

DENTAL ORAL ASSESSMENT FOR CERTAIN CHILDREN

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House Bill 4223 as enacted

Public Act 261 of 2020

Sponsor: Rep. Scott VanSingel

1st House Committee: Families, Children and Seniors

2nd House Committee: Ways and Means

Senate Committee: Health Policy and Human Services

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

SUMMARY:

House Bill 4223 amends the Public Health Code to require the Department of Health and Human Services (DHHS) to establish and maintain a dental screening program for certain children entering kindergarten or the first grade.

Dental assessment at the time of school registration

Under the bill, beginning in the 2021-2022 school year, a parent, guardian, or person in loco parentis applying to have a child registered for the first time in kindergarten or the first grade in a school in Michigan may do 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 school registration and obtain from the dentist or dental hygienist a written statement, on a form prescribed by DHHS, certifying that the child received the assessment within that time frame.
- If the parent or guardian does not have an oral assessment conducted as described above, have a dental oral assessment conducted on the child by the government entity or person selected by DHHS as described below.

A parent, guardian, or person in loco parentis who chooses to have a dental oral assessment conducted on their child may present to school officials, at the time of registration or by the first day of school, either the written certification described above or a written statement indicating that the parent, guardian, or person in loco parentis will provide for the child's dental oral assessment by the entity or person selected by DHHS. A child cannot be excluded from school attendance if the parent, guardian, or person in loco parentis does not present a statement to school officials as described above.

Dental oral assessment program

By the 2021-2022 school year, DHHS must establish and maintain a dental oral assessment program to provide assessments to children whose parents, guardians, or persons in loco parentis do not have a dentist or dental hygienist conduct an assessment but otherwise decide to have a dental oral assessment conducted on their children, as described above. DHHS must accomplish the program by contracting with a government entity or person, which may include a grantee health agency described in section 16225 of the code,¹ to establish the program. The government entity or person selected by DHHS must do both of 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 place of the clinics.

¹ <http://legislature.mi.gov/doc.aspx?mcl-333-16625>

- 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 dental oral assessment contracts

A school district that has entered into a contract with a government entity or person to administer dental oral assessments to the school district's students may continue to use the entity or person to conduct the assessments as long as all of the following are met:

- The district ensures that the assessments are conducted by May 31 of each year.
- The district provides 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 or person is scheduled to provide the assessments.
 - The total number of assessments scheduled.
- The requirements described under the headings "Child follow-up care" and "Summary of dental reports," below.

Child follow-up care

If a dental oral assessment indicates that a child requires follow-up care, the dentist, dental hygienist, or government entity or person conducting the assessment must present to the individual who brought the child a written statement clearly indicating that follow-up treatment is encouraged. Upon request, the person must 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 2021-2022 school year, the principal or administrator of each school must give DHHS a summary, on forms provided or approved by DHHS, of any dental reports the school receives at the time of school entry of new kindergarten and first grade students.

Application of the bill

The provisions described above do not apply in a fiscal year in which the legislature does not appropriate money for the dental oral assessment program.

The provisions described above no longer apply beginning January 1, 2024.

Other amendments

The bill changes the title of Part 93 of the Public Health Code from "Hearing and Vision" to "Hearing, Vision, and Dental."

The bill also moves and modifies a requirement that records of hearing or vision testing and screening under Part 93 be made and preserved as provided by DHHS, and that they be made available to health agencies to help in obtaining appropriate health and educational care, so that it also applies to records of dental oral assessments. As previously provided under the law for vision and hearing assessments, individual records are confidential as required by the Public Health Code, and DHHS can promulgate rules regarding disclosure of these records.

MCL 333.9307 et seq.

BACKGROUND:

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.² 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.³ Reportedly, children miss 51.0 million hours of school each year due to dental problems.

Healthy Kids Dental—a partnership between DHHS and Delta Dental—is available to Michigan children who have Medicaid and are under the age of 21.⁴ 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 House Bill 4223, subject to appropriations, DHHS would have increased state costs of up to \$1.7 million to provide dental assessments without charge for up 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.

The fiscal year 2021-22 DHHS budget included new ongoing funding for this program of \$3,260,000 Gross, which includes \$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 anticipated from Delta Dental for services, and \$260,000 GF/GP to support 1.5 state positions for administering the program. Budget boilerplate section 1343 describes the purpose of the appropriation.

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.

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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.

²<http://pediatrics.aappublications.org/content/pediatrics/early/2014/08/19/peds.2014-1699.full.pdf>

³ <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

⁴https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4845_77918---,00.html