

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 6126 S SB	<b>Title:</b> Dental practitioners	<b>Agency:</b> 303-Department of Health
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## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	FY 2012	FY 2013	2011-13	2013-15	2015-17
Health Professions Account-State 02G-1				47,000	107,000
<b>Total \$</b>				47,000	107,000

### Estimated Expenditures from:

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years	0.0	0.2	0.1	0.2	0.3
<b>Account</b>					
Health Professions Account-State 02G-1	0	37,000	37,000	52,000	59,000
<b>Total \$</b>	0	37,000	37,000	52,000	59,000

### Estimated Capital Budget Impact:

NONE

This bill was identified as a proposal governed by the requirements of RCW 43.135.031 (Initiative 960). Therefore, this fiscal analysis includes a projection showing the ten-year cost to tax or fee payers of the proposed taxes or fees.

*The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.*

Check applicable boxes and follow corresponding instructions:

- ☐ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☒ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☒ Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 02/03/2012
Agency Preparation: Danny Howard	Phone: (360) 236-4625	Date: 02/11/2012
Agency Approval: Catherine Suter	Phone: 360-236-4544	Date: 02/11/2012
OFM Review: Ryan Black	Phone: 360-902-0417	Date: 02/13/2012

Request # 12-114-1

## Part II: Narrative Explanation

### II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

*Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.*

NOTE: The fiscal impact is the same as the previous fiscal note, FN12-033, SB 6126.

Section 2: Prohibits anyone from practicing dental therapy or representing themselves as a dental practitioner or a dental hygiene practitioner without being licensed by the department.

Section 3: Requires the Department of Health (DOH) to issue a license to qualified dental practitioner and dental hygiene practitioner applicants who: 1) pay the applicable fees; 2) submit the required forms; 3) demonstrate that education requirements have been met; and 4) complete preceptorship under the supervision of a dentist.

Section 5: Establishes the requirement for a written practice plan contract between the dental practitioner or dental hygiene practitioner and a licensed dentist. These contracts will be maintained by both the contracting dentist and the dental practitioner or dental hygiene practitioner. A dentist may contract with no more than five practitioners at any one time. Contracts must be submitted annually to the department and be made available to the public upon request.

Section 7: Authorizes the Dental Quality Assurance Commission (DQAC) as the disciplinary authority under this chapter.

Section 9: Adds two additional members to the Dental Quality Assurance Commission.

Section 19: Requires the department and the DQAC to adopt any rules necessary to implement this bill.

Section 21: Sections 1 through 17 take effect January 1, 2013.

### II. B - Cash receipts Impact

*Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.*

Section 3: Current law requires that health professions be fully self-supporting and that sufficient revenue be collected through fee increases to fund expenditures in the Health Professions Account. Revenue will be collected starting in fiscal year (FY) 2014. Based on the number of dental therapists enrolled in educational programs in Alaska (22) and Minnesota (10) and the number of licensed dental hygienists ready to enroll in Eastern Washington University's post-baccalaureate education program (8), DOH is estimating ten applicants each year for each type of license. Below are the estimated applicants and renewals by fiscal year:

FY 2014 – 20 new applications

FY 2015 – 40 (20 new applications, 20 renewals)

FY 2016 – 60 (20 new applications, 40 renewals)

FY 2017 – 80 (20 new applications, 60 renewals)

FY 2018 --100 (20 new applications, 80 renewals)

FY 2019 –120 (20 new applications, 100 renewals)

NOTE: Actual fees will be determined during the rulemaking process.

## **II. C - Expenditures**

*Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.*

### **Assumptions**

Credentialing the new dental practitioners and dental hygiene practitioners will begin in the spring of 2014, after rulemaking is completed. DOH will need to develop two examinations; one for dental practitioner and one for dental hygiene practitioner. Costs associated with administering the exams will be paid by the applicant directly to the exam company and will not be part of the license fee.

