

DENTAL SCREENING OF CHILDREN

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House Bill 4223 (H-1) as reported from committee

Sponsor: Rep. Scott VanSingel

1st Committee: Families, Children and Seniors

2nd Committee: Ways and Means

Complete to 6-12-19

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 4223 would amend the Public Health Code to require dental oral assessments for children entering school and to require the Department of Health and Human Services (DHHS) to establish and maintain a dental screening program for certain children.

Dental Assessment Requirement for School Registration

Beginning in the 2020-21 school year, a parent or guardian registering a child for the first time in kindergarten or the first grade would have to do the following:

- Ensure that a dentist or dental hygienist conducts a dental oral assessment on the child six months before the date of school registration and obtain from the dentist or dental hygienist a written statement, on a form approved by DHHS, certifying that the child received the assessment within that time frame.
- If the parent or guardian did not meet the above requirement, ensure that the child have a dental oral assessment under the program maintained by DHHS, described below.

The parent or guardian would have to present to school officials, at the time of registration or the first day of school, the written certification of the child's dental oral assessment; a written statement indicating that the parent or guardian will provide for the child's dental oral assessment by the entity selected by DHHS; or a statement of exemption on religious grounds. However, a child would not be excluded from school attendance if the parent or guardian failed to present a statement to school officials as required by the bill.

Dental Oral Assessment Program

By the 2020-21 school year, DHHS would have to establish and maintain a dental oral assessment program to provide assessments to children whose parents or guardians did not have a dentist or dental hygienist conduct an assessment on the child, or did not obtain a written statement, as described above.

DHHS would have to contract with a government entity or person, which could be a grantee health agency, to establish the program. The entity selected by DHHS would have to do the following:

- Conduct the program in each area served by a local health department and publicize the dental oral assessment service and the time and the place of the clinics.
- Include in the dental oral assessment a limited clinical inspection, performed by a dentist or a dental hygienist, to identify possible signs of oral or systemic disease,

malformation, or injury and the potential need for referral for diagnosis and treatment.

School District Assessment Contracts

A school district that entered into a contract with a government entity or person to administer dental oral assessments to the school district's students could continue to use the entity to conduct the assessments if it ensured that the assessments were conducted by May 31 of each year and the rest of the bill's provisions were met. The school district would have to provide all of the following information to DHHS:

- The name of the government entity or person that conducts the dental oral assessments.
- Each date the entity is scheduled to provide the assessments.
- The total number of assessments scheduled.

Child Follow-up Care

If a dental oral assessment indicated that a child required follow-up care, the dentist, dental hygienist, or entity conducting the assessment would have to present to the individual who brought the child a written statement clearly indicating that follow-up treatment is required. Upon request, the person would have to provide information concerning the availability and sources of dental treatment required to eliminate or reduce an identified problem.

Summary of Dental Reports

Before November 1 of each year, beginning in the 2020-21 school year, the principal or administrator of each school would have to give DHHS a summary, on forms approved by DHHS, of the dental reports of new kindergarten and first grade students.

Appropriation Required for Bill to Apply

The bill provides that it would not apply in a fiscal year in which the legislature did not appropriate money for the dental oral assessment program.

Other Revisions

The bill would move a requirement that records of hearing or vision testing and screening under Part 93 of the act be made and preserved as provided by DHHS and be made available to health agencies to help in obtaining appropriate health and educational care, in order to modify it so it would apply also to records of dental oral assessments under the part. Under both current law and the updated provision, individual records are confidential as required by the Public Health Code.

The bill would also amend Part 93 of the Public Health Code (Hearing and Vision) to change its title to "Hearing, Vision, and Dental."

The bill would take effect 90 days after enactment.

Proposed MCL 333.9307 et seq.

BACKGROUND INFORMATION:

Tooth decay is the most common chronic disease for children and adolescents in the United States, according to a 2014 study by the American Academy of Pediatrics.¹ In fact, more than one-quarter of children have tooth decay in baby teeth before entering kindergarten, and about 21% of children aged 5 to 11 have at least one untreated decayed tooth.² Reportedly, children miss 51 million hours of school each year due to dental problems.

Healthy Kids Dental³—a partnership between DHHS and Delta Dental—is available to Michigan children who have Medicaid and are under the age of 21. An October 1, 2016, expansion of the program ensured that treatment such as dental exams, cleanings, X-rays, fillings, fluoride treatments, and sealants are available to about 930,000 children statewide.

FISCAL IMPACT:

Under HB 4223, subject to appropriations, DHHS would have increased costs of about \$1.7 million to provide dental assessments without charge to 17,000 to 30,000 children per year who do not have dental insurance, estimated to be 14% to 26% of children in Michigan. Costs include screenings, state staff, and local coordination. This estimate primarily reflects use of trained dental hygienists or public health technicians rather than dentists for individual screenings. Utilizing licensed dentists may increase the cost.

Fiscal Information on Similar School Screening Programs – Hearing and Vision

There are currently two similar programs required under Part 93 of the Public Health Code for hearing and vision screening of school children that are offered free annually for multiple grade groups. In the current fiscal year DHHS budget, \$5.2 million is provided to local public health departments for hearing and vision screening for about 992,400 children annually, not including state administration costs. It is not known if this funding covers all or part of the screening costs of local public health departments. In some cases, it is likely that part of the screening program costs are being covered by local, nonprofit or donated resources, and possibly some reimbursement from insurance and/or Medicaid coverage.

POSITIONS:

Representatives of the following entities testified in support of the bill (5-15-19):

- Delta Dental
- Michigan Association for Local Public Health
- Michigan Dental Association
- Michigan Dental Hygienists' Association
- Michigan Primary Care Association
- Smiles on Wheels

¹ <http://pediatrics.aappublications.org/content/pediatrics/early/2014/08/19/peds.2014-1699.full.pdf>

² <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

³ https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4845_77918---,00.html

The following entities indicated support for the bill (5-15-19):

- American Federation of Teachers
- Michigan Association of Superintendents and Administrators
- Michigan Education Association
- Mobile Dentists Outreach and Smile America
- School Community Health Alliance of Michigan

A representative of the Ingham Community Health Centers/Ingham County Health Department testified and with a neutral position on the bill. (5-15-19)

The Department of Health and Human Services indicated opposition to the bill. (6-12-19)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.