

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.

An Act

SENATE BILL 24-142

BY SENATOR(S) Marchman and Kirkmeyer, Bridges, Cutter, Exum, Fields, Ginal, Gonzales, Hansen, Kolker, Mullica, Priola, Roberts, Sullivan, Will, Winter F., Zenzinger;
also REPRESENTATIVE(S) Bird and Hartsook, Amabile, Bacon, Boesenecker, Brown, deGruy Kennedy, Duran, English, Froelich, Hamrick, Joseph, Kipp, Lieder, Lindsay, Lukens, Marshall, Marvin, McCormick, McLachlan, Ricks, Rutinel, Sirota, Snyder, Story, Titone, Velasco, Vigil, Weissman, Willford, Young, McCluskie.

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

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

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

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

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

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

SCHOOL PERFORMANCE AND BEHAVIOR AND CONTRIBUTES TO OVERALL PHYSICAL AND MENTAL HEALTH COMPLICATIONS FOR AFFECTED CHILDREN.

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

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

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

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

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

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

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

~~(a)~~ (b) Provide oral health services, including sealants, to school

children; and

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

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

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

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

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

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

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

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

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

25-21.5-104. Oral health community grants program - oral health screening pilot program - rules - repeal. (1) Subject to available

appropriations, the department shall administer a grant program to assist communities with:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) WHETHER THE LOCAL EDUCATION PROVIDER IS CLASSIFIED BY

THE DEPARTMENT OF EDUCATION BY SIZE AND GEOGRAPHIC LOCATION AS A SMALL RURAL, RURAL, SUBURBAN, OR URBAN LOCAL EDUCATION PROVIDER.

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

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

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

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

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

(III) CONDUCT A VISUAL AND MANUAL INSPECTION OF THE MOUTH THAT IS PERFORMED TO IDENTIFY PROBABLE ORAL DISEASE OR OTHER ORAL CONDITIONS OR RISK FACTORS THAT MAY REQUIRE MANAGEMENT BY ORAL HEALTH PROFESSIONALS;

(IV) HAVE EXPERIENCE DELIVERING AND MANAGING ORAL HEALTH

SCREENING WITH RELIABLE AND CONSISTENT RESULTS;

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

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

(d) AN ORAL HEALTH SCREENING MUST:

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

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

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

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

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

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

(III) ARE DEVELOPMENTALLY APPROPRIATE; AND

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

(f) A PARTICIPATING LOCAL EDUCATION PROVIDER SHALL PROVIDE

WRITTEN NOTICE TO A STUDENT'S PARENT OR LEGAL GUARDIAN, AS DETERMINED BY THE DEPARTMENT AND THE LOCAL EDUCATION PROVIDER, THAT ORAL HEALTH SCREENING WILL BE CONDUCTED AT THE SCHOOL. AT A MINIMUM, THE WRITTEN NOTICE MUST INCLUDE:

(I) THE PURPOSE OF THE SCREENING;

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

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

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

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

(h) PERSONALLY IDENTIFIABLE INFORMATION COLLECTED FOR OR BY THE SCREENER IS SUBJECT TO THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS AMENDED. THE SCREENER IS THE CUSTODIAN OF ALL RECORDS ASSOCIATED WITH THE ORAL HEALTH SCREENING. THE SCREENER SHALL NOT DISCLOSE RECORDS OR INFORMATION WITHOUT WRITTEN CONSENT FROM A STUDENT'S PARENT OR LEGAL GUARDIAN. ALL PARTIES SUBJECT TO THE REQUIREMENTS OF THIS SECTION SHALL COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED; SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C. SEC. 794, AS AMENDED; TITLE

VI OF THE FEDERAL "CIVIL RIGHTS ACT OF 1964", 42 U.S.C. SEC. 2000d ET SEQ., AS AMENDED; AND THE FEDERAL "FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974", 20 U.S.C. SEC. 1232g, AS AMENDED.

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

(j) AFTER COMPLETING ORAL HEALTH SCREENING AT A PILOT PROGRAM SITE DURING THE 2024-25 AND 2025-26 SCHOOL YEARS, NO LATER THAN JULY 31, 2025, AND JULY 31, 2026, RESPECTIVELY, A SCREENER SHALL PROVIDE THE DEPARTMENT WITH THE FOLLOWING DATA AND INFORMATION FOR PURPOSES OF EVALUATING THE EFFECTIVENESS OF THE PILOT PROGRAM DURING THE APPLICABLE SCHOOL YEAR IN ACHIEVING THE PURPOSES OF THE PILOT PROGRAM IDENTIFIED IN SUBSECTION (3)(a) OF THIS SECTION:

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

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

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

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

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

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

(II) ANY OTHER DATA OR INFORMATION PROVIDED BY THE SCREENER CONCERNING BEST PRACTICES IDENTIFIED DURING IMPLEMENTATION OF THE

PILOT PROGRAM AND RELATING TO STATEWIDE IMPLEMENTATION OF ORAL HEALTH SCREENING IN KINDERGARTEN AND THIRD GRADE.

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

(l) NO LATER THAN JANUARY 15, 2027, THE DEPARTMENT SHALL SUBMIT A WRITTEN REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES AND THE EDUCATION COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES, AND TO THE DEPARTMENT OF EDUCATION CONCERNING THE IMPLEMENTATION AND OUTCOMES OF THE PILOT PROGRAM AND BEST PRACTICES FOR EXPANDING FUTURE ORAL HEALTH SCREENING ACTIVITIES IN KINDERGARTEN AND THIRD GRADE BASED ON THE DATA COLLECTED THROUGH THE PILOT PROGRAM, AS WELL AS OTHER RELEVANT INFORMATION THAT THE DEPARTMENT HAS COLLECTED THROUGH OTHER ORAL HEALTH SCREENING ACTIVITIES.

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 6. Safety clause. The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for

the support and maintenance of the departments of the state and state institutions.

Steve Fenberg
PRESIDENT OF
THE SENATE

Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO