



SOUTH CAROLINA REVENUE AND FISCAL AFFAIRS OFFICE
STATEMENT OF ESTIMATED FISCAL IMPACT
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This fiscal impact statement is produced in compliance with the South Carolina Code of Laws and House and Senate rules. The focus of the analysis is on governmental expenditure and revenue impacts and may not provide a comprehensive summary of the legislation.

Bill Number:	H. 5028	Introduced on February 24, 2022
Author:	Wetmore	
Subject:	Dental Hygienists	
Requestor:	House Medical, Military, Public, and Municipal Affairs	
RFA Analyst(s):	Boggs and Griffith	
Impact Date:	March 15, 2022	

Fiscal Impact Summary

This bill expands the scope of practice for dental hygienists in medical offices and homebound settings. It allows them to operate without supervision when practicing primary preventive care that is reversible and under general supervision when administering local infiltration anesthesia. Further, this bill adds that dental hygienists practicing interdependently in public health settings without supervision must be recognized and may be directly reimbursed by Medicaid and other payers.

This bill will have no expenditure impact on the Department of Labor, Licensing and Regulation (LLR) or the Public Employee Benefit Authority (PEBA). LLR and PEBA anticipate that any additional responsibilities can be managed with existing staff and within existing appropriations.

This bill may have an undetermined General Fund expenditure impact for the Department of Health and Human Services (DHHS) dependent upon funding from the Centers for Medicare and Medicaid Services (CMS). If CMS denies enhanced funding for the system modifications, the agency will request \$846,900 in appropriations from non-recurring General Funds to fund the modifications.

Additionally, this bill may have a significant Federal Funds revenue impact for Medicaid funding for DHHS as the agency states this bill will cause the agency to be in violation of federal law.

This fiscal impact statement is pending, contingent upon a response from the Department of Health and Environmental Control.

Explanation of Fiscal Impact

Introduced on February 24, 2022

State Expenditure

This bill expands the scope of practice for dental hygienists in medical offices and homebound settings. It allows dental hygienists to operate without supervision when practicing primary preventive care that is reversible and under general supervision when administering local infiltration anesthesia. Further, this bill adds that dental hygienists practicing interdependently in

public health settings without supervision must be recognized and can be directly reimbursed by Medicaid and other payers.

Department of Health and Environmental Control. This bill removes that a dentist authorizing treatment by a dental hygienist in school settings or nursing home settings is subject to the general supervision restrictions unless the dentist or dental hygienist is working in a public health setting with the DHEC. The expenditure impact of this bill is pending, contingent on a response from DHEC.

Department of Health and Human Services. The bill also requires system modifications to establish a new provider and/or specialty type, as well as modifications to current Advanced Planning Document (ADP) contracts. Any modifications to current Medicaid Management Information System (MMIS) APD contracts must go through a lengthy approval process through CMS to be eligible for enhanced funding. If the enhanced funding request is denied, the state would be responsible for the entirety of the modification costs. Based on historical costs of similar system change projects, it is projected that this system modification would cost \$846,900. If CMS denies enhanced funding for the system modifications, the agency will request the appropriations from non-recurring General Funds. Therefore, this bill will have an undetermined General Fund expenditure impact for DHHS.

Department of Labor, Licensing and Regulation. This bill expands the scope of practice for dental hygienists in medical offices and homebound settings. Further, it allows them to operate without supervision when practicing primary preventive care that is reversible and under general supervision when administering local infiltration anesthesia. The board of Dentistry, which is housed under LLR, is responsible for regulating dentists, dental hygienists, and dental technicians. LLR anticipates that the Board of Dentistry may need to hold additional board or committee meetings to revise regulations for approved procedures for licensed dental hygienists. However, LLR anticipates that the cost of the additional meetings can be covered under existing appropriations. Therefore, this bill will have no expenditure impact for LLR.

Public Employee Benefit Authority. This bill adds that dental hygienists practicing interdependently in public health settings without supervision must be recognized by Medicaid and other payers. PEBA anticipates this bill will not increase the cost of coverage for dental care. Therefore, this bill will have no expenditure impact on PEBA nor the state health plan.

State Revenue

This bill adds that dental hygienists practicing interdependently in public health settings without supervision must be recognized by Medicaid and other payers and can be directly reimbursed by them. DHHS houses Medicaid which is the state's grant-in-aid program by which federal and state governments share the cost of providing medical care for needy persons who have low income. According to 42 of the Code of Federal Regulations §440.100, Dental Services is defined as "diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist". This legislation would require the Medicaid program to pay for services for beneficiaries that were provided without supervision, contrary to federal law. If CMS were to

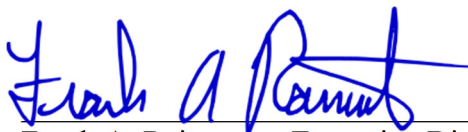
find the agency out of compliance with our state plan related to Dental Services, they may withhold Federal Financial Participation in whole, or in part. For informational purposes, FY 2020-2021, the agency spent approximately \$5,930,000,000 in Federal Funds for all state Medicaid programs. The Dental program accounted for approximately \$115,000,000 of these Federal funds.

Local Expenditure

N/A

Local Revenue

N/A



Frank A. Rainwater, Executive Director