HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1157 CS Dental Charting
SPONSOR(S): Mayfield
TIED BILLS: **IDEN./SIM. BILLS:** SB 2178

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Regulation Committee	10 Y, 0 N, w/CS	Hamrick	Mitchell
2) Health Care Appropriations Committee			
3) Health & Families Council			
4)			
5)			

SUMMARY ANALYSIS

HB 1157 expands the scope of practice for dental hygienists to enable them to perform dental charting without supervision by a dentist in locations such as public educational institutions, nursing homes, community health centers, county health departments, and health fairs with certain limitations. Dental charting is the recording of visual observations of clinical conditions of the mouth, such as missing teeth and restorations.

The bill does not appear to have a fiscal impact on state or local governments.

The bill will take effect on July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government and personal responsibility-The bill allows dental hygienists to perform dental charting without supervision by a dentist in locations such as public educational institutions, nursing homes, community health centers, and health fairs.

B. EFFECT OF PROPOSED CHANGES:

The bill expands the scope of practice of dental hygienists by allowing them to perform the task of dental charting without supervision of a dentist. The bill provides that dental charting is the recording of visual observations of clinical conditions of the mouth. Visual observations are done without the use of such diagnostic tools as x-rays or laboratory tests. The bill provides that a dental hygienist may only use instruments that are necessary to look at missing teeth, restorations, suspicious areas, and periodontal pockets. The bill requires that a dental hygienist to receive medical clearance, from a physician or a dentist, prior to using a periodontal probe while performing dental charting. A periodontal probe is measuring tool that is used in the diagnosis of periodontal disease.

The bill provides that dental charting may be performed in public and private educational institutions of the state and federal government, nursing homes, assisted living and long-term care facilities, community health centers, county health departments, health fairs, and mobile dental or health units. Dental charting may be performed for public health epidemiological surveys.

A person who receives dental charting must receive and acknowledge a written disclosure form. The disclosure form must state that the purpose of the dental charting is to collect data for use by a dentist at a prompt subsequent examination and that the diagnosis of cavities, soft tissue disease, oral cancer, and certain other conditions may only be done by a dentist during a comprehensive examination.

The bill requires that the Board of Dentistry approve the content of the disclosure and dental charting forms. Both forms must emphasize the limitation of dental charting and encourage a complete dental examination to assess a persons overall oral health.

The bill places restrictions on direct reimbursement and patient referrals which require compliance with anti-kickback and patient brokering laws. The bill also stipulates that performing dental charting does not create a patient of record or a medical record.

PRESENT SITUATION

According to the Children's Dental Health Project (CDHP), tooth decay is the single most common chronic disease of childhood. Without access to regular preventative dental services, dental care for many children is postponed until symptoms become so acute that care is sought in hospital emergency departments.[1] According to the CDHP, more than 51 million school hours are lost each year to dental-related illness and 25 percent of children living in poverty have not seen a dentist prior to entering kindergarten.[2]

A report by the Surgeon General found that people 55 to 74 years of age have higher rates of periodontal disease and also have an increasing amount of tooth decay compared to younger adults.

[1] Chidren's Dental Health Project. 2005. A Policy Brief: Cost Effectiveness of Preventative Dental Services.
[2] Children's Dental Health Project. 2002. Children's Dental Health Needs and School-Based Services: A Fact Sheet.

The elderly's use of dental care can be substantially influenced by financial barriers and other nondental health concerns.[3]

Dental Hygienists Current Scope of Practice

Section 466.024, F.S., provides that dental hygienists may remove calculus deposits, accretions, and stains from exposed surfaces of the teeth and shallow grooves or depressions of the gums. They may use metal scalers to perform deep teeth cleaning which involves the removal of hard deposits, below the gumline. They may also use a spoon-shaped instrument called curettage, to scrape tissue from a cavity.

Dental hygienists may expose dental X-ray films, apply topical preventive or prophylactic agents, and perform tasks delegated by a supervising dentist.

Currently, a dental hygienist may work in an office of a licensed dentist, in public health programs and institutions of the Department of Children and Family Services, Department of Health, and Department of Juvenile Justice under the general supervision of a licensed dentist.

A dental hygienist may work in other settings, if a patient presents a valid prescription from a dentist that is not older than two years. Such settings include:

- Licensed public and private health facilities;
- Other public institutions of the state and federal government;
- Public and private educational institutions; and
- The home of a non-ambulatory patient.

In this situation, the dentist issuing a prescription for dental hygiene care remains responsible for the care the patient.

Dental hygienists may, without supervision, provide educational programs, faculty or staff training programs, authorized fluoride rinse programs, and other services which do not involve diagnosis or treatment of dental conditions and which services are approved by the Board of Dentistry.

C. SECTION DIRECTORY:

Section 1. Amends s. 466.023, F.S., to provide that a dental hygienist may perform dental charting without supervision.
Section 2. Creates s. 466.0235, F.S., to provide a definition of dental charting; locations where dental charting may occur; a written disclosure that must be received and acknowledged when dental charting occurs; provide a restriction on periodontal probe use in dental charting; require board approval of the content of the disclosure and dental charting form; place restrictions on direct reimbursement, and patient referrals; and establish that the use of a dental charting form does not constitute the creation of a patient of record or a medical record.
Section 3. Provides that the bill will take effect on July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

[3] The United States Department of Health and Human Services. 2000. Oral health in America: a report of the Surgeon General.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Dental charting performed by dental hygienists may provide access to needed dental services, specifically preventative oral health screenings, by low income children and adults. The screenings may encourage individuals to have a comprehensive dental examination done. Failure to prevent dental problems may have adverse long-term effects, which may be costly.

D. FISCAL COMMENTS:

According to the Department of Health, there may be a minimal fiscal impact for rule promulgation which can be covered with existing resources.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides that the board must approve the content of a disclosure and a dental charting form. According to the Department of Health, the bill does not explicitly require the board to engage in rulemaking. Due to the lack of clarity and implication, more specific rule-making authorization would be beneficial.

C. DRAFTING ISSUES OR OTHER COMMENTS:

DRAFTING ISSUES:
The house bill amends ss. 466.023 and 466.0235, F.S. The Senate bill amends s. 466.0241, F.S.

The bill provides on lines 37-38, that a dental hygienist may perform dental charting in "…public and private educational institutions of the state and federal government." This is problematic since there are not any "private educational institutions of the state and federal government."

It would be beneficial to provide rule-making authority to the Board of Dentistry to approve the content of the disclosure and dental charting forms.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On March 22, 2006, the Health Care Regulation Committee adopted 3 amendments offered by the bill's sponsor. The Committee Substitute differs from the original bill as filed in that it:

- Added language that limits the use of a periodontal probe while performing dental charting;
- Allows a dental hygienist to perform dental charting for public health epidemiological surveys and at county health departments; and
- Removes the requirement that a person receiving dental charting must review and sign a disclosure form. The bill now states that a person must receive and acknowledge a disclosure form.

The bill, as amended, was reported favorably as a committee substitute. This analysis is drafted to the committee substitute.