

- Good morning, Chairman Schweyer, Chairman Ortitay, and committee members. I'd like to express my gratitude to the Committee for addressing a crucial issue that profoundly affects the well-being of families across the Commonwealth, particularly our school-age children.
- I'd also like to extend my appreciation to Representative Mindy Fee for her leadership on this matter, and for her bipartisan efforts in addressing a challenge that transcends urban, suburban, and rural areas alike.
- As someone who has recently completed my second tour of duty with braces, I cannot emphasize enough the importance of oral health in our children. Ensuring their success means enhancing access and equity in vital services, such as expanding the pool of dental professionals available to those living in dental deserts.
- While this topic may not always receive the attention it deserves, it undeniably plays a significant role in the overall well-being and development of our children.
- In recent months, we've been witnessing a workforce shortage in the healthcare industry, and the dental profession is no exception to this trend. According to the U.S. CDC, approximately 20% of children aged 5-11 years and 13% of adolescents aged 12-19 have untreated dental caries. When left untreated, cavities can lead to pain, infections, and significant issues affecting a young person's eating, speech, and overall development. Furthermore, children with poor oral health tend to miss more school and achieve lower grades, directly impacting their educational journey. Children with poor oral health status were nearly 3 times more likely than were their counterparts to miss school as a result of dental pain which

further creates an urgency to fill the gaps in our overall dental system.

- According to the most recent Pennsylvania Oral Health Plan, 1.9 million Pennsylvania residents live in what is termed a dental professional shortage area. This leaves some residents with no choice but to travel over an hour for dental care or endure weeks of waiting for an available dental professional. Pennsylvania currently has 149 individual dental health professional shortage areas, meeting only 47.86% of the oral healthcare needs in the state.
- These shortage areas have a profound impact, not just on adults who have the mobility to seek care but also on our school-aged children. These young students require not only parental supervision but also documentation from dental professionals to initiate and maintain their education.
- As you're aware, the Public School Code presently mandates dental screenings for school-aged children entering grades K-1, 3, and 7, screenings that can only be provided by dentists or certified school dental hygienists. Given the scarcity of dentists across Pennsylvania and with today's financial constraints in our schools, administrators face challenges in maintaining even a school nurse, let alone a certified school dental hygienist. Increasingly, school districts are grappling with difficulties in hiring dentists to meet these requirements due to the demands on their private practices and associated costs.
- Our proposed legislation, House Bill 1478, seeks to address these challenges by broadening the range of dental professionals available to serve our students. This bill aims to amend the Public School Code, providing school districts with an additional option

for complying with the dental screening and dental hygiene requirements of Section 1403. This additional option will enable districts to utilize Public Health Dental Hygiene Practitioners (PHDHPs) to conduct screenings and provide the necessary documentation for our school-aged children.

- As we strive to ensure that our students receive all the support they require, both within and outside the school environment, this bill will help ensure that they have access to the essential care needed for their dental health and overall well-being. It removes barriers for school administrators in fulfilling their responsibilities.
- Thank you again Chairman and the Education Committee. I now turn it over to my colleague Representative Mindy Fee



October 16, 2023

Good morning, Chair Schweyer and Chair Topper, members of the committee, guests, and staff. Thank you for the opportunity to speak today and for your consideration of this important topic.

My name is Helen Hawkey and I am here today on behalf of the Pennsylvania Coalition for Oral Health (PCOH). PCOH is our state's oral health coalition, one of about 40 in the US. Our mission is to improve oral health for all Pennsylvanians by uniting stakeholders to advance advocacy, policy, education, and innovative approaches. My personal background includes working in clinical dentistry for more than a dozen years in a family practice, coordinating research at the University of Pittsburgh, and providing continuing education to health providers and early childhood educators. I am the Immediate Past Chair of the American Network of Oral Health Coalitions and a current board member of the Pennsylvania Rural Health Association.

One of the roles of PCOH is to serve as a sole source contractor for the Pennsylvania Department of Health Oral Health Program. Our primary role with DOH is to manage the implementation and tracking of the state's 2020-2030 Oral Health Plan. Within the Plan, there are 6 measurable outcomes from a total of 22 that pertain to school-age children.

