

## HB 4127 -1, -2 STAFF MEASURE SUMMARY

### House Committee On Education

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**Prepared By:** Alethia Miller, LPRO Analyst

**Meeting Dates:** 2/3, 2/5

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#### WHAT THE MEASURE DOES:

Directs school districts to provide age-appropriate instruction in oral health to students in grade kindergarten through grade 12 as part of health education curriculum beginning July 1, 2025. Requires State Board of Education (SBE) to adopt any health education content standards necessary no later than September 1, 2024 to enable school district compliance with oral health instruction. Establishes consultation requirements for SBE. Directs Oregon Health Authority (OHA) to establish and maintain Community Dental Health Coordinator Pilot Program (Pilot Program) to support school-based oral health programs through the deployment of four coordinators beginning January 1, 2021. Directs Pilot Program towards students who are ethnic or racial minorities, and English Language Learners. Requires OHA apply for funding through the United States Health Resources and Services Administration for pilot program. Establishes Community Dental Health Coordinator Pilot Program Fund (Fund) in the State Treasury. Repeals Pilot Program and Fund on January 2, 2022. Declares emergency, effective on passage.

**REVENUE:** May have revenue impact, but no statement yet issued.

**FISCAL:** May have fiscal impact, but no statement yet issued.

#### ISSUES DISCUSSED:

- Incorporation of oral health into curriculum

#### EFFECT OF AMENDMENT:

-1 Requires Community Dental Health Coordinators are certified by a training program based on curriculum developed by the American Dental Association or its successor. Directs Pilot Program to allow for students enrolled at a school eligible for financial assistance under Title I of the Elementary and Secondary Education Act of 1965. Removes requirement to apply for funding through United States Health Resources and Services Administration for Pilot Program. Directs Oregon Health Authority to seek funding through gifts, grants, or other contributions from public and private sources. Clarifies need for mutual agreement between coordinator and designated location, including nonprofit organization, dental care organization, local public health authority and other state and local agencies. Allows for sponsorship funding of coordinators. Changes repeal date of Pilot Program and Fund to June 20, 2025. Changes implementation date of Pilot Program and Fund to January 1, 2022.

**REVENUE:** May have revenue impact, but no statement yet issued.

**FISCAL:** May have fiscal impact, but no statement yet issued.

-2 Requires Community Dental Health Coordinators are certified by a training program based on curriculum developed by the American Dental Association or its successor. Directs Pilot Program to allow for students enrolled at a school eligible for financial assistance under Title I of the Elementary and Secondary Education Act of 1965. Removes requirement to apply for funding through United States Health Resources and Services Administration for Pilot Program. Directs Oregon Health Authority (OHA) to seek funding through gifts, grants, or other contributions from public and private sources. Allows for sponsorship funding of coordinators. Allows OHA to adopt rules to implement Pilot Program. Changes repeal date of Pilot Program and Fund to June 30, 2025. Changes implementation date of Pilot Program and Fund to January 1, 2022 if at least \$200,000 becomes available in Fund. Directs OHA to notify the interim committees of the Legislative Assembly related to education

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

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and Legislative Counsel when the money becomes available.

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FISCAL: May have fiscal impact, but no statement yet issued.

### **BACKGROUND:**

According to the Oregon Oral Health Coalition, oral disease is almost 100% preventable if students have access to oral health education. The American Dental Association created the Community Dental Health Coordinator (CDHC) program in 2006. The purpose of the program is to provide community-based prevention, care coordination, and patient navigation to connect people who do not receive care from a dentist. The American Dental Association gave an example of a CDHC providing services to 114 patients in a rural tribal community health center's diabetes clinic.