



dental hygienists via telehealth and outlines rules for such remote consultations. Medicaid and the Children's Basic Health Plan (CHP+) may reimburse dentists for services provide via telehealth relating to interim therapeutic restorations.

**Background**

Interim therapeutic restorations are a type of temporary dental restoration to stabilize a tooth until a dentist can assess the need for further treatment. According to the American Academy of Pediatric Dentists, interim therapeutic restorations may be beneficial in circumstances where traditional dental services for cavities are not available or when dealing with young patients, uncooperative patients, or patients with special health care needs.

**State Revenue**

The bill increases cash fund revenue to DORA by about **\$46,000 in FY 2015-16 and \$3,000 in FY 2016-17**. This revenue from fees is deposited to the Division of Professions and Occupations Cash Fund to offset the costs of the bill in DORA. The fiscal note estimates that about 10 dental hygienists will be permitted under the bill to perform interim therapeutic restorations. Given this low number, it is assumed that, in addition to the permit fee, DORA will raise the license fees on all dental hygienists. Dental hygienist licenses are renewed every two years.

**Fee Impact on Individuals or Business.** Section 2-2-322, C.R.S., requires legislative service agency review of measures which create or increase any fee collected by a state agency. While the exact fee schedule will be set by DORA in rule, Table 1 below shows the potential fee impact of the bill on dental hygienists.

<b>Table 1. Fee Impact on Individuals or Business</b>					
<b>Type of Fee</b>	<b>Current Fee</b>	<b>Proposed Fee</b>	<b>Fee Change</b>	<b>Number Affected</b>	<b>Total Fee Impact</b>
<b>FY 2015-16</b>					
Dental Hygienist License (New)	\$150	\$160	\$10	250	\$2,500
Dental Hygienist License (Renewal)	\$86	\$96	\$10	4,300	\$43,000
Interim Therapeutic Restoration Permit	\$0	\$50	\$50	10	\$500
<b>FY 2015-16 TOTAL</b>					<b>\$46,000</b>
<b>FY 2016-17</b>					
Dental Hygienist License (New)	\$150	\$160	\$10	250	\$2,500
Interim Therapeutic Restoration Permit	\$0	\$50	\$50	10	\$500
<b>FY 2016-17 TOTAL</b>					<b>\$3,000</b>
<b>TWO-YEAR TOTAL</b>					<b>\$49,000</b>

**TABOR Impact**

This bill increases state revenue from fees, which will increase the amount required to be refunded under TABOR. TABOR refunds are paid from the General Fund.

**State Expenditures**

The bill increases costs in DORA and the Department of Health Care Policy and Financing (HCPF) by **\$81,846 in FY 2015-16 and \$28,827 in FY 2016-17** and future years. These costs are summarized in Table 2 and discussed below.

**Assumptions.** The fiscal note makes the following assumptions:

- interim therapeutic restorations will be reimbursed under Medicaid and CHP+ starting January 1, 2016, after program rules are established and IT system changes completed;
- 160 interim therapeutic restorations will be performed over 6 months in FY 2015-16 for Medicaid clients (140 children and 20 adults);
- 340 interim therapeutic restorations will be performed in FY 2016-17 for Medicaid clients (300 children and 40 adults), accounting for the full year of operations and population growth;
- each interim therapeutic restorations costs a total of \$70.11, including \$26.26 for dentist consultation and \$48.85 for the restoration; and
- clients on CHP+ will have interim therapeutic restorations at the same rate as Medicaid clients, which will result in an increase costs of \$0.02 per client in FY 2015-16 and \$0.04 per client in FY 2016-17.

