

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 24-0178.02 Brita Darling x2241

SENATE BILL 24-142

SENATE SPONSORSHIP

Marchman and Kirkmeyer,

HOUSE SPONSORSHIP

Bird and Hartsook,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING ORAL HEALTH SCREENING IN PUBLIC SCHOOLS, AND, IN**
102 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill amends the Colorado oral health community grants program administered by the department of public health and environment (department) to award grants for the implementation of oral health screening in public schools through the oral health screening pilot program (pilot program) created in the bill.

The purpose of the pilot program is to provide oral health

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

screening to students in kindergarten, first grade, or second grade (early grades) at a minimum of 5 pilot program sites at school districts or schools of a school district, charter schools, institute charter schools, or boards of cooperative education services (local education providers) to demonstrate the effectiveness of oral health screening in early grades of reducing dental decay, the costs of providing oral health screening to students, and best practices for providing oral health screening that could be scaled statewide.

The department, in conjunction with the department of education, shall select local education providers as pilot program participants to each receive a grant of up to \$20,000 per year for 2 years to screen students in one early grade.

The bill includes requirements for the pilot program regarding:

- Qualifications for participating oral health screeners;
- The oral health screening;
- The selection by the department of an oral health screening tool;
- Notice to parents, including the ability of parents to refuse oral health screening for their children;
- Reporting to parents of the outcome of the oral health screening and information and referral if dental concerns are identified for a student; and
- The protection of confidential health data.

A participating oral health screener shall provide data and information to the department for purposes of evaluating the effectiveness of the pilot program, including the number of students screened and oral health concerns identified, as well as other relevant data and information as determined by the department.

The department shall submit a report of the findings to the health and human services committees of the house of representatives and of the senate, or their successor committees.

The pilot program repeals July 1, 2028, after the screening and reporting on the pilot program is completed.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. In Colorado Revised Statutes, 25-21.5-102, amend**
3 **(1) introductory portion, (1)(b), (2), and (3); and add (1)(a.5), (1)(c.3),**
4 **(1)(c.5), and (1)(e.5) as follows:**

5 **25-21.5-102. Legislative declaration. (1) The general assembly**
6 **hereby finds and declares that:**

1 (a.5) UNTREATED DENTAL DECAY IN CHILDREN ADVERSELY
2 AFFECTS SCHOOL PERFORMANCE AND BEHAVIOR AND CONTRIBUTES TO
3 OVERALL PHYSICAL AND MENTAL HEALTH COMPLICATIONS FOR AFFECTED
4 CHILDREN.

5 (b) Forty percent of children in kindergarten and fifty-five percent
6 of children in third grade have a history of dental decay UNTREATED
7 DENTAL DECAY IS THE MOST COMMON CHRONIC DISEASE OF CHILDHOOD,
8 AND MORE THAN HALF OF CHILDREN SIX YEARS OF AGE AND OLDER BUT
9 UNDER NINE YEARS OF AGE HAVE HAD A CAVITY IN AT LEAST ONE OF THEIR
10 PRIMARY TEETH.

11 (c.3) SCREENING AND PREVENTION ARE ESSENTIAL TO BREAKING
12 THE CYCLE OF DENTAL DECAY.

13 (c.5) IMPROVED DENTAL SCREENING AND PREVENTION COULD
14 REDUCE TREATMENT COSTS FOR FAMILIES AND STATE-FINANCED
15 PROGRAMS LIKE THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES
16 4, 5, AND 6 OF TITLE 25.5, AND THE "CHILDREN'S BASIC HEALTH PLAN
17 ACT", ARTICLE 8 OF TITLE 25.5, WHICH COVER APPROXIMATELY
18 ONE-THIRD OF COLORADO KIDS.

19 (e.5) IMPROVED ORAL HEALTH SCREENING AND PREVENTION, WITH
20 REFERRAL FOR TREATMENT, WOULD REDUCE CHRONIC ABSENTEEISM AND
21 IMPROVE THE HEALTH AND WELL-BEING OF AND LEARNING OUTCOMES FOR
22 COLORADO CHILDREN.

