

Date of Hearing: March 20, 2024

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 2630 (Bonta) – As Introduced February 14, 2024

SUBJECT: Pupil health: oral health assessment

SUMMARY: Requires proof of a student’s oral health assessment upon first enrollment only once during the two-year kindergarten program. Specifically, **this bill:**

- 1) Requires proof of a student’s oral health assessment upon first enrollment only once during the two-year kindergarten program.
- 2) Defines “kindergarten” for purposes of this section to include both transitional kindergarten and kindergarten.
- 3) Makes other technical and conforming changes.

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. (Education Code (EC) 49452.8)
- 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. (EC 49452.8)
- 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 learning, a toll-free number to request an application for Medi-Cal or other government-subsidized health insurance program, contact information for county public health departments, and a privacy statement. (EC 49452.8)
- 4) Requires the California Department of Education (CDE), in consultation with the state dental director and 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. (EC 49452.8)
- 5) Requires all school districts, upon receiving completed assessments, by December 31 of each year, to submit a report to the county office of education (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 of 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; and
 - g) Do not return either the assessment form or the waiver request to the school. (EC 49452.8)
- 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. (EC 49452.8)
- 7) Requires the California Department of Public Health's (CDPH) Office of Oral Health to conduct periodic evaluations of the oral health assessment. (EC 49452.8)

FISCAL EFFECT: The Office of Legislative Counsel has keyed this bill as a possible state-mandated local program.

COMMENTS:

Need for the bill. According to the author, "The Kindergarten Oral Health Assessment (KOHA) was originally passed in 2006 to apply to students entering the public school system as kindergarteners (and in some cases 1st graders). Confusion about whether KOHA applies to students in transitional kindergarten is common among local educational agencies (LEAs) and local oral health programs working to collect KOHA forms and report KOHA data to the State Office of Oral Health. Given transitional kindergarten is becoming a primary entry point for students, clarity is needed about how to apply the KOHA requirement. Oral health issues, including dental decay is the top reason for absenteeism. You can't focus when your mouth is throbbing. AB 2630 will both clarify the current requirement and encourage earlier screening and intervention when a child is enrolled in TK, leading to fewer dental problems and less absenteeism related to these problems."

Kindergarten Oral Health Assessment requirement. The KOHA was originally passed in 2006 to apply to students entering the public school system as kindergarteners (and in some cases 1st graders). Confusion about whether the KOHA applies to students in TK is common among LEAs and local oral health programs working to collect KOHA forms and report KOHA data to the State Office of Oral Health. Given TK is expected to become a primary entry point for students, clarity is needed about how to apply the KOHA requirement. In addition, the lack of data about

the prevalence of tooth decay and whether these students need dental care is detrimental to a student's overall health and could contribute to chronic absenteeism and lower academic success.

Importance of dental health in children. The American Academy of Pediatrics (AAP) recommends dental screening as soon as teeth erupt and every year, or more, for young children through age 6. AAP recommends pediatricians assess whether the child has a dental home beginning at 6 months of age. If no dental home is identified, pediatricians are advised to perform a risk assessment and refer to a dental home.

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.

Tooth decay remains one of the most common chronic, yet preventable childhood conditions. Left untreated, tooth decay can lead to many difficulties including eating, sleeping, and learning. Every year, thousands of children miss school due to dental problems, contributing to chronic absenteeism and lost average daily attendance funding for schools.

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.

California ranks 3rd worst among all states for children with tooth decay or cavities. 14.8% of children 1-17 years old had tooth decay or cavities within the past 12 months in the 2020-21 year, compared to the national average of 12.2% (CDHCS, 2023). Children Now's 2024 California Children's Report Card gives California a grade of C for Oral Health Care and notes that there are many "dental deserts" in California where there are no or too few dentists to serve the Medi-Cal population, and too few dentists are trained and willing to serve children. 45% of California's 58 counties have no pediatric dentists accepting Medi-Cal, and only 45% of 1-5 year olds enrolled in Medi-Cal have annual dental visits.

California's Oral Health Plan. The CDPH's Oral Health Plan 2018-2028 notes that national reports consistently rank California in the lower quartile among states with respect to children's oral health status and receipt of preventive dental services. The plan includes the following recommendations:

- Identify, maintain, and expand evidence-based programs and best practice approaches that promote oral health: Encourage compliance with current oral health-related guidelines, laws and regulations such as school entrance dental assessment, water fluoridation programs, dental-related requirements for Health Licensed Facilities, and infection control guidelines for safe dental practices;
- Increase the proportion of children who had a preventive dental visit in the past year; and

- Increase the number of Medi-Cal beneficiaries under six years of age receiving in any 12-month period a dental disease prevention protocol by primary care medical providers that includes an oral health assessment, fluoride varnish application, and dental referral or assurance the patient has received examination by a dentist in the last 12 months.

This bill would provide for earlier screening and referral of children, which could reduce the incidence of cavities in kindergarten and improve compliance with KOHA, in alignment with the State's oral health plan.

Arguments in support. Children Now, the sponsor of the bill, writes:

“In our recently released 2024 California Children’s Report Card, Oral Health received a “C” grade reflective of data that shows not enough children are receiving regular dental check-ups and that the state continues to suffer from “dental deserts,” contributing to the state’s 3rd worst ranking in the country with children who have cavities. Further, the 2018-19 California Smile Survey found that 61% of third grade children in California have had tooth decay. Research shows that children with poor oral health status were nearly 3 times more likely than other students to miss school as a result of dental pain and were more likely to perform poorly in school.

Compliance with the Kindergarten Oral Health Assessment (KOHA) will help inform local health departments and LEAs about the oral health status of young students, including those who might require additional treatment for untreated cavities. In addition, the aggregate data provided to the State Office of Oral Health will provide much needed information to determine the prevalence of untreated tooth decay at the state level and could result in additional resources provided to local jurisdictions to promote community clinical linkages between school sites and dental providers.”

Related legislation. SB 379 (Atkins) Chapter 772, Statutes of 2017, modifies oral health assessment requirements for pupils in public schools, including authorizing schools or school districts who host a free oral health assessment to provide an oral health assessment unless the parent or legal guardian opts out.

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 no earlier than 12 months prior to the date of the initial enrollment, and requires public schools to send a notification of the assessment requirement to the parent of the pupil 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

Children Now (Sponsor)

Opposition

None on file

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