

HOUSE of REPRESENTATIVES

STATE OF MICHIGAN

Appropriations Requests for Legislatively Directed Spending Items

- 1. The sponsoring representative's first name: Jasper
- 2. The sponsoring representative's last name: Martus
- 3. The cosponsoring representatives' names. All cosponsors must be listed. If none, please type 'n/a.' A signed letter from the sponsor approving the co-sponsorship and a signed letter from the member wishing to co-sponsor are required. Attach letters at question #9 below.

Rep. Steve Frisbie

- 4. Name of the entity that the spending item is intended for: My Community Dental Centers, Inc.
- 5. Physical address of the entity that the spending item is intended for: 2940 Parkview Dr. Petoskey MI 49770.
- 6. If there is not a specific recipient, the intended location of the project or activity:
 Big Rapids: 14435 Northland Drive, Big Rapids, MI; Charlotte: 623 Courthouse Drive,
 Charlotte, MI; Detroit: 5555 Conner Avenue, Detroit, MI; Hart: 3988 North Oceana
 Drive, Hart, MI; Hillsdale: 20 Care Drive, Hillsdale, MI; Kentwood: 4700 Kalamazoo
 Avenue Southeast, Kentwood, MI; Manistee: 220 Glocheski Drive, Manistee, MI; Mt.
 Pleasant: 2020 East Preston, Mount Pleasant, MI; Port Huron: 3037 Electric Avenue, Port
 Huron, MI; Saginaw: 185 North Frost Drive, Saginaw, MI; Sidney: 1550 West Sidney
 Road, Sidney, MI; Three Rivers: 721 6th Avenue, Three Rivers, MI
- 7. Name of the representative and the district number where the legislatively directed spending item is located:

Big Rapids, Tom Kunse – District 100; Charlotte, Angela Witwer – District 76; Detroit, Joe Tate – District 9; Hart, Curt VanderWall – District 10; Hillsdale, Jennifer Wortz – District 35; Kentwood, Phil Skaggs – District 80; Manistee, Curt VanderWall – District 10; Mt. Pleasant, Jerry Neyer – District 92; Port Huron, Joseph G. Pavlov – District 64; Saginaw, Tim Kelly – District 93; Sidney, Pat Outman – District 91; Three Rivers, Steve Carra – District 36

8. Purpose of the legislatively directed spending item. Please include how it provides a public benefit and why it is an appropriate use of taxpayer funding. Please also demonstrate that the item does not violate Article IV, S 30 of the Michigan Constitution. The legislatively directed spending item for My Community Dental Centers (MCDC) involves a one-time \$3.3 million appropriation to upgrade essential dental equipment and technology across its remaining clinics statewide. This investment supports critical infrastructure needs, including delivery units, sterilization tools, scanners, and digital systems necessary for safe, effective, and timely dental care.

This funding serves a clear public benefit by expanding access to dental care for low-income and underserved populations—nearly 3 million Michiganders currently lack adequate access to dental services. MCDC, Michigan's largest Medicaid dental provider, treats nearly 93,000 patients annually and is experiencing increased demand as more patients turn to the safety net due to provider shortages. The equipment upgrades will reduce patient wait times, increase care capacity, and improve treatment outcomes by minimizing service disruptions and enabling in-house manufacturing of dental devices.

This appropriation does not violate Article IV, Section 30 of the Michigan Constitution because it is a public health expenditure that benefits a broad segment of the population, especially Medicaid-enrolled and uninsured individuals. It is not a grant of public money to a private entity for private use, but rather a strategic investment in a nonprofit healthcare provider with a documented public mission and a demonstrated need. These funds will modernize essential infrastructure and ensure that taxpayer dollars are used efficiently to deliver long-term, system-wide improvements in oral health care access and quality.

9. Attach documents here if needed:

Attachments added to the end of this file.

- 10. The amount of state funding requested for the legislatively directed spending item. 3300000
- 11. Has the legislatively directed spending item previously received any of the following types of funding? Check all that apply.

["State"]

12. Please select one of the following groups that describes the entity requesting the legislatively directed spending item:

Non-profit organization

13. For a non-profit organization, has the organization been operating within Michigan for the preceding 36 months?

Yes

14. For a non-profit organization, has the entity had a physical office within Michigan for the preceding 12 months?

Yes

15. For a non-profit organization, does the organization have a board of directors? Yes

16. For a non-profit organization, list all the active members on the organization's board of directors and any other officers. If this question is not applicable, please type 'n/a.'