23 (2) The general assembly further finds that improving access to
24 ORAL HEALTH SCREENING, oral health-care services, and fluoridated water
25 for all Coloradans, particularly low-income Coloradans, will reduce the
26 burden of oral disease. Therefore, the Colorado oral health COMMUNITY
27 GRANTS program dedicates itself to improving access to oral health-care

1 SCREENING AND services by working with PUBLIC SCHOOLS, community
2 stakeholders, professional organizations, and direct recipients of oral
3 health care to remove barriers to access to oral health care.

4 (3) The purpose of this article ARTICLE 21.5 is to promote the
5 public health and welfare of Coloradans by providing a grant program to:

6 (a) CONDUCT ORAL HEALTH SCREENING FOR PUBLIC SCHOOL
7 CHILDREN IN KINDERGARTEN AND THIRD GRADE;

8 (a) (b) Provide oral health services, including sealants, to school
9 children; and

10 (b) (c) Assist communities in attaining optimal levels of fluoride
11 in drinking water provided by community water systems as a means of
12 preventing dental decay.

13 **SECTION 2.** In Colorado Revised Statutes, **amend 25-21.5-103**
14 as follows:

15 **25-21.5-103. Definitions.** As used in this article ARTICLE 21.5,
16 unless the context otherwise requires:

17 (1) ~~Repeated:~~ "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC
18 HEALTH AND ENVIRONMENT.

19 (2) ~~"Department" means the department of public health and~~
20 ~~environment~~ "DEPARTMENT OF EDUCATION" MEANS THE DEPARTMENT OF
21 EDUCATION CREATED IN SECTION 24-1-115.

22 (3) ~~Repeated:~~ "LOCAL EDUCATION PROVIDER" MEANS A SCHOOL
23 DISTRICT, A CHARTER SCHOOL AUTHORIZED BY A SCHOOL DISTRICT
24 PURSUANT TO PART 1 OF ARTICLE 30.5 OF TITLE 22, A CHARTER SCHOOL
25 AUTHORIZED BY THE STATE CHARTER SCHOOL INSTITUTE PURSUANT TO
26 PART 5 OF ARTICLE 30.5 OF TITLE 22, THE COLORADO SCHOOL FOR THE
27 DEAF AND THE BLIND DESCRIBED IN SECTION 22-80-102, OR A BOARD OF

1 COOPERATIVE SERVICES CREATED AND OPERATING PURSUANT TO ARTICLE
2 5 OF TITLE 22.

3 (4) "ORAL HEALTH SCREENER" OR "SCREENER" MEANS A PERSON
4 OR PERSONS SELECTED BY THE DEPARTMENT TO PROVIDE ORAL HEALTH
5 SCREENING UNDER THE ORAL HEALTH SCREENING PILOT PROGRAM.

6 (5) "ORAL HEALTH SCREENING PILOT PROGRAM" OR "PILOT
7 PROGRAM" MEANS THE PROGRAM TO AWARD ORAL HEALTH COMMUNITY
8 GRANTS FOR ORAL HEALTH SCREENING CREATED IN SECTION 25-21.5-104
9 (3).

10 **SECTION 3.** In Colorado Revised Statutes, 25-21.5-104, **amend**
11 (1); and **add** (2)(c) and (3) as follows:

12 **25-21.5-104. Oral health community grants program - oral**
13 **health screening pilot program - rules - repeal.** (1) Subject to available
14 appropriations, the department shall administer a grant program to assist
15 communities with:

16 (a) SCREENING PUBLIC SCHOOLCHILDREN IN KINDERGARTEN AND
17 THIRD GRADE FOR DENTAL DECAY PURSUANT TO THE ORAL HEALTH
18 SCREENING PILOT PROGRAM;

19 (a)(b) Implementing population-based, evidence-based strategies,
20 including administering school dental sealant programs, to prevent dental
21 decay in children;

22 (b) (c) Assisting water systems, operators, and personnel,
23 including water districts, with adjusting the level of fluoride in drinking
24 water to optimal levels as a means of preventing dental decay in both
25 children and adults; and

26 (c) (d) Other oral health evidence-based programs that the
27 department identifies and deems eligible for assistance.

1 (2) Subject to criteria that the department may establish, including
2 the types of providers to whom the department may award grants, the
3 department shall award grants in the following categories:

4 (c) ORAL HEALTH SCREENING FOR PUBLIC SCHOOLCHILDREN IN
5 KINDERGARTEN AND THIRD GRADE PURSUANT TO THE ORAL HEALTH
6 SCREENING PILOT PROGRAM.

