

Testimony for HB4865

Honorable Representative MacGregor,

Removing barriers to oral health care is the interest of the population and the State of Michigan. As the former Michigan State Oral Health Director, I could see the positive impact of legitimate mobile dental practices that served the underserved. I witnessed firsthand the mobile dental practices that provided poor or fragmented care at the cost of the health of children and the loss to the state of millions of dollars of Medicaid reimbursement with no positive outcomes for children served. Mobile Dental policy drafts that began within the Michigan Department of Community Health Oral Health Program and Medicaid over 6 years ago were designed to provide a pathway for legitimate mobile dental facilities that would provide oral health services to the underserved populations while protecting the citizens of Michigan from fragmented and questionable dental care.

Underserved children in Michigan have significant access to oral services through the Healthy Kids Dental Program and other Medicaid programs. Oral health access for the elderly, underserved population in Michigan remains far from reach. According the 2013 Michigan Department of Community Health Burden of Oral Health "Barriers to care in long-term care facilities include shortage of dentists who will provide services to clients in the facility, lack of dental insurance, and the high cost of dentistry." HB4865, as it is written, provides undo and needless hardship to those mobile dental providers seeking to provide oral care so desperately needed in the elderly population.

The establishment of a "dental home" for all of Michigan's residents, particularly those in the underserved aging population, is just not possible. Michigan has a shortage of dentists who will or who are able to provide services to patients within a long-term care facility. Many residents of long-term care facilities lack dental insurance, cannot afford the high cost of dentistry, or have complex medical conditions that many dentists are reluctant or are not equipped to manage (Michigan Burden of Oral Health, 2013).

I respectfully request the sponsors of HP4865 to consider the following changes that will remove the barriers that the current language will pose on care to the aged through mobile dental units.

p. 5; Line 23     Insert " or make a reasonable attempt to" [provide follow-]

Rationale: If dentists are not able to serve the aging population currently, it is not plausible that a mobile dental facility can arrange for or provide follow-up services for an aged Medicaid patient who may have significant health complications or would be unable to pay for services. A reasonable attempt should be made, however, in securing a "dental home" or follow-up care.

p. 6; Line 13 Remove "the Michigan Dental Association".

Rationale: The Michigan Department of Community Health, which would oversee the logistics of HB4865 and the Michigan Board of Dentistry, which regulates dentistry, would be in an excellent position to develop guidelines for mobile dentistry in the interest of the state.

In Section 21607 Remove "provides comprehensive dental services and"

Rationale: The dental hygienist providing preventative dental services in long-term care facilities can digitally send radiographs as assessment data for use in teledentistry or to assist in triage of the patient by the dentist to determine areas that need emergent care and prioritize treatment needs.

In Section 21609 (4) Consent should be verbal or written.

Rationale: Implied consent in dental practice through verbal or written consent is the standard in dental health delivery. An aged person in pain with an abscessed tooth should not have to wait to try to contact guardian or spouse who may not have access to electronic communication.

With HB4865, the Michigan House has a unique opportunity to define mobile dental practice in the State of Michigan. The legislation, in its current form, will place barriers to dental access on one of Michigan's most fragile populations - the aged. Mobile dentistry should serve as a safety net for this underserved population. For many, mobile dentistry is the only dental access point to prevent and treat oral disease, a severe untreated chronic condition that severely impacts the quality of life of our aging population.

If I may have the opportunity to speak further or provide clarification, please do not hesitate to contact me.

Respectfully,



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