



Matt Whitehead
on behalf of the Ohio Dental Hygienists' Association
House Bill 203 Proponent Testimony
House Health Committee
June 11, 2019

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd and members of the committee, my name is Matt Whitehead and I am a lobbyist for the Ohio Dental Hygienists' Association (ODHA) and on behalf of the members of ODHA I am here to express their support for House Bill 203, which seeks to regulate the use of mobile dental facilities (MDFs) in Ohio.

Quite simply, this bill is about access to care and information, how information is accessed and who provides it. There are requirements for information that is provided to the Ohio State Dental Board (OSDB), information provided between the MDF and a dental office and most importantly, information that is provided to the patient or the patient's representative at an MDF.

ODHA has been involved with various drafts of this bill over the past few years and agrees with the simplicity with which House Bill 203 is crafted. We support the notification requirement of the MDF to report to the OSDB a change of phone number or address or the cessation of operation. We have a further suggestion on this topic that I will review in a moment. ODHA supports the ability of a patient to have access to their patient records to avoid duplicative services provided in a dental home setting. The most important piece included in the bill is the information that is provided to the patient or patient's representative about the list of services that were provided by the MDF staff, but also the recommended additional services that may be advisable. Mobile dental facilities play an important role in accessing care and it is important that patients who receive care in them are aware that they may need more than just the preventive care the facilities are designed to provide. The patients need to understand that more intensive restorative care may be needed to fully address and complement the services provided by an MDF. We have additional suggestions on this topic as well that I will review.

House Bill 203 does not specify a patient audience, but MDFs could be utilized to serve the needs of nursing home patients and other like facilities other than the previously discussed school settings. I live in the Westerville City School District and some of the schools utilize the services

of The Smile Program, the mobile dentists. They set up a mini dental office in three school buildings and visit every six months and provide dental examinations, cleanings, fluoride treatments, x-rays, and sealants (if necessary) for children whose families opted to participate. The American Dental Association endorses the program and it is operational in 19 states and the District of Columbia. The importance of these services is far reaching. Smile Programs reports on their website (www.mobiledentists.com) that:

- Each year, over 51 million school hours are lost due to poor oral health;
- Tooth decay is the most common childhood disease – 5X more common than asthma;
- Only 25% of Medicaid-eligible children get any kind of dental care;
- Only 20% of the nation’s practicing dental-care professionals provide care to people with Medicaid;
- 3 out of every 5 children are affected by tooth decay;
- 16 million children lack access to basic dental care.

Bringing oral health care to a patient is key to solving these access problems. ODHA is proud to support House Bill 203, but in doing so has contacted Representative Lipps on what we view as friendly amendments that strengthen or clarify the bill’s intent. Our suggested changes are outlined below.

1. In 4715.72 (lines 488-493) it proposes that the OSDB must be notified within 14 days after either: a change in phone number of the MDF or the MDF ceases to operate. ODHA supports this addition and advocated for its addition in previous drafts of the bill.

Suggestion: However, we believe that the OSDB should be required to make these announcements available on their website when they are notified in such a manner. In the Revised Code, the OSDB is charged with the public’s safety and information on Ohio’s dental professionals, we feel this makes sense and is not terribly labor intensive or administratively cumbersome. Additionally, if the MDF ceases to operate, perhaps there should be a requirement of automatic patient record transfer to the school(s)/nursing home(s) serviced and records left with the school nurse/supervising nurse.

2. In ORC 4715.36 (F) it references in an unchanged manner “dental hygiene services” (lines 376-383) and again in proposed 4715.70 it references dental hygiene services.

Suggestion: We suggest that a technical amendment be added in lines 472, 475, 479, and 480 to add the word “hygiene” as a describer of “dental services” to reflect the language used in other places in the bill.

3. The bill correctly provides MDF patients information that is essential to assist in providing the patients with information about the services provided.

Suggestion: Since the goal is getting information to patients and preventing double performance and billing of services, should the bill reflect a requirement at the time prior to service being commenced in an MDF that the patient or the patient's representative provide to the MDF the name of a DDS or dental office where they may already be receiving services?

4. We agree with the language in proposed ORC 4715.71 (C)and (D). Patients and their representatives need to understand what services were provided and to ensure that if further care is needed that a recommendation is provided to receive that care.

Suggestion: Because the MDFs are a good start for accessing services, we request consideration of requiring the MDF to provide a list of dental providers in the area that can provide the recommended care, including and not limited to, FQHCs or other clinics. We do not want patients to be provided a false sense that all is well with their oral health just because a cleaning and x-rays were provided. Additionally, we want the process to be made as easy as possible for a patient to find and schedule the recommended additional care. Providing a list eliminates an extra step for the patient.

5. Not currently in the bill, but for consideration.

Establishing a parental "standing order" for oral health care

During a past visit to the UC Blue Ash campus dental clinic for a "free care event" ODHA was informed that during free care programs held at dental hygiene schools around Ohio or at MDFs if a student attends the event and does not have the properly executed permission slip oral health care services cannot be provided. We suggest that language be added to the bill to address this situation to allow a parent to provide blanket approval for free care, if it is available, during the school year. This essentially amounts to a parental consent/standing order that they authorize their child to receive free care when and if it becomes available. The intent is for the form to be made available to the parent at the point of annual registration or when the student initially enrolls.

This consent could also coincide with parents of students on the free and reduced lunch program. Consider that many lunch programs are now serving throughout the summer when school is not in session. If an MDF visited a lunch site in the summer these students could be pre-qualified and receive care without missing critical classwork occurring during a regular school year.

This approach is contemplated in The Smile Program model. On their website they advocate the following:

“Back-To-School is the best time to get parents to complete the dental permission form. Be sure to include the dental permission form with your Back-To-School or Registration Packet at the beginning of each school year.

Kindergarten Round-Up – Don’t forget to put the dental permission form in your kindergarten round-up/enrollment packet.”

Mr. Chairman and members of the committee, ODHA’s support of House Bill 203 is not contingent upon the addition of these changes, but they believe that the changes will only enhance the efforts sought by the enactment of the bill. We look forward to the conversation with the committee on these changes. Thank you for the opportunity to speak to House Bill 203. I would be happy to address any questions you may have.