Board Chair: Steven Hall, Health Officer, Central Michigan Health Department; Vice Chair: Phyllis Meadows, Senior Fellow, Health Programming, The Kresge Foundation; Secretary/Treasurer: Gerald Messana, Health Officer, Marquette County Health Department; Directors: Susan Moran (Retired), Previous Senior Deputy Director, Population Health Administration, MDHHS; Ron Khoury, Partner, Khoury Johnson Leavitt; Jason Jorkasky, Vice Present of Health Finance, Michigan Health & Hospital Association; Bill Ridella (Retired), Previous Health Officer, Macomb County; John Barnas, Executive Director, Michigan Center for Rural Health; Melanie Brim, Consultant, Previous CEO of MI Health Council; Dr. Kelly Brittain, VP of Impact, Children's Foundation; Gordon Bloem, Charlevoix County Prosecutor's Office; Ex-Officio Director: Deborah E. Brown, CEO, MCDC

17. "I certify that neither the sponsoring representative nor the sponsoring representative's staff or immediate family has a direct or indirect pecuniary interest in the legislatively directed spending item."

Yes, this is correct

- 18. Anticipated start and end dates for the legislatively directed spending item: 2026-2027
- 19. "I hereby certify that all information provided in this request is true and accurate." Yes

Failing Equipment. Limited Capacity. Long Wait Times.

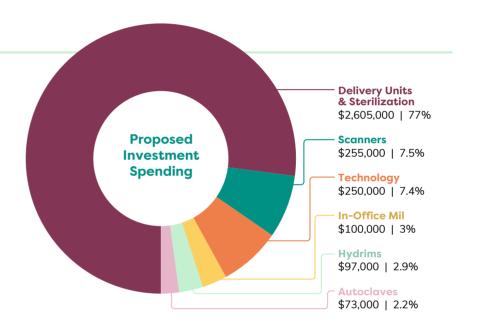


MCDC is requesting a one-time \$3.3 million investment in dental equipment and technology upgrades to reduce wait times, improve efficiency, and enhance patient outcomes.

Your Dollars at Work

State funding in 2024 enabled MCDC to replace equipment, address technology gaps, and support workforce needs in half of its dental centers. With continued support, we will complete essential upgrades in the remaining centers, including:

- Delivery Units: essential systems that supply power, air, water, and suction to dental instruments including ultrasonic scalers, lighting and radiography equipment.
- Sterilization Equipment: maintains infection control and patient safety that includes hydrims and autoclaves.



The Impact of these Essential Upgrades

Investing in equipment and technology is essential for the continued ability to provide effective, efficient care and to ensure MCDC's operations can grow and meet the increasing needs of communities across the state. Key benefits of these upgrades include:

Improved Operational Efficiency

Upgraded equipment will reduce the need for frequent repairs, minimizing service calls and downtime, allowing centers to operate smoothly and consistently.

Sustained Patient Care Quality

Reliable equipment is necessary for providing accurate diagnoses and effective treatments, which directly improves patient outcomes.

Expanded Access to Care

Upgraded equipment allows for the manufacturing of dental devices on-site, increasing access to care while keeping costs manageable.

Empowering Our Workforce

Reliable equipment ensures that our staff can work efficiently, reducing the burden of using outdated tools and allowing them to focus on providing excellent care.

Optimizing Systems for Scalable Efficiency

Technology and equipment upgrades strengthens MCDC's infrastructure, supporting streamlined operations, ensuring high-quality care across all centers, while maintaining fiscal responsibility.

Nearly 3 MILLION Michiganders—30% of our state's population—lack access to dental care, and this number is only increasing.

Without action, more patients will be left waiting in pain, emergency rooms will see higher preventable visits, and our state's workforce and economy will suffer the consequences.

By investing \$3.3M in dental equipment and technology upgrades, Michigan can modernize its safety net, cut wait times, and improve patient outcomes.

Overextended: 16 centers are scheduling 6+ months out

Deferred Investments Are Jeopardizing Patient Care

Rising care costs and operational delays have led to deferred investments in dental equipment and technology, compromising efficiency and patient access.

Excessive use of outdated equipment shortens its lifespan, resulting in more frequent repairs and service disruptions.



Demand is outpacing capacity

The demand for dental care is rapidly increasing, surpassing safety net providers' capabilities. Since 2015, MCDC has experienced a 41% rise in patients, a trend expected to continue as dentists leave certain payers.

Workforce Strain

Dentists and hygienists are struggling to keep up with patient demand due to outdated equipment slowing down procedures. "I love the work they
do at this office—you
can truly tell they care
about your teeth. My
only issue is that some
treatments get
delayed because they
need to order tools. For
example, my root canal
couldn't be finished
today, so I have to wait
a month with a
temporary filling."

- MCDC Patient



MCDC: A Proven Solution to Michigan's Dental Access

As Michigan's largest Medicaid dental provider, My Community Dental Centers (MCDC) is uniquely positioned to bridge this gap. With **28 centers statewide**, we provide essential care to nearly **93,000 patients annually**, including **1 in 6 Medicaid-enrolled adults.**

MCDC delivers comprehensive care, including routine check-ups, cleanings, ongoing treatments, and oral health education, ensuring that patients receive preventive and restorative care before dental issues become costly emergencies.

Patients by Insurance 44.3% 21.9% 18.6% 8.7% 5.9% Medicaid Healthy Kids Traditional Medicare Advantage Uninsured