7 (3) (a) THERE IS CREATED THE ORAL HEALTH SCREENING PILOT
8 PROGRAM TO AWARD ORAL HEALTH COMMUNITY GRANTS TO IMPLEMENT
9 ORAL HEALTH SCREENING FOR CHILDREN IN KINDERGARTEN AND THIRD
10 GRADE. SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
11 SHALL AWARD AT LEAST FIVE ORAL HEALTH SCREENING GRANTS TO
12 SCREENERS FOR ORAL HEALTH SCREENING ACTIVITIES IN SCHOOLS OF
13 LOCAL EDUCATION PROVIDERS SELECTED BY THE DEPARTMENT FROM
14 AMONG INTERESTED LOCAL EDUCATION PROVIDERS. THE PURPOSE OF THE
15 PILOT PROGRAM IS TO:

16 (I) PROVIDE ORAL HEALTH SCREENING TO STUDENTS OF LOCAL
17 EDUCATION PROVIDERS IN KINDERGARTEN AND THIRD GRADE IN A MANNER
18 DETERMINED BY THE DEPARTMENT IN CONJUNCTION WITH A SELECTED
19 LOCAL EDUCATION PROVIDER AND AN ORAL HEALTH SCREENER;

20 (II) PROVIDE A STUDENT'S PARENT OR LEGAL GUARDIAN WITH THE
21 RESULT OF THE ORAL HEALTH SCREENING, INCLUDING EDUCATIONAL
22 RESOURCES AND, FOR A STUDENT WITH IDENTIFIED ORAL HEALTH
23 CONCERNS, A REFERRAL TO SERVICES;

24 (III) COLLECT DATA AND INFORMATION RELATING TO ORAL
25 HEALTH SCREENING OF STUDENTS IN ORDER TO REPORT ON:

26 (A) THE ORAL HEALTH STATUS OF STUDENTS IN KINDERGARTEN
27 AND THIRD GRADE; AND

1 (B) THE EFFICACY OF ORAL HEALTH SCREENING ACTIVITIES IN
2 PUBLIC SCHOOLS; AND

3 (IV) IDENTIFY BEST PRACTICES FOR IMPLEMENTING ORAL HEALTH
4 SCREENING ACTIVITIES IN PUBLIC SCHOOLS AND THE FINANCIAL
5 RESOURCES NECESSARY TO IMPLEMENT ORAL HEALTH SCREENING
6 ACTIVITIES STATEWIDE TO ALL STUDENTS IN KINDERGARTEN AND THIRD
7 GRADE NOT ALREADY SERVED BY AN ORAL HEALTH SCREENING PROGRAM.

8 (b) (I) THE DEPARTMENT OF EDUCATION SHALL PROVIDE TO EACH
9 LOCAL EDUCATION PROVIDER INFORMATION RECEIVED FROM THE
10 DEPARTMENT NOTIFYING THE LOCAL EDUCATION PROVIDER ABOUT THE
11 OPPORTUNITY TO PARTICIPATE IN THE PILOT PROGRAM. FOR EACH LOCAL
12 EDUCATION PROVIDER THAT DEMONSTRATES INTEREST IN THE PILOT
13 PROGRAM, THE DEPARTMENT OF EDUCATION SHALL PROVIDE THE
14 DEPARTMENT WITH DATA AND INFORMATION CONCERNING THE LOCAL
15 EDUCATION PROVIDER, INCLUDING:

16 (A) THE TOTAL NUMBER OF STUDENTS OF THE LOCAL EDUCATION
17 PROVIDER, THE NUMBER OF STUDENTS IN KINDERGARTEN, THE NUMBER OF
18 STUDENTS IN THIRD GRADE, AND THE ANTICIPATED NUMBER OF STUDENTS
19 IN THOSE GRADES DURING THE PILOT PROGRAM PERIOD;

20 (B) THE ADMINISTRATIVE ADDRESS FOR THE LOCAL EDUCATION
21 PROVIDER, THE COUNTY OR COUNTIES IN WHICH THE LOCAL EDUCATION
22 PROVIDER IS LOCATED, AND WHETHER THE LOCAL EDUCATION PROVIDER
23 IS LOCATED IN WHOLE OR IN PART IN A FRONTIER AREA OF THE STATE; AND

24 (C) WHETHER THE LOCAL EDUCATION PROVIDER IS CLASSIFIED BY
25 THE DEPARTMENT OF EDUCATION BY SIZE AND GEOGRAPHIC LOCATION AS
26 A SMALL RURAL, RURAL, SUBURBAN, OR URBAN LOCAL EDUCATION
27 PROVIDER.

1 (II) THE DEPARTMENT SHALL SELECT LOCAL EDUCATION
2 PROVIDERS IN THE STATE TO PARTICIPATE IN THE PILOT PROGRAM FROM
3 AMONG INTERESTED LOCAL EDUCATION PROVIDERS THAT DO NOT
4 ALREADY HAVE AN IN-SCHOOL ORAL SCREENING PROGRAM FOR PRIMARY
5 GRADES IN ANY SCHOOL OF THE LOCAL EDUCATION PROVIDER. A PILOT
6 PROGRAM SITE MAY INCLUDE A LOCAL EDUCATION PROVIDER OR A SCHOOL
7 OR SCHOOLS OF THE LOCAL EDUCATION PROVIDER.

8 (III) IN SELECTING LOCAL EDUCATION PROVIDERS, THE
9 DEPARTMENT SHALL INCLUDE, TO THE EXTENT FEASIBLE, LOCAL
10 EDUCATION PROVIDERS THAT REPRESENT A VARIETY OF SCHOOL SETTINGS,
11 INCLUDING LARGE AND SMALL LOCAL EDUCATION PROVIDERS IN URBAN,
12 SUBURBAN, RURAL, AND FRONTIER AREAS OF THE STATE, WITH PRIORITY
13 GIVEN TO SCHOOLS WITH STUDENTS WHO ARE LIKELY TO EXPERIENCE
14 HIGHER RATES OF UNDETECTED ORAL HEALTH CONCERNS.

15 (c) THE DEPARTMENT, IN CONSULTATION WITH A PARTICIPATING
16 LOCAL EDUCATION PROVIDER, SHALL APPROVE THE ORAL HEALTH
17 SCREENER OR SCREENERS FOR A PARTICIPATING LOCAL EDUCATION
18 PROVIDER. AT A MINIMUM, A SCREENER MUST:

19 (I) HAVE A PROFESSIONAL CREDENTIAL ISSUED BY THE DIVISION OF
20 PROFESSIONS AND OCCUPATIONS IN THE DEPARTMENT OF REGULATORY
21 AGENCIES THAT QUALIFIES THE INDIVIDUAL TO CONDUCT AN ORAL HEALTH
22 SCREENING;

23 (II) REGISTER WITH THE DEPARTMENT ACCORDING TO
24 SCHOOL-BASED PARTICIPATION CRITERIA, AS DETERMINED BY THE
25 DEPARTMENT, OR BE AN ORAL HEALTH SERVICES PROVIDER AT A
26 SCHOOL-BASED HEALTH CENTER;

27 (III) CONDUCT A VISUAL AND MANUAL INSPECTION OF THE MOUTH

1 THAT IS PERFORMED TO IDENTIFY PROBABLE ORAL DISEASE OR OTHER
2 ORAL CONDITIONS OR RISK FACTORS THAT MAY REQUIRE MANAGEMENT BY
3 ORAL HEALTH PROFESSIONALS;

4 (IV) HAVE EXPERIENCE DELIVERING AND MANAGING ORAL HEALTH
5 SCREENING WITH RELIABLE AND CONSISTENT RESULTS;

6 (V) HAVE THE ABILITY TO REPORT SCREENING OUTCOMES FOR
7 STUDENTS, INCLUDING EXPEDITED REFERRALS FOR EMERGENT ORAL
8 HEALTH CONCERNS, AND PROVIDE EDUCATIONAL RESOURCES AND
9 REFERRALS FOR IDENTIFIED ORAL HEALTH CONCERNS; AND

10 (VI) COLLECT AND REPORT RELEVANT PILOT PROGRAM DATA TO
11 THE DEPARTMENT FOR PURPOSES OF ORAL HEALTH DISEASE SURVEILLANCE
12 AND PILOT PROGRAM EVALUATION.

