

Testimony by Virginia "Ginny" Black  
Ohio House Health Committee  
6/11/2019

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee, my name is Ginny Black and I am a Licensed School Nurse employed at Columbus City Schools. I am an Ohio resident residing in Delaware County. I am here today as a member of the board of Oral Health Ohio to provide proponent testimony on House Bill 203.

House Bill 203 makes needed changes to the law to enhance mobile dental facility or MDF operations within Ohio. Our state currently does not have a database of Mobile Dental Facilities such as mobile vans, meaning we have no way of knowing how many are in operation throughout our state. There is also no protocol in place to ensure helpful transfer of medical records from a mobile dental facility to a "brick and mortar" dentist for follow up care. This is needed when a mobile unit does the six-month cleaning, x-rays and oral exam but leaves students/patients without the care they need for cavities, root canals or other restorative care.

This legislation simply requires that a dentist list any mobile dental facilities on their e-license filing that they complete annually. The legislation also says that a Mobile Dental Facility must let all patients know that they can obtain their records from the facility if necessary.

Oral health is intricately linked to success in school and life. Children with oral health issues are absent from school more often and have lower test scores. A child in pain has more behavioral problems and focus issues. Children in pain experience difficulty sleeping. When a child has oral health issues it effects their ability to eat certain foods and nutrition is affected. Tooth infections can become systemic. Physical and oral health are linked. Oral health issues can exacerbate chronic health issues in children as well as adults.

I have worked with several mobile dental facilities in my job as a school nurse. The OSU HOME Coach services multiple Columbus City Schools. They work well with our students providing both preventative six month visits and restoration of decayed and damaged teeth. They refer children they cannot work with to Nationwide Children's Hospital Dental Clinics and to the Ohio State University dental school. Records are available for further care thus avoiding duplicate care and costs. I understand Case Western Reserve University and Summit County have similar programs. They are examples of mobile units that promote complete care of the child even when they cannot complete all the work themselves.

I have also worked with a mobile dental unit that came from out of state and traveled around. They hooked up with local entities who provided space, contacted patients and got permission slips signed. Preventative care, x-rays and oral exams were done. This is care students in locales with a shortage of dentists need. This van shared the work

that students needed completed but considered the dental visit records and the x-rays their property. They were unreachable when these records were needed. To get the work completed, a family would have to locate a dentist willing to complete the work and incurred a cost for a repeat oral exam and x-rays. This is money a low income family is taking from a tight budget or public assistance for something that has already been done. In addition, in a shortage area it is taking time that could have been spent with someone else. I want to emphasize this is needed care but a system needs to be in place so information is shared and unneeded care and costs are not involved. This bill does that.

I am a mobile dental facility fan. I serve a school that has a high percentage of immigrant families. When you live in a camp where running water is a problem, dental care is the least of your worries. When you arrive here you don't speak the language or understand our health system. Often, dental care is a new entity. The OSU HOME coach not only repairs the child's teeth but also introduces the family to our system of care. Often, students educate their parents and then the whole family gets care. My school's population has parents who do not have sick time or are unable to transport their child to the dentist. Providers are not close by. Mobile facilities break down time, distance, language and transportation issues. It is important to meet families where they are and meet children's health care needs then improve access options.

In the past, since there has never been a list, schools were unable to know what their choices of mobile dental facilities were or how to contact them. This will help schools link up with mobile dental care entities close to them. It will also ensure continuity of care for patients.

I want to urge you to support house bill 203. It promotes access to good dental care for those with barriers. It provides care to students so that poor oral care is not a barrier to achievement. It allows us to know what mobile dental facilities are in our state and who practices on them. It promotes good continuity of care. In my mind, this bill is a win for all.

Thank you for your time today, and I welcome any questions you might have.

Respectfully submitted by Virginia Black MPH BSN RN LSN