

SCHIP Reauthorization Update: Dental Provisions Included in both Senate and House-passed Bills (Updated August 2007)

Both the United States Senate and House of Representatives recently approved legislation to reauthorize the State Children's Health Insurance Program (SCHIP). The House passed its bill (H.R. 3162) on Aug. 1, 2007, by a 225-204 vote, and the Senate passed its bill (S. 1893) on Aug. 2, 2007, by a 68-31 vote.

The AAPD and the dental community were pleased with the dental benefit guarantee

language and the following new parents educational provision included in the House bill:

“SEC. 144. ACCESS TO DENTAL CARE FOR CHILDREN.

(a) Dental Education for Parents of Newborns—The Secretary of Health and Human Services shall develop and implement, through entities that fund or provide perinatal care services to targeted low-income children

under a State child health plan under title XXI of the Social Security Act, a program to deliver oral health educational materials that inform new parents about risks for, and prevention of, early childhood caries and the need for a dental visit within their newborn's first year of life.”

The Senate bill included a \$200 million authorization of increased funding for dental programs.

The Children's Dental Health Project has posted a side-by-side comparison of the House and Senate SCHIP reauthorization bills related to dental issues at <http://www.cdhp.org>.

A comparison chart on all issues in the SCHIP bills is available at: <http://www.familiesusa.org/assets/pdfs/medicaid-coalition-stuff/8-7-schip-side-by-side.pdf>. **PDT**

State News

Update on New Mandatory Dental Exams for School Entrance Laws in California and Illinois

Current AAPD policy supports mandatory school entrance oral health examinations: http://www.aapd.org/medialPolicies_Guidelines/P_SchoolExms.pdf.

Illinois, Georgia, Rhode Island, Massachusetts, New York, Oregon, Pennsylvania and Washington, D.C., already have laws requiring school entrance examinations. This effort is also gaining momentum in other states, with bills pending in New York and Oregon. In Pennsylvania, the current law requires a dental examination by a school dentist or dental hygiene services at the time of initial entry to school, and in the third and seventh grades; a new bill would extend this requirement to 10th grade students.

Implementation in California

Effective Jan. 1, 2007, California law now requires children entering public school for the first time in either kindergarten or first grade to present proof by May 31 of the school year that he/she has obtained an oral health assessment. That assessment may be completed during the first year of school or any time in the 12 months prior to school enrollment. According to the California Society of Pediatric Dentistry (CSPD):

“CSPD, working with the California Dental Association, has long sought such regulation as a means of identifying children in need of oral health services and promoting the importance of oral health as an integral component of school readiness and ability to learn.”

The legislation was authored by State Assemblymen Bill Emerson (R-Redlands), an orthodontist, and John Laird (D-Santa Cruz) and sponsored by the California Dental Association. If the child does not attend kindergarten, it is required for first grade. Part of the justification for this law was findings from a 2006 California Dental Health Foundation survey that more than half of the state's children showed signs of dental decay by the time they reached school age.

Among the legislative details:

- Public schools will notify parents and guardians of the requirements imposed by law and provide a standardized form that can be used to record the results of the oral health assessment.
- Parents and guardians may be excused from compliance by indicating the assessment imposes an undue financial burden, cannot be completed because of a lack of access to a dentist or other licensed oral health professional or because they choose to withhold consent.
- Assessments may be completed by any California-licensed dentist, registered dental hygienist or registered dental assistant acting under the direct supervision of the dentist.

CSPD notes that the assessment is not a dental examination (which can be performed only by a licensed dentist), but rather an oral health assessment, which can be performed by a range of licensed dental professionals. An oral health assessment identifies obvious or suspected oral health conditions that require, or may require, examination by a dentist. A dental examination diagnoses dental conditions and forms the basis for treatment recommendations. As pediatric dentist and University of Pacific faculty member Dr. Jeffrey Wood said to *KGO-TV* in San Francisco:

LEGISLATIVE AND REGULATORY UPDATE

“It’s a visual assessment. So I would look into a child’s mouth and see if I saw obvious cavities or fillings or missing teeth. It doesn’t include a complete examination.”

This was part of the political process necessary to obtain passage of the bill, according to CSPD Public Policy Advocate Dr. Paul Reggiardo. Proposals in the prior legislative session with more stringent requirements—including dental examinations (not just assessments) in kindergarten, third and eighth grades in both public and private schools and withholding of the report card if the examinations were not completed—had failed. As a companion to the final bill, there was a commitment from the governor’s budget office to include in his final 2007 budget proposal an appropriation of \$4 million to reimburse the administrative costs incurred by the schools (estimated at \$8 per pupil) and \$3.3 million in additional Denti-Cal and SCHIP funding to cover the cost of anticipated additional dental examinations under these programs.

CSPD advises dentists and families that:

“The best decision for the child, and a significant intent of the legislation, is the establishment of a dental home through the scheduling of a comprehensive dental examination. When this is not possible or feasible, CSPD urges its members to consider providing a screening assessment in their office as a public service. It is important for both dentists and parents to understand the difference between a dental examination, which is a billable service and establishes the dental home, and a screening assessment which is not considered a billable service and only (1) collects the data required by the state concerning the incidence of treated and untreated dental caries and (2) identifies obvious or suspected conditions which require, or might require, examination and treatment by a dentist.”

“If a screening evaluation is conducted in the dental office it does not establish a dentist-patient relationship. Patients receiving such assessments do not become a patient-of-record and should not be expected to complete health histories or other office forms. To assist members providing these assessments, CSPD and CDA have developed a Consent and Recommendation Form for use in the dental office. The form provides for the consent of the parent or caregiver, explains the limitations and differences between an oral assessment and a comprehensive oral/dental examination, and provides a section in which the dentist can make recommendations concerning the child’s oral health. The form, in multiple languages, is downloadable from the CSPD Web site (www.cspd.org). It should be given to the parent or caregiver, along with the State data collection form, and a copy kept in the office for a period of one year. Oral evaluations performed in the dental office help parents meet the school requirement and serve as an introduction to the dental delivery system.”

