

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 235 entitled “An act relating to improving the oral health of Vermonters”
4 respectfully reports that it has considered the same and recommends that the
5 bill be amended by striking out all after the enacting clause and inserting in
6 lieu thereof the following:

7 Sec. 1. FINDINGS AND PURPOSE

8 (a) The General Assembly finds that:

9 (1) Early prevention is essential to solving the problem of early
10 childhood caries, a form of tooth decay. Evidence-based research shows a
11 direct correlation between the age of a child and the cost of dental care; the
12 earlier the preventive care and risk assessment, the fewer dollars expended in
13 dental treatment.

14 (2) Disparities exist in which children develop early childhood tooth
15 decay; it is principally found in children from low-income families.

16 (3) Approximately one-half of all new mothers in Vermont are eligible
17 for Medicaid. A pregnant woman’s oral health substantially affects her
18 newborn child’s oral health.

19 (4) Vermont spends approximately \$3 million annually on dental care
20 for Medicaid-eligible children under five years of age. Almost \$2 million of
21 those funds is spent on 350 children hospitalized each year to treat severe

1 dental decay. Approximately \$1 million is spent to treat routine dental decay
2 in offices.

3 (5) The Vermont Department of Health currently has three Public Health
4 Dental Hygienists (PHDHs), each working 20 hours per week (0.5 FTE), in the
5 Newport, Rutland, and Morrisville district health offices. Funding has been
6 provided by Fletcher Allen Health Improvement for a fourth PHDH for the
7 Burlington district health office.

8 (b) The General Assembly supports the Vermont Department of Health’s
9 Public Health Dental Hygienist Program and the important work that it does to
10 facilitate early prevention and improve oral health care. The purpose of this
11 act is to pay for the expansion of the Public Health Dental Hygienist Program,
12 enabling dental hygienists (0.5 FTEs) to provide services in all 12 Vermont
13 Department of Health district office WIC programs.

14 (c) Preventing just 24 or seven percent of the annual 350 hospitalizations
15 would entirely pay for the State’s share of the cost for the eight new positions.

16 Sec. 2. WORK GROUP ON PUBLIC HEALTH DENTAL PROGRAMS;
17 REPORT

18 (a) Creation. There is created a Public Health Dental Program Work Group
19 to assess public health dental needs and determine how further to improve
20 access to dental care in the State. Specifically, the Work Group shall consider
21 whether a community dental health coordinator program would benefit the

1 State, how it would complement current programs, and its recommended scope
2 of practice and responsibilities.

3 (b) Membership. The Work Group shall comprise:

4 (1) the Commissioner of Health or one or more designees;

5 (2) up to four representatives of the Vermont Oral Health Coalition; and

6 (3) up to four representatives of the Vermont State Dental Society.

7 (c) Powers and duties. The Work Group shall study the public health
8 dental needs in the State, including addressing the following questions:

9 (1) Considering the “Vermont Dental Landscape” and other reports,
10 where should the State focus its resources **most efficiently** to improve the oral
11 health of Vermonters?

12 (2) How can the State maximize oral health access and services for
13 school-aged children?

14 (3) What steps are necessary to increase prevention and awareness of
15 oral health issues?

16 (4) Should the State create a community dental health coordinator pilot
17 project?

18 (5) If so, what should the community dental health coordinator’s scope
19 of practice, duties, and responsibilities include?

1 (6) How would a community dental health coordinator fit with current
2 public health dental programs, including the Public Health Dental Hygienist
3 and Tooth Tutor programs?

4 (7) Would the Public Health Dental Hygienist, Tooth Tutor, and
5 community dental health coordinator programs provide a sufficient continuum
6 of care for Vermonters? If not, where would gaps remain?

7 (d) Assistance. The Work Group shall have the administrative, technical,
8 and legal assistance of the Department of Health.

9 (e) Report. On or before December 1, 2014, the Work Group shall submit a
10 written report to the House Committees on Health Care and on Human
11 Services and the Senate Committee on Health and Welfare with its findings
12 and any recommendations for legislative action.

13 (f) Meetings.

14 (1) The Commissioner of Health or designee shall call the first meeting
15 of the Work Group to occur on or before August 1, 2014.

16 (2) The Commissioner of Health or designee shall be the chair of the
17 Work Group.

18 (3) The Work Group shall cease to exist on December 31, 2014.

19 Sec. 3. APPROPRIATION

20 In fiscal year 2015, the sum of \$375,000.00 in Global Commitment funds is
21 appropriated to the Department of Health, of which the sums of \$167,633.00 in

1 General Fund dollars and \$207,337.00 in federal funds are appropriated to the
2 Agency of Human Services to pay for the expansion of the Public Health
3 Dental Hygienist Program, in which dental hygienists provide services at
4 public health clinics and clinics participating in the WIC program.

5 Sec. 4. EFFECTIVE DATE

6 This act shall take effect on July 1, 2014.

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9 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE