



**DENTIST’S HEALTH PROFESSION  
SPECIALTY FIELD LICENSE**

**House Bill 6333 (Substitute H-1)  
First Analysis (11-12-02)**

**Sponsor: Rep. Patricia Birkholz  
Committee: Health Policy**

***THE APPARENT PROBLEM:***

The state health code regulates health care professions through a system of licensure and registration. Under the code, “license” is defined as an authorization to *practice* where practice would otherwise be unlawful, whereas “registration” means the authorization to *use a designated title* where its use would otherwise be prohibited. A licensed health professional who has acquired a level of skill and knowledge beyond the minimum needed for licensure may apply for specialty certification in a “health profession specialty field,” i.e., an area within the scope of practice of a licensed health profession that requires advanced education and training beyond that required for initial licensure. Although only licensed health professionals may obtain such specialty certification, the specialty certification itself is a form of registration. Thus, the lack of specialty certification in a health profession specialty field does not restrict a professional’s scope of practice but does restrict his or her use of designated titles.

Dentists may currently apply for specialty certification in any one or more of the following specialty fields: prosthodontics, endodontics, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics, and oral pathology. To obtain specialty certification, a dentist must meet the additional education and training requirements mentioned above and demonstrate to the Board of Dentistry his or her competency through an examination or other credentialing process. Since specialty certification is a form of registration, both generalists and specialists may perform dental services in the seven specialty fields, but only a dentist who has received specialty certification may use a title indicating that he or she is a specialist in the areas in which he or she has received such certification. Some specialists believe that the term “specialty certification” makes it difficult for the public to distinguish between a true specialist and a generalist who has perhaps received some additional schooling and training in a specialty field, e.g., a weekend conference, but has not been gone through

the examination or credentialing process required by the Board of Dentistry.

In a separate matter, under the code individuals who receive their medical degrees outside of the United States and Canada may currently be granted licensure in Michigan if they satisfy several requirements. One of the requirements involves passing either an initial medical licensure examination approved by the state board of medicine or the special purpose examination developed by the National Board of Medical Examiners for the Federation of State Medical Boards. The Department of Consumer and Industry Services has been informed that the state may no longer use the National Board of Medical Examiners’ exam for this purpose.

Legislation has been introduced to replace dental specialty certification with dental specialty field licensure to provide dental specialists with some additional title protection. The legislation would also amend the code so that passing the National Board of Medical Examiners’ exam no longer satisfies the exam requirement for foreign-educated applicants for a Michigan medical license.

***THE CONTENT OF THE BILL:***

House Bill 6333 would amend the Public Health Code to phase out dental “specialty certification” and create a new credential for qualified dentists—the “health profession specialty field license”. A “health profession specialty field license” (or “field license”) would be defined as an authorization *to use a title* issued to a licensed dentist who had met certain qualifications established by the Michigan Board of Dentistry for *registration* in one or more of the seven (currently acknowledged) health profession specialty fields. Any individual who held a dental specialty certification on the bill’s effective date would be considered to hold a field license in that specialty and could renew the field license on the specialty certification’s expiration date. Just as specialty

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certification authorizes the use of a title and so is considered a form of registration under current law, a field license would really be a form of registration. The bill would also specify that a licensed dentist who had not been issued a field license in any of the dental specialty fields was not prohibited from performing services in those fields.

The bill would explicitly authorize the Board of Dentistry to issue a field license to a licensed dentist who had satisfied certain requirements that exceed those required for initial licensure and that currently apply to dentists seeking dental health profession specialty certification. The bill would change various other requirements in the code so that the same requirements held whether an individual held (or was applying for) specialty certification or a field license. Among other things, an individual who held a health profession specialty field license from another state could apply for a field license in this state, according to the reciprocal licensure and registration procedures set forth in the health code. The bill would also amend the code to apply the current fee structure and requirements for holders of (and applicants for) a health profession specialty certification to holders of (and applicants for) a health profession specialty field license.

In a separate matter, the bill would amend the code's provisions allowing a person who has completed the requirements for a medical degree at a medical school located outside the United States or Canada to apply for a medical license in Michigan. Currently, the code states that the Board of Medicine may grant a full license to a foreign-educated applicant if he or she meets several requirements. One of the requirements states that the applicant must have achieved a passing score on either an initial board-approved medical licensure examination or on the special purpose examination developed by the National Board of Medical Examiners for the Federation of State Medical Boards. If the special purpose examination is no longer available for administration to applicants, then the applicant may satisfy the requirement by achieving a passing score on a board-approved cognitive examination designed to assess current competence for general, undifferentiated medical practice by physicians who hold or have held a license to practice medicine in another jurisdiction. The bill would instead require all applicants seeking licensure in this manner to achieve a passing score on a board-approved initial medical licensure examination. Other requirements for such applicants would remain the same.

Finally, the bill would make a technical amendment, correcting a reference to a section of the code setting forth sanctions for specific violations of the code.

MCL 333.16105 et al.

### **FISCAL IMPLICATIONS:**

Fiscal information is not available.

### **ARGUMENTS:**

#### **For:**

Since a specialty field license, like specialty certification, would be a form of registration, the bill proposes nothing more than a name change. The bill would not affect dentists' scope of practice. At the same time, the bill proposes nothing less than a name change, and as the distinction between licensure and registration makes clear, the use of a title is very important for a dentist who has received professional recognition for a particular expertise that he or she has acquired. The health code currently prohibits a dentist from advertising himself or herself as "limiting his or her practice to, being specially qualified in, or as giving particular attention to a health profession specialty field for which a board issues a specialty certification without first having obtained a specialty certification." Still, dental specialists report frustration that some generalists who attend a weekend conference in a specialty area and receive a certificate in that specialty area use that certificate as a justification for describing themselves as certified in the specialty. The distinction between a weekend *certificate* and state *certification* is clear enough when one looks at the different processes involved in obtaining the two credentials, but it remains ambiguous terminologically. The bill would eliminate this ambiguity by allowing a specialist who had met the Board of Dentistry requirements for a specialty in orthodontics, for instance, to advertise herself as a licensed orthodontist. A generalist could still perform orthodontic services and could indicate that he had received "certification" in orthodontics after having attended a weekend orthodontic conference and having satisfied whatever requirements were set for the certificate, but the generalist could say that he was a *licensed dentist*—not a licensed orthodontist. Prospective patients would be in a much better position to determine whether an individual dentist had truly achieved expertise in a specialty area or was a generalist who had received some—perhaps even significant—training in a specialty area but had not actually satisfied board requirements.

***For:***

Because the Department of Consumer and Industry Services has been notified that the state medical board may no longer use the National Board of Medical Examiners' exam as a licensure requirement for applicants who receive their medical licenses in foreign countries other than Canada, the state's health code should not offer the exam as an option to satisfy the requirement. The code would still require such applicants to pass an examination, but it would have to be a board-approved initial medical licensure examination. Since passing such an examination currently satisfies the requirement, the bill's effects would be relatively minor.

***POSITIONS:***

The Department of Consumer and Industry Services supports the bill. (11-12-02)

The Michigan Council of Dental Specialties supports the bill. (11-12-02)

The Michigan Association of Orthodontists supports the bill. (11-12-02)

The Michigan Dental Association supports the bill. (11-12-02)

Analyst: J. Caver

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.