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Ohio Dental Hygienists' Association
House State and Local Government Committee
House Bill 675 Proponent Testimony
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Madam Chair, Vice Chairman Hambley, Ranking Member Holmes and members of the House State and Local Government Committee, I am Kimberly Moore, President of the Ohio Dental Hygienists' Association. The Ohio Dental Hygienists' Association is providing a supportive statement for House Bill 675, sponsored by Representative Barnes.

Throughout his career, Representative Barnes has been an ardent supporter of trying to address access to oral health care, especially for children. The concept of the Hope for a Smile program is an attempt to bring oral health care to school age children in mobile dental unit settings at schools. Mobile dental units minimize loss of student classroom instruction time, eliminate the need for a parent to miss work time to take a child to a dental office/clinic, promotes a kid-friendly environment from which to receive services, and allows Medicaid benefits to be utilized when they might otherwise go unused. There is great data available on dental services and health care services overall, when the treatment facility is located at the school. The greatest example is the Oyler School in Cincinnati. At Oyler, students and their families, receive medical, dental and vision care at the school's clinic and school performance has shown an increase, graduation rates have improved, and total family health care is improving. In his sponsor testimony, Representative Barnes referenced "at risk" factors of why students are not performing in a classroom. Lack of oral health care is one of those key indicators. Students with poor oral health experience dental pain which leads them to not want to eat because of the discomfort. Lack of proper nutrition causes lack of focus and the inability to absorb the lessons they are being taught. It could lead to acting out and overall poor performance. The spiral downward then continues. There are studies that show a significant portion of people in the criminal justice system lack poor oral health care. Perhaps if a program was in existence for them things may be different for them today? As a solution, some states require dental exams for kindergartners before they begin school, similar to required vaccinations. In fact, some Ohio school systems already require dental exams. If Ohio required that in the future, a Hope for a Smile program could help with compliance.

Why is this bill important? Imagine a city in Ohio that does not have a dentist or a sizable dental professional community. In fact, there are 92 dental professional shortage areas in Ohio, so your imagination does not have to wander far (a map is attached). In those areas residents must travel significant distances to receive care. Under House Bill 675, a city council may pass a property tax levy to exclusively pay for the Hope for a Smile Program and invite mobile dental clinics to serve their city's school children. We all know communities with cycles of poverty. Poor school performance leads to poor school ratings and diminished property values for a community. Communities with strong school systems have strong school performance and better property values. When school levies are on the ballot it is usually the local business community, led by small business owners and realtors, that are usually the biggest cheerleaders for school levies because they know strong schools mean better communities and property values and better school outcomes. Ensuring that school children can access dental care at school is a piece of the puzzle to assist in student achievement like the Oyler School has discovered.

As dental hygienists we are oral health practitioners that are trained in prevention services and we support efforts to provide services to those who are without a dental home and have limited or no access to preventive oral health care. Oral health care is consistently identified as the number one unmet healthcare need in the State of Ohio. This program can provide initial access to a dental home for a large number of school children who otherwise do not and cannot access oral health care and is a critical first step to addressing this epidemic. We also appreciate the data gathering aspect of the bill, which seeks to send a report to the Governor and the General Assembly on the progress of the program. It is with data that taxpayers will have feedback on the value and success of their investment.

One of the challenges that exists in Ohio that brings to light the importance of this bill is the fact that there are not enough dental Medicaid providers. Ohio has a robust Medicaid dental program for children and adults with managed care companies offering dental services without a corresponding number of Medicaid dental providers. Utilizing mobile dental units staffed by dentists and dental hygienists and students from the respective training schools listed in the bill will provide the workforce to staff these buses. Research has shown that when a family has dental care if the parent receives treatment they are more likely to take their child to regular dental appointments. However, if a child has dental coverage, but a parent does not the child is less likely to receive care. Eventually utilizing buses in a manner like the Oyler School for family dental care could be a long-term result. One other result could be the possible use of a mid-level dental professional called a dental hygiene therapist. Many states are beginning to pass laws recognizing this practitioner who works in a capacity similar to a physician assistant or advanced practice nurse. Ohio's effort in this matter is Senate Bill 98 (Lehner/Thomas). A dental hygiene therapist could provide routine preventive care and simple extractions and cavity fillings leaving more complicated procedures for a referral to a dentist or oral surgeon.

In supporting the bill, we suggest a few concepts be considered. We suggest, for the reasons outlined above, an amendment that allows additionally for the treatment for the school children's families, while still maintaining the patent mix priority outlined in the bill. Secondly, we suggest an amendment that allows for a city's mobile dental unit to serve, as a secondary purpose, the residents of another municipal corporation, while still seeking the reimbursement structure in the bill and allowing the non-taxed city to contribute to the operation costs with funds that are not necessarily property tax derived. An example is Columbus passes a property tax levy, but in off hours or on weekends it sends the bus to Whitehall or Groveport to serve residents there through a contract arrangement.

House Bill 675 is about local government leaders solving a specific problem in their community with an innovative, individualized approach. The Ohio Dental Hygienists' Association urges support for House Bill 675 and requests an affirmative vote.