

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

INTRODUCED

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

House Committees

---

A BILL FOR AN ACT

101 CONCERNING ORAL HEALTH SCREENING IN PUBLIC SCHOOLS.

**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 screening to students in kindergarten, first grade, or second grade (early grades) at a minimum of 5 pilot program sites at school districts or

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.

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:

7           (a.5) UNTREATED DENTAL DECAY IN CHILDREN ADVERSELY

1 AFFECTS SCHOOL PERFORMANCE AND BEHAVIOR AND CONTRIBUTES TO  
2 OVERALL PHYSICAL AND MENTAL HEALTH COMPLICATIONS FOR AFFECTED  
3 CHILDREN.

4 (b) UNTREATED DENTAL DECAY IS THE MOST COMMON CHRONIC  
5 DISEASE OF CHILDHOOD, AND A MAJORITY OF CHILDREN WHO EXPERIENCE  
6 DENTAL DECAY ARE FIRST AFFECTED BETWEEN THE AGES OF SIX AND  
7 EIGHT. Forty percent of children in kindergarten and fifty-five percent of  
8 children in third grade have a history of dental decay.

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

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

17 (e.5) IMPROVED ORAL HEALTH SCREENING AND PREVENTION, WITH  
18 REFERRAL FOR TREATMENT, WOULD IMPROVE THE HEALTH, WELL-BEING,  
19 AND LEARNING OUTCOMES FOR COLORADO CHILDREN.

20 (2) The general assembly further finds that improving access to  
21 ORAL HEALTH SCREENING, oral health-care services, and fluoridated water  
22 for all Coloradans, particularly low-income Coloradans, will reduce the  
23 burden of oral disease. Therefore, the Colorado oral health COMMUNITY  
24 GRANTS program dedicates itself to improving access to oral health-care  
25 SCREENING AND services by working with PUBLIC SCHOOLS, community  
26 stakeholders, professional organizations, and direct recipients of oral  
27 health care to remove barriers to access to oral health care.

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

3 (a) PROVIDE ORAL HEALTH SCREENING FOR PUBLIC SCHOOL  
4 CHILDREN IN EARLY GRADES;

5 ~~(a)~~ (b) Provide oral health services, including sealants, to school  
6 children; and

7 ~~(b)~~ (c) Assist communities in attaining optimal levels of fluoride  
8 in drinking water provided by community water systems as a means of  
9 preventing dental decay.

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

12 **25-21.5-103. Definitions.** As used in this ~~article~~ ARTICLE 21.5,  
13 unless the context otherwise requires:

14 (1) ~~Repealed:~~ "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC  
15 HEALTH AND ENVIRONMENT.

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

19 (3) ~~Repealed:~~ "EARLY GRADES" MEANS KINDERGARTEN, FIRST  
20 GRADE, OR SECOND GRADE.

21 (4) "LOCAL EDUCATION PROVIDER" MEANS A SCHOOL DISTRICT, A  
22 CHARTER SCHOOL AUTHORIZED BY A SCHOOL DISTRICT PURSUANT TO PART  
23 1 OF ARTICLE 30.5 OF TITLE 22, A CHARTER SCHOOL AUTHORIZED BY THE  
24 STATE CHARTER SCHOOL INSTITUTE PURSUANT TO PART 5 OF ARTICLE 30.5  
25 OF TITLE 22, OR A BOARD OF COOPERATIVE SERVICES CREATED AND  
26 OPERATING PURSUANT TO ARTICLE 5 OF TITLE 22.

