

STATE OF NEVADA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

FROM THE DESK OF THE  
STATE DENTAL HEALTH OFFICER

As I write this in mid-November, the fall chill has yet to descend. It is 80° and so warm that my garden thinks it is spring and flowers have begun to bloom again. What a symbolic message in this time of National and State change that even nature is reluctant to enter a stage of rejuvenation and instead is in a season of new growth and transition.

Although change may be anticipated, growing pains are rarely comfortable. For the last three months, the Oral Health Program (OHP) has been in the midst of such a season of transition. In order to meet our goals, we have banded together to navigate the State infrastructure, finalize contracts and licenses, utilize existing partnerships to find new funding sources, and formulate a substantial project list.

Coming together as a team has been vital for the Oral Health Program and continuing a strong collaboration with the Advisory Committee on the State Program for Oral Health (AC4OH), the guiding voice of our program, is key. It is my hope that we can enter into open minded discussions, constructive critiques, and focused meeting agendas that propel the program forward.

As the State Dental Health Officer, I will do my best to provide informational transparency that allows you, the valuable members of AC4OH, to become fully engaged in the Oral Health Program goals. Supported by your professional expertise, creative energy, and broad knowledge, OHP is able to successfully navigate the changing oral health landscape.

It is my hope that through a strong collaboration, we can come together to improve oral health in Nevada. There has been much discussion in the media lately regarding President-elect Donald Trump's proposed dismantlement and replacement of the Affordable Care Act which may include Medicaid block grants for states. While this is only speculation, it is more important than ever that we, as a united group, continue to promote the importance of oral health in our State and ensure that vital dental benefits are not lost.

I am confident that together we will create a better dental healthcare system for all Nevadans. In the spirit of collaboration, I would like to present our latest projects and update you on our progress. I have also included two discussion topics at the end.

**2016-2017 Head Start Basic Screening Survey**

The Oral Health Program has entered into an agreement with the Nevada Department of Education's Head Start Collaboration Systems Office to conduct a basic screening survey. The primary purpose of

the project is to gather data on the oral health status of Head Start children in Nevada. The screening also allows the OHP to provide fluoride varnish applications, disseminate oral hygiene information and materials, and inform parents of community dental providers.

The Head Start Office will provide funding for supplies and travel for the basic screening survey (BSS) as part of a five-year collaboration with the Oral Health Program. Currently, there are 2,445 funded enrollment student seats in 36 participating Head Start programs throughout the State. Extension of original Dec. 31<sup>st</sup> deadline has been granted.

Progress to date:

- ✓ Initial communication conducted with each Head Start (HS) administrator and individual HS location and funded enrollment data updated.
- ✓ Fluoride varnish policy for internal use created. **(Included below)**
- ✓ Fluoride brochure created for HS children and their parents. **(Included below)**
- ✓ The HS administrative letters, HS parent informational letters, parent consent form, take home findings document, and basic screening form have been created and are currently being reviewed internally.
- ✓ Necessary screening supplies and oral hygiene materials have been ordered.
- ✓ Dr. Capurro and Ms. White will begin the HS basic screening survey in January. It is estimated that the project will take a minimum of three months to complete.
- ✓ Dr. Manz of ASTDD will conduct the data analysis and submit a consultant report.
- ✓ The Oral Health Program will develop a final report from this data that can be disseminated to stakeholders and the Nevada Department of Education

### **Statewide Oral Health Surveillance Plan**

The Oral Health Program is in the process of writing a State surveillance plan. In order to build a strong program that is able to adapt to changes in our State, timely, accurate data is necessary. We hope to gain a better understating of areas of unmet dental need and effectively utilize available resources and partnerships. Possible goals of the surveillance plan would be to:

- ✓ Track status of oral health and related behaviors/conditions on our populations
- ✓ Obtain actionable dental health information
- ✓ Leverage funding to collect additional population data
- ✓ Determine distribution of dental providers across the State
- ✓ Publish fact sheets with oral information by county
- ✓ Publish and disseminate a Nevada Oral Health Minute (frequency to be determined)
- ✓ Design dental public health strategies and polices that improve the lives of underserved populations (i.e. rural communities, adults with special healthcare needs, and elderly citizens)

Ms. White and Ms. Peek will lead this project with input from the OHP team and with feedback from AC4OH. A rough draft of the surveillance plan should be available in the spring.

### **State Oral Health Leadership Institute**

The Center for Health Care Strategies recently announced that they be offering a professional development program for five pairs of state Medicaid dental program directors and state oral health program directors called the State Oral Health Leadership Institute (SOHLI). The Institute will not only provide direction for Medicaid and oral health teams to develop stronger collaborative relationships, but will also assist the team in producing a joint oral health transformational state project. All travel expenses will be paid by SOHLI.

Dr. Capurro and Mr. Damon have the support of their respective departments to attend the 12-month professional development program. Their application will be submitted on November 30<sup>th</sup> and notification of selected participants will be announced on December 15<sup>th</sup>. **Please see below for the submitted transformational project outlines.**

### **Joint Projects with Medicaid Office**

- RFP 3290 Dental Benefits Administrator :
  - Dr. DiMuro, Dr. Capurro, and Mr. Damon reviewed and submitted revisions to RFP 3290.
  - Dr. Capurro, Mr. Damon, and Ms. Aquino will be participating in the evaluation process. Review and scoring of the applications will occur between 12/16 and 12/28. The final decision will be made at an evaluation committee meeting on 12/28 in Carson City.
- Medicaid Chapter 1000 Dental
  - Dr. Capurro and Mr. Damon have collaborated in reviewing and rewriting the Medicaid Services Manual 1000 Dental. The goal of the revision was to increase preventative dental services while identifying options to reduce orthodontic costs.
  - Public hearing has been scheduled.

### **Nevada Women's Infant and Children Program**

The Oral Health Program has been awarded funding to work with the Nevada Women's Infant and Children's (WIC) Program recipients to provide oral health instruction, oral hygiene supplies, and educational materials which include guidance on dental visits and references for dental treatment for Medicaid enrollees, including pregnant women and infants. The Oral Health Program will be distributing materials to all 16 local WIC agencies which operate 45 clinic locations. It is estimated that WIC serves nearly 18,000 pregnant women in Nevada.

### **Update on Oral Health Program Workforce**

The members of the Oral Health Program are:

- Dr. Antonina Capurro
- Ms. Judy White
- Ms. Deb Aquino
- Possible part-time administrative assistant will be joining OHP in the spring. This person will be shared between OHP and WIC and work primarily with Ms. Aquino.
- Possible part-time contracted worker who is a UNR public health major graduating in December. Applicant may be available for possible hire in the spring. For the moment, it

appears the contracted worker would be housed in Reno. This person would be valuable in assisting Dr. Capurro and Ms. White in the completion of the Head Start BSS while in the field.

### **Discussion Items**

1. Oral assessment before school entrance policy.  
**Please see the below synopsis, spreadsheet, and proposed examination form.**
  
2. Creation of an educational video that portrays a strong message and promotes a united dental voice.
  - Using available funds within the Oral Health Program, I propose we develop an educational video that communicates the growing dental needs in Nevada, highlights OHP's goals to improve access to care and advocate for underserved populations, and emphasizes current programs reaching patients in need.
  - We do not yet know what impact the Trump administration will have on the current Medicaid model. Even if it is very small, it is in our best interest to create a visually stirring and memorable video that will kindle a desire in policy makers and stakeholders to protect and expand dental benefits and funding measures.
  - In 2010, UNLV School of Dental Medicine (SDM) faced a State funding crisis and created a video that provided legislators with a better understand of the school's impact and the need to save their funding. I was active in the creation of this video and have been involved in the planning of other video marketing strategies for SDM. Video link: <https://www.unlv.edu/videos/video-player/nmHJANZvTgs/640/390>

Together we will continue to improve dentistry in Nevada and in so doing, change the landscape around us. In the words of Helen Keller, "Alone we can do so little; together we can do so much." I look forward to the enormous opportunities our collaboration will bring.

Sincerely,  
Antonina Capurro, DMD, MPH, MBA  
Nevada State Dental Health Officer

## **For Internal NV Oral Health Program Fluoride Varnish Guidance for the 2016-2017 HS BSS**

### **Nevada Water Fluoridation**

In 1999, Assembly Bill 284 was passed which allowed the Southern Nevada Water Authority to add fluoride to Southern Nevada's municipal water supply and maintain a 0.7ppm concentration. Fluoride is not added to the water supply of any other area in the State. There are, however, naturally occurring areas of high fluoride concentration in the water supply of other areas in the State.

Current research states that water fluoridation should be regulated at 0.7ppm. Caries reduction occurs in water fluoridation at levels of 0.7-1.0 ppm. The Safe Drinking Water Act limits fluoride levels at 4.0 ppm and Nevada's standard is 2.0 ppm (mg/L). Fluoride levels above 1ppm may contribute to mild fluorosis. A map of water fluoridation levels in Nevada is below.

