



# House of Representatives

General Assembly

**File No. 352**

February Session, 2018

Substitute House Bill No. 5213

*House of Representatives, April 10, 2018*

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2018*) (a) Each local or regional  
2 board of education shall request that each child enrolled in the public  
3 schools submit to an oral health assessment pursuant to the provisions  
4 of this section. Such oral health assessment shall be conducted by a (1)  
5 dentist licensed pursuant to chapter 379 of the general statutes, (2)  
6 dental hygienist licensed pursuant to chapter 379a of the general  
7 statutes, or (3) pediatrician licensed pursuant to chapter 370 of the  
8 general statutes and trained in conducting an oral health assessment as  
9 part of a training program approved by the Commissioner of Public  
10 Health. No oral health assessment shall be made of any child enrolled  
11 in the public schools unless the parent or guardian of such child  
12 consents to such assessment and such assessment is made in the  
13 presence of the child's parent or guardian or in the presence of another  
14 school employee. The parent or guardian of such child shall receive

15 prior written notice and shall have a reasonable opportunity to opt his  
16 or her child out of such assessment, be present at such assessment or  
17 provide for such assessment himself or herself. A local or regional  
18 board of education may not deny enrollment or continued attendance  
19 in public school to any child who does not submit to an oral health  
20 assessment pursuant to this section.

21 (b) Each local or regional board of education shall request that each  
22 child submit to an oral health assessment pursuant to subsection (a) of  
23 this section prior to public school enrollment, in either grade six or  
24 grade seven, and in either grade nine or grade ten. The oral health  
25 assessment shall include a dental examination by a dentist or a visual  
26 screening and risk assessment for oral health conditions by a dental  
27 hygienist or pediatrician. The assessment form shall include a check  
28 box for the provider conducting the assessment, as described in  
29 subsection (a) of this section, to indicate any low, moderate or high risk  
30 factors associated with any dental or orthodontic appliance, saliva,  
31 gingival condition, visible plaque, tooth demineralization, carious  
32 lesions, restorations, pain, swelling or trauma.

33 (c) If a local or regional board of education hosts a free oral health  
34 assessment event at which a provider described in subsection (a) of  
35 this section performs an oral health assessment of children attending a  
36 public school, the local or regional board of education shall notify the  
37 parents and guardians of the children attending the school in advance  
38 of the event. Each parent and guardian shall have the opportunity to  
39 opt his or her child out of the oral health assessment event. Each child  
40 whose parent did not opt him or her out of the oral health assessment  
41 event shall receive an oral health assessment, as prescribed in  
42 subsection (b) of this section, free of charge. No child shall receive  
43 dental treatment of any kind as part of the oral health assessment  
44 event unless the child's parent or guardian provides informed consent  
45 for such treatment.

46 (d) The results of an oral health assessment performed pursuant to  
47 this section shall be recorded on a form supplied by the State Board of

48 Education. Such information shall be included in the cumulative health  
49 record of each pupil who submitted to an oral health assessment and  
50 kept on file in the school such pupil attends. Each dentist, dental  
51 hygienist or pediatrician who performs an oral health assessment  
52 pursuant to this section shall completely fill out and sign the form and  
53 any recommendations of the dentist, dental hygienist or pediatrician  
54 concerning the pupil shall be in writing.

55 (e) Appropriate school health personnel shall review the results of  
56 each oral health assessment recorded pursuant to subsection (d) of this  
57 section. When, in the judgment of such school health personnel, a  
58 pupil is in need of further testing or treatment, the superintendent of  
59 schools shall give written notice to the parent or guardian of such  
60 pupil and shall make reasonable efforts to ensure that further testing  
61 or treatment is provided. Such reasonable efforts shall include a  
62 determination of whether or not the parent or guardian has obtained  
63 the necessary testing or treatment for the pupil and, if not, advising the  
64 parent or guardian as to how such testing or treatment may be  
65 obtained. The results of such further testing or treatment shall be  
66 recorded pursuant to subsection (d) of this section and shall be  
67 reviewed by school health personnel pursuant to this subsection.

68 Sec. 2. Section 10-209 of the general statutes is repealed and the  
69 following is substituted in lieu thereof (*Effective July 1, 2018*):

70 (a) No record of any medical or dental examination made or filed  
71 under the provisions of sections 10-205, 10-206, 10-207 and 10-214 and  
72 section 1 of this act, or of any psychological examination made under  
73 the supervision or at the request of a board of education, shall be open  
74 to public inspection.

