The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT
(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 580
INTRODUCER: Senator Grimsley
SUBJECT: Reimbursement to Health Access Settings for Dental Hygiene Services for Children
DATE: November 23, 2015

I. Summary:

SB 580 authorizes the Agency for Health Care Administration (AHCA) to reimburse under the Medicaid program for remedial health services delivered in a health access setting by a dental hygienist when provided to a Medicaid recipient younger than 21 years of age. Remedial tasks are defined as intra-oral tasks that do not create unalterable changes in the mouth or contiguous structures, are reversible, and do not expose the patient to increased risks.

The effective date of the bill is July 1, 2016.

II. Present Situation:

Florida Medicaid Program

Medicaid is a joint federal and state funded program that provides health care for low income Floridians. The program is administered by the AHCA and financed with federal and state funds. Florida has an estimated monthly caseload of over 4 million Floridians enrolled in Medicaid for fiscal year 2015-2016.¹ Of those enrollees, more than 2.1 million are children.² The statutory authority for the Medicaid program is contained in ch. 409, F.S.

Federal law establishes the minimum benefit levels to be covered in order to receive federal matching funds. Benefit requirements can vary by eligibility category. For example, more benefits are required for children than for the adult population. Florida’s mandatory and optional

² Agency for Health Care Administration, Florida KidCare Enrollment Report, October 2015(on file with the Senate Committee on Health Policy).
benefits are prescribed in state law under ss. 409.905 and 409.906, F.S., respectively. Children’s dental benefits and authorization for reimbursement and treatment levels are specifically covered under s. 409.906(6), F.S. and provided in more detail in the Medicaid Dental Services Coverage and Limitations Handbook.  

Comprehensive dental benefits are required for children and are offered as an expanded benefit for adults under the Medicaid Managed Care plans (MMA). Dental is also included as an approved Long Term Care Managed Care plan (LTC) expanded benefit. Dental services delivered through the MMA and LTC plans must comply with the Medicaid Dental Services Coverage and Limitations Handbook as does services delivered through the Medicaid fee for service system.

Florida Medicaid currently reimburses dental services provided to Medicaid recipients by a registered dental hygienist who is employed by or in a contractual agreement with a health access setting, as defined under s. 466.003(14), F.S., and is under the general supervision of a dentist as defined under s. 466.003(10), F.S. The Medicaid-enrolled supervising dentist at the facility where the registered dental hygienist is employed or is in contractual agreement with is listed as the treating provider for these services.

**Practice of Dentistry**

Chapter 466, F.S., addresses the practice of dentistry and dental hygiene. Specifically, s. 466.024(2), F.S., identifies the specific services that dental hygienists are permitted to perform, including dental cleanings and applications of topical fluoride and sealants, in a health access settings without the physical presence of, prior examination by, or prior authorization of a dentist.

The expanded scope of practice legislation was passed in 2011, which permitted licensed dental hygienists to perform certain functions without the physical presence, prior examination or authorization of a dentist, in health access settings. The MMA plans provide health care services from certain health access settings providers as part of their contracts obligations with the

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5 A health access setting is defined under the statute as a program or an institution of the Department of Children and Family Services, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head Start center, a federally qualified health center or look-alike as defined by federal law, a school-based prevention program, a clinic operated by an accredited college of dentistry, or an accredited dental hygiene program in this state if such community service program or institution immediately reports to the Board of Dentistry all violations of ss. 466.027, and 466.028, or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such setting.

6 “General Supervision” means a dentist authorizes the procedures that are being carried out but is not required to be present when those authorized procedures are being performed under the statutory definition.

7 See Chapter Law 2011-95, ss. 4-8, Laws of Fla and s. 466.024(2), F.S.
AHCA, including contracting with county health departments and federally qualified health centers.\textsuperscript{8}

However, while the scope of services that could be performed without supervision was expanded for dental hygienists, the legislation did not specifically permit the health access setting provider to bill Medicaid for these expanded services unless the services are performed under the general supervision of a dentist. Statutory authorization for Medicaid dental reimbursement delivered at a health care access setting by a dental hygienist is addressed separately under s. 409.906(6), F.S.

The administrative rules under Chapter 64B5-16, F.A.C., provide additional guidance as to the level of supervision required for dental hygienists and the tasks that may be delegated or performed at those levels. Under Rule 64B5-16.001, F.A.C., remedial tasks are defined as those intra-oral tasks that do not create unalterable changes in the mouth or contiguous structures, are reversible, and do not expose the patient to increased risks. The rule permits a dentist to delegate any task to a dental hygienist that meets this criteria and where the training and supervision requirements of the rule have also been achieved.

### III. Effect of Proposed Changes:

Section 1 amends subsection (6) of s. 409.906, F.S., to authorize the AHCA to reimburse a health access setting, as defined in s. 466.003, F.S., for dental services provided to a Medicaid recipient under the age of 21, under an appropriate statutory delegation of duties by a licensed dental hygienist.

Section 2 provides an effective date of July 1, 2016.

### IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. **Fiscal Impact Statement:**

A. **Tax/Fee Issues:**

None.

B. **Private Sector Impact:**

Health access settings reimbursement for certain services of dental hygienists would become eligible for Medicaid reimbursement for remedial services. Additional health care access settings may benefit from increased revenue resources from newly reimbursable services. These health care access settings may also be able to provide services in a more cost efficient manner through the expanded use of dental hygienists.

C. **Government Sector Impact:**

Health access settings that employ dental hygienists who are not currently able to receive reimbursement for certain services would become eligible for Medicaid reimbursement for remedial services. Additional health care access settings may benefit from increased revenue resources from newly reimbursable services. These health care access settings may also be able to provide services in a more cost efficient manner through the expanded use of dental hygienists.

Local county health departments could increase the number of preventive services by hiring more dental hygienists and utilize the expertise of dentists for those services which may only be performed by a dentist in a more cost efficient manner. The AHCA indicates that a dental hygienist’s salary is approximately one-half the cost of a dentist’s salary.

The AHCA indicates SB 580 has no fiscal impact.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill substantially amends section 409.906 of the Florida Statutes.

IX. **Additional Information:**

A. **Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.
B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.