### **Fluoride**

Fluoride is a mineral that incorporates itself into the crystalline structure of enamel and strengthens the teeth making them less susceptible to bacterial acids. An exposure to higher than optimal concentrations of fluoride will lead to a physical change in the appearance of the teeth called fluorosis. Children under eight are at greatest risk for dental fluorosis as the enamel of their permanent teeth is maturing. Once the permanent teeth erupt the signs of fluorosis will be evident. Multiple avenues of fluoride ingestion exist through dietary supplements, professional application, food, beverages, fluoridated water, and dental products. While the U.S. Environmental Protection Agency has determined that dental fluorosis is not a disease with health effects but results in questionable to severe cosmetic effects, fluoride ingestion should be carefully monitored.

Topical fluoride treatments are typically offered to children predisposed to dental caries due to socioeconomic status, water fluoridation levels, and/or behavioral risk factors. Effective treatments may be administered in the form of fluoride varnish, foam, gel or rinse. For children living in an area of high water fluoridation, a professional must balance the benefit of fluoride application to reduce caries and the risk of fluorosis.

Fluoride varnish is a preferred method of oral health prevention as peak plasma fluoride levels after topical fluoride varnish application are less than brushing with a fluoride toothpaste (#1,3,9). The fluoride varnish introduces only a modest amount of fluoride to the system and is concentrated on the external surface of the teeth.

For children being surveyed in the Nevada Head Start Basic Screening Survey, the intake form will collect information such as current dietary fluoride supplementation, last dental visit, history of dental pain, and last fluoride varnish application to determine a child's risk for dental caries. Children assessed as having a moderate to high risk for dental disease will be given a fluoride varnish application regardless of location within the State. If a child indicates that they have asthma, an allergy to pine nut or any nut allergy, and/or takes fluoride tablets at home, they will not be given a fluoride application as part of this project.

## For Internal NV Oral Health Program Fluoride Varnish Guidance for the 2016-2017 HS BSS

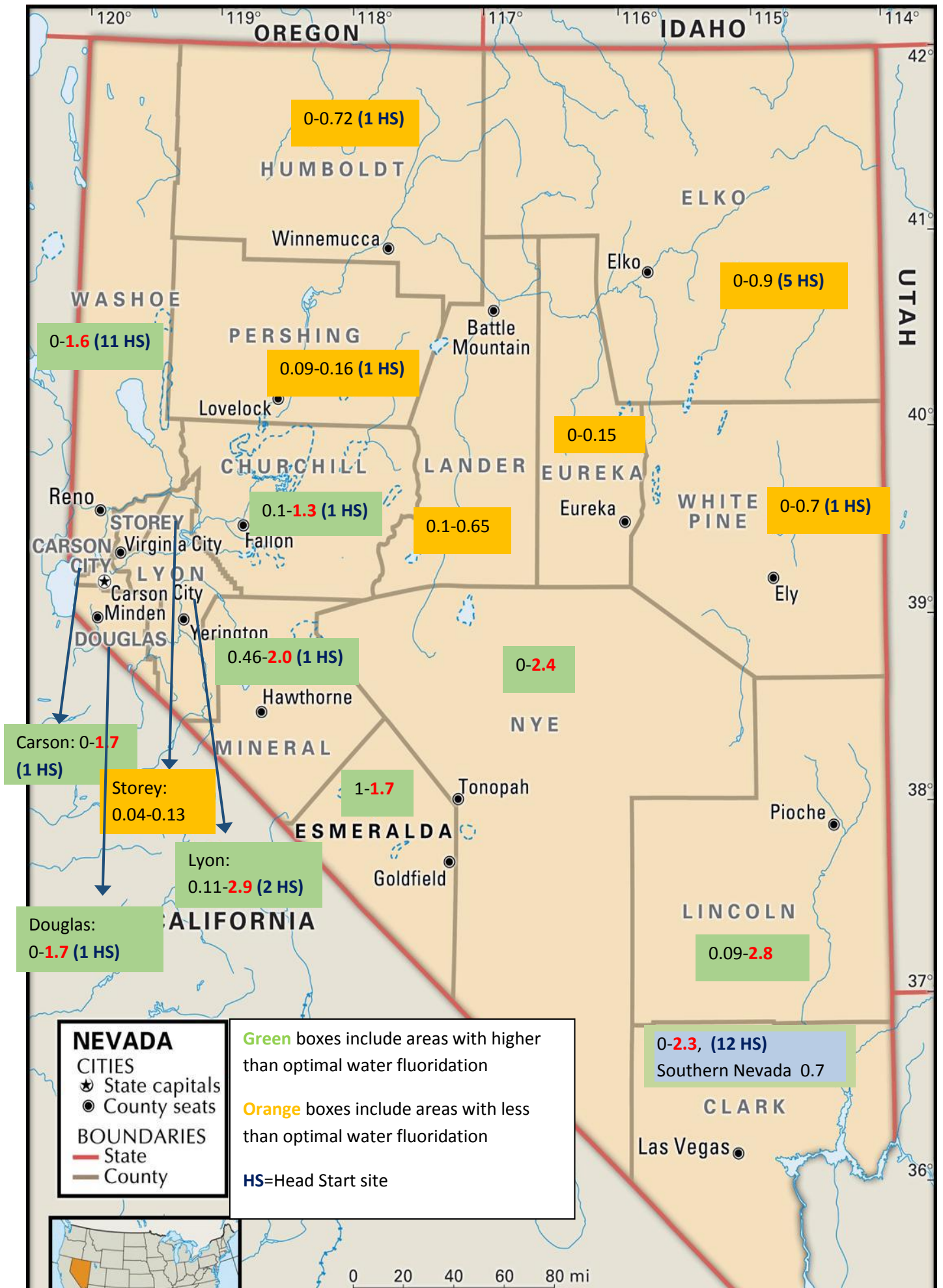
A fluoride brochure, oral health tips pamphlet and other preventative literature will be disseminated to the child's guardian. Following the screening a child will be given a take home sheet which indicates the child's need for treatment ie. urgent, early care, or no obvious problems seen. If fluoride varnish was applied due to a positive parental signature on the consent form, the parents will be given the following reminders:

- For best results, do not brush or floss your child's teeth until tomorrow morning.
- Your child's teeth may look yellow, but the varnish will brush off.
- Your child should avoid eating anything sticky, crunchy, chewy, or hot until tomorrow. Give your child a soft diet for the rest of the day.
- Your child should not be given fluoride drops or tablets for two days. You may continue providing fluoride supplements two days from today.
- If any difficulties are experienced, you can quickly and easily remove the fluoride varnish by using a toothbrush and floss. Your child should then rinse their mouth with warm water and spit.
- If you have any questions or concerns, please call the Nevada State Dental Health Officer, Dr. Antonina Capurro, at (702) 774-2573.

The take home findings sheet for all parents/guardians of children that have completed the screening also includes the following reminders:

- Baby teeth are important! Some baby teeth stay in the mouth until a child is about 12 years old. They help with chewing and speaking, and they help guide the permanent teeth into place. Have your child see a dentist regularly.
- Cavities will not go away on their own, and they are less costly to fix if they are caught early.
- If your child has Medicaid, then his/her dental care is covered from birth to age 21. No referral is needed, regardless of the child's age.
- Be sure that your child brushes twice a day. Children should be assisted with brushing up to age eight so that *all* the teeth are cleaned. Floss should be used between teeth that touch.

For Internal NV Oral Health Program Fluoride Varnish Guidance for the 2016-2017 HS BSS



## For Internal NV Oral Health Program Fluoride Varnish Guidance for the 2016-2017 HS BSS

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## Oral Hygiene Tips

- Eat fruits and vegetables and drink plenty of water. Avoid sugar, soda pop, and juice. A healthy diet is important.
- Visit the dentist regularly starting when the first tooth erupts at about 6-12 months of age.
- Brush for two minutes twice a day with a fluoride toothpaste and floss regularly.
- Use a smear of toothpaste before age 3 and a pea size amount for older kids who can spit out the toothpaste.



Smear



vs Pea size

- Remember, even baby teeth and gums are important. Never put baby to bed with a bottle and clean baby's mouth with a damp cloth after each feeding.

