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## OLR Bill Analysis

### sHB 5213 (as amended by House "A")\*

#### ***AN ACT CONCERNING ORAL HEALTH ASSESSMENTS OF CHILDREN AND THE PROVISION OF FLUORIDE TREATMENTS BY DENTAL ASSISTANTS.***

#### **SUMMARY**

This bill requires local and regional boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The assessment may be conducted by:

1. a dentist or dental hygienist or
2. a physician or physician assistant (PA) or an advanced practice registered nurse (APRN), if the physician, PA, or APRN is trained in conducting such assessments as part of a training program approved by the Department of Public Health (DPH) commissioner.

Under the bill, if a dentist conducts the assessment, it must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

Among other related provisions, the bill:

1. allows parents to opt their children out of the assessment and prohibits schools from denying enrollment to a student who has not had the assessment;
2. requires school boards to notify parents or guardians if the board hosts a free oral health assessment event; and
3. requires school superintendents to notify parents or guardians when school health personnel, after reviewing the assessment results, believe that further testing or treatment is needed.

The bill also adds licensed child care centers to the list of public health facilities at which dental hygienists with two years of experience may practice without a dentist's general supervision.

\*House Amendment "A" (1) expands the list of providers who may conduct the oral health assessment to include physicians (not just pediatricians), PAs, and APRNs, (2) makes a technical change by clarifying that the records of all such assessments are exempt from public disclosure, and (3) removes a provision from the underlying bill on dental assistants providing fluoride varnish treatments.

EFFECTIVE DATE: July 1, 2018

## **§§ 1 & 2 — ORAL HEALTH ASSESSMENTS FOR PUBLIC SCHOOL STUDENTS**

### ***Parental Consent***

The bill prohibits an oral health assessment as described above from being performed unless (1) the child's parent or guardian consents and (2) the assessment is made in the presence of the parent or guardian or another school employee. The parent or guardian must receive prior written notice and have a reasonable opportunity to opt his or her child out of the assessment, be present at the assessment, or provide for the assessment himself or herself.

The bill prohibits a school board from denying a child's public school enrollment or continued attendance for not receiving such an oral health assessment.

### ***Notice of Free Oral Health Assessment Events***

Under the bill, a school board must provide prior notice to the parents or guardians of a school's students if the board hosts a free oral health assessment event at which a qualified provider performs such oral health assessments.

The parents and guardians must have the opportunity to opt their children out of the assessment event. If the parent or guardian does not do so, the child must receive an assessment free of charge.

The bill prohibits the child from receiving any dental treatment as part of the assessment event without the parent's or guardian's informed consent.

***Assessment Form; Review by School Health Personnel***

Under the bill, the results of an oral health assessment must be recorded on forms supplied by the State Board of Education. The form must include a check box for the provider to indicate any low, moderate, or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling, or trauma.

The provider performing the assessment must completely fill out and sign the form. If the provider has any recommendations, they must be in writing. For any child who receives an oral health assessment, the results must be included in the child's cumulative health record and kept on file in the school.

The bill requires appropriate school health personnel to review the assessment results. When, in the health personnel's judgment, a child needs further testing or treatment, the school superintendent must give written notice to the child's parent or guardian and make reasonable efforts to ensure that further testing or treatment is provided. These efforts must include determining whether the parent or guardian obtained the necessary testing or treatment for the child and, if not, advising the parent or guardian on how to do so.

The results of the further testing or treatment must be recorded on the assessment forms and reviewed by school health personnel.

***Record Access and Confidentiality***

As under existing law regarding school health assessments, the bill provides the following for oral health assessments:

1. no records of any such assessment may be open to public inspection; and

2. each provider who conducts an assessment for a child seeking to enroll in a public school must provide the assessment results to the school district's designated representative and a representative of the child.

### **§ 3 — DENTAL HYGIENISTS**

The bill permits dental hygienists with two years of experience to practice without a dentist's general supervision at a licensed child care center. Hygienists with this experience can already practice without such supervision at DPH-licensed health care institutions; community health centers; group homes; schools; preschools operated by local school boards; Head Start programs; and programs offered or sponsored by the Women, Infants, and Children (WIC) program (collectively, "public health facilities").

As is already the case for such practice at other public health facilities, the bill requires hygienists practicing at child care centers to refer to a dentist any patients with needs outside of the hygienist's scope of practice (CGS § 20-126l(f)).

Under existing law, a dental hygienist may substitute eight hours of volunteer practice at a public health facility for one hour of continuing education, up to a maximum of five hours in a two-year period (CGS § 20-126l(g)).

### **BACKGROUND**

#### ***Related Bill***

sHB 5163 (File 428) (§ 4), reported favorably by the Public Health Committee, adds senior centers to the list of public health facilities at which dental hygienists with two years of experience may practice without a dentist's general supervision.

### **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/26/2018)