990, and change two other dates accordingly.

MCL 333.16645 et al.

FISCAL IMPLICATIONS:

The Department of Management and Budget reports that the bill has no fiscal implications for the state. (10-6-89)

ARGUMENTS:

For:

The bill would help in the identification of bodies of victims in cases where the only readily available means of identification is through dental work. Since people's natural reaction to an impending accident is to clench their teeth,

and since the oral cavity protects people's teeth, even in cases of severe fire, teeth can provide an important means of identifying accident victims. In the case of the crash of Northwestern Airline's Detroit flight 255, for example, identification of nearly 90 percent of the 278 fatalities had to be done through the victims' dental records. However, although individual dental work is readily identifiable (by checking passenger manifests against corresponding dental records), if an otherwise unidentifiable victim has dentures it becomes very difficult to distinguish one denture-wearing victim from another. By requiring that dentures (and orthodontic appliances) be permanently marked, the bill would greatly aid in the identification of accident victims under certain circumstances.

For:

Geriatric nursing home patients who wear dentures occasionally misplace their dentures, and when nursing home staff find these dentures, they often cannot return them to their rightful owner because there is no way of identifying who the owner is. This not only can be distressing to the denture wearer, it can actually cause considerable financial and physical hardship, if the dentures have to be replaced. And since Medicaid will replace dentures only once every five years, regardless of the circumstances, if a nursing home resident loses his or her dentures and must depend on Medicaid for replacement, it may be years before Medicaid will pay for a replacement. The bill would greatly aid nursing home residents — and staff — by ensuring that dentures, even if misplaced, are readily identifiable.

Against:

The bill would impose extra costs on denture wearers and could entail the creation of an expensive and cumbersome system for denture information storage and retrieval. And by not specifying a standard procedure for marking dentures, the bill could actually discourage people from having their dentures marked.

Response: According to industry estimates, the costs of permanently marking dentures would be from four to ten dollars. If dental insurance or Medicaid would not cover this cost, and if a patient could not afford the extra four to ten dollars, then he or she could simply refuse to have his or her dentures marked. There also should be no need for any kind of central repository for denture information storage and retrieval, since nursing homes presumably will have the social security numbers (and names) of their residents, while airlines will have passenger lists for each of their flights. Finally, the American Dental Association has a pamphlet which describes five different ways of permanently marking dentures. Since no one way of marking is suitable for all dentures and orthodontic appliances, it is preferable to require that dentures be permanently marked but not to restrict the method of marking to any one method.

H.B. 4807 (1-12-90)

For:

Although the legislation requiring the licensing of counselors and the establishment of a Board of Counseling was scheduled to take effect on June 1, 1989, funding was not made available until September of 1989. In order to give the Department of Licensing and Regulation time to get the board in place, and to allow counselors to operate legally until the counseling act can be fully implemented, a delay in the effective dates of the act is necessary.