### **Rulemaking**

Note: Based on experience with other new professions, DOH estimates that the rules and implementation work will take a minimum 12 months. Also, DOH expects this rule to be controversial for the following reasons: 1) a sunrise review has not been completed to determine if a new mid-level dental profession would increase access to care in Washington; 2) the scope of practice is broader than other dental mid-level models across the nation; 3) the Dental Hygiene Examining Committee (DHEC) does not have rule authority to establish or enforce the approval educational programs and examinations for the two new professions; 4) the DHEC would be approving education and examinations for a higher level scope of practice than a dental hygienist and; 5) the DQAC has disciplinary authority but the DHEC is approving education and examinations.

Section 19: The department and the DQAC will develop and adopt rules to establish the licensure requirements, fees and approval for educational programs for dental and dental hygiene practitioners. This will include two stakeholder meetings and one formal rules hearing, all meetings will be held in free facilities. The commission stakeholder meetings will take place during a regularly scheduled business meeting in effort to minimize costs. Costs will include minimal travel for staff to travel to locations outside the Olympia area. This allows stakeholders the opportunity to participate and provide comments during the rulemaking process. Costs include staff and associated costs, printing, and Office of Attorney General time. Total one-time costs for rulemaking will be 0.1 FTE Health Services Consultant 3 and \$14,000 in FY 2013.

### **Information Technology**

Section 3: During FY 2013, staff will be required for implementing the new licensure program. This will include conducting a business analysis, configuration, and testing of two new credential types. Tasks include establishing credentialing workflows, user defined fields, templates, fee tables, renewals and modification or creation of reports in the DOH Integrated Licensing and Regulatory System (ILRS). Total one-time costs include staff and associated costs for a 0.1 FTE Information Technology Specialist 5 and \$11,000 in FY 2013.

### **Program Implementation & Administration**

Sections 3: To implement and administer the Dental Practitioner and Dental Hygiene Practitioner Program, DOH will develop the initial application, renewal form, contract practice plan form, create a Web site, and receive contract practice plans annually. DOH will need to contract with an examination company to develop the examination for dental practitioners and dental hygiene practitioners since there is not a nationally recognized body for this profession. The estimated one-time contract amount is \$10,000 based on other similar examination costs. Program implementation costs will include staff and associated costs and a one-time contract cost for a total of \$11,000 in FY 2013. Starting in FY 2014, ongoing program administration costs will total 0.1 FTE Health Services Consultant 3 and \$6,000 each year.

#### Dental Quality Assurance Commission

Section 9: Adds two new members to the Dental Quality Assurance Commission (DQAC) increasing the number of commission members from sixteen to eighteen. DOH assumes the two new members will be appointed in FY 2014, after the licensing program has been implemented. The DQAC has six business meetings per year; costs for the two new commission members will include commission pay at \$250 per day and travel. DOH assumes one new member from each side of the state for travel costs. Starting in FY 2014, ongoing costs include 0.1 FTE commission member time and \$8,000 each year.

#### Credentialing

Section 3: Credentialing costs starting in FY 2013 will be for staff to review and process applications, conduct background checks by running queries with the National Practitioner Databank and Washington State Patrol, provide technical assistance, and issue licenses for qualified applicants on an estimated 20 new applications per year, as well as renewals. Starting FY 2013 and ongoing, costs will be \$1,000 each year.

#### Discipline

Sections 7: Based on experience in the Physician Assistant Program, the department is estimating a complaint rate of 6 percent of licensees per year plus five more drug-related complaints each year. If a complaint involves a contract practice plan, then a complaint would be opened against the dentist as well.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the person complained about, and help assess whether an investigation is needed. In more than half the cases, investigation is needed. The investigator obtains information about the complaint and the respondent and prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, and other staff work to develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order.

Cost estimates for the complaint response process associated with this bill were calculated using the department's Disciplinary Workload Model. Estimated discipline costs include staff and associated costs, increased commission member time, and minimal travel. Total costs in FY 2014 will be 0.1 FTE and \$10,000; 0.1 FTE and \$12,000 in FY 2015; 0.1 FTE and \$13,000 in FY 2016; and 0.2 FTE and \$16,000 each year thereafter.