13 (d) AN ORAL HEALTH SCREENING MUST:

14 (I) BE CONDUCTED AT THE PARTICIPATING LOCAL EDUCATION
15 PROVIDER IN THE MANNER PRESCRIBED BY THE DEPARTMENT;

16 (II) BE CONDUCTED BY A SCREENER WHO MEETS THE
17 REQUIREMENTS OF SUBSECTION (3)(c) OF THIS SECTION; AND

18 (III) UTILIZE AN EVIDENCE-BASED SCREENING TOOL TO CONDUCT
19 THE ORAL HEALTH SCREENING AS DESCRIBED IN SUBSECTION (3)(e) OF THIS
20 SECTION.

21 (e) THE DEPARTMENT SHALL SELECT ONE OR MORE APPROPRIATE
22 SCREENING TOOLS FOR USE BY SCREENERS THAT:

23 (I) ENSURE CONSISTENT AND COMPARABLE DATA COLLECTION
24 THAT SUPPORTS THE EVALUATION OF PILOT PROGRAM EFFECTIVENESS,
25 LONGITUDINAL ASSESSMENT OF CHILD ORAL HEALTH IN THE AGGREGATE,
26 AND PROPOSALS FOR THE DESIGN AND FINANCING OF AN EXPANDED ORAL
27 HEALTH SCHOOL SCREENING PROGRAM;

1 (II) ACCURATELY AND RELIABLY IDENTIFY STUDENTS AT RISK OF
2 DENTAL DECAY;

3 (III) ARE DEVELOPMENTALLY APPROPRIATE; AND

4 (IV) ARE ECONOMICAL TO ADMINISTER IN TIME AND COST.

5 (f) A PARTICIPATING LOCAL EDUCATION PROVIDER SHALL PROVIDE
6 WRITTEN NOTICE TO A STUDENT'S PARENT OR LEGAL GUARDIAN, AS
7 DETERMINED BY THE DEPARTMENT AND THE LOCAL EDUCATION PROVIDER,
8 THAT ORAL HEALTH SCREENING WILL BE CONDUCTED AT THE SCHOOL. AT
9 A MINIMUM, THE WRITTEN NOTICE MUST INCLUDE:

10 (I) THE PURPOSE OF THE SCREENING;

11 (II) THE SCREENER SELECTED TO CONDUCT THE ORAL HEALTH
12 SCREENING;

13 (III) A STATEMENT THAT THE PARENT OR LEGAL GUARDIAN WILL
14 BE NOTIFIED FOLLOWING ANY ORAL HEALTH SCREENING IF ADDITIONAL
15 RESOURCES OR SERVICE REFERRALS ARE NECESSARY TO ADDRESS ANY
16 CONCERNS REGARDING THE STUDENT'S ORAL HEALTH; AND

17 (IV) A STATEMENT NOTIFYING THE PARENT OR LEGAL GUARDIAN
18 THAT THE PARENT OR LEGAL GUARDIAN HAS THE RIGHT TO REFUSE
19 PARTICIPATION BY THE STUDENT IN THE ORAL HEALTH SCREENING, FOR NO
20 REASON OR BECAUSE THE STUDENT HAS RECEIVED AN ORAL HEALTH
21 SCREENING WITHIN THE SIX-MONTH PERIOD PRECEDING THE DATE OF THE
22 ORAL HEALTH SCREENING, AND THAT PROVIDES INFORMATION ON HOW TO
23 REFUSE PARTICIPATION BY THE STUDENT IN THE ORAL HEALTH SCREENING.

24 (g) IF, AFTER CONDUCTING THE ORAL HEALTH SCREENING, THE
25 SCREENER BELIEVES THAT A STUDENT IS IN NEED OF IMMEDIATE
26 ATTENTION FROM AN ORAL HEALTH PROFESSIONAL, THE SCREENER SHALL
27 PROMPTLY NOTIFY THE STUDENT'S PARENT OR LEGAL GUARDIAN AND THE