**"You are not healthy  
without good oral health"**

**Dr. C. Everett Koop,  
Surgeon General of the United  
States, 1981-1989**

## Improving Dental Health in Nevada



## Department of Health and Human Services

### Division of Public and Behavioral Health

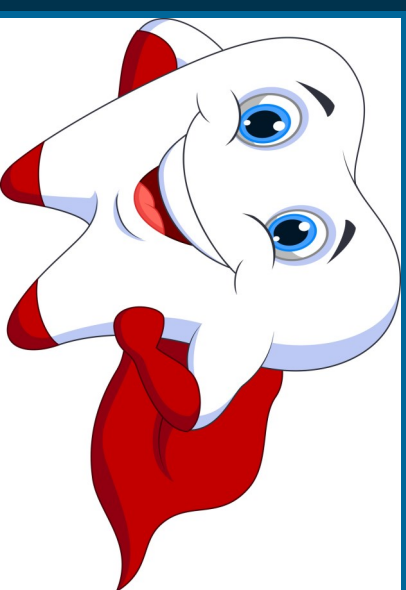
4150 Technology Way

Carson City, Nevada 89076

775-684-4285

<http://dphh.nv.gov/Programs/OH/OH-Home/>

# Fluoride Varnish

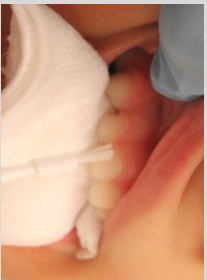


**Your tooth's  
cavity fighter!**

# Saving Nevada Smiles One Tooth At A Time

## How Is Fluoride Varnish Applied?

- \* A trained health professional will dry the teeth, mix the varnish, and paint a tiny amount on the teeth with a small disposable brush.
- \* The varnish application takes less than 2 minutes and may have a slightly tangy taste.
- \* The sticky temporary coating dries quickly and slowly releases fluoride to the tooth surface.



- \* Fluoride varnish is an easy way to brush on prevention and keep your teeth healthy.

## Fluoride Varnish-Is It Safe?

Yes, fluoride varnish is safe. The sticky varnish dries quickly and creates a thin coating over the teeth.



## Why Use Fluoride Varnish?

- Fluoride is a natural mineral found in water sources. Fluoride varnish contains 5% sodium fluoride
- Fluoride varnish helps strengthen the outer (enamel) layer of teeth and makes them more resistant to the bacteria that cause decay.
- Children as young as 12 months old can get cavities.
- Cavities in both baby and permanent teeth can cause real pain! Cavities can prevent children from eating, speaking, sleeping and learning.
- Fluoride varnish can help prevent cavities—some studies say up to 40%.

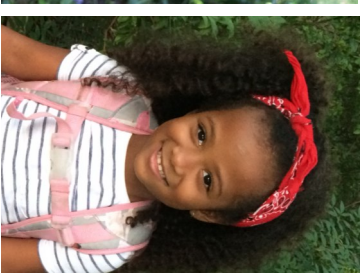
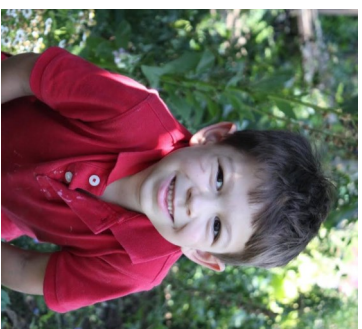
## Fluoride Varnish Can Help Prevent

### Tooth Decay.

“Tooth decay is the single most common chronic childhood disease—5 times more common than asthma, 4 times more common than early childhood obesity, and 20 times more common than diabetes.”  
American Academy of Pediatric Dentistry

## After The Varnish Is Applied:

- \* Water is safe to drink after application.
- \* Avoid chewy, crunchy, or hot foods. Instead, eat soft foods until the next day.
- \* Brush and floss your teeth the next morning. Sometimes the fluoride varnish looks yellow—this will all brush off.
- \* Do not take a fluoride supplement the day of application and 2 days after.



## How Long Will It Last?

Fluoride varnish sticks to the teeth until it's brushed away the next day, but the benefits can last several months.

Fluoride varnish can be safely applied every 3 to 4 months

# Nevada Project Outlines for SOHLI Application

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## **Project 1: Integrate Oral Health into Primary Care Settings**

Oral health is a vital component of overall health. Numerous studies have identified the association between the oral bacteria and inflammation in dental diseases and overall systemic disease such as cardiovascular disease, adverse pregnancy outcomes, and diabetes. Oral health is a snapshot of a person's disease status as the health of the oral tissues can lead to early detection of systemic issues. In order to contribute to the health of our population, Nevada's Medicaid system provides comprehensive dental services to children less than 21 years of age and pregnant adults.

Although services are available, local access to quality oral health care continues to be an ongoing public health issue. This project hopes to partner with existing healthcare delivery models to centralize healthcare services and bring dental services into a primary care practice. This goal will be accomplished by designing an interdisciplinary program model that introduces an oral health component to the healthcare services being offered in Medicaid pediatric and Ob-Gyn offices. Such a partnership would, expand the capacity of dental professionals to reach underserved children and pregnant women; secondly provide these patients with information on Medicaid eligible dental services and assist them in finding a dental home; and lastly provide preventative interventions, and identify through early detection, areas of concern. There are two models of implementation that could be utilized to reach our project goals:

- ✓ Model A would involve the incorporation of a public health hygienist as a paid member of a primary care office.
- ✓ Model B would involve training nurses to offer public health dental services to their patients.

In both models, primary care offices would be able to use the Medicaid billing schedule to receive compensation for dentally related education, dental home referrals, fluoride varnish applications, and sealants (for children with their first molar and with parental consent).

**Goals:** Design a pilot program that demonstrates the feasibility of incorporating a dental provider into the physician's office and creates a more holistic model of care. Success will be measured by implementation of either Model A or B into one Medicaid pediatrician and one Ob-GYN office within the year and demonstration of sustainability of the project through valid Medicaid claims data and patient and physician surveys. The project aims to demonstrate an improvement in the oral health status of patients in the identified practice through an increase in accessible dental services and enhanced utilization of Medicaid benefits.

**Barriers:** Barriers include creating physician buy-in and finding a provider willing to pilot the project. It is also difficult to predict all aspects that will influence adoption of this model.

# Nevada Project Outlines for SOHLI Application

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## **Project 2: Reduce Emergency Department (ED) Services for Non-Traumatic Dental Conditions**

The second transformational project will focus on producing a measurable reduction in emergency services for non-traumatic dental conditions by introducing a series of interventions. According to Nevada's Medicaid claims data, the average cost of a non-traumatic dental ED visit is \$900 which resulted in nearly 13 million dollars in filed claims in the last State fiscal year. If during an ED visit, Medicaid patients were able to receive treatment that addressed their chief complaint this would be optimal. However, non-traumatic dental patients are typically prescribed pain medications and antibiotics and discharged. The underlying issue is not addressed and patients that are unable to receive dental care will return to the Emergency Department.

**Goals:** The goal of this project is to demonstrate a 5% decrease in ED visits from the two hospitals in the State that exhibit the largest utilization of Medicaid services for non-traumatic dental conditions. This project will focus on decreasing ED usage by expanding patient access to appropriate dental services and in turn improve Nevada's Medicaid dental care system. Surveys from physicians, medical staff, and patients as well as Medicaid claims data will be assessed to evaluate the effectiveness of the intervention, monitor progress, and communicate findings to community stakeholders. Below is a list of possible interventions that can be implemented to reach our goal:

- Using current mobile applications for dental diagnosis, design an application that can assist users to understand their current disease status and find available providers.
- Design a pilot study in which dental operatories would be placed within existing quick care clinics.
- Partner with the Southern Nevada Health District in the proposed community nurse call line. This project routes 911 calls to a registered nurse to provide protocol drive triage to direct patients to the correct avenue for care based on needs, insurance plan, and available transportation. Including a dental aspect to this project would reduce stress on the system, provide symptom advice, and guidance to a local dental provider.
- Develop an educational campaign with Nevada's oral health coalitions and State social work programs to provide Medicaid recipients with resources for community based services that can provide quality dental care.

**Barriers:** This project represents a large undertaking. The members of the Division of Health Care Financing and Policy (DHCFP) Dental Program and the Division of Public and Behavioral Health (DPBH) – Oral Health Program are relatively new to their positions. Guidance and expertise are needed to properly begin such a project.

# ORAL HEALTH ASSESSMENT FOR SCHOOL ENTRANCE

Submitted to Advisory Council for Oral Health  
By Dr. Capurro, Nevada State Dental Health Officer

## OVERVIEW

It is now common knowledge that oral health is a vital component of overall health. Numerous studies have identified the association between the oral bacteria and inflammation in dental diseases and overall systemic illness such as cardiovascular disease and diabetes. Oral health is a snapshot of a person's health status as the condition of the oral tissues can lead to early detection of systemic issues.

Proper oral hygiene and disease prevention are especially important for children who are developing and in whom oral decay can have lifelong affects. Furthermore, missing teeth, gum disease, and dental decay can lead to pain, loss of sleep, and low productivity in school which has an enormous impact on a child's nutritional status, self-esteem and overall quality of life. In fact, according to Oral Health in America: A Report of the Surgeon General, "more than 51 million school hours are lost each year to dental-related illness".

