

Date of Hearing: June 21, 2017

ASSEMBLY COMMITTEE ON EDUCATION

Patrick O'Donnell, Chair

SB 379 (Atkins) – As Amended April 6, 2017

SENATE VOTE: 40-0

SUBJECT: Pupil health: oral health assessment

SUMMARY: Makes changes to the current oral health assessment requirement for pupils in public school, including authorizing schools choosing to offer schoolsite-based oral health assessments to use a passive consent process, requiring the California Department of Education (CDE) to consult with the state dental director, adding requirements to reports submitted by school districts, and encouraging all school districts to report to a system designated by the state dental director for collection of the required reports. Specifically, **this bill:**

- 1) Adds the requirement that the CDE consult with the state dental director, among other interested persons, to develop and revise as necessary, the standardized notification form to be used by school districts to notify parents or legal guardians of pupils subject to the requirement to provide proof of an oral health assessment upon initial entry.
- 2) Requires modifications to the standardized notification form for the oral health assessment, including the provision of the following information:
 - a) If a school or school district hosts a free oral health assessment event, a pupil will be given an oral health assessment unless the parent or legal guardian of the pupil opts out of the schoolsite assessment.
 - b) The parent or legal guardian may indicate that they do not consent to the pupil receiving the oral health assessment at school.
 - c) A pupil will not receive dental treatment of any kind as part of the schoolsite oral health assessment unless the pupil's parent or guardian has provided informed consent for the treatment.
 - d) Failure of the parent or guardian to opt out of the pupil oral health assessment is not deemed as consent for dental treatment of any kind.
- 3) Amends the annual deadline for school districts to submit the specified report on the oral health of pupils to the state dental director and/or the county office of education from December 31 to July 1 of each year.
- 4) Requires the annual oral health assessment report to include data on the number of pupils with caries experience.
- 5) Encourages school districts to submit the annual report on the oral health assessments to the state dental director in addition to the current requirement to submit the report to the county office of education (COE).

- 6) Requires the Office of Oral Health of the Chronic Disease Control Branch of the State Department of Public Health (CDPH) to conduct, or provide for, periodic evaluations of the requirements relating to the oral health assessment.

EXISTING LAW:

- 1) Requires a pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school, to present proof, by May 31 of the school year, of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional, that was performed no earlier than 12 months before the date of the initial enrollment of the pupil.
- 2) Allows a parent or legal guardian of a pupil to be excused from the requirement in 1) above, if the oral health assessment could not be completed for the following reasons: completion of an assessment poses undue financial burden; lack of access to a licensed dentist or other licensed or registered dental health professional; or the parent or legal guardian does not consent to an assessment.
- 3) Requires a public school to notify a parent or legal guardian of a pupil concerning the oral health assessment requirement by letter that includes such information as: the importance of primary teeth, the importance of oral health to overall health and to learning, a toll-free number to request an application for Medi-Cal or other government-subsidized health insurance program, and contact information for county public health departments.
- 4) Requires the CDE, in consultation with interested persons, to develop and make available on its website a standardized notification form to be used by each school district, and including a section for the dental health professional performing the assessment to record specified information, and a section for a parent or legal guardian to indicate a reason why an assessment could not be completed.
- 5) Requires all school districts, upon receiving completed assessments, by December 31 of each year, to submit a report to the COE of the county in which the school district is located that includes information on the total number of pupils in the district who:
 - a) Are subject to the assessment requirement
 - b) Present proof of an assessment
 - c) Could not complete an assessment due to an undue financial burden
 - d) Could not complete an assessment due to a lack access to a dental health professional
 - e) Could not complete an assessment because their parent or guardians did not consent to their child receiving the assessment
 - f) Are assessed and found to have untreated decay

- g) Do not return either the assessment form or the waiver request to the school.
- 6) Authorizes, but does not require, a school district or COE to develop a schoolsite-based oral health assessment program to meet the requirements of the oral health assessment.
- 7) Requires CDPH's Office of Oral Health within the Chronic Disease Control Branch to conduct an evaluation of the oral health assessment requirements and to prepare and submit a report to the Legislature by January 1, 2010 that discusses improvements in the oral health of children resulting from the imposition of the requirements.

FISCAL EFFECT:

According to the Senate Appropriations Committee:

- 1) Reimbursable state mandated costs, potentially in the hundreds of thousands in Proposition 98 General Fund, for local education agencies to implement an opt out requirement for oral health assessments and provide notifications to parents regarding this provision.
- 2) Minor and or absorbable costs for the Department of Public Health to comply with the bill's revision to its existing requirement relative to the conducting of evaluations on oral health assessments and the requirement to designate a system for the collection of completed oral health assessments.