27 (5) "ORAL HEALTH SCREENER" OR "SCREENER" MEANS THE PERSON

1 OR PERSONS SELECTED TO PROVIDE ORAL HEALTH SCREENING PURSUANT  
2 TO THE ORAL HEALTH SCREENING PILOT PROGRAM.

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

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

9 **25-21.5-104. Oral health community grants program - repeal.**

10 (1) Subject to available appropriations, the department shall administer  
11 a grant program to assist communities with:

12 (a) SCREENING PUBLIC SCHOOL CHILDREN IN EARLY GRADES FOR  
13 DENTAL DECAY PURSUANT TO THE ORAL HEALTH SCREENING PILOT  
14 PROGRAM;

15 ~~(a)~~ (b) Implementing population-based, evidence-based strategies,  
16 including administering school dental sealant programs, to prevent dental  
17 decay in children;

18 ~~(b)~~ (c) Assisting water systems, operators, and personnel,  
19 including water districts, with adjusting the level of fluoride in drinking  
20 water to optimal levels as a means of preventing dental decay in both  
21 children and adults; and

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

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

27 (c) ORAL HEALTH SCREENING FOR PUBLIC SCHOOL CHILDREN IN

1 EARLY GRADES PURSUANT TO THE ORAL HEALTH SCREENING PILOT  
2 PROGRAM.

3 (3) (a) THERE IS CREATED THE ORAL HEALTH SCREENING PILOT  
4 PROGRAM TO AWARD ORAL HEALTH COMMUNITY GRANTS TO IMPLEMENT  
5 ORAL HEALTH SCREENING FOR CHILDREN IN EARLY GRADES. SUBJECT TO  
6 AVAILABLE APPROPRIATIONS, THE DEPARTMENT SHALL AWARD AT LEAST  
7 FIVE BUT NOT MORE THAN EIGHT ORAL HEALTH SCREENING GRANTS TO  
8 LOCAL EDUCATION PROVIDERS IDENTIFIED PURSUANT TO SUBSECTION  
9 (3)(b) OF THIS SECTION. THE PURPOSE OF THE PILOT PROGRAM IS TO:

10 (I) PROVIDE ORAL HEALTH SCREENING TO STUDENTS OF A LOCAL  
11 EDUCATION PROVIDER IN KINDERGARTEN, FIRST GRADE, OR SECOND  
12 GRADE, AS DETERMINED BY THE DEPARTMENT IN CONJUNCTION WITH THE  
13 PARTICIPATING LOCAL EDUCATION PROVIDER;

14 (II) PROVIDE A STUDENT'S PARENT OR LEGAL GUARDIAN WITH THE  
15 RESULT OF THE ORAL HEALTH SCREENING, INCLUDING EDUCATIONAL  
16 RESOURCES AND REFERRAL TO SERVICES FOR A STUDENT WITH IDENTIFIED  
17 ORAL HEALTH CONCERNS;

18 (III) COLLECT DE-IDENTIFIED DATA CONCERNING DENTAL DECAY  
19 IN STUDENTS IN EARLY GRADES AND REPORT ON THE EFFICACY OF ORAL  
20 HEALTH SCREENING IN PUBLIC SCHOOLS; AND

21 (IV) IDENTIFY BEST PRACTICES FOR IMPLEMENTING ORAL HEALTH  
22 SCREENING IN PUBLIC SCHOOLS AND THE FINANCIAL RESOURCES  
23 NECESSARY TO IMPLEMENT ORAL HEALTH SCREENING STATEWIDE TO  
24 STUDENTS IN EARLY GRADES.

25 (b) (I) THE DEPARTMENT, IN CONSULTATION WITH THE  
26 DEPARTMENT OF EDUCATION, SHALL SELECT LOCAL EDUCATION  
27 PROVIDERS IN THE STATE TO PARTICIPATE IN THE PILOT PROGRAM. A PILOT

1 PROGRAM SITE MAY INCLUDE THE LOCAL EDUCATION PROVIDER OR A  
2 SCHOOL OR SCHOOLS OF A LOCAL EDUCATION PROVIDER. IF THERE IS  
3 SUFFICIENT INTEREST FROM LOCAL EDUCATION PROVIDERS, THE  
4 DEPARTMENT SHALL SELECT LOCAL EDUCATION PROVIDERS OR SCHOOLS  
5 OF LOCAL EDUCATION PROVIDERS THAT REPRESENT A VARIETY OF SCHOOL  
6 SETTINGS, INCLUDING SCHOOLS THAT SERVE A SMALL AND LARGE NUMBER  
7 OF STUDENTS AND SCHOOLS THAT REPRESENT URBAN, RURAL, AND  
8 FRONTIER AREAS OF THE STATE, WITH PRIORITY GIVEN TO LOCAL  
9 EDUCATION PROVIDERS THAT HAVE A HIGH PERCENTAGE OF AT-RISK  
10 PUPILS, AS DEFINED IN SECTION 22-54-103 (1.5), OR IN WHICH THE MEDIAN  
11 HOUSEHOLD INCOME IS AT OR BELOW TWO HUNDRED THIRTY-FIVE  
12 PERCENT OF THE FEDERAL POVERTY LEVEL.