To date, eighteen states have found the solution to avoiding the consequences of oral disease in school age children by connecting young people to a dental home through implementation of a dental examination before school entrance policy. Furthermore, many states use the dental examination requirement as the first step in providing preventative services to school age children and meeting national objectives to improve overall oral health care. The ultimate goal of a dental examination before school entrance policy is to connect students with a dental provider and assist them in establishing a dental home. Incorporating dental hygiene into daily routines and directing children to oral care services allows children to enter school as a healthy individual capable of becoming an educated productive member of society.

The policies being used in other states are included in the attached overview spreadsheet, are examined in the synopsis below, and will be followed by my suggestion for Nevada.

## Screening Interval

Currently, all states require examination at the time of school entrance whether that is at the kindergarten or at the 1<sup>st</sup> grade level. After that point, there is great variation in the periodicity of the regulation. Some states require examination every year (Kansas), while others require examination during elementary, middle and high school or a small variation of this (Nebraska, New York, Pennsylvania, and South Carolina).

## **Exam/Assessment/Screening**

Screening forms vary widely from state to state. At a minimum, dental forms ask for information such as caries experience, the presence of decay, and treatment urgency. Some states such as the District of Columbia and Pennsylvania require collection of detailed information on the findings of each tooth. Both forms also have a treatment section which allows the dentist to comment on the current needs of the students and document if the treatment has been completed. These exams are very detailed; perhaps because, they are linked to in-school preventative services programs. District of Columbia public schools provide preventative services through a school based oral health program and Pennsylvania has an in-school dental hygiene service program.

However, even if the screening form is brief and only identifies recommended treatment and basic current findings, states such as Rhode Island and South Carolina have written into their laws the requirement that the school district or the Department of Health provide screenings, treatment and education. According to South Carolina's oral health screening review (<http://www.vaoralhealth.org/Portals/0/SC%20Screening%202008.pdf>), their in-school screening program has allowed South Carolina to reach "100% success rate in connecting the urgent needs to care over the past 4 year. Additionally, HPS (health promotion specialists) has eliminated the disparity between black and white children that have sealant in the first 5 years of its program". HPS is a program that provides dental services, education, and referral services to South Carolina school children and enables them to reach compliance with the dental assessment before school entrance policy.

## **Enforcement**

Most states either do not have a penalty for non-compliance or allow parents to easily opt out of the screening. If parents chose to sign a waiver, many schools offer at the very minimum referral paperwork that guides the parents to find a dental home for their child. Only three states enforce the dental examination. Illinois and Oregon school districts can legally hold a child's report card, and Nebraska states that any person violating the dental screening statute is guilty of a Class V misdemeanor.

In states such as District of Columbia and Florida parents can only request an exemption from the oral/health examination by submitting a written and notarized statement of religious objection. Such states suggest that their oral/health certificate completion rate is higher due to the difficulty in submitting a waiver. This is in sharp contrast to states such as California who place the waiver on the oral assessment form and in turn have a high number of completed waivers and incomplete forms.

## Referrals

Most referrals are delivered by the school nurse in the form of a handout with information on community clinics and practitioner that operate on a sliding fee schedule. Providing families that currently do not have a dentist or who cannot find a dentist with a list of providers in their area is central to the goal of the oral assessment for school entrance policy.

## Dental vs. Health Form

Eleven of the eighteen states that require a dental screening before school entrance have an independent dental assessment form. However, many of these states also require a separate health assessment form to be completed for school entrance. The other seven states have incorporated the dental assessment portion into an overall health examination form. In these states, the dental questions are usually limited to a signature from a dentist that indicates completion of an oral examination. Only limited dental information is available to states using this type of form.

To date, Nevada requires neither a medical examination nor a dental assessment before school entrance.

## Data Collection Methods

In many states, it is the responsibility of the school nurse to review incoming dental assessment forms, organize the information for the school, and conduct data analysis. Such is the case in Georgia, Illinois, Nebraska, South Carolina, and Utah.

Other states have invested in online database collection systems. California for instance funds the System for California Oral Health Reporting which is an online statewide system and allows parents and the Office of Education to access the information online anytime. Likewise, Rhode Island has an online reporting system that allows for standardization of the collected screening information. The online information is available directly to the Rhode Island Department of Health Oral Health Program. Oregon has an electronic student information system called eSIS, Iowa has an electronic school dental screening record form, and West Virginia enters the dental examination information into a statewide immunization information system. For those states with an online data collection system, the individual schools enter the assessment information and then the system will run customizable reports at both district and county levels.

An online database system provides for easy information entry and processing. If Nevada were to move forward with a health examination for school entrance policy, it would be prudent to invest in an online database system. According to Oregon State Representative Cedric Hayden, House Bill 2972 passed in 2015 which requires students to complete a dental screening form

before school enrollment, estimates that recordkeeping will cost the state \$16,500. (Wang, A. (2015, June 29). Kids starting school will be required to have dental screenings. The Oregonian/Oregon Live. Retrieved November 20, 2016, from [http://www.oregonlive.com/health/index.ssf/2015/06/kids\\_dental\\_screenings.html](http://www.oregonlive.com/health/index.ssf/2015/06/kids_dental_screenings.html))

## **Oral Examination History**

Kansas has the longest standing dental assessment before school entrance requirement. The Kansas law was passed in 1915 and requires the school district to provide a free dental assessment. Although individual school districts are mandated to provide screening services, they are currently unfunded. This places a great burden on the schools to organize and fund the screenings, and tasks the school nurses in answering parent questions, informing parents of the results of the screening, assisting parents in finding a dental home, monitoring the student's oral health status if urgent needs were identified, compiling student results, and sending the data to the Bureau of Oral Health.

Oregon is the latest state to implement a dental screening requirement with a bill that became effective June 2015. Oregon's dental assessment is a part of the medical review required for school entrance. Interesting to note that Oregon's vision screening law was passed in 2013 and the state is slowly adding different medical components into their medical examination school policy. Oregon also has an enforceable policy and will withhold a child's report card if they are not in compliance with the law. As they are the newest state to implement a dental policy for school entrance, they have instituted electronic student records and place the burden of responsibility on their Department of Education to compile student health examination information and submit a yearly report to the Oregon Health Authority Dental Director.

## **Current Nevada School Entrance Requirement**

For entrance into a Clark County school, parents must complete an online registration form, and bring the following documents to the school: 1. the child's birth certificate, 2. the child's immunization record, and 3. provide proof of residency. (<http://ccsd.net/parents/enrollment/>). In Washoe County, a health information sheet is added to the requirements which allows the parent to list any health problems or medications their child might need while in class. (<https://dcsd.k12.nv.us/main.aspx?pageid=177&lastpageid=2&lastpagename=Home> )

Although Nevada does not require a medical evaluation before school entrance, it does require the school to provide a visual and auditory exam in "at least two grades of elementary school, one grade of the middle or junior high school, and one grade of the high schools". Furthermore, a BMI screening should be completed in grades 4, 7, and 10. The school nurse or school employee that provides basic first aid conducts the required examinations and reports school data to the Chief Medical Officer. Parents may request exemption by providing their child's teacher with a



written statement of exemption. (NRS 392.420 Physical examinations of pupils; qualifications of persons to conduct examinations; notice to parent of examination and opportunity for exemption; report of results to Chief Medical Officer. [Effective July 1, 2015.]

Within the Clark County School District there are 184 BSN school nurses, 19 procedure nurses, and 25 support staff members that serve 321,000 students in 357 schools. That is a ratio of 1 nurse to 1745 students. In addition to serving the medical needs of these students, the nursing staff must also provide visual, auditory, and BMI screenings for all CCSD children. (Colosimo, R. (n.d.). School Nurses. *Nevada-Edition 47*. Retrieved November 20, 2016.[http://epubs.democratprinting.com/article/SCHOOL\\_NURSES/2029486/261828/article.html#](http://epubs.democratprinting.com/article/SCHOOL_NURSES/2029486/261828/article.html#))

## Recommendation for Nevada

According to NRS 392.420, Nevada schools in counties with a population of 100,000 or more are required by law to provide a visual, auditory, and BMI screening at set intervals. If we merge the dental assessment with an overall health examination as a school entrance requirement, we would reduce the workload of the school nursing staff, minimize classroom contact time lost to complete the in-school examination, require health evaluations for all children not just those living in largely populated area, and improve our understanding of the healthcare needs of the State. In addition, by requiring the examination to be performed by medical/dental personnel outside the school, students and parents are compelled to build medical/dental relationships in their local community. There may also be greater buy-in for such a policy as it may result in a cost savings measure for school districts and allow for a redistribution of nursing staff.

Dental health is a component of overall health and by integrating an oral health assessment into a general health examination, the overall health of Nevada children will be improved and underlying issues can more effectively be addressed. In addition, this policy will allow the OHP to gain invaluable information on the medical and dental conditions of our school age children. Such data can be used to write policy, apply for grants, design interventions, build a surveillance plan, analyze current needs, and implement interventions. These measures can be submitted in an annual report to the Department of Education and Nevada legislators.

Using the best pieces of medical examination forms from across the country and OHP's current BSS form, I have created a school entrance health form. **Please see below.** I have not included a health examination instruction sheet or definition page for parents and medical providers, but this should be located at the end of the health form.

I suggest that a Nevada health examination before school entrance policy be required at an interval that incorporates the current NRS 392.420 schedule. Therefore, the examination would be required for initial entrance into school i.e. kindergarten or 1<sup>st</sup> grade and in 4<sup>th</sup>, 7<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade. The exam should also be completed not more than 12 months prior to commencement of the school year in which the exam is required.

The policy while mandatory should allow parents to submit a notarized written statement to the school for religious exemption. It is my opinion that students that do not provide proof of a dental/health examination should not be removed from the public school system. Parents that are having difficulty completing the requirement should be assisted by the school nurse in locating a community dentist/physician.

School nurses will play a large role in the success of the school policy. It will be the school nurses that will provide parents with referral forms if they are unable to find a medical provider or if the child's oral assessment indicates the need for referral. School nurses will also be tasked with reviewing completed health examination forms and entering the information into a state database. However, the nursing staff should not be overly burdened as they will no longer be required to provide visual, auditory, or BMI screenings to school age children. These medical requirements have now been built into the school entrance health form.

The overall goal of the policy is to:

- Determine the dental status on Nevada school children
- Identify those in need and refer them to services
- Connect families with a dental and medical home
- Increase population based services
- Develop targeted interventions
- Build the connection between overall health, dental health, and education

This requirement could be the first step for Nevada in building a strong dental support system that can serve and oversee each school district and connect parents with a network of local health professionals that not only complete the required screening, but also provide education and treatment. Possible outcomes include meeting:

- NRS 439.2793 #9: Develop and coordinate, in cooperation with the Department of Education, recommendations for dental programs to encourage proper oral hygiene by children.
- Healthy People 2020, Oral Health objective
  - OH-2: Reduce the proportion of children and adolescents with untreated dental decay. Children aged 3-5, 6-9, and 13-15 are targeted in this objective. This represents grades pre-k to kindergarten, 1<sup>st</sup> grade to 4<sup>th</sup> grade, and 8<sup>th</sup> grade to 10<sup>th</sup> grade.
  - OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

And may in time affect:

- OH-8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
- OH-12: Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

I suggest that AC40H establish a subcommittee representing both dental, medical, and educator viewpoints to build an effective proposal, review the recommended health examination form for NV school entrance, and lobby for approval of this policy. Below is a list of possible subcommittee members for consideration by AC4OH:

Dr. John DiMuro, Chief Medical Officer.

Dr. Kami Larsen, president of the American Academy of Pediatrics Nevada Chapter.

Dr. Tomas Hinojosa, NSMA president.

Dr. Antonina Capurro, State Dental Health Officer

Dr. Ashley Hoban, owner of Summerlin Pediatric Dentistry, WSPD, SNDS, and NDA member, and board member of FEAT.

Dr. Robert Talley, NDA Executive Director.

Mr. Ruben Murillo, NSEA president.

Mrs. Lynn Row, Director of Health Services for CCSD

Mrs. Kathy Harney, retired CCSD Asst Superintendent for Community Relations

Mrs. Chris Garvey, vice president CCSD Board of Trustees

Mr. John Mayer, vice president WCSD Board of Trustees

And members of local coalitions (CUSP, CCOH, HCC, OHN etc).

Should AC4OH decide to move forward with this proposal, a dental screening protocol must be created, a health examination for school entrance tool kit should be designed, a referral list completed, and a health examination instruction and definition page for parents and medical providers included at the end of the health exam for school entrance form. The health examination for school entrance tool kit should include at minimum a question and answer section for parents and school personnel, detailed information on the policy, copies of parent letters, FERPA and HIPPA information, the health examination form, and a flowchart for schools starting with dissemination of the forms and ending with collection and data entry.

## Support

### Department of Health and Human Services

- Mr. Whitley, the Director of the Department of Health and Human Services, is supportive of a dental requirement before school entrance. The exact language of the requirement and the proposed health examination forms have not yet been reviewed by his office.
- Dr. DiMuro, Chief Medical Officer, has reviewed the proposed health examination form as is supportive of the policy and the currently designed health examination form.

### Oral Health Organizations

- AAPD's revised 2012 policy statement, "Supports legislation mandating a comprehensive oral health examination by a qualified dentist for every student prior to matriculation into school" and "encourages policy makers, public health and education officials, and the dental community to recognize that poor oral health can affect a child's ability to learn. An oral health examination prior to matriculation into school may

improve school readiness by providing a timely opportunity for diagnosis and treatment of oral conditions”. (American Academy of Pediatric Dentistry (AAPD). Council on Clinical Affairs. Policy on Mandatory School-entrance Oral Health Examinations. Adopted 2003. Revised 2012. Accessed 11/20/16 at: [http://www.aapd.org/media/Policies\\_Guidelines/P\\_SchoolExms.pdf](http://www.aapd.org/media/Policies_Guidelines/P_SchoolExms.pdf))

- According to the ADA’s Action for Dental Health 2013 statement, the “ADA policy encourages state dental societies to seek legislation requiring these (school-based) screenings”. (Action for Dental Health: Bringing Disease Prevention into Communities (Rep.). (2013, December). Retrieved November 20, 2016, from ADA Action for Dental Health website: [https://www.ada.org/~media/ADA/Public\\_Programs/Files/bringing-disease-prevention-to-communities\\_adh.ashx](https://www.ada.org/~media/ADA/Public_Programs/Files/bringing-disease-prevention-to-communities_adh.ashx))

I look forward to speaking with you and answering any questions that you may have regarding this proposal. Thank you for your consideration.

Sincerely,

Antonina Capurro, DMD, MPH, MBA  
Nevada State Dental Health Officer

**STATE OF NEVADA**  
**SCHOOL ENTRANCE HEALTH FORM**

**Health Information Form/Oral Assessment/Comprehensive Physical Examination Report**

**Part I – HEALTH INFORMATION FORM**

The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. The exam must be completed not more than 12 months prior to commencement of the school year in which the exam is required.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Last                                      First                                      Middle

Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent or Legal Guardian 1: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_ Work or Cell: \_\_\_-\_\_\_-\_\_\_

Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_ Work or Cell: \_\_\_-\_\_\_-\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_ Work or Cell: \_\_\_-\_\_\_-\_\_\_

**Current Health Issues**

Y	N	Allergies: Please list: Medications _____ Food _____ Other _____ History of Anaphylaxis to _____ Epi -Pen : <input type="checkbox"/> Yes <input type="checkbox"/> No
		Asthma: Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Please attach</i> )
		Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
		Seizure disorder: _____
		Other ( <i>Please specify</i> ) _____

**Current Medications (if relevant to the student's health and safety)** \_\_\_\_\_

\*\*if any of these medications are to be administered at school please notify the school nurse

**Child's Health Insurance:** \_\_\_ None \_\_\_ Medicaid \_\_\_ CHIP \_\_\_ Private/Commercial/Employer sponsored  
(Please check all that apply)

I, \_\_\_\_\_ (do \_\_\_) (do not \_\_\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Signature of person completing this form:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Signature of Interpreter:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Part II – ORAL ASSESSMENT

A qualified licensed dentist, dental hygienist, physician, school nurse, or dental student/hygiene student under direct supervision by a licensed dentist must complete Part II. The exam must be completed not more than 12 months prior to commencement of the school year in which the exam is required.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Sex:  M  F

Non-cavitated white spots	Untreated Decay	Treated Decay	Dental Sealants Present	Treatment Urgency	Referral for Care
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> <b>Urgent Care Needed</b> (pain, swelling, or infection present) – child appears to have a need for <b>immediate</b> dental care.	<input type="checkbox"/> <b>Pain</b>
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – further dental evaluation needed. (Please schedule an appointment at your earliest convenience for a comprehensive dental examination.)	<input type="checkbox"/> <b>Abscess</b>
				<input type="checkbox"/> <b>No Obvious Problems</b> – continue with regular dental checkups.	<input type="checkbox"/> <b>Pathology</b>
<b>Oral Hygiene Reviewed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Oral Assessment Completed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, re-assessment needed due to behavioral issues					
<b>Comments:</b>					
<b>Dental Referral:</b> (if not completed by a licensed dentist or referral for care noted)					
*Signature of Screener _____ Date of Exam _____					
Address _____ Telephone _____					
<i>*I certify that the above information is correct to the best of my knowledge. The dental condition of the above student should not be determined more than 12 months prior to the commencement of the school year in which the exam is required.</i>					

