

March 20, 2015

To: House Committee on Health Care - Chairperson Greenlick and Representatives Buehler, Clem, Hayden, Kennemer, Keny-Gyer, Lively, Nosse and Weidner

From: Tatyana Hatzenbihler, BSN, RN

Re: HB2972

For the almost 30 years I have been a Registered Nurse (RN). For the 20 years I have specialized in school nursing. I am moved to voice my concern about HB2972 as a private citizen who works within the school system. I am not representing my employer on this issue. I understand that the idea of all children receiving early dental screenings and interventions is worthwhile. It is not realistic or reasonable to impose this unfunded mandate on the education system.

The state, through local school districts, is in the business of educating children so that all may graduate and be prepared for a successful life. Sometimes there are "road blocks" to that goal and that is where many specialists come in (OT's, PT's, SLP's, RN's, social workers, counselors, school psychologists, behavior specialists, dieticians, autism consultants, specially trained interventionists). These "road blocks" include health conditions such as seizure disorders, heart conditions, and asthma (to name a few) that require a school health plan. There are handicapping conditions such as blindness, autism or learning disability (to name a few) that require an Individualized Education Plan (IEP). Other "road blocks" include culture, economics, family structures/support, domestic violence, child abuse, addictions/substance abuse, access to health care and more. Some of these issues are within our scope of practice to aid and assist students and their families so that students may be able to access their education more effectively. Some are not.

School districts in Oregon have been mandated to provide a prevention based vision screening program. I screen kindergartners at six schools and send information to parents of those who do not pass. This makes sense. Vision directly impacts a person's ability to learn. Dental advocates will say that dental problems contribute to absenteeism and lifelong health problems. Those points are not in dispute. What is debatable is who is responsible for an individual's dental health. It is the family's responsibility and the child's medical provider to make sure they have early dental screenings. It is not a school district's or the state's responsibility.

The Oregon Oral Health Coalition (OrOHC) is exploring the integration of dental health screening into an existing system such as a school district but no plan has been developed yet. This house bill is premature and, if put into place too early, may cause much confusion and increased workload on a system already stretched with numerous state and federal mandates. Where will the funding come to pay for these screenings? Where will the manpower come from? I am closely involved in the state's immunization mandate. I see the number of people and hours upon hours of making sure that children

are immunized...and this directly impacts not only an individual student's health but the safety of the community as a whole. While dental health is important, the lack of it does not impact society's immediate wellbeing the way communicable diseases do.

In more than 30 years of training and practicing nursing I have never been asked to assess someone's dental health. There is no training in nursing school or guidelines in the nurse practice act. The act of dental screening simply does not fall within my scope of practice. I am trained to recognize a health problem such as facial/jaw swelling (possible infection or injury) but have no training or experience in dental decay, gum disease or discreet oral cancer. HB 2972 (Section 6, ORS 680.020) dedicates almost 50 lines to dental hygienists. Who may use that title, their training and some basic guidelines. HB2972 (Section 1 D) dedicates 3 lines to "school nurse". This clearly shows what a specialized field dental hygiene is and not to be taken on by just any health care worker. As a RN I follow my Nurse Practice Act and practice nursing within my scope. Dental screening is not within my scope of practice. At the least I may miss tooth decay that may cost someone their tooth. At the extreme I may miss a cancerous lesion that may cost someone their life.

HB2972 discusses an educational program's responsibility to screen incoming primary grade students. It outlines who may screen and what to do with the health information gained from that screening. It also suggests what a school district may do to assure that this screening takes place (withhold grades for example) but that a district may not exclude a student for not having been screened. How long would grades be held? Is this legal? What would happen to a district if they did not have the resources to screen their students? What about providing information to parents as outlined in the bill...who will follow up? What about uninsured, underinsured and undocumented students?

Everyone wants to help children grow up to be healthy adults. Everyone feels good about helping children. In theory most would buy into the idea of a dental screening for all children but we must hold off until the experts from OrOHC have a more concise outline of care, professional dental organizations have plans in place for not only screening but also follow up and school districts have the funds and manpower to put this plan in place. Once all is in place I will support a plan for dental screening by true dental professionals for Oregon's children.

Thank you.