

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5213

AN ACT CONCERNING ORAL HEALTH ASSESSMENTS OF CHILDREN AND

Title: THE PROVISION OF FLUORIDE TREATMENTS BY DENTAL ASSISTANTS.

Vote Date: 3/26/2018

Vote Action: Joint Favorable Substitute

PH Date: 3/5/2018

File No.: 352

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

Among other things, this bill proposes the following issues: requires school boards to request that students have an oral health assessment, by a dentist, dental hygienist, or pediatrician trained in conducting such assessments, prior to enrollment, in grade 6 or 7, and in grade 9 or 10; 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; requires the results of such assessments to be recorded on forms supplied by the State Board of Education; requires appropriate school health personnel to review the assessment results, and the superintendent to notify parents when the health personnel believe that further testing or treatment is needed; requires school boards to provide for free milk; 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 supervision; and allows dental assistants to provide fluoride varnish treatments if the dentist for whom they are working has trained the assistant in such treatments.

RESPONSE FROM ADMINISTRATION/AGENCY:

Dorinda Borer, State representative: As vice-chair of the Public Health Committee, I know that a main focus of our committee is the well-being of our children.

In 2017 the Connecticut Department of Public Health conducted a statewide health survey of kindergarten through 3rd grade. More than 4,400 received dental screening in 25 districts. The results determined, 1 in 3 children had dental decay, but alarmingly 15% of students were

identified with needing urgent care. In Hispanic and Asian children that percentage is even higher at 19%.

According to the 2016 National Health Information Survey, over 1.5 million school days are missed due to dental complications and that school aged students with poor oral hygiene are prone to gum disease, dental caries and asthma.

This bill, which is supported by the CT Dental Association, School Nurse association, the Connecticut Oral Health Initiative and DPH, would require dental screenings in the same years as medical assessments are required. This would begin to educate children at an early age the importance of oral health.

The goal of good oral health and the need to educate our children at an early age regarding the importance of oral health is critical to their quality of life. I support HB 5213 and urge the committee to move this bill forward.

Raul Pino, M.D, MPH., Commissioner, Department of Public Health (DPH): The current Connecticut dental practice act does not allow for independent dental hygiene practice. Only dentists can conduct a dental exam. However dental hygienists with two years of experience can operate in a public health setting and perform oral screenings including caries risk assessment. Currently, if a dental hygienist practicing in a public health setting submits to the HUSKY program for reimbursement using a caries assessment code, it serves as a trigger for outreach from the Connecticut Dental Health Partnership to help connect the parent of the child to needed dental health services. For the reasons mentioned above, it is imperative that a specific dental evaluation type is defined in this bill.

If this bill moves forward, the Department recommends using the following language when defining an oral health assessment:

For purposes of this section, an oral health assessment means an oral screening or dental exam. Such oral health assessment shall be conducted by a dentist, licensed pursuant to chapter 379, or dental hygienist, licensed pursuant to chapter 379a.

The Department has concerns with the term in section 7 regarding “licensed child care centers serving low income children.” By including this term, a licensed child care center would be required to obtain a license as an outpatient clinic, which would not be appropriate in this setting. All of the other settings mentioned in this section have obtained licenses as outpatient clinics, and would be able to conduct such assessment.

Dianna R. Wentzell, Commissioner, State Department of Education: The Department is extremely concerned with this proposal. By law, a “gross dental screening” is already required as part of the physical health assessment and requires a physician to indicate on the Health Assessment Record whether any abnormal results or findings require further follow up.

This proposal adds “comprehensive” in each instance where “health assessment” appears in the statute. The Department is uncertain about the impact that the wording would have since it is not defined and may open the door to additional requirements.

It has the unintended consequences of creating an additional barrier for low income families who would need to arrange for an oral health assessment in addition to the physician visit.

For these reasons, we urge the Committee to reject a proposal that could have a seriously detrimental and disproportionate effect on our most needy students and their families.

NATURE AND SOURCES OF SUPPORT:

Jesse White-Frese, Executive Director, Connecticut Association of School Based Health Centers: Data regarding chronic absenteeism tells us that dental problems are one of the top five reasons students miss a significant amount of time from school. Some School Based Health Centers (SBHC) have added a dental component to their services, to provide dental care onsite. SBHC medical and dental staff can contribute to the achievement of oral health assessments for school aged children and can ensure that, if needed, students are connected to a dental facility in the community.

On behalf of the members of the board of directors, we are pleased to submit this testimony in support of HB5213.

Sharon McCreven, Registered Dental Hygienist: Ms. McCreven shared her experiences with children she sees on a daily basis who are living in near constant pain due to severe tooth decay. It is difficult for these children to concentrate in school. Other children make fun of them because their teeth are broken or they have bad breath. Teachers report that these children are falling asleep in school because they were up the night before with a toothache.

