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

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.

Helen Hawkey

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