Fiscal Estimate - 2001 Session

\boxtimes	Original		Updated	C	orrected		Supplemental				
LRB	Number	01-3155/1		Introdu	ction Numbe	r Al	B-367				
Subject Dentists' licenses, the practice of dental hygienists, providing educational loan assistance to dentists and dental hygienists, and requiring various plans and reports related to dentistry											
Fiscal	Effect										
	No Local Go	e Existing tions Existing tions ew Appropriation vernment Costs	Increase Ex Revenues Decrease Ex Revenues	•	absorb wi	thin age Yes Costs	May be possible to ency's budget No				
	2. Decrea	e Costs sive Mandato	4. Decrease R	Mandato evenue	Units Affecting Towns Counti	eted es [] I	Village Cities Others WTCS Districts				
Fund Sources Affected Affected Ch. 20 Appropriations											
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Agend	y/Prepared	Ву	Auth	orized Sig	nature		Date				
DHES	DHES/ Anne Miller (608) 266-5422 Fredi				Ellen Bove (608) 266-2907						

Fiscal Estimate Narratives DHFS 5/8/01

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Subject

Dentists' licenses, the practice of dental hygienists, providing educational loan assistance to dentists and dental hygienists, and requiring various plans and reports related to dentistry

Assumptions Used in Arriving at Fiscal Estimate

This bill proposes the following changes:

- 1) Modify one of the examination requirements for dental licensure in the State of Wisconsin.
- 2) Require dentists applying for licensure who have been previously licensed in another state or territory of the U.S. or Canada to meet additional requirements.
- 3) Require the Dentistry Examining Board grant a license to practice dentistry to an applicant who is licensed in good standing in another state or territory in the United Sates or in another country if the applicant is a faculty member at a school of dentistry in Wisconsin.
- 4) Expand dental hygienist scope of practice in two ways:
- I. Allow a dental hygienist to apply sealants on a patient at a school for the education of dental hygienists without a dentist present in the facility, without a written or oral prescription by a dentist, and without a diagnosis or treatment plan by a dentist.
- II. Allow a dental hygienist, who has been certified by the Examining Board as having met additional education and experience requirements than those required for licensure to provide the following services in certain facilities without a dentist present in the facility and without a written or oral prescription:
- a. dental sealants;
- b. fluoride therapies;
- c. patient education services;
- d. radiograph exposure if a dentist will be available to read and diagnose them.

If a dentist, nurse practitioner, physician, or physician assistant has reviewed the medical history of the patient and has indicated in writing that the patient may receive the service, a dental hygienist, under this change, may also perform oral prophylaxis, debridement, deep scaling, root planing, removal of supragingival or subgingival calcareous deposits, and removal of subgingival cement.

Facilities in which the hygienist may perform the above specified practices under the above noted conditions are as follows: nursing homes; community-based residential facilities; hospitals; facilities established to provide care for terminally ill patients; and facilities operated by school boards, governing bodies of a private schools, local health departments, charitable institutions open to the general public or to members of a religious sect or order, non-profit home health care agencies, and non-profit dental care programs serving primarily indigent, economically disadvantaged, or migrant worker populations.

- 5) Expand the allowable practices delegated by a dentist to a dental hygienist under the delegation of practices statute. Also expand the allowable remedial procedures delegated under the delegation of remedial procedures statute.
- 6) Expand the Physician Loan Assistance Program to include dentists and the Health Care Provider Loan Assistance Program to include dental hygienists. Add a dentist and a dental hygienist to the Rural Health Development Council which advises the Department of Commerce on the operation of the loan programs.
- 7) Require the Department of Health and Family Services (DHFS) to prepare an Oral Health Data Collection Plan, for the development of a comprehensive oral health data collection system, to be submitted to the Governor and Legislature by September 1, 2002.
- 8) Require the following reports:

- a. Community Dental Health Education Report, prepared by the Wisconsin Technical College System Board on the feasibility and costs of increasing the number of community dental health education sites;
- b. Dental Workforce Report, jointly prepared by DHFS and the Dentistry Examining Board, to be submitted every five years to the Governor and Legislature with the first report due January 1, 2003, on the ability of the dental work force to meet the oral health needs of individuals in Wisconsin;
- c. Prior Authorization Report, prepared by DHFS, to be submitted to the Governor and Legislature by the first day of the sixth month beginning after publication of the act, on DHFS' efforts to reduce requirements for prior authorization for Medical Assistance (MA) services and efforts to simplify prior authorization for MA services.
- d. Access to Services Report, jointly prepared by DHFS and the Department of Regulation and Licensing, to be submitted to the Governor and Legislature two years and four years after enactment of the bill, on whether the provisions of the bill relating to a dental hygienist's scope of practice and delegation of dentistry practices have improved access to dental services.

The bill's proposed changes to the licensure of dentists will not have a fiscal effect. These changes are not expected to reduce the number of qualified dentists. Therefore the licensing changes are not expected to adversely affect access to MA dental services. As a result, there is no fiscal effect on MA expenditures of these provisions.

The bill's proposed changes to expand the scope of practice for dental hygienists and to increase the allowable procedures delegated by dentists to dental hygienists may have a fiscal effect, but the fiscal effect cannot be determined at this time. Studies suggest that a shrinking number of dentists nationwide has reduced access to dental services for MA recipients. Allowing hygienists who have met specified educational and experience requirements to perform preventative care and oral risk assessments under certain circumstances may help fill the service gaps resulting from a smaller number of dentists available to provide services. DHFS estimates that the bill's proposed changes, by filling service gaps, may increase MA and BadgerCare recipient access to dental services. MA and BadgerCare recipients who can access preventative care can avoid more costly emergency and restorative care. Therefore the increased MA and BadgerCare costs for preventative dental services projected in this bill may be offset by MA and BadgerCare savings in restorative and emergency care. The extent to which possible savings will offset possible costs cannot be estimated at this time.

The bill's proposed expansion of the Physician Loan Assistance Program and the Health Care Provider Loan Assistance Program to include dentists and dental hygienists respectively is not estimated to have a fiscal effect. This bill does not increase overall funding for the program and does not earmark or prioritize loans to dentists and dental hygienists within the current funding. The proposed change is expected to serve a small number of dentists and hygienists and thus is not estimated to significantly change the number of dentists and dental hygienists serving MA recipients. Therefore there is no projected fiscal effect on MA or BadgerCare benefit costs.

The bill's proposed Oral Health Data Collection Plan, Dental Workforce Report, Prior Authorization Report, and Access to Services Report to be prepared by DHFS will increase DHFS' workload, but this increased workload can be absorbed with current resources. Therefore these proposed reports will not have a fiscal effect.

Long-Range Fiscal Implications