

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

**ENGROSSED**

*This Version Includes All Amendments Adopted  
on Second Reading in the House of Introduction*

LLS NO. 24-0178.02 Brita Darling x2241

**SENATE BILL 24-142**

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**SENATE SPONSORSHIP**

**Marchman and Kirkmeyer,**

**HOUSE SPONSORSHIP**

**Bird and Hartsook,**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

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

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**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.*

SENATE  
Amended 2nd Reading  
April 16, 2024

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.

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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.