### Part III – COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be completed not more than 12 months prior to commencement of the school year in which the exam is required.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex:  M  F

<b>Health Assessment</b>	Date of Assessment: ___/___/___ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination (Check = Normal / If abnormal, please describe.)  <input type="checkbox"/> General _____ <input type="checkbox"/> Skin _____ <input type="checkbox"/> HEENT _____ <input type="checkbox"/> Lungs _____ <input type="checkbox"/> Heart _____ <input type="checkbox"/> Abdomen _____ <input type="checkbox"/> Genitalia _____ <input type="checkbox"/> Extremities _____ <input type="checkbox"/> Neurologic _____ <input type="checkbox"/> Other _____
TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified Test for TB Infection: <input type="checkbox"/> TST <input type="checkbox"/> IGRA Date: ___ TST Reading ___ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		

<b>Auditory Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">1000</th> <th style="width: 20%;">2000</th> <th style="width: 20%;">4000</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">R</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">L</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer		1000	2000	4000	R				L				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen Permanent Hearing Loss Previously identified: ___ Left ___ Right <input type="checkbox"/> Hearing aid or other assistive device
	1000	2000	4000											
R														
L														

**Part III – COMPREHENSIVE PHYSICAL EXAMINATION REPORT(Continued)**

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be completed not more than 12 months prior to commencement of the school year in which the exam is required.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex:  M  F

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (check if yes)				
	Stereopsis Distance <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/> Not tested
	Distance	Both	R	L	Test used:
		20/	20/	20/	
	<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen				

<b>Recommendations</b>	<p><b>Summary of Findings (check one):</b></p> <p><input type="checkbox"/> <b>Well child: No conditions identified of concern to school program activities</b></p> <p><input type="checkbox"/> <b>Conditions identified that are important to schooling or physical activity</b>                  (complete sections below and/or explain here): _____</p> <p><b>Allergy</b> <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____</p> <p style="padding-left: 40px;">Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction</p> <p style="padding-left: 40px;">Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____</p> <p><b>Individualized Health Care Plan needed</b> (e.g., asthma, diabetes, seizure disorder, severe allergy, etc) Restricted Activity Specify: _____</p> <p><b>Developmental Evaluation</b> <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____</p> <p><b>Medication.</b> Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.</p> <p><b>Special Diet</b> Specify: _____</p> <p><b>Special Needs</b> Specify: _____</p> <p><b>Other Comments:</b> _____</p>
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<b>Health Care Professional's Certification (Write Legibly or Stamp)</b>		
Name: _____	Signature: _____	Date: ___/___/___
Practice/Clinic Name: _____		Address: _____
Phone: ___ - ___ - _____	Fax: ___ - ___ - _____	Email: _____



**Please note, the information in this spreadsheet is compiled for AC4OH from the ASTDD website, online research, and State websites.**

State	Code	Summary	Requirement	Enforcement	Referrals	Outcomes Assessment	Forms	Links
California	Educational Code 49452.8 (2005)	A child enrolled in kindergarten or first grade in a public school must present proof of an oral assessment by May 31 <sup>st</sup> of the school year.	Assessment must be completed by a licensed dentist or dental professional. Waivers are given for "financial burden, lack of access, lack of parental consent".	No penalty for non-compliance. There is a reported high rate of non-compliance and high number of waivers. Schools have been encouraged to explain the rationale behind the law and benefit of dental exams.	Referrals are not required by law.	Each school district submits a yearly report to the county office of education. <a href="http://www.sfusd.edu/en/assets/sf-usd-staff/enroll/files/2014-15/sf_school_health_form_03-05-14.pdf">http://www.sfusd.edu/en/assets/sf-usd-staff/enroll/files/2014-15/sf_school_health_form_03-05-14.pdf</a> <a href="http://www.aapd.org/media/policies_guidelines/p_sc_hoolexms.pdf">http://www.aapd.org/media/policies_guidelines/p_sc_hoolexms.pdf</a> <a href="https://www.sfdph.org/dph/files/hc/HCCompPubHltH/Agendas/2015/Jan%2020/San%20Francisco%20Children">https://www.sfdph.org/dph/files/hc/HCCompPubHltH/Agendas/2015/Jan%2020/San%20Francisco%20Children</a>	Can be completed by a quick assessment. Dental information is similar to a BSS. Large section on the form for parents to choose a waiver. <a href="http://www.cde.ca.gov/v/s/hn/docs/ments/oralhtna_ssess.doc">www.cde.ca.gov/v/s/hn/docs/ments/oralhtna_ssess.doc</a>	<a href="http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC&amp;sectionNum=49452.8">http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC&amp;sectionNum=49452.8</a>
District of Columbia	D.C. Code 38-602	Annual health certificates are required for children Pre-k through 12 <sup>th</sup> grade. Dental is a small component of this requirement.	"The Mayor shall establish requirements for periodic testing for lead poisoning and dental examinations. The Mayor shall also	Exemption available if parents provide a notarized statement that the assessment violates a religious practice.	On the assessment there is a write in referral section.	Information not available.	Detailed form that provides dental information on each tooth and overall clinical findings. <a href="http://www.si.e">http://www.si.e</a>	<a href="http://dc.ode.org/simple/sections/38-602.html">http://dc.ode.org/simple/sections/38-602.html</a>

**Please note, the information in this spreadsheet is compiled from online research, ASTDD, and State websites.**

			establish requirements for the...submission of certificates of dental health for elementary and secondary school students."				<a href="#">du/content/see c/docs/child dental assessment form.pdf</a>	
<b>Florida</b>	Statute 1003.22(1), F.S. Chapter 6A-6.024, FAC	Comprehensive dental exam included as part of the School Entry Health Exam. School entrance health exam form DH3040-CHP-07-2013 Student's entering school for the first time must present a record of completion of examination. Dental is one component of the exam. This form or a similar form must be completed within 12 months of enrollment.	Part of the medical evaluation portion includes "teeth and gums" and must be completed by health care provider.	Entire form does not have to be completed to be submitted to a child's school.	Parents are encouraged to work with their family healthcare provider to identify and treat any identified issues.	Examination results are kept in the student's file.	Full list of health related questions. Dental is a small component. <a href="http://www.floridahealth.gov/%5C/programs-and-services/childrens-health/school-entries/school-health-entry-exam-form-dh3040-chp-07-2013.pdf">http://www.floridahealth.gov/%5C/programs-and-services/childrens-health/school-entries/school-health-entry-exam-form-dh3040-chp-07-2013.pdf</a>	<a href="http://www.floridahealth.gov/statutes/in dex.cfm?App_mod e=Display Statute &amp;Search String=&amp;URL=10003-1099/1003/Section3/1003.22.html">http://www.floridahealth.gov/statutes/in dex.cfm?App_mod e=Display Statute &amp;Search String=&amp;URL=10003-1099/1003/Section3/1003.22.html</a>
<b>Georgia</b>	Ga. Code Ann. 20-2-770(20)	Form 3300-Health Certificate was approved to ensure that early childhood issues were detected and addressed.	3300 form must be completed when a child first enters school. Form can be completed by a	There is an area on the form for the screener to provide information about an inability to	No formal referral. Parents are told that if the child	Records are kept in the child's file and transfer with the child if they	Form 3300- Certificate of Eye, Ear, Dental Exam. Dental is just one of the	<a href="https://www.gadoe.org/Extensional-Affairs-">https://www.gadoe.org/Extensional-Affairs-</a>

**Please note, the information in this spreadsheet is compiled from online research, ASTDD, and State websites.**

	08) Ga. Comp. R. & Regs. 290-5-31.01-09	Children new to the Georgia public school system have 120 calendar days to provide proof health certificate.	physician, dentists, hygienist, or school nurse. Dental is simply one of the areas assessed on Form 3300.	complete the exam.	“needs further evaluation”, they should contact their local health department or family provider.	move to another school district. Public health department has access to the information.	health section on the screening form. Vision, hearing and nutrition are also assessed. Wide variety of screeners available. <a href="http://www.gac hd.org/DPH_Form_3300.pdf">http://www.gac hd.org/DPH_Form_3300.pdf</a>	<a href="http://www.and-Policy/AsKDOE/Pages/News-Student-Requirements.aspx">and-Policy/AsKDOE/Pages/News-Student-Requirements.aspx</a>
<b>Illinois</b>	Code: 77 IAC 665.41 0 105 Ill. Comp. Stat. 5/27-8.1	Children enrolled in kindergarten, second grade, and sixth grade of any public, private or parochial school must provide proof of dental examination.	Exam must be signed by a licensed dentist. Forms are due by May 15 <sup>th</sup> of the school year. Parents are given 60 day reminder notice of the requirement.	Waivers are available for religious objection, financial burden, or lack of access. Students can be “barred from school if they have not completed the exam or have a waiver on file”. The school can legally hold the child’s report card until a waiver is submitted.	No referral noted. This may be due to the fact that a dentist has already performed the exam and discussed possible treatment with the parents.	Schools forward data to the State Board of Education who transfers the information to the Department of Health. Schools report 80% compliance. The information allows Illinois to build their surveillance data base, analyze current	Form identifies sealants, caries experience, untreated caries, pathology, malocclusion and type of treatment needed. <a href="http://www.dph.h.illinois.gov/sites/default/files/forms/dentalexamproof10_0.pdf">http://www.dph.h.illinois.gov/sites/default/files/forms/dentalexamproof10_0.pdf</a>	<a href="http://www.illinois.gov">http://www.illinois.gov</a>