13 (II) IN SELECTING THE PILOT PROGRAM PARTICIPANTS, THE  
14 DEPARTMENT SHALL CONSIDER THE RESOURCES AVAILABLE TO IMPLEMENT  
15 THE PILOT PROGRAM FROM INTERESTED LOCAL EDUCATION PROVIDERS  
16 AND THE SURROUNDING COMMUNITY. A LOCAL EDUCATION PROVIDER  
17 INTERESTED IN PARTICIPATING IN THE PILOT PROGRAM SHALL DESCRIBE  
18 THE LOCAL EDUCATION PROVIDER'S PLAN FOR IMPLEMENTING ORAL  
19 HEALTH SCREENING, INCLUDING IDENTIFYING ANY QUALIFIED PERSONNEL  
20 AND FINANCIAL OR OTHER RESOURCES OF THE LOCAL EDUCATION  
21 PROVIDER OR THE COMMUNITY.

22 (III) THE DEPARTMENT SHALL AWARD UP TO TWENTY THOUSAND  
23 DOLLARS PER YEAR FOR TWO YEARS TO SELECTED PILOT PROGRAM  
24 PARTICIPANTS AND MAY VARY THE AMOUNT OF THE PILOT PROGRAM  
25 GRANT TO EACH PARTICIPATING LOCAL EDUCATION PROVIDER TO MEET  
26 THE UNMET NEEDS OF THE PARTICIPATING LOCAL EDUCATION PROVIDER  
27 AND TO PROVIDE ORAL HEALTH SCREENING TO THE MOST STUDENTS IN THE

1 MOST COST-EFFICIENT MANNER.

2 (c) THE DEPARTMENT, IN CONSULTATION WITH A PARTICIPATING  
3 LOCAL EDUCATION PROVIDER, SHALL APPROVE THE ORAL HEALTH  
4 SCREENER OR SCREENERS FOR A PARTICIPATING LOCAL EDUCATION  
5 PROVIDER. AT A MINIMUM, A SCREENER MUST:

6 (I) HAVE A PROFESSIONAL CREDENTIAL ISSUED BY THE DIVISION OF  
7 PROFESSIONS AND OCCUPATIONS IN THE DEPARTMENT OF REGULATORY  
8 AGENCIES THAT QUALIFIES THE INDIVIDUAL TO CONDUCT AN ORAL HEALTH  
9 SCREENING;

10 (II) HAVE THE ABILITY TO CONDUCT AN ORAL HEALTH SCREENING  
11 THAT INCLUDES INSPECTION OF THE INNER AND OUTER VISIBLE SURFACES  
12 OF THE TEETH FOR UNEXPLAINED ABSENCES OF TEETH, OBVIOUS DECAY,  
13 INJURY, PAIN, ORAL CANCER, DEVELOPMENTAL PROBLEMS, HOLES IN OR  
14 DETERIORATION OF THE TEETH, SEVERE DISCOLORATION OF THE SURFACES  
15 OF THE TEETH, AND OTHER ORAL CONDITIONS OR ORAL HEALTH RISK  
16 FACTORS;

17 (III) HAVE EXPERIENCE DELIVERING AND MANAGING ORAL HEALTH  
18 SCREENING WITH RELIABLE AND CONSISTENT RESULTS;

19 (IV) HAVE THE ABILITY TO REPORT SCREENING OUTCOMES FOR  
20 STUDENTS, INCLUDING EXPEDITED REPORTING FOR EMERGENT ORAL  
21 HEALTH CONCERNS, AND PROVIDE EDUCATIONAL RESOURCES AND  
22 REFERRALS FOR IDENTIFIED ORAL HEALTH CONCERNS; AND

23 (V) COLLECT AND REPORT RELEVANT PILOT PROGRAM DATA TO  
24 THE DEPARTMENT FOR PURPOSES OF EVALUATING THE PILOT PROGRAM.