I'm happy to report that we were also able to complete a statewide clinical survey of more than 4,000 third graders in the 2021-22 school year to determine the dental disease rate of kids in the commonwealth. What we discovered in this first of its kind review of PA schoolchildren was that more than 60% of these third graders had cavities, and one in ten had an urgent need for referral, meaning an infection or open lesion in the mouth.

Many of you are probably aware of the state mandated dental screenings and their history. PA has recognized the importance of utilizing schools to support public health needs, especially those related to oral health, since 1920. The focus of dental health screening laws is to prioritize prevention and connect children and families to treatment. School dental health programs are not intended to replace the dental home or position school as the primary providers of dental care. The intent is to ensure children who do not have access to a provider can be screened and referred as needed.

In Pennsylvania, the screenings are initially required upon entry to school. Most districts select kindergarten as this benchmark, though first grade is allowed as well. The screenings are required again in third grade and seventh. Historically, these screenings are provided as a basis for school health reimbursement, but the actual data and statistics of the outcomes are not tracked or followed over time by the state.

I wanted to also provide some information on the setup of the districts and their dental programs. Every April, each school district must submit a plan to the state which will specify if they are planning to offer a Mandated Dental Program or a Dental Hygiene Services Program for the following school year. A Mandated Dental Plan specifies that a district will

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list a dentist in the community as their school dentist and this person will be responsible for checking all of the students in the required grade levels who do not return a form completed by their private dentist. The other option is a Dental Hygiene Services Plan. With this choice, schools agree to hire a Certified School Dental Hygienist as an employee of the school district and the hygienist completes the mandated screenings.

First and foremost, I want to be clear that PCOH supports every school district choosing a Dental Hygiene Services Program and hiring a Certified School Hygienist. This is the best-case scenario for a school district. We do have many years' worth of data from the Department of Health that show that of all the kids who are referred for treatment by their dental screening in school; those that are referred by a Certified School Dental Hygienist are more than twice as likely to actually get their treatment completed. 27 school districts are very fortunate to utilize this position, but we also understand that not all school budgets choose to support that. HB 1478 is not intended to replace dental hygiene services programs, but rather fill the need gap for the 473 school districts that cannot maintain one at this time.

Just 5-10 years ago, we had 36 districts with dental hygiene services plans. We have seen that number atrophy to only 27 for the current school year. This means that about 473 districts are opting into the Mandated Dental Program and they have to identify a dentist to help their kids. We know from the DOH Division of School Health that 63 schools and districts could not find a dentist willing to serve as the school dentist in the last academic year.

Within the 500 school districts of the state, which range in size from 200 students to more than 140,000 students, over half of them are located in a dental health professional shortage area. Like many healthcare fields right now, there are major workforce shortages and we have over 400 pages of research and reports at PCOH that reflect the severity of what we are seeing in dentistry. I promise, I'm not going to go into that this morning, but trust me, there aren't enough dentists to go around right now, and our research shows that our numbers will continue to decrease for the next 12 years.

The bill language addresses an important clarification between a dental exam and a screening. To understand why this is important, you have to realize there is a difference in the language of dentistry and the rest of the world. In dentistry, only dentists are able to diagnose disease and they commonly use the words exam and screening to discern between the services a dentist does as compared to a dental hygienist. For the purposes of the school code, the word exam seems to be used more in the actual definition of the word, which is the act of looking at or considering something carefully in order to discover something or the act of being examined.

There are also issues where we hear all the time that parents tell insurance companies or their regular health provider that their child doesn't need to schedule a visit to the dentist since they see the school dentist. They do not understand that the care provided at the school is simply a quick assessment of the mouth, and not a complete and comprehensive exam with x-rays and a treatment plan.



Public Health Dental Hygiene Practitioners (PHDHP) have been successfully practicing independently in the commonwealth for nearly 14 years and serve as a vital piece of the dental safety net. PCOH supports the inclusion of this provider type completing the mandated screenings. It will help our school districts meet the requirements of the state, and also offers an opportunity to have a public health provider work with the school and help connect kids to permanent dental homes. For many of the underserved communities in our state, federally qualified health centers, or FQHCs, are the only source of health care for kids. I'm sure Ms. Bury will talk more about this, but we recently asked Family First Health in York to provide the number of hours their dentists spend traveling to schools to complete the screenings. They have PHDHPs in the schools providing dental sealants and cleanings, but have to pull their dentists from the clinic to sign the forms under the current guidelines.

