



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.

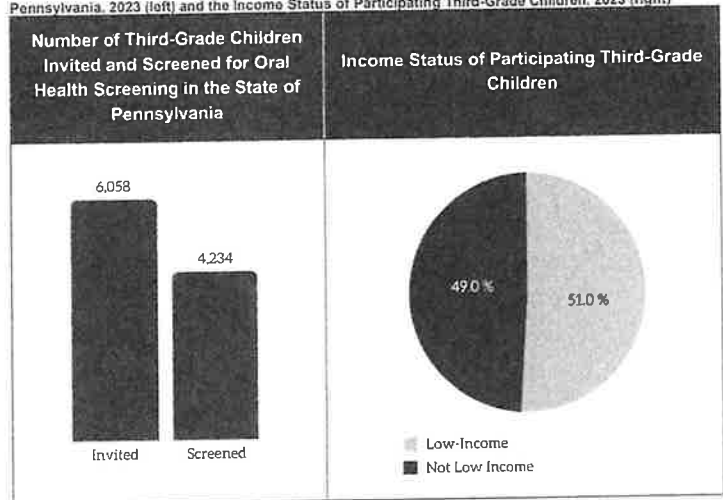
The DoH Division of School Health reports 63 schools and districts could not find a dentist willing to serve as the school dentist in the last academic year, and only 27 districts have Certified School Dental Hygienists.

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.

Institute for Health Metrics and Evaluation (IHME). 2020. GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington. <http://vizhub.healthdata.org/gbd-compare> .

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<https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html>

Dye BA, Xianfen L, Beltrán-Aguilar ED. Selected Oral Health Indicators in the United States 2005–2008. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012. 2. 3.

<https://paoralhealth.org/wp-content/uploads/2023/06/PADOH-BSS-Report-June-2023.pdf>