75 (b) Each health care provider, as defined in section 19a-7h, who has  
76 provided immunizations pursuant to section 10-204a, [and] each  
77 health care provider as described in section 10-206 who has provided  
78 health assessments pursuant to section 10-206, and each dentist, dental  
79 hygienist or pediatrician who has provided an oral health assessment  
80 pursuant to section 1 of this act, to a child who is seeking to enroll in a

81 public school in this state shall provide reports of such immunizations,  
82 [and] health assessments and oral health assessments to the designated  
83 representative of the local or regional school district governing the  
84 school in which the child seeks to enroll. Such health care providers  
85 shall also report the results of health assessments required pursuant to  
86 section 10-206 and report on immunizations provided pursuant to  
87 section 10-204a to such representative for each child enrolled in such  
88 public school. Such dentists, dental hygienists and pediatricians shall  
89 also report the results of oral health assessments performed under  
90 section 1 of this act to such representative for each child enrolled in  
91 such public school. Each local and regional board of education shall  
92 annually designate a representative to receive such reports from health  
93 care providers.

94 Sec. 3. Subdivision (2) of subsection (a) of section 20-126l of the 2018  
95 supplement to the general statutes is repealed and the following is  
96 substituted in lieu thereof (*Effective July 1, 2018*):

97 (2) "Public health facility" means an institution, as defined in section  
98 19a-490, a community health center, a group home, a school, a  
99 preschool operated by a local or regional board of education, [or] a  
100 head start program or a program offered or sponsored by the federal  
101 Special Supplemental Food Program for Women, Infants and Children  
102 or a licensed child care center, as described in section 19a-77;

103 Sec. 4. Subdivision (1) of subsection (c) of section 20-112a of the 2018  
104 supplement to the general statutes is repealed and the following is  
105 substituted in lieu thereof (*Effective October 1, 2018*):

106 (c) (1) A licensed dentist may delegate to dental assistants such  
107 dental procedures as the dentist may deem advisable, including: (A)  
108 The taking of dental x-rays if the dental assistant can demonstrate  
109 successful completion of the dental radiation health and safety  
110 examination administered by the Dental Assisting National Board;  
111 [and] (B) the taking of impressions of teeth for study models; and (C)  
112 the provision of fluoride varnish treatments, provided the dentist  
113 trains the dental assistant in the provision of such treatments. Such

114 procedures shall be performed under direct supervision and the  
115 dentist providing direct supervision shall assume responsibility for  
116 such procedures. For purposes of this subdivision, "fluoride varnish  
117 treatment" means the application of a highly concentrated form of  
118 fluoride to the surface of the teeth.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2018</i>	New section
Sec. 2	<i>July 1, 2018</i>	10-209
Sec. 3	<i>July 1, 2018</i>	20-1261(a)(2)
Sec. 4	<i>October 1, 2018</i>	20-112a(c)(1)

**PH**            *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note****State Impact:** None**Municipal Impact:** None**Explanation**

The bill makes various procedural and conforming changes to the oral health assessments of children in schools. It is not anticipated that these changes will result in a fiscal impact, as local and regional boards of education and the State Department of Education have the expertise necessary.

**The Out Years****State Impact:** None**Municipal Impact:** None

**OLR Bill Analysis****sHB 5213*****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 a dentist or dental hygienist or a pediatrician 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 a hygienist or pediatrician 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:

1. 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 and

2. allows dental assistants to provide fluoride varnish treatments if the dentist for whom they are working has trained the assistant in such treatments.

EFFECTIVE DATE: July 1, 2018, except the provision on dental assistants providing fluoride varnish treatments is effective October 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 dentist, hygienist, or pediatrician 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 dentist, dental hygienist, or pediatrician 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 results of such assessments. 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 dental examination may be open to public inspection (it is unclear if this refers to all such assessments, or only those performed by dentists); and

2. each dentist, dental hygienist, or pediatrician who provided an assessment to 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)).

### **§ 4 — DENTAL ASSISTANTS**

The bill allows dentists to delegate to dental assistants the provision of fluoride varnish treatments, as long as the dentist trains the assistant in providing the treatments. The bill defines such treatments as the application of a highly concentrated form of fluoride to the surface of the teeth.

As with other procedures that a dentist delegates to a dental assistant, the treatments must be performed under direct supervision and the supervising dentist must assume responsibility for the procedure.

**BACKGROUND**

***Related Bill***

HB 5163 (§ 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)