Again, I want to just express my gratitude to you all for considering this important legislation and cannot stress enough how important this step is for helping our kids be healthier through better connections to dental care.

A handwritten signature in cursive script that reads "Helen Hawkey".

Helen Hawkey
Executive Director



Pennsylvania

Dental Hygienists' Association

**House Education Informational Hearing
On HB 1478–School Dental Screening
Chairman Pete Schweyer and Chairman Jesse Topper
Testimony from Kim Bury, BS, RDH, PHDHP, President Elect,
Pennsylvania Dental Hygienists' Association (PDHA)**

October 17, 2023

Good morning Chairman Schweyer, Chairman Topper and committee members. Thank you for taking the time to listen to our team regarding oral health in Pennsylvania, specific to children.

My name is Kimberly Bury and I am thankful for the opportunity to present testimony in my role as the President Elect of the Pennsylvania Dental Hygienists' Association (PDHA). I serve as a Public Health Dental Hygiene Practitioner working with a Federally Qualified Health Center (FQHC) with locations in Cumberland and Perry County. In my role in my health center I provide preventative and diagnostic services to patients both in our brick and mortar locations as well as in schools, pre-schools, head starts, prisons and in the many locations our mobile vehicle is stationed to serve patients in the community. It is our mission to serve patients of the greatest need in our communities. In this role I have continually served patients with needs greater than most of us have the capacity to understand. The intention of the visit begins with addressing dental needs, but often results in helping to address greater issues with food insecurities, transportation and homelessness.

The PDHA's mission is to improve the public's total health by advancing the art and science of dental hygiene. We do this by increasing awareness of and ensuring access to cost-effective

quality oral health care, thus promoting the highest standards of dental hygiene education, licensure, practice and research as it relates to dental hygienists. Our association represents voices and practitioners from every part of the state and elevates the needs associated with those regions, accordingly.

As you may be aware, and as stated through the testimony ahead of me, oral healthcare for children, specifically as it relates to children who do not have dental homes for ongoing oral health care is in desperate need of additional support.

Today, we'll discuss the systems in which children are able to receive oral health care inside of our educational systems, and provide background on some sensible ways to help address the gaps in coverage we currently see.

State of Oral Healthcare in Pennsylvania Children and its Effects

Impacts to Educational Achievement

Oral health is important for school aged children. Without proper supports in place, children can be subjected to pain, difficulty in concentration, and infection; all of which impact their educational outcomes. Unfortunately and simultaneously, according to the CDC, cavities (tooth decay) are the most common chronic diseases of childhood in the United States.¹ By age 8, over half of children (52%) have had a cavity in their primary (baby) teeth.² Children from low-income families are twice as likely to have cavities as children from higher-income families.²

It is also estimated that more than 51 million school hours are lost annually due to dental-related illnesses according to a report issued by the U.S. Surgeon General in 2000.

Where Pennsylvania Children Rank

According to the data analysis provided by the PA Department of Health's 2021-2022 Oral Health Basic Screening Survey in June of 2023, the prevalence of dental caries (cavities), in third-grade children in Pennsylvania is higher than the national average. Untreated tooth decay, or cavities that have not been restored is also a significant issue among study participants. The report highlights regional, urban and socioeconomic disparities in oral health outcomes. Children from low-income families and those living in rural areas are at a higher risk of poor oral health. Health outcomes are influenced by geographic region and socioeconomic status. Additionally, efforts should focus on increasing access to preventive oral health services and promoting healthy oral hygiene practices among children.

The Current Screening Process

Pennsylvania is one of the few states that requires dental screenings for children upon entry into school in K-1 and grades 3 and 7. When first established in 1945, our current law enabled schools to contract with local area dentists to oversee patient care and provide screenings for school aged children, and these dentists would provide these screenings in practice. Today, some 80 years later, we are in need of an update to that law.

Current law requires that ONLY dentists or Certified School Dental Hygienists (CSDHs) can perform the screening service. Unfortunately, we are seeing this level of restriction is limiting children's ability to be screened (see chart as published from the PA Department of Health in 2023). Increasingly, as demonstrated through their report and as we see within my clinic, school districts are having extreme difficulty in finding dentists to fulfill this requirement. Ideally, PDHA believes all school districts should have a school dental hygiene program. In a more perfect world Pennsylvania schools would have the resources for that, but that is not the fiscal reality we live in.