1 LOCAL EDUCATION PROVIDER.

2 (h) PERSONALLY IDENTIFIABLE INFORMATION COLLECTED FOR OR
3 BY THE SCREENER IS SUBJECT TO THE FEDERAL "HEALTH INSURANCE
4 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS
5 AMENDED. THE SCREENER IS THE CUSTODIAN OF ALL RECORDS
6 ASSOCIATED WITH THE ORAL HEALTH SCREENING. THE SCREENER SHALL
7 NOT DISCLOSE RECORDS OR INFORMATION WITHOUT WRITTEN CONSENT
8 FROM A STUDENT'S PARENT OR LEGAL GUARDIAN. ALL PARTIES SUBJECT
9 TO THE REQUIREMENTS OF THIS SECTION SHALL COMPLY WITH ALL
10 APPLICABLE REQUIREMENTS OF THE FEDERAL "AMERICANS WITH
11 DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED;
12 SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C.
13 SEC. 794, AS AMENDED; TITLE VI OF THE FEDERAL "CIVIL RIGHTS ACT OF
14 1964", 42 U.S.C. SEC. 2000d ET SEQ., AS AMENDED; AND THE FEDERAL
15 "FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974", 20 U.S.C.
16 SEC. 1232g, AS AMENDED.

17 (i) THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF
18 HEALTH CARE POLICY AND FINANCING TO IDENTIFY A PROCESS FOR
19 REIMBURSEMENT, AS PROVIDED UNDER STATE AND FEDERAL LAW, FOR AN
20 ORAL HEALTH SCREENING PROVIDED TO A STUDENT COVERED BY THE
21 "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE
22 25.5.

23 (j) AFTER COMPLETING ORAL HEALTH SCREENING AT A PILOT
24 PROGRAM SITE DURING THE 2024-25 AND 2025-26 SCHOOL YEARS, NO
25 LATER THAN JULY 31, 2025, AND JULY 31, 2026, RESPECTIVELY, A
26 SCREENER SHALL PROVIDE THE DEPARTMENT WITH THE FOLLOWING DATA
27 AND INFORMATION FOR PURPOSES OF EVALUATING THE EFFECTIVENESS OF

1 THE PILOT PROGRAM DURING THE APPLICABLE SCHOOL YEAR IN ACHIEVING
2 THE PURPOSES OF THE PILOT PROGRAM IDENTIFIED IN SUBSECTION (3)(a)
3 OF THIS SECTION:

4 (I) (A) THE GRADES SCREENED AT EACH SCHOOL;

5 (B) THE NUMBER OF STUDENTS SCREENED AT EACH SCHOOL;

6 (C) THE NUMBER OF STUDENTS THAT WERE NOT SCREENED DUE TO
7 REFUSAL BY THE STUDENT'S PARENT OR LEGAL GUARDIAN AND THE
8 REASON FOR THE REFUSAL, IF SPECIFIED;

9 (D) THE TOTAL HOURS OF ORAL HEALTH SCREENING AT EACH
10 SCHOOL OF THE LOCAL EDUCATION PROVIDER AND THE ASSOCIATED COST
11 OF THE SCREENING;

12 (E) ORAL HEALTH SCREENING DATA FROM EACH SCHOOL, BY
13 STUDENT; AND

14 (F) ANY OTHER DATA OR INFORMATION, AS DETERMINED BY THE
15 DEPARTMENT, THAT IS RELEVANT TO THE EVALUATION OF THE PILOT
16 PROGRAM; AND

17 (II) ANY OTHER DATA OR INFORMATION PROVIDED BY THE
18 SCREENER CONCERNING BEST PRACTICES IDENTIFIED DURING
19 IMPLEMENTATION OF THE PILOT PROGRAM AND RELATING TO STATEWIDE
20 IMPLEMENTATION OF ORAL HEALTH SCREENING IN KINDERGARTEN AND
21 THIRD GRADE.

22 (k) THE DEPARTMENT SHALL PROMULGATE RULES IN ACCORDANCE
23 WITH ARTICLE 4 OF TITLE 24 AS NECESSARY TO IMPLEMENT THE PILOT
24 PROGRAM.

25 (l) NO LATER THAN JANUARY 15, 2027, THE DEPARTMENT SHALL
26 SUBMIT A WRITTEN REPORT TO THE HEALTH AND HUMAN SERVICES
27 COMMITTEES AND THE EDUCATION COMMITTEES OF THE HOUSE OF

1 REPRESENTATIVES AND OF THE SENATE, OR THEIR SUCCESSOR
2 COMMITTEES, AND TO THE DEPARTMENT OF EDUCATION CONCERNING THE
3 IMPLEMENTATION AND OUTCOMES OF THE PILOT PROGRAM AND BEST
4 PRACTICES FOR EXPANDING FUTURE ORAL HEALTH SCREENING ACTIVITIES
5 IN KINDERGARTEN AND THIRD GRADE BASED ON THE DATA COLLECTED
6 THROUGH THE PILOT PROGRAM, AS WELL AS OTHER RELEVANT
7 INFORMATION THAT THE DEPARTMENT HAS COLLECTED THROUGH OTHER
8 ORAL HEALTH SCREENING ACTIVITIES.