COMMENTS:

Purpose of the bill. Current law requires all pupils initially enrolled in kindergarten or first grade to provide proof of a current oral health assessment no later than May 31st of the school year. Schools are required to notify parents of this requirement.

Current law authorizes a school district or COE to offer a schoolsite-based free oral health assessment program. This bill specifies that the mandatory notification to the parent include information on the ability for the parent to opt out of any schoolsite-based oral health assessment and specifies that the pupil will not receive any dental treatment without the consent of the parent. As the bill authorizes a school to provide an oral health assessment to a pupil unless the parent has opted out of the assessment, it creates a passive consent process.

School districts are currently required to report oral health assessment data annually to the COE. This bill adds a requirement to report of the number of students with caries experience and encourages school districts to submit the required report to the state dental director in addition to the COE.

Need for the bill. According to the author, "Good oral health is critical to children's ability to grow up healthy and succeed in school. Tooth decay is the most chronic, yet largely preventable health care need among children in California. It is the cause of 874,000 missed school days each year, leading to a loss of approximately \$30 million in average daily attendance funding.

More than half of California's kindergartners have experienced tooth decay and by third grade this number rises to over 70 percent. Data shows that more than a quarter of these children have dental disease that, if left untreated, has deleterious effects on children's academic performance, social-emotional development, as well as sleep and nutrition. All of these lead to poor general

health outcomes. SB 379 would make modest changes to the current pupil dental assessment program to improve the quality of the data collected and to increase its impact.”

Importance of dental health in children. According to the federal Office of Disease Prevention and Health Promotion, oral diseases ranging from dental caries to oral cancers cause pain and disability for millions of Americans. The American Dental Association defines dental caries as both the disease process and the lesion (noncavitated or cavitated) that is formed as a result of the disease process and which can culminate in localized destruction of hard dental tissues.

A growing body of evidence has linked oral health, particularly periodontal or gum disease, to several chronic diseases, including diabetes, heart disease, and stroke. Oral health is integral to general health. Children with dental pain may be irritable, withdrawn, or unable to concentrate at school, which can affect school attendance and test performance.

According to the Centers for Disease Control and Prevention, data from the National Health and Nutrition Examination Survey from 2011–2012 found that:

- Approximately 23% of children aged 2–5 years had dental caries in primary teeth.
- Untreated tooth decay in primary teeth among children aged 2–8 was twice as high for Hispanic and black children compared with white children.
- Among those aged 6–11, 27% of Hispanic children had dental caries in permanent teeth compared with approximately 18% of white and Asian children.
- About three in five adolescents aged 12–19 had experienced dental caries in permanent teeth and 15% had untreated tooth decay.
- Dental sealants were more prevalent for white children (44%) compared with black and Asian children (31% each) aged 6–11.

Need for increased data collection. This bill encourages school districts to report oral health assessment data to a system designated by the state dental director. The current *System for California Oral Health Reporting* (SCOHR) was developed by the San Joaquin COE in consultation with the Association of California School Administrators, the California Dental Association, and the California County Superintendents Educational Services Association, to provide a centralized online method of all required student oral health assessment data. According to the author, the implementation of this bill will solidify the use of the SCOHR database for data collection.

Arguments in support. Supporters note that children from low-income families and other underserved populations experience disproportionate levels of dental disease in large part because of difficulties accessing early preventative and routine dental care. They contend that this bill will improve the oral health of all children by facilitating the efficient collection of statewide data on caries experience and making it easier for schools to provide students with school-based oral health assessments.

Prior legislation. AB 1433 (Emmerson), Chapter 413, Statutes of 2006 requires a pupil attending a public school while in kindergarten or first grade to present proof, by May 31 of each year, of having received an oral health assessment by a licensed dentist or other licensed or registered

dental health professional no earlier than 12 months prior to the date of the initial enrollment, and required public schools to send a notification of the assessment requirement to the parent or guardian of the pupil, as specified, and to send a report, as specified, to the public health department of the county in which the school is located.

REGISTERED SUPPORT / OPPOSITION:

Support

California Dental Association (Co-Sponsor)
Children NOW (Co-Sponsor)
Children's Partnership (Co-Sponsor)
Access Dental Services
California Coverage and Health Initiatives
California Immigrant Policy Center
California School Employees Association
Children's Defense Fund
Community Clinic Association of Los Angeles County
Delta Dental
Families in Schools
First 5 Sacramento
Kids' Community Dental Clinic
Liberty Dental Plan of California
Los Angeles Trust for Children's Health
Los Angeles Unified School District
Maternal and Child Health Access
Oral Health Awareness Society
San Fernando Community Health Center
San Joaquin County Human Services Agency
United Ways of California
Valley Care Community Consortium
One individual

Opposition

California Right to Life Committee, Inc.

Analysis Prepared by: Debbie Look / ED. / (916) 319-2087