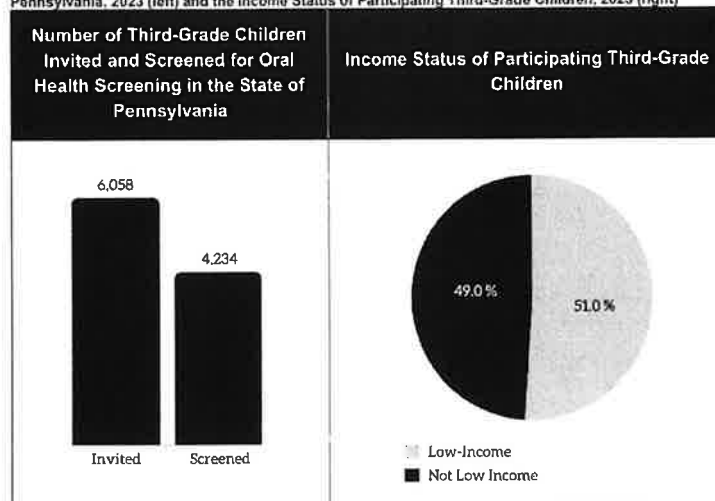
The DoH Division of School Health reports 63 schools and districts could not find a dentist willing to serve as the school dentist in the last academic year, and only 27 districts have Certified School Dental Hygienists.

Within my own experience, I have seen school districts continually struggling to meet the requirements of dental screenings due to dentist retirement, a lower reimbursement rate to providers, and general lack of providers. In some cases, orthodontists are providing this service by duty to their community alone. While this patchwork effort is helpful, it does not necessarily ensure that students are finding a long-term dental home.

Expand Options for Screening Children - HB 1478

HB 1478 would amend the Public School Code to allow school districts to use a Public Health Dental Hygiene Practitioner (PHDHP) to fulfill the requirements of Section 1403 of the Public School Code relating to these screenings. By adding PHDHP's to the mix of Certified School

Figure 1 - Number of Third-Grade Children Invited and Screened for Oral Health Screening in Pennsylvania, 2023 (left) and the Income Status of Participating Third-Grade Children, 2023 (right)



Dental Hygienists and dentists who may complete these screenings, we believe the following would occur:

- Dental home networks could be established for many families who are not currently attached to a dental home.
- Additional flexibility for Pennsylvania dentists who are already struggling to meet chairside needs in their practice locations and increased benefits for dentists to keep more dentists chairside to fulfill services.
- No negative repercussions for school districts currently operating programs that have positive screening outcomes.
- Medicaid Managed Care Organizations could continue to hire additional PHDHP's.
- More children could be provided an avenue to enter the Medical Assistance program.

In addition to PDHA, HB 1478 is supported by the PA Department of Health, the PA Academy of General Dentistry, the PA Coalition for Oral Health, the PA Dental Association, the PA Association of School Business Officials, the PA Association of Community Health Centers, and Children First.

The Role of the PHDHP

As a PHDHP, and in my role working for a Federally Qualified Health Center, I routinely see children coming to the dental clinic; many of whom are of lower income status. I see so many students who are within "gapped care", where a school nurse is referring them to me as their primary care dental health practitioner.

Unfortunately, due to current law, while I am able to screen them as they are referred to me, I am not able to sign off on their screening because I am not a dentist or Certified School Dental Hygienist. This is where we see a potential to serve more children by expanding options on who may provide school dental screenings.

As a PHDHP, I have the capability to work in public health settings without supervision and part of the reason our role was established was to provide community supports, like our hub and spoke model that increases access to care.

I want to stress that dental screenings are just as safe when provided by a PHDHP as when they are provided by other current screeners. We are educated and licensed to provide screenings without the supervision or authorization of a dentist. This would simply enable additional students to enter our home dentistry network and allow our dentists to commit their time and resources to more urgent dental treatment.

I am passionate about serving my community and the future generation of individuals that come from strong communities. Anything I can do to help empower, embolden and protect that generation brings me energy and it's why I thank you for your efforts to look at this important piece of legislation. We have the opportunity to impact so many lives with small changes like this so I thank you for your time and attention to the matter.

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