9 (m) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE JULY 1, 2031.

10 SECTION 4. In Colorado Revised Statutes, add 22-2-150 as
11 follows:

12 22-2-150. Department of education - implementation of oral
13 health screening statewide - report - definitions - repeal. (1) AS USED
14 IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

15 (a) "ORAL HEALTH SCREENING" MEANS A VISUAL AND MANUAL
16 INSPECTION OF THE MOUTH THAT IS PERFORMED TO IDENTIFY PROBABLE
17 ORAL DISEASE OR OTHER ORAL CONDITIONS OR RISK FACTORS THAT MAY
18 REQUIRE MANAGEMENT BY ORAL HEALTH PROFESSIONALS.

19 (b) "REPORT" MEANS THE REPORT OF THE DEPARTMENT OF PUBLIC
20 HEALTH AND ENVIRONMENT CONCERNING THE IMPLEMENTATION AND
21 OUTCOMES OF THE ORAL HEALTH SCREENING PILOT PROGRAM CREATED IN
22 SECTION 25-21.5-104(3) FOR ORAL HEALTH SCREENING IN KINDERGARTEN
23 AND THIRD GRADE, INCLUDING BEST PRACTICES FOR EXPANDING FUTURE
24 ORAL HEALTH SCREENING ACTIVITIES IN KINDERGARTEN AND THIRD
25 GRADE.

26 (2) ON OR BEFORE DECEMBER 1, 2027, THE DEPARTMENT SHALL
27 DEVELOP A PLAN FOR IMPLEMENTATION OF ORAL HEALTH SCREENING IN

1 KINDERGARTEN AND THIRD GRADE IN ALL PUBLIC SCHOOLS. IN
2 DEVELOPING THE PLAN, THE DEPARTMENT SHALL CONSIDER:

3 (a) THE REPORT AND ANY OTHER RELEVANT DATA AND
4 INFORMATION PROVIDED BY THE DEPARTMENT OF PUBLIC HEALTH AND
5 ENVIRONMENT CONCERNING ORAL HEALTH SCREENING;

6 (b) FEEDBACK FROM PUBLIC SCHOOL PROFESSIONALS, INCLUDING
7 ADMINISTRATORS, SCHOOL NURSES, FISCAL STAFF, AND OTHER
8 PROFESSIONALS;

9 (c) DATA AND INFORMATION RELATING TO PRACTICES IN STATES
10 THAT HAVE BROAD ORAL HEALTH SCREENING PROGRAMS; AND

11 (d) ANY OTHER DATA OR INFORMATION RELEVANT TO THE
12 IMPLEMENTATION AND COST OF A STATEWIDE ORAL HEALTH SCREENING
13 PROGRAM IN KINDERGARTEN AND THIRD GRADE.

14 (3) THE DEPARTMENT SHALL SUBMIT ITS PLAN FOR
15 IMPLEMENTATION OF ORAL HEALTH SCREENING IN KINDERGARTEN AND
16 THIRD GRADE FOR ALL PUBLIC SCHOOLS TO THE HOUSE OF
17 REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE, THE
18 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, AND THE JOINT
19 BUDGET COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

20 (4) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2033.

21 **SECTION 5. Appropriation.** For the 2024-25 state fiscal year,
22 \$84,425 is appropriated to the department of public health and
23 environment for use by the prevention services division. This
24 appropriation is from the general fund and is based on an assumption that
25 the division will require an additional 0.6 FTE. To implement this act, the
26 division may use this appropriation for oral health programs related to
27 chronic disease prevention programs.

1 **SECTION 6. Safety clause.** The general assembly finds,
2 determines, and declares that this act is necessary for the immediate
3 preservation of the public peace, health, or safety or for appropriations for
4 the support and maintenance of the departments of the state and state
5 institutions.