The American Dental Association and the California Dental Association also join CSPD in promoting a dental home by age one. “The ADA and CDA recommend that a child see a dentist as soon as his or her first tooth erupts and by the latest at the first birthday.” According to the CSPD, “A dental examination conducted in a dental office during the first school year or in the 12 months prior to school enrollment more than meets the minimum standards of the assessment requirement.”

CSPD has also reached out to the medical community, including an article in the Spring 2007 issues of *California Pediatrician*. Written by Reggiardo and fellow pediatric dentist and former CSPD president Santos Cortez it offers the following guidance:

“What is the Role for the California Pediatrician?”

Just as school entrance health screening is not intended to be the child’s first encounter with the medical care system, this legislation is not intended to introduce the child to dental care. This is safety-net legislation, intended to catch those children who might otherwise fall through the cracks of public and private dental care delivery. Pediatricians are advised to continue to adhere to the recommendations of the American Academy of Pediatrics and the American Academy of Pediatric Dentistry regarding early infant referral and the establishment of a dental home in infancy. . .As the child traverses the toddler years, the pediatrician has the opportunity to inquire as to whether the dental home has been established. As the child approaches kindergarten enrollment, the pediatrician can prepare the parent for this new requirement of law by appropriate recommendation and referral when no dental health service connection has yet been established.”

A detailed summary of the new law is available on the CSPD Web site www.cspd.org/advocacy, including the Oral Health Assessment Form.

For further information, please contact Deputy Executive Director and General Counsel C. Scott Litch at (312) 337-2169 or slitch@aapd.org.

Illinois Experience to Date

PDT has previously reported on the recent Illinois law (PDT March 2005, p. 8) that requires an examination by a licensed dentist for children entering kindergarten, second and sixth grades in public or private schools beginning in 2005-06, by May 15 of each year. Completed surveys are also required from both public and private schools to summarize dental compliance status.

The state regulation can be accessed at: <http://www.ilga.gov/commission/jcar/admincode/077/077006650D04100R.html> and reads:

Section 665.410 Dental Examination Requirement

Except as otherwise provided in this Subpart, all children in kindergarten and the second and sixth grades of any public, private, or parochial school shall have a dental examination in accordance with the timetable set forth in Section 665.420. The examination shall be performed by a licensed dentist. Each public, private, and parochial school must give notice of this dental examination requirement to the parents and guardians of students at least 60 days before May 15 of each school year. (Section 27-8.1(1.5) of the School Code)

(Source: Amended at 29 Ill. Reg. 18127, effective Oct. 24, 2005)

Below are some results from a recent Illinois State Board of Education report:

	Dental Examination Compliance Rate*		
	Kindergarten	2nd Grade	6th Grade
Public schools	84%	80%	72%
Private schools	91%	91%	90%

**This means the student either obtained a dental examination or a waiver.*

Note that Chicago Public Schools, the largest school district in Illinois, did not submit dental examination data. Overall, data was submitted by 2,349 out of 3,035 public schools and 828 of 1,135 private schools. Overall compliance for all schools was 80.3 percent, and of this amount only 2.29 percent (4,444 children) obtained a waiver. Of those, 1,290 claimed they were enrolled in Medicaid and unable to find a dentist or dental clinic that accepted Medicaid, while 57 obtained a waiver due to a religious exemption.

The Illinois Proof of School Dental Examination form can be accessed at <http://www.isds.org/forYourPractice/business/DentalExamProof.pdf>.

For further information, please contact Deputy Executive Director and General Counsel C. Scott Litch at (312) 337-2169 or slitch@aapd.org. **PDT**

2008 AAPD Congressional Lobby Day

(This invitation was mailed in early Sept. to all AAPD Members)

It is our pleasure to invite you to attend the AAPD 2008 Congressional Lobby Day, which will take place on **May 21, 2008**, immediately prior to the 61st AAPD Annual Session in Washington, DC.

This is a wonderful opportunity to make our voice heard with the U.S. Congress to promote children’s oral health care.

As you know, we have had many recent successes, including Title VII funding for pediatric dentistry residency programs, general anesthesia insurance coverage for military dependents, and Medicaid and SCHIP dental program improvements. However, there is more work to be done and we must never rest on our laurels. To be effective, we need to keep building relationships with key members of Congress. It is true that we owe much of our success to the efforts of Congressional Liaison Dr. Heber Simmons Jr. and our D.C. lobbying firm Hogan and Hartson, but they would be the first to tell you there is absolutely no substitute for a member of Congress getting to know their local pediatric dentist.

It is easy for you to participate—just come to the annual session one day early. Your only out-of-pocket cost will be one additional hotel night. The AAPD will provide all meals and transportation for Lobby Day. Further, one lucky registrant will be selected at random to receive an AAPD Advocacy “value pack” consisting of a \$1,000 scholarship to attend the 2008 AAPD Advanced Legislative Workshop, an AAPD PAC windbreaker and other items to be named.

In order for the AAPD to accurately plan for this event, we ask that you complete and return the registration form by Oct. 31, 2007. You can access the form online on the Members Only page of the AAPD Web site, www.aapd.org (see “Latest News”). We look forward to your participation and to having the largest number of AAPD members on Capitol Hill in one day ever!

Sincerely yours,

Keith R. Morley C.D., B.Sc, D.M.D., F.R.C.D.[C], President-Elect

John S. Rutkauskas, D.D.S., M.B.A., C.A.E., Executive Director