Michigan Dental Outreach
...the mobile dentists

Honorable Chairwoman Haines and members of the House Health Policy Committee,

Thank you for providing me with the opportunity to address the Committee on House Bill 4865, legislation which would further regulate the practice of dentistry in a mobile or temporary setting. We have enjoyed working with the bill's sponsor on this important issue and hope to continue to work with him, and you, towards crafting good public policy. However, at this time we are opposed to HB 4865 (H-1), as it is currently written.

Michigan Dental Outreach is a professional corporation for school-based mobile dentistry. We have been providing mobile dental care since 1997. In 2012, Michigan Dental Outreach had approximately 45,000 patient encounters with Michigan children in nearly 750 schools.

As you are aware, poor oral health in a child can severely impact that child's ability to concentrate and learn in school. Accordingly, the US Surgeon General has recommended school-based clinics as an effective venue for providing dental care to children, especially those at poverty level. With this approach in mind, we will continue to seek good public policy that promotes access to quality care and seeks to codify best practices.

With that goal in mind, we believe the H-1 Substitute is a step in the right direction. However, it currently contains a number of problems which we strongly believe would be detrimental to mobile dental operations throughout Michigan. The problems range from what we would consider to be technical in nature, to those that we view as being designed to use government to create an unfair competitive advantage.

The following comments and suggestions highlight our remaining concerns:

Page 5, Sec. 21607 (1)(C):
The MOA language still states that the MOA must state that the contracting dentist WILL ACCEPT patients for follow-up dental services. We believe it will be impossible to create a referral list of dentists that are willing to accept ANY AND ALL patients regardless of payment mechanism and regardless of severity of disease state. Inevitably, there be dentists that will refuse to treat patients with certain insurance and dentists that will refuse to accept patients with problems beyond the scope of their practice.

We suggest softening the language to say that the contracting dentist "MAY ACCEPT" patients treated at the facility "WITHIN THEIR SCOPE OF PRACTICE"...

Page 6, Lines 12-15:
We are told this subsection will be removed. We support its removal.

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Page 7, Line 21:
We believe the language is well intended but too specific. We are certainly in favor of mandating ADA compliance, but believe it should be done so in a slightly different language.

We would suggest replacing it with a requirement that all mobile dental facilities shall make reasonable accommodations in accordance to the American with Disabilities Act.

Page 8, Section 21609 (2):
We can support language that would require a written treatment plan to address comprehensive dental services to be provided either by the mobile facility or through another dentist who can provide those services. However, we ask that the remainder of the sentence be struck. To require that all additional services be provided through either (1) the original mobile facility, or (2) those dentists who have signed onto the MOA, is completely contrary to consumer choice. The patient should have the ability to seek treatment outside of the dentists listed on the MOA if they so choose.

Page 9, Section 21609 (3):
Same opposition as noted above. We would suggest striking the remainder of the subsection after line 3, "for or provide those dental services."

This language attempts to place a burden on mobile facilities far beyond that of any other dentist. Other dental offices are not required to persist in scheduling continued treatment beyond the initial attempt. Nor are others required to make written documentation of the attempts to schedule continued treatment available to the Department. And most importantly, "patient abandonment" is a standard that is specifically proven by jury trial – this language would codify the term to apply in this situation only to mobile facilities and not to all dentists. If there truly is a need to better define "unprofessional conduct by patient abandonment" we would strongly encourage that to be addressed in the public health code and apply to all dentists regardless of venue.

Page 9, line 27:
We believe this subsection to be anti-competitive. It is designed to steer patients away from mobile dental facilities. If the true intent is to inform patients that their future benefits may be affected by receiving treatment from a mobile facility, we would suggest language more to that point. Our current authorization form states that "Treatment by the in-school dentist may affect future benefits that your child may receive under private insurance, Medicaid, or CHIP." Perhaps replacing this subsection with identical language would ensure that all providers inform their patients of the same.

Page 10, Line 4:
The current language mandates that the written consent required include the name and address of the dentist who provided services in the last 12 months. If parents are unaware of the address of the previous dentist, then we would be prohibited from providing them access to treatment. We would suggest a simple change from "SHALL ALSO INCLUDE" to "SHALL ALSO REQUEST". We can support asking for the information, but failure to provide a name and address should not restrict access.

Page 10, lines 9-14:
We believe this language to be anti-competitive. Similar objection to above, with potential similar solution.

Page 10, lines 22-23:
We would support providing the child a list of the services rendered. However, we are not sure what good providing DPC's, fee, and tooth numbers would do. This information is made available to other providers upon request (in accordance with HIPPA), and it is certainly already available to Medicaid since it would have to be submitted as part of the bill.

Page 11, lines 2-3:
We can support the requirement in Subsection (G) that would require upon request a copy of any of the patient's records. However, the sentence on lines 1-2 would require us to hand records out to the patient without their request. There are serious HIPPA concerns with that requirement and would suggest keeping Subsection (G), but striking the sentence on lines 2-3.

Page 11, Section 21611:
Would require a new annual report that is not currently required by other dentist. We could support scaled back language that simply required the report to include any changes in staff providing dental services at the mobile facility and the locations of where the services were provided.

It seems redundant and unnecessary to require an additional administrative burden on mobile facilities that are not also required of other dental venues. Medicaid claims information is already submitted to the Department. It would seem that this language is actually intended to collect data on private-payers which would be shared with dentists look to poach business.

Section 21615 (3):
Would allow the Board to promulgate rules. The Board of Dentistry already has this ability for rules that would apply to the entire industry. We are unaware of a need for this language and it is causes concern about exactly what industry specific rules a Board comprised mostly of non-mobile facility dentists might come up with.

Sincerely,

Margo Y. Woll, DDS

Dr. Margo Woll, DDS