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FISCAL IMPACT REPORT

ORIGINAL DATE 02/07/11

SPONSOR Sandoval LAST UPDATED _____ HB 187

SHORT TITLE Expanded-Function Dental Auxiliaries SB _____

ANALYST Esquibel

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY11	FY12	FY13		
	Unknown	Unknown	Recurring	Dental Board

(Parenthesis () Indicate Revenue Decreases)

Relates to SB 133, Study UNM Students Directly to Dental School.

SOURCES OF INFORMATION

LFC Files

Responses Received From

Regulation and Licensing Department (RLD)

Department of Health (DOH)

Health Policy Commission (HPC)

SUMMARY

Synopsis of Bill

House Bill 187 (HB187) would amend the New Mexico Drug, Device and Cosmetic Act and the Dental Health Care Act to:

- Allow for the use of expanded-function dental auxiliaries and community dental health coordinators;
- Expand the scope of practice for dental hygienists;
- Expand the list of acceptable clinical examinations for licensure to practice dentistry; and
- Allow applicants who are licensed to practice dentistry or dental hygiene in another state or territory of the U.S. or students who are enrolled as dental residents at the University of New Mexico, and who are otherwise qualified to practice dentistry in this state, to obtain a temporary public-service license.

FISCAL IMPLICATIONS

House Bill 187 contains no appropriation.

HB187 would expand the dental licensure base to include applicants who have taken the required examinations in other locations, applicants who will become expanded-function auxiliaries or community dental health coordinators, and applicants for temporary licensure. This expansion could generate additional revenue for the New Mexico Board of Dental Health Care as a result of application and renewal fees.

SIGNIFICANT ISSUES

HB 187 significantly expands the scope of practice for a dental hygienist and specifically authorizes prescriptive authority to administer local anesthesia. The bill includes an expanded scope of practice for dental auxiliaries and community dental health coordinators, and public-service licensure for dentists and dental hygienists.

PERFORMANCE IMPLICATIONS

HB187 relates to the Department of Health's (DOH) FY12 Strategic Plan: Goal 3: Improving the Health System; System Objective 3: Create an oral health system that provides children, low-income rural populations and people with developmental disabilities with preventive and restorative oral health services.

ADMINISTRATIVE IMPLICATIONS

The Regulation and Licensing Department (RLD) indicates an additional performance implication for the Dental Board, as a result of this bill, will be the issuance of licenses to expanded function dental auxiliaries and community dental health coordinators.

Compliance is a substantial part, already, of the dental board's staff work, and under the provisions of this bill, with the additional levels of licensure and expanded practice, compliance will take on even more importance and require additional time and work.

RLD's Boards and Commissions Division will need to complete the rule-making process to implement this legislation. The new sections of the Act will require new rules to expand the practice of a dental hygienist; authorize prescriptive authority for the administration of anesthesia; license dental health coordinators; and license the expanded function dental auxiliary and public-service licensure for dentists and dental hygienists.

The Dental Board's staff will also need to spend additional time reviewing applications for licensure in the above-mentioned areas.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB187 relates to:

- SB133 which would appropriate \$5.0 thousand to the University of New Mexico Board of Regents to conduct a feasibility study for a program allowing Bachelor of

Arts degree recipients to matriculate directly to the dental school for a doctor of dental science or doctor of dental surgery degree.

OTHER SUBSTANTIVE ISSUES

The Department of Health reports one of the major themes in the Surgeon General's report, Oral Health in America is that "oral health is integral to general health" and that a person is not truly healthy without having good oral health, which also affects productivity and quality of life. The report found a significant disparity between racial and socioeconomic groups in regard to oral health and ensuing overall health issues. Based upon its findings the Surgeon General called for action to promote access for oral health care for all Americans, especially the disadvantaged and minority children found to be at risk for medical complications resulting from minimal oral health care and treatment (<http://www.surgeongeneral.gov/library/oralhealth/>).

Studies indicate that, in 2002, New Mexico residents were 10 percent below the Healthy Border 2010 goal of 75 percent of the population visiting a dentist each year. Sixty-five percent of adults in New Mexico had *visited a dentist or dental clinic within a past year*. This was consistent with other Border States (66 percent) and the U.S. (70 percent). (HRSA, Border County Health Workforce Profiles: New Mexico:

<http://bhpr.hrsa.gov/healthworkforce/border/newmexico/highlights.htm>).

Access to care is largely affected by an overall shortage of dental providers in New Mexico, as well as a shortage of dental providers practicing in rural/frontier and underserved areas. The federal government has designated all or part of 30 counties as Dental Health Professional Shortage Areas. (<http://hpsafind.hrsa.gov/HPSASearch.aspx>)

RAE/svb