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						needs, and implement interventions.		
<b>Iowa</b>	Code 135.17 and 641 IAC 51 Iowa Admin. Code 641-51.1	A dental screening is required for all students entering school in kindergarten and ninth grade in public and accredited nonpublic school. I-smile coordinators work with the school to ensure students meet the requirement. Requirement must be met within 4 months of enrollment.	Dental exam is performed by a dentist, hygienist, physician, or nurse for elementary students. For high school students, screening must be performed by a dentist or hygienist only.	Waivers are available if the screening cause an undue burden or is there is a religious objection. If a student does not have a screening, the school provides community dental referrals.	I-smile helps families find local dentists and community clinics.	Public and private schools provide the school district with information on student screening.	Brief form identifies obvious problems, required dental care, and urgent care. <a href="http://www.iowa-valley.k12.ia.us/District/Certificate%20of%20Dental%20Screening%209.13.12.pdf">http://www.iowa-valley.k12.ia.us/District/Certificate%20of%20Dental%20Screening%209.13.12.pdf</a>	<a href="http://www.idph.state.ia.us/IDPHChallenges/Service/file.aspx?file=BX?file=BX4043F5-3491-4992-AEEO-65CDEE022145">http://www.idph.state.ia.us/IDPHChallenges/Service/file.aspx?file=BX4043F5-3491-4992-AEEO-65CDEE022145</a>
<b>Kansas</b>	Kan.Stat. Ann. 72-5201(e) established in 1915 and revised in 1923.	"The boards of education of cities of the first and second class and school boards of school districts are hereby required to provide for free dental inspection annually for all children, except those who hold a certificate from a legally qualified dentist showing that this examination has been made within three months	Annual exam performed by dentists and hygienists to meet the mandate.	Dentists & Hygienists provide screenings at schools to those students that have parental consent. Parents can easily opt out of the screening.	Parents are given information following the screening and are referred to local dentists. The school nurse monitors referrals.	Records are kept in the school and sent to the Bureau of Oral Health and aggregate date is included in an annual report.	Screening identifies current decay, dental experience, urgent needs, and the need for treatment and/or sealants. Form is created with the school in mind as there is a long list of	<a href="http://www.kdhe.ks.gov/ohi/download/screening_initiative/Kansas_School_Screening_Toolkit.pdf">http://www.kdhe.ks.gov/ohi/download/screening_initiative/Kansas_School_Screening_Toolkit.pdf</a>

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		last past, attending such schools.”					student names and information. <a href="http://www.kdheks.gov/ohi/download/screening_initiative/Oral_Screening_Form.pdf">http://www.kdheks.gov/ohi/download/screening_initiative/Oral_Screening_Form.pdf</a>	
<b>Kentucky</b>	Code 156.160	A dental exam or screening is required by Kentucky Board of Education. A student between 5-6 years of age and enrolling in public school for the first time must show proof of dental certificate by January 1 <sup>st</sup> of the year the student is enrolled. Dental screening is just one of the many required forms for school entrance.	Dental exam is performed by a dentist, dental hygienist, physician, registered nurse, PA or APRN.	There is no penalty under law if a student is non-compliant. Enrollment packet: <a href="http://www.boone.k12.ky.us/docs/studentenrollmentpacket2.pdf">http://www.boone.k12.ky.us/docs/studentenrollmentpacket2.pdf</a> Packet also includes health information for parents to better understand their child's current health status.	Comment section is on the form. If the exam is conducted by someone other than a licensed dentist and treatment urgency is found, the child should be referred to a dentist.	The data is entered into a state information system and the information is then pulled at the end of each school year.	Untreated and treated decay, pattern of early childhood cavities, and treatment urgency are entered on the screening form.  <a href="http://education.ky.gov/districts/SHS/Documents/KDESHS005DSF%20(3).pdf">http://education.ky.gov/districts/SHS/Documents/KDESHS005DSF%20(3).pdf</a>	<a href="http://www.ww.lrc.ky.gov/Statutes/status.aspx?id=40139">http://www.ww.lrc.ky.gov/Statutes/status.aspx?id=40139</a>
<b>Louisiana</b>	R.S. 40:5.12 —it appears that the law was	Comprehensive physical examination report. Dental assessment is a small component of the overall form. A school health form advisory board designs	Dental assessment is completed by a licensed physician, nurse practitioner or PA.	There does not appear to be any penalty or requirement. The school entrance and general health exam form seems	No referral area listed.	N/a	Dental assessment identifies, oral disease, caries, if teeth are brushed regularly, and if	<a href="http://law.justia.com/codes/louisiana/2014/code-">http://law.justia.com/codes/louisiana/2014/co-</a>

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	repealed in 2010	and oversees all health forms.		to be voluntary.			the student has visited the dentist in the last year. <a href="http://hsaa.org/uploads/forms/pdf/LA_HealthExam_Form1.pdf">http://hsaa.org/uploads/forms/pdf/LA_HealthExam_Form1.pdf</a>	revised statutes/titles-40/rs-40-5.12
<b>Minnesota</b>	Code 121 A.17	An Early Childhood Screening is required for entrance into public school or within 30 days of enrollment into kindergarten. Dental is listed as an optional and additional component of the required health screening.	Required but screening is offered by local school districts. Dental is optional.	Dental information limited.	Dental information limited.	Dental information limited.	Screening identifies potential health issues by reviewing the vision, hearing, social/emotional, health history, and dental wellness of the child. <a href="http://education.state.mn.us/MDE/fam/elspr/og/screen/">http://education.state.mn.us/MDE/fam/elspr/og/screen/</a>	<a href="https://www.revisor.mn.gov/statutes/?id=121a.17">https://www.revisor.mn.gov/statutes/?id=121a.17</a>
<b>Nebraska</b>	Statute 79-248 Admin Code 173 NAC 7	Children in Pre-K, K, 1,2, 3, 4, 7, and 10 <sup>th</sup> grade must have a dental screening. Dental is one of the health areas that are assessed. Other areas include	Screening can be performed by RN, LPN, dentist and hygienist.	Mandatory dental health screening. No official waivers allowed. "Any person violating any of	Parent's are notified of their child's need for dental care.	The school keeps a copy of the certificate in the student's file and submits data to the	Form identifies irregularities in the teeth and treatment urgency. <a href="http://dhhs.ne">http://dhhs.ne</a>	<a href="http://www.legislature.ne.gov/laws/statutes.php?statut">http://www.legislature.ne.gov/laws/statutes.php?statut</a>

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		hearing and overall medical.		the provisions Neb. Rev. Stat. §§ 79-248 to 79-252 is guilty of a Class V misdemeanor, as provided in Neb. Rev. Stat. § 79-253.”		Department of Health and Human Services every three years. The DHHS compiles a report and shares it with the Nebraska Department of Education.	<a href="http://www.health.gov/publichealth/Documents/4%20Dental%20Screening%20Competencies%20Assessment%20checklist.pdf">gov/publichealth/Documents/4%20Dental%20Screening%20Competencies%20Assessment%20checklist.pdf</a>	<a href="http://www.health.gov/publichealth-certificate.pdf">e=s7902048000</a>
<b>New York</b>	Education Law 903	School Dental Health Readiness Certificates and health certificates are requested by schools for children entering grades K,2,4,7,and 10. Exam must be completed within 12 months of the school year. Dental certificate was put in place to improve the previous trend that only 50% of school age NY children visited a dentist.	Dental exam performed by dentists or dental hygienist under supervision by a dentist.	No mandatory requirement. “Optional” is list at the top of the form.	Schools must provide parents with a list of local dentists and community clinics if parents request.	Screening forms are for school use only.	Identifies caries experience, restoration history, untreated caries, sealants, pathology, malocclusion, and treatment urgency. <a href="http://www.op.nysed.gov/prof/dent/dental-health-certificate.pdf">http://www.op.nysed.gov/prof/dent/dental-health-certificate.pdf</a>	<a href="http://www.nysed.gov/used/schoolhealth/services/Article19/Sections.html">http://www.nysed.gov/used/schoolhealth/services/Article19/Sections.html</a>