## Part III: Expenditure Detail

### III. A - Expenditures by Object Or Purpose

	FY 2012	FY 2013	2011-13	2013-15	2015-17
FTE Staff Years		0.2	0.1	0.2	0.3
A-Salaries and Wages		17,000	17,000	27,000	34,000
B-Employee Benefits		4,000	4,000	6,000	7,000
C-Personal Service Contracts		10,000	10,000		
E-Goods and Services		6,000	6,000	13,000	12,000
G-Travel				6,000	6,000
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
<b>Total:</b>	\$0	\$37,000	\$37,000	\$52,000	\$59,000

### III. B - Detail: List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2012	FY 2013	2011-13	2013-15	2015-17
ADMINISTRATIVE ASST 3	40,524				0.0	0.0
Commission Member	65,000				0.1	0.1
CUSTOMER SVCS SPEC 2	36,756		0.0	0.0	0.0	0.0
FORMS & RECORDS ANALYST 2	42,588				0.0	0.0
HEALTH CARE INVESTIGATOR 3	60,120				0.0	0.0
HEALTH SVCS CONSLT 3	61,632		0.1	0.1	0.1	0.1
HEARINGS EXAMINER 3	78,900				0.0	0.0
INFORMATION TECH SPEC 5	78,900		0.1	0.0		
LEGAL SECRETARY 2	42,588				0.0	0.0
<b>Total FTE's</b>	507,008		0.2	0.1	0.2	0.3

### III. C - Expenditures By Program (optional)

Program	FY 2012	FY 2013	2011-13	2013-15	2015-17
Hlth Systems Quality Assurance (060)		34,000	34,000	46,000	52,000
Administration (090)		3,000	3,000	6,000	7,000
<b>Total \$</b>		37,000	37,000	52,000	59,000

## Part IV: Capital Budget Impact

NONE

## Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 19: Requires the department and DQAC to adopt rules necessary implement this bill.



# Ten-Year Analysis

<b>Bill Number</b> 6126 S SB	<b>Title</b> Dental practitioners	<b>Agency</b> 303 Department of Health
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This ten-year analysis is limited to agency estimated cash receipts associated with the proposed tax or fee increases. The Office of Financial Management ten-year projection can be found at <http://www.ofm.wa.gov/tax/default.asp>.

## Estimates

☐ No Cash Receipts ☐ Indeterminate Cash Receipts

## Estimated Cash Receipts

Name of Tax or Fee	Acct Code	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020	Fiscal Year 2021	2012-21 TOTAL
Dental Practioner Program	02G			16,000	31,000	46,000	61,000	76,000	91,000	91,000	91,000	503,000
<b>Total</b>				16,000	31,000	46,000	61,000	76,000	91,000	91,000	91,000	503,000
<b>Biennial Totals</b>				<b>47,000</b>	<b>107,000</b>	<b>167,000</b>	<b>182,000</b>	<b>503,000</b>				

## Narrative Explanation (Required for Indeterminate Cash Receipts)

Section 3: Establishes a new dental practitioner and dental hygiene practitioner profession that includes establishing requirements and creating fees. Current law requires that health professions be fully self-supporting and that sufficient revenue be collected through fee increases to fund expenditures in the Health Professions Account. Revenue will be collected starting in fiscal year (FY) 2014. Based on the number of dental therapists enrolled in educational programs in Alaska (22) and Minnesota (10) and the number of licensed dental hygienists ready to enroll in Eastern Washington University's post-baccalaureate education program (8), DOH is estimating ten applicants each year for each type of license, and revenue by fiscal year, as follows:

FY 2014 – 20 new applications  
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FY 2019 –120 (20 new applications, 100 renewals)

NOTE: Actual fees will be determined during the rulemaking process.



# Ten-Year Analysis

Revised

<b>Bill Number</b> 6126 S SB	<b>Title</b> Dental practitioners	<b>Agency</b> 303 Department of Health
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