

PRELIMINARY STAFF MEASURE SUMMARY**CARRIER:**

Senate Committee on Senate Health Care

REVENUE: No revenue impact**FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 3/16, 4/15, 4/15, 4/20

WHAT THE MEASURE DOES: Requires Oregon Health Authority (OHA) to develop a program for screening students susceptible to tooth decay and provide dental sealants to students. Specifies program must screen and provide services to students in first, second, sixth and seventh grade, and those who attend schools with at least 40 percent of students eligible for United States Department of Agriculture’s National School Lunch Program. Appropriates funds for biennium beginning July 1, 2015. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Tooth decay as significant public health problem
- Children benefit from dental sealants because they protect teeth from fissure and decay
- Role of state Oregon’s Oral Health Program
- Limited funding and resources to implement current dental programs in schools
- Ability to reach children that qualify for free and reduced lunch

EFFECT OF COMMITTEE AMENDMENT: -3 Amendment: Specifies Oregon Health Authority (OHA) should use evidence-based best practices to promote oral health by ensuring availability of dental sealant programs to students. Broadens access to screening and dental sealants to elementary or middle schools in which at least 40 percent are eligible to receive assistance under the Department of Agriculture’s National School Lunch Program. Permits OHA to directly provide services and oversee services provided by local dental sealant programs. Permits OHA to adopt rules and procedures for local dental sealant programs certification, training of personnel in dental sealant programs, monitoring and collecting data. Allows plan to transition schools receiving services from OHA to receiving services from local dental sealants programs. Requires integration of data sets.

BACKGROUND: Oral health is vital for sustaining overall health, getting good nutrition and communicating with others. It is an indicator of overall health and a preventative measure. Oral disease often brings disabling pain which can worsen heart and respiratory conditions and auto-immune diseases. One study in Oregon found that dental pain is a more frequent cause of emergency room visits than headache, fever and asthma. Racial, economic and geographic factors influence access to timely prevention and treatment.

The Oregon Health Authority (OHA) conducted a survey in 2012 of school aged children’s oral health. Results show that oral disease disparities exist for school-age children. Children from lower-income households had higher cavity rates compared to children from higher-income households (63% vs. 38%), almost twice the rate of untreated tooth decay (25% vs.13%) and more than twice the rate of rampant tooth decay (19% vs. 8%). In addition, about 24,000 children ages 6 to 9 were in need of early or urgent dental care. Up to 3,800 children in 1st to 3rd grades in Oregon reported dental pain or infection on any given day.

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This summary has not been adopted or officially endorsed by action of the committee.