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<p><b>Oregon</b></p>	<p>Or. Rev. Stat. 336.390</p>	<p>House Bill 2972 became effective June 25, 2015. This bill requires children seven years or younger to receive a dental screening. Students that are entering school for the first time and 7 years or younger, must provide a dental certificate. Certificate must be provided no later than 120 days into the school year. Interesting to note that a vision law requiring a vision screening was passed in 2013.</p>	<p>Dental exams are performed by a dentist, hygienist, health care practitioner, or school nurse.</p>	<p>Waivers are available for religious objection. "Failure by a student to meet the requirements of this section may not result in a program's or school's prohibiting the student from attending the program or school, but may result in withholding report cards or similar actions."</p>	<p>Schools provide parents with information on dental needs and preventative care options.</p>	<p>Certificates are entered into the student's dental record as part of Oregon's electronic student record. The Oregon Department of Education submits a report each year to the Oregon Health Authority Dental Director and legislative committees to provide information on student needs and certificate compliance.</p>	<p>Unable to find form.</p>	<p><a href="http://go.v.oregonliye.com/bill/2015/HB2972/">http://go.v.oregonliye.com/bill/2015/HB2972/</a></p>
<p><b>Pennsylvania</b></p>	<p>Code 24P.S.14-1403(a)</p>	<p>Dental exam is required when a student enters school at K/1<sup>st</sup>, 3<sup>rd</sup>, and 7<sup>th</sup> grade. Students may provide compliance by completing a dental certificate or a dental</p>	<p>Dental exams are performed by a dentist. An in-school cleaning is provided by a hygienist without dental supervision.</p>	<p>Mandated but not required.</p>	<p>Hygienists will provide referral information.</p>	<p>Data is reported annually by Educational Institutions to the Pennsylvania</p>	<p>Dental form allows dentist to chart the status of each tooth and write notes of treatment</p>	<p><a href="http://www.health.pa.gov/My%20Health/School%20Health/Documentation/Docu">http://www.health.pa.gov/My%20Health/School%20Health/Documentation/Docu</a></p>



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		<p>hygiene service program. Exams must be completed within one year of the start of the school year.</p>	<p>Unfunded mandate; however, public schools are reimbursed for ~23% of public health dental hygienist claimed costs.</p>			<p>Department of Health. 70% of dental screenings are completed by private dentists.</p>	<p>status. <a href="http://shscs.org/dental%20form.pdf">http://shscs.org/dental%20form.pdf</a></p> <p>Dental Hygiene Service program provides preventative dental services and education. <a href="http://www.health.pa.gov/My%20Health/School%20Health/Documents/Dental%20Health/Dental%20Hygiene%20Services%20Program/Dental%20Hygiene%20Services%20Program/LEGAL%20BASIS.pdf">http://www.health.pa.gov/My%20Health/School%20Health/Documents/Dental%20Hygiene%20Services%20Program/Dental%20Hygiene%20Services%20Program/LEGAL%20BASIS.pdf</a></p>	<p><a href="http://www.health.pa.gov/My%20Health/School%20Health/Documents/Dental%20Hygiene%20Services%20Program/Dental%20Hygiene%20Services%20Program/LEGAL%20BASIS.pdf">ments/Documents/Dental%20Hygiene%20Services%20Program/LEGAL%20BASIS.pdf</a></p>
<b>Rhode Island</b>	Code 14.0-14.0-1 Rules and Regula	Students attending any school in the state must receive a dental screening from grades K-5 <sup>th</sup> and at least once between grades	Dentist and hygienist must perform screening.	Parents can waive the requirement is already screened by family dentist.	Schools provide parents with a list of community	Dentist or hygienist must report any "suspected deviation from	Form is very brief and identifies recommended dental	<a href="http://sos.ri.gov/documents/archives/legdocs/regsdocs/re">http://sos.ri.gov/documents/archives/legdocs/re</a>

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	<p>tions for School Health. Statute 16-21-9 and 16-21-12</p>	<p>6<sup>th</sup> and 10<sup>th</sup>. Initial screening should be conducted within six months of the school start date. The law requires each school " to employ a school dentist to provide oral health screenings and/or supervision of dental screenings".</p>	<p>Students receive a school-based screening. Screenings can be conducted by a school nurse, dentist, dental hygienist or dental assistant under supervision. Although screening is to be conducted in the school, no funding has been allocated for this program.</p>	<p>Not mandated and very easy for parents to sign a waiver. If a child regularly sees a family dentist, parents may submit that information in lieu of a school screening.</p>	<p>dental practices. This mandate is completed with the assistance of community health centers.</p>	<p>normal". The dental screening information is submitted to the RI Department of Oral Health website. Aggregate data is reported.</p>	<p>treatment for the child and provides information to the parent including the need for sealants and current infection. <a href="http://www.health.state.ri.us/forms/screening/SchoolDental.pdf">http://www.health.state.ri.us/forms/screening/SchoolDental.pdf</a></p>	<p><a href="https://www.leasepd/f/DOH/5471.pdf">https://www.leasepd/f/DOH/5471.pdf</a></p>
<b>South Carolina</b>	<p>Title 44-Health Chapter 8 Section 44-8-10</p>	<p>Department of Health and Environmental Control "implements a targeted community program for dental health education, screening and treatment referral". Targets children in grades K, 3<sup>rd</sup>, 7<sup>th</sup>, and 10<sup>th</sup> or when any child first enters a SC public school. . If a child is in need of preventative services, a dental hygienist is able to deliver preventative care via general supervision which has shown "100%</p>	<p>Parents are notified of screening results. School nurses monitor dental referrals if needed. School nurses also assist the parents in finding a medical and</p>	<p>Oral findings are placed in a student's file. Dental screenings are conducted as part of the state's oral health surveillance program.</p>	<p>BSS is conducted on students as part of the dental screening. <a href="http://www.scdhec.gov/health/docs/Dental%20Screening%20Guidelines%20Final%2007%2021%202008.pdf">http://www.scdhec.gov/health/docs/Dental%20Screening%20Guidelines%20Final%2007%2021%202008.pdf</a></p>	<p><a href="http://www.ww.llr.state.sc.us/pol/Dentistry/">http://www.ww.llr.state.sc.us/pol/Dentistry/</a></p>		

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		success rate in connecting the urgent needs to care over the past 4 years. Additionally, HPS has eliminated the disparity between black and white children that have sealants in the first 5 years of its program.”				dentist home.			
<b>Utah</b>	53A-11-201 and 202	“Each local school board shall implement rules as prescribed by the Department of Health for vision, dental, abnormal spinal curvature, and hearing examinations of students attending the district’s schools.”	Qualified health professionals perform the exam including teachers and nurses.	Waivers available to parents that feel the examination “violates their personal beliefs”		Unable to locate.	School nurses collect and compile student dental examination data.	Unable to locate.	<a href="http://le.utah.gov/xcodes/Titles/53A/Chapter/11/53A-11-201.html">http://le.utah.gov/xcodes/Titles/53A/Chapter/11/53A-11-201.html</a>
<b>Virginia</b>	22.1-270	Requires students to be immunized and receive a comprehensive physical examination before entering public kindergarten or elementary school.	A licensed physician, nurse, physician assistant may complete the form.	Waivers available to any child “whose parent shall object on religious grounds and who shows no visual evidence of sickness, provided that such parent		Referral is part of the dental screening section.	School nurse collects and forms can be viewed by the State Department of Health.	Dentistry is a small component of an overall health form.	<a href="https://va.gov/code.org/2016/22.1/14/2/2.1-270/">https://va.gov/code.org/2016/22.1/14/2/2.1-270/</a>

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				shall state in writing that, to the best of his knowledge, such child is in good health and free from any communicable or contagious disease.”					
<b>West Virginia</b>	Policy 2423: Health Promotion and Diseases	“New enters in West Virginia public school at first entry of either Pre-K or Kindergarten and all students progressing to grades 2, 7, and 12 should have on file within 45 days of enrollment/entry or prior to the first day of school attendance a record of oral health examination. Dental is now part of a comprehensive physical examination and immunization requirement.	Must be performed by licensed health care provider. A 45-day grace period from the first day of enrollment is allowed.	No penalty for not providing proof of a dental exam but parents are given other options and information to be able to become compliant. The state formed a Oral Disease Prevention Program to provide oral assessments and preventative dental services to children without a dental home.	Parents work with their child’s school to locate a dental home and scheduling a dental exam within six months of the dental exam.	Dental examinations are kept as part of a public health record through West Virginia Statewide Immunization Information System. Oral health is supported under HealthCheck. The state is working to create a Dental Data Module to enter statewide dental	A dental screening is conducted. Form simply identifies current decay, previous treatment, and treatment needs.	<a href="https://wvde.state.wv.us/policies/">https://wvde.state.wv.us/policies/</a>	

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						examination information.		
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