<b>Table 2. Expenditures Under HB 15-1309</b>		
<b>Cost Components</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
<b>Department of Regulatory Agencies</b>	<b>\$44,240</b>	<b>\$2,475</b>
Personal Services	\$6,014	\$0
Committee Per Diem and Expenses	6,300	0
Legal Services	7,426	2,475
Expert Consultant	24,500	0
<b>Department of Health Care Policy and Financing</b>	<b>\$37,606</b>	<b>\$26,352</b>
Information Technology Modifications	25,200	0
Medical Services Premiums	11,217	23,837
CHP+	1,189	2,515
<b>TOTAL</b>	<b>\$81,846</b>	<b>\$28,827</b>
<b>General Fund</b>	<b>10,815</b>	<b>9,675</b>
<b>DPO Cash Fund</b>	<b>44,240</b>	<b>2,475</b>
<b>Children's Basic Health Plan Trust Fund</b>	<b>74</b>	<b>156</b>
<b>Hospital Provider Fee Cash Fund</b>	<b>759</b>	<b>1,526</b>
<b>Federal Funds</b>	<b>25,958</b>	<b>14,995</b>

**Department of Regulatory Agencies.** Costs in DORA will increase by \$44,240 in FY 2015-16 and \$2,475 in FY 2016-17 and future years, paid from the Divisions of Professions and Occupations Cash Fund. To implement the permitting of dental hygienists to perform interim therapeutic restorations, the DORA will have costs to hire an expert consultant to develop standards for this procedure (\$24,500). There will also be costs to reimburse advisory committee members for per diem and travel expenses (\$6,300). DORA will also require 260 hours of temporary staff to assist the committee and conduct the initial permitting process (\$6,014). It is anticipated that DORA will require an additional 75 hours of legal services in the first year (\$7,426) and 25 hours in future years (\$2,475) for rulemaking.

**Medical services premiums (HCPF).** While interim therapeutic restorations may limit the costs of future dental work in some cases (i.e., prevent a tooth from getting worse and requiring a more complicated procedure), reimbursement for this procedure is expected to increase costs overall for several reasons. First, in some cases, the cost of the permanent restoration will be the same as if no interim restoration was done, even after Medicaid and CHP+ have paid for an extra procedure. Second, the bill requires that a dentist supervise cases where it is appropriate for a dental hygienist to perform an interim therapeutic restoration and allows reimbursement for telehealth consultations. Reimbursement for consultation and telehealth will be higher than if a standard restoration or no restoration was performed. Therefore, based on the assumptions above, the bill will increase costs for provider reimbursement under Medicaid by \$11,217 in FY 2015-16 and \$23,837 in FY 2016-17, paid using General Fund and federal funds

**Children's Basic Health Plan (HCPF).** Based on the estimated increase in capitated payments for clients on CHP+, the bill increases program costs by \$1,189 in FY 2015-16 and \$2,515 in FY 2016-17. CHP+ costs are paid using cash funds and federal funds.

**Information technology costs (HCPF).** In order to implement proper billing for interim therapeutic restorations and ensure that providers are properly licenced, changes to the Medicaid Management Information System (MMIS) are required. Based on the scope of work, 200 hours of programming time is required at a contracted rate of \$126, resulting in one-time costs of \$25,200.

### **Effective Date**

The bill takes effect August 5, 2015, if the General Assembly adjourns on May 6, 2015, as scheduled, and no referendum petition is filed.

### **State Appropriations**

For FY 2015-16, the bill requires the following appropriations:

- \$44,240 to the Department of Regulatory Agencies from the Division of Professions and Occupations Cash Fund, of which \$7,426 is reappropriated to the Department of Law;
- \$25,200 to the Department of Health Care Policy and Financing for information technology, including \$6,300 General Fund and \$18,900 federal funds;
- \$11,217 to the Department of Health Care Policy and Financing for medical service premiums, including \$4,515 General Fund, \$690 from the Hospital Provider Fee Cash Fund, and \$6,012 federal funds; and

- \$1,189 to the Department of Health Care Policy and Financing for the Children's Basic Health Plan, including \$74 from the Children's Basic Health Plan Trust Fund, \$69 from the Hospital Provider Fee Cash Fund, and \$1,046 federal funds;

**State and Local Government Contacts**

Regulatory Agencies  
Law  
Human Services  
Public Health and Environment

Health Care Policy and Financing  
Personnel and Administration  
Corrections  
Counties