25 (d) AN ORAL HEALTH SCREENING MUST:

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

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

3           (III) UTILIZE AN EVIDENCE-BASED SCREENING TOOL TO CONDUCT  
4 THE ORAL HEALTH SCREENING.

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

7           (I) ENSURE CONSISTENT AND COMPARABLE DE-IDENTIFIED DATA  
8 REPORTING;

9           (II) ACCURATELY AND RELIABLY IDENTIFY STUDENTS AT RISK OF  
10 DENTAL DECAY;

11           (III) ARE DEVELOPMENTALLY APPROPRIATE;

12           (IV) ARE ECONOMICAL TO ADMINISTER IN TIME AND COST; AND

13           (V) ARE NOT REDUNDANT.

14           (f) A PARTICIPATING LOCAL EDUCATION PROVIDER SHALL PROVIDE  
15 WRITTEN NOTICE TO A STUDENT'S PARENT OR LEGAL GUARDIAN, AS  
16 DETERMINED BY THE DEPARTMENT AND THE LOCAL EDUCATION PROVIDER,  
17 THAT AN ORAL HEALTH SCREENING WILL BE CONDUCTED AT THE SCHOOL.  
18 AT A MINIMUM, THE WRITTEN NOTICE MUST INCLUDE:

19           (I) THE PURPOSE OF THE SCREENING;

20           (II) THE SCREENER SELECTED TO CONDUCT THE ORAL HEALTH  
21 SCREENING;

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

26           (IV) A STATEMENT NOTIFYING THE PARENT OR LEGAL GUARDIAN  
27 THAT THE PARENT OR LEGAL GUARDIAN HAS THE RIGHT TO REFUSE

1 PARTICIPATION BY THE STUDENT IN THE ORAL HEALTH SCREENING, FOR NO  
2 REASON OR BECAUSE THE STUDENT HAS RECEIVED AN ORAL HEALTH  
3 SCREENING WITHIN THE SIX-MONTH PERIOD PRECEDING THE DATE OF THE  
4 ORAL HEALTH SCREENING, AND THAT PROVIDES INFORMATION ON HOW TO  
5 REFUSE PARTICIPATION BY THE STUDENT IN THE ORAL HEALTH SCREENING.

6 (g) IF, AFTER CONDUCTING THE ORAL HEALTH SCREENING, THE  
7 SCREENER BELIEVES THAT A STUDENT IS IN NEED OF IMMEDIATE  
8 ATTENTION FROM AN ORAL HEALTH PROFESSIONAL, THE SCREENER SHALL  
9 IMMEDIATELY NOTIFY THE STUDENT'S PARENT OR LEGAL GUARDIAN AND  
10 THE LOCAL EDUCATION PROVIDER.

11 (h) PERSONALLY IDENTIFIABLE INFORMATION COLLECTED FOR OR  
12 BY THE SCREENER IS SUBJECT TO THE FEDERAL "HEALTH INSURANCE  
13 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS  
14 AMENDED. THE SCREENER IS THE CUSTODIAN OF ALL RECORDS  
15 ASSOCIATED WITH THE ORAL HEALTH SCREENING. THE SCREENER SHALL  
16 NOT DISCLOSE RECORDS OR INFORMATION WITHOUT WRITTEN CONSENT  
17 FROM A STUDENT'S PARENT OR LEGAL GUARDIAN. ALL PARTIES SUBJECT  
18 TO THE REQUIREMENTS OF THIS SECTION SHALL COMPLY WITH ALL  
19 APPLICABLE REQUIREMENTS OF THE FEDERAL "AMERICANS WITH  
20 DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED;  
21 SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C.  
22 SEC. 794, AS AMENDED; TITLE VI OF THE FEDERAL "CIVIL RIGHTS ACT OF  
23 1964", 42 U.S.C. SEC. 2000d ET SEQ., AS AMENDED; AND THE FEDERAL  
24 "FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974", 20 U.S.C.  
25 SEC. 1232g, AS AMENDED.

26 (i) THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF  
27 HEALTH CARE POLICY AND FINANCING TO IDENTIFY A PROCESS FOR

1 REIMBURSEMENT, AS PROVIDED UNDER STATE AND FEDERAL LAW, FOR AN  
2 ORAL HEALTH SCREENING PROVIDED TO A STUDENT COVERED BY THE  
3 "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE  
4 25.5.

5 (j) WITHIN ONE HUNDRED TWENTY DAYS AFTER COMPLETING ORAL  
6 HEALTH SCREENING AT A PILOT PROGRAM SITE DURING THE 2024-25  
7 SCHOOL YEAR AND THE 2025-26 SCHOOL YEAR, AS APPLICABLE, THE  
8 SCREENER SHALL PROVIDE THE DEPARTMENT WITH THE FOLLOWING DATA  
9 AND INFORMATION FOR PURPOSES OF EVALUATING THE EFFECTIVENESS OF  
10 THE PILOT PROGRAM IN ACHIEVING THE PURPOSES OF THE PILOT PROGRAM  
11 IDENTIFIED IN SUBSECTION (3)(a) OF THIS SECTION:

12 (I) (A) THE GRADE SCREENED AT EACH SCHOOL OR SCHOOLS OF  
13 THE LOCAL EDUCATION PROVIDER;

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

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

18 (D) THE PER-STUDENT COST OF PROVIDING ORAL HEALTH  
19 SCREENING AT EACH SCHOOL OF THE LOCAL EDUCATION PROVIDER;

20 (E) DE-IDENTIFIED DATA, DISAGGREGATED BY SCHOOL, GRADE,  
21 RACE, ETHNICITY, SEX, AND DISABILITY, CONCERNING THE NUMBER OF  
22 STUDENTS IDENTIFIED THROUGH THE ORAL HEALTH SCREENING AS AT RISK  
23 OF DENTAL DECAY, THE NUMBER OF TEETH WITH UNTREATED DECAY, THE  
24 NUMBER OF TEETH WITH TREATED DECAY, THE STATUS OF THE MOLARS,  
25 AND TREATMENT URGENCY; AND

26 (F) ANY OTHER DATA OR INFORMATION, AS DETERMINED BY THE  
27 DEPARTMENT, THAT IS RELEVANT TO THE EVALUATION OF THE PILOT

1 PROGRAM; AND

2 (II) ANY OTHER DATA OR INFORMATION PROVIDED BY THE  
3 SCREENER CONCERNING BEST PRACTICES IDENTIFIED DURING  
4 IMPLEMENTATION OF THE PILOT PROGRAM AND RELATING TO STATEWIDE  
5 IMPLEMENTATION OF ORAL HEALTH SCREENING IN EARLY GRADES.

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

9 (l) NO LATER THAN JANUARY 15, 2027, THE DEPARTMENT SHALL  
10 SUBMIT A WRITTEN REPORT TO THE HEALTH AND HUMAN SERVICES  
11 COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND OF THE SENATE, OR  
12 THEIR SUCCESSOR COMMITTEES, CONCERNING THE IMPLEMENTATION AND  
13 OUTCOMES OF THE PILOT PROGRAM AND BEST PRACTICES FOR FUTURE  
14 ORAL HEALTH SCREENING IN EARLY GRADES.

15 (m) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE JULY 1, 2028.

16 **SECTION 4. Safety clause.** The general assembly finds,  
17 determines, and declares that this act is necessary for the immediate  
18 preservation of the public peace, health, or safety or for appropriations for  
19 the support and maintenance of the departments of the state and state  
20 institutions.