Dental assessments need to be made a mandatory part of kindergarten readiness. I urge you to support and move forward HB 5213.

Lori L. Clavette, Registered Dental Hygienist: This act will help raise awareness concerning the importance of oral health. Low-income parents face many barriers to providing their children with dental health assessments. These barriers include, but are not limited to, a lack of education regarding the importance of dental care, lack of transportation as well as insurance issues.

I support HB 5213 that will begin to address this important need for the overall health of our children.

Celese M. Baranowski, Registered Dental Hygienist: Many children do not have access to a dental facility and use the emergency departments for relief from pain. This bill could help alleviate these types of Emergency Department visits.

Scott A. Bialik, D.D.S: Studies show that tooth decay is the most prevalent disease in children today. A health exam is currently required for school-aged children; however, a dental exam is not required. Proper screening and early care could potentially save the state millions of dollars in preventable hospital and emergency room visits as well as millions in dental expenditures in the Medicaid population alone.

Mary Moran Boudreau, Executive Director, Connecticut Oral Health Initiative (COHI):

COHI supports this bill that represents an effort to impact oral health as part of overall health, self-esteem and academic achievement for our state's school children.

In reviewing HB 5213, the following changes are recommended:

- Delete "comprehensive" throughout the bill as it means different things depending on the statute or practice. It adds confusion when added here, with no benefit offered by having it remain.
- Revise Section 1. (b) and (c), the last line, to read "The oral health assessment shall include a visual screening and risk assessment for oral health or a dentist may perform dental examination." The recommendation is made to adhere to the current statutes, chapter 379a which state a dental hygienists may perform "dental hygiene examinations and the charting of oral conditions; dental hygiene assessment," Only dentists are allowed to perform dental examinations.
- As school districts provide assessment forms for health assessment, as an example of an oral health assessment form, I recommend the Connecticut Dental Health Screening Assessment form currently provided by the Connecticut Dental health Partnership for the Department of Social Services., The form can be viewed at the end of this testimony.
- Revise the 1st line of section 7 for section 20-126l regarding the definition of public health settings, to read "or a licensed child care center as defined in Sec. 19a-77, excluding "group child care home". "This will clarify the public health center to be a center with 12 or more children in care outside a home.

COHI is not unaware of the potential costs associated with oral health assessments. By estimation, less than 20% of the children enrolling in schools are currently not receiving an annual oral health assessment or dental exam. Support for this bill will ensure that oral health is assessed.

Donna Kosiorowski, RN, MS, NCSN, Association of Nurses of Connecticut (ASNC): The Association supports the bill in concept believing that access to dental care is a component of comprehensive health care. The concern is related to:

Section 1. Section 10-206 (b) Each local or regional board of education shall require each child to have a comprehensive health assessment and an oral health assessment prior to public school enrollment.

HB5213 requires a child to have a dental examination prior to entry to school, results in an unintended barrier for parents who may have socioeconomic challenges or who are unable to obtain the required dental examination for various reasons.

The Association supports the bill if the language of the bill contains "any child who has a hardship and is unable to obtain a dental examination prior to entry may enter school and receive assistance through a community dental agency or program in order to secure the required examination." Should the language and the mechanism be included in this bill, ASNC would support such a bill.

Karen Siegel, MPH, Health Policy Fellow, Connecticut Voices for Children: provided testimony in support of HB5213 provided the following change is made to the language **Sec.**

2. Section 10-206a: No child eligible for free oral health assessment will be denied access to school while waiting for such services to become available.

Jody Bishop-Pullan, Registered Dental Hygienist: Periodic comprehensive oral health assessments for children will provide a risk assessment and assist in the identification of current need and potential problems. It is cost effective and keeps children in school promoting academic success.

William Nash, DMD, Connecticut Dental Association: Support HB5213 provided the following changes be made to the language: (1) in line 61. A change from “a physical examination” to “medical examination or dental assessment made”.

NATURE AND SOURCES OF OPPOSITION:

Fran Rabinowitz, Executive Director, Connecticut Association of Public School Superintendents (CAPSS): CAPSS is opposed to HB5213 because this mandate will place a financial burden on the school district as it requires the school district to incur all expenses related to the cost of dental examinations.

District resources are scarce and have been cut significantly over the past five years; the funding is not available for this.

Connecticut Association of Board of Education, Inc.: CABE opposes HB5213 stating that while the oral health of children is clearly very important, this bill would require that boards of education provide oral health assessments without charge to students who are eligible for free and reduced price lunch. The opposition is due to the cost associated with providing the services of a dentist or dental hygienist. This is a significant financial burden to districts at a time of constrained resources.

Reported by: Rose Mutale

Date: 4/12/18