

**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.**

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

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

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

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

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

1 stakeholders, professional organizations, and direct recipients of oral
2 health care to remove barriers to access to oral health care.

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

5 (a) CONDUCT ORAL HEALTH SCREENING FOR PUBLIC SCHOOL
6 CHILDREN IN KINDERGARTEN OR THIRD GRADE:

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

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

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

14 **25-21.5-103. Definitions.** As used in this article ARTICLE 21.5,
15 unless the context otherwise requires:

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

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

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

1 5 OF TITLE 22.

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

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

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

11 **25-21.5-104. Oral health community grants program - oral**
12 **health screening pilot program - rules - repeal.** (1) Subject to available
13 appropriations, the department shall administer a grant program to assist
14 communities with:

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

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

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

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

27 (2) Subject to criteria that the department may establish, including

1 the types of providers to whom the department may award grants, the
2 department shall award grants in the following categories:

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

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

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

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

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

25 (A) THE ORAL HEALTH STATUS OF STUDENTS IN KINDERGARTEN OR
26 THIRD GRADE, AS APPLICABLE; AND

27 (B) THE EFFICACY OF ORAL HEALTH SCREENING ACTIVITIES IN

1 PUBLIC SCHOOLS; AND

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

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

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

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

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

27 (II) THE DEPARTMENT SHALL SELECT LOCAL EDUCATION

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

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

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

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

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

26 (III) CONDUCT A VISUAL AND MANUAL INSPECTION OF THE MOUTH
27 THAT IS PERFORMED TO IDENTIFY PROBABLE ORAL DISEASE OR OTHER

1 ORAL CONDITIONS OR RISK FACTORS THAT MAY REQUIRE MANAGEMENT BY
2 ORAL HEALTH PROFESSIONALS;

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

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

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

12 (d) AN ORAL HEALTH SCREENING MUST:

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

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

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

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

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

27 (II) ACCURATELY AND RELIABLY IDENTIFY STUDENTS AT RISK OF

1 DENTAL DECAY;
2 (III) ARE DEVELOPMENTALLY APPROPRIATE; AND
3 (IV) ARE ECONOMICAL TO ADMINISTER IN TIME AND COST.
4 (f) A PARTICIPATING LOCAL EDUCATION PROVIDER SHALL PROVIDE
5 WRITTEN NOTICE TO A STUDENT'S PARENT OR LEGAL GUARDIAN, AS
6 DETERMINED BY THE DEPARTMENT AND THE LOCAL EDUCATION PROVIDER,
7 THAT ORAL HEALTH SCREENING WILL BE CONDUCTED AT THE SCHOOL. AT
8 A MINIMUM, THE WRITTEN NOTICE MUST INCLUDE:
9 (I) THE PURPOSE OF THE SCREENING;
10 (II) THE SCREENER SELECTED TO CONDUCT THE ORAL HEALTH
11 SCREENING;
12 (III) A STATEMENT THAT THE PARENT OR LEGAL GUARDIAN WILL
13 BE NOTIFIED FOLLOWING ANY ORAL HEALTH SCREENING IF ADDITIONAL
14 RESOURCES OR SERVICE REFERRALS ARE NECESSARY TO ADDRESS ANY
15 CONCERNS REGARDING THE STUDENT'S ORAL HEALTH; AND
16 (IV) A STATEMENT NOTIFYING THE PARENT OR LEGAL GUARDIAN
17 THAT THE PARENT OR LEGAL GUARDIAN HAS THE RIGHT TO REFUSE
18 PARTICIPATION BY THE STUDENT IN THE ORAL HEALTH SCREENING, FOR NO
19 REASON OR BECAUSE THE STUDENT HAS RECEIVED AN ORAL HEALTH
20 SCREENING WITHIN THE SIX-MONTH PERIOD PRECEDING THE DATE OF THE
21 ORAL HEALTH SCREENING, AND THAT PROVIDES INFORMATION ON HOW TO
22 REFUSE PARTICIPATION BY THE STUDENT IN THE ORAL HEALTH SCREENING.
23 (g) IF, AFTER CONDUCTING THE ORAL HEALTH SCREENING, THE
24 SCREENER BELIEVES THAT A STUDENT IS IN NEED OF IMMEDIATE
25 ATTENTION FROM AN ORAL HEALTH PROFESSIONAL, THE SCREENER SHALL
26 PROMPTLY NOTIFY THE STUDENT'S PARENT OR LEGAL GUARDIAN AND THE
27 LOCAL EDUCATION PROVIDER.

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

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

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

1 THE PURPOSES OF THE PILOT PROGRAM IDENTIFIED IN SUBSECTION (3)(a)
2 OF THIS SECTION:

3 (I) (A) THE GRADE SCREENED AT EACH SCHOOL;

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

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

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

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

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

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

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

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

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

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

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

11 **22-2-150. Department of education - implementation of oral**
12 **health screening statewide - report - definitions - repeal. (1) AS USED**
13 **IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:**

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

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

24 (2) ON OR BEFORE DECEMBER 1, 2027, THE DEPARTMENT SHALL
25 DEVELOP A PLAN FOR IMPLEMENTATION OF ORAL HEALTH SCREENING IN
26 KINDERGARTEN OR THIRD GRADE IN ALL PUBLIC SCHOOLS. IN DEVELOPING
27 THE PLAN, THE DEPARTMENT SHALL CONSIDER:

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

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

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

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

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

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

19 **SECTION 5. Safety clause.** The general assembly finds,
20 determines, and declares that this act is necessary for the immediate
21 preservation of the public peace, health, or safety or for appropriations for
22 the support and maintenance of the departments of the state and state
23 institutions.