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.



SENATE BILL 13-261

BY SENATOR(S) Nicholson, Aguilar, Giron, Guzman, Heath, Hodge, Hudak, Jahn, Jones, Kerr, Newell, Tochtrop, Todd, Morse; also REPRESENTATIVE(S) McCann, Fields, Fischer, Ginal, Hullinghorst, Kraft-Tharp, Labuda, Pettersen, Primavera, Ryden, Schafer, Singer, Vigil, Williams, Young.

CONCERNING THE RESTRUCTURING OF THE ORAL HEALTH PROGRAMS ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AND, IN CONNECTION THEREWITH, ELIMINATING THE OVERSIGHT OF COMPLAINTS REGARDING DENTISTS FOR THE DENTAL ASSISTANCE PROGRAM FOR SENIORS AND CREATING THE ORAL HEALTH COMMUNITY GRANTS PROGRAM.

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

**SECTION 1.** In Colorado Revised Statutes, **repeal** 25-21-107 as follows:

**25-21-107. Records - complaints.** (1) (Deleted by amendment, L. 2003, p. 2043, § 5, effective July 1, 2003.)

(2) The department shall designate a major association of dentists in this state, willing to do so, for the receiving and processing of complaints

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

of persons applying for or receiving dental appliances or services under the provisions of this article.

- (3) (Deleted by amendment, L. 2003, p. 2043, § 5, effective July 1, 2003.)
- **SECTION 2.** In Colorado Revised Statutes, **amend** 25-21.5-101 as follows:
- **25-21.5-101. Short title.** This article shall be known and may be cited as the "Colorado <del>Dental</del> ORAL HEALTH COMMUNITY GRANTS Program Act". of 1997".
- **SECTION 3.** In Colorado Revised Statutes, **repeal and reenact**, with amendments, 25-21.5-102 as follows:
- **25-21.5-102. Legislative declaration.** (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:
- (a) Statewide, students miss seven million eight hundred thousand school hours each year due to oral pain. Nationwide, workers miss one hundred sixty-four million work hours each year due to dental issues.
- (b) FORTY PERCENT OF CHILDREN IN KINDERGARTEN AND FIFTY-FIVE PERCENT OF CHILDREN IN THIRD GRADE HAVE A HISTORY OF DENTAL DECAY.
- (c) CHILDREN IN LOW-INCOME SCHOOLS HAVE TWICE AS MUCH UNTREATED TOOTH DECAY AND ARE TWICE AS LIKELY TO HAVE A HISTORY OF CAVITIES THAN CHILDREN WHO ARE NOT IN LOW-INCOME SCHOOLS.
- (d) AMONG CHILDREN, NINETY PERCENT OF DENTAL DECAY IS IN THE PITS AND FISSURES OF POSTERIOR PERMANENT TEETH.
- (e) CHILDREN WHO HAVE RECEIVED DENTAL SEALANTS IN A SCHOOL-BASED PROGRAM HAVE, FOR A PERIOD OF UP TO FIVE YEARS, SIXTY PERCENT FEWER NEW DECAYED PIT AND FISSURE SURFACES IN THEIR POSTERIOR PERMANENT TEETH THAN CHILDREN WHO HAVE NOT RECEIVED AN APPLICATION OF DENTAL SEALANTS.

- (f) Fluoride is nature's cavity fighter. Fluoride occurs naturally in almost all water sources. Since 1948, scientific research has shown that community water fluoridation can reduce the incidence of dental cavities.
- (g) COMMUNITY WATER FLUORIDATION IS THE PROCESS OF ADJUSTING THE LEVEL OF FLUORIDE FOUND NATURALLY IN WATER TO A LEVEL RECOMMENDED TO PROTECT AGAINST DENTAL DECAY. THE CENTERS FOR DISEASE CONTROL NAMED COMMUNITY WATER FLUORIDATION AS ONE OF TEN GREAT PUBLIC HEALTH ACHIEVEMENTS OF THE TWENTIETH CENTURY.
- (h) WATER FLUORIDATION IS SAFE AND PROVIDES THE MOST COST-EFFECTIVE MEANS TO PREVENT TOOTH DECAY FOR PERSONS OF ALL AGES AND SOCIOECONOMIC BACKGROUNDS.
- (i) WATER FLUORIDATION IS ONE OF THE MOST RESEARCHED AND COST-EFFECTIVE ORAL HEALTH INTERVENTIONS AVAILABLE, AS THE AVERAGE COST OF ONE DENTAL FILLING CAN FUND A LIFETIME OF FLUORIDATION, WHICH IS KNOWN TO PREVENT EIGHTEEN TO FORTY PERCENT OF CAVITIES IN BOTH CHILDREN AND ADULTS.
- (2) THE GENERAL ASSEMBLY FURTHER FINDS THAT IMPROVING ACCESS TO 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 PROGRAM DEDICATES ITSELF TO IMPROVING ACCESS TO ORAL HEALTH CARE SERVICES BY WORKING WITH 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 IS TO PROMOTE THE PUBLIC HEALTH AND WELFARE OF COLORADANS BY PROVIDING A GRANT PROGRAM TO:
- (a) PROVIDE ORAL HEALTH SERVICES, INCLUDING SEALANTS, TO SCHOOL CHILDREN: AND
- (b) ASSIST COMMUNITIES IN ATTAINING OPTIMAL LEVELS OF FLUORIDE IN DRINKING WATER PROVIDED BY COMMUNITY WATER SYSTEMS AS A MEANS OF PREVENTING DENTAL DECAY.

**SECTION 4.** In Colorado Revised Statutes, 25-21.5-103, **repeal** (3) as follows:

- **25-21.5-103. Definitions.** As used in this article, unless the context otherwise requires:
  - (3) "Eligible child" means a child:
  - (a) Who is under the age of twenty-one years;
  - (b) Who is not covered under a policy of dental insurance;
  - (c) Who is not eligible for medicaid; and
- (d) Whose family income is equal to or less than one hundred eighty-five percent of the federal poverty line.
- **SECTION 5.** In Colorado Revised Statutes, **repeal and reenact**, with amendments, 25-21.5-104 as follows:
- 25-21.5-104. Oral health community grants program.

  (1) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT SHALL ADMINISTER A GRANT PROGRAM TO ASSIST COMMUNITIES WITH:
- (a) IMPLEMENTING POPULATION-BASED, EVIDENCE-BASED STRATEGIES, INCLUDING ADMINISTERING SCHOOL DENTAL SEALANT PROGRAMS, TO PREVENT DENTAL DECAY IN CHILDREN;
- (b) 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) 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:

- (a) Oral Health Services that target children who are eligible for free and reduced-price lunches under the "National School Lunch Act", 42 U.S.C. Sec. 1751 et seq., or who attend school in a school district whose median household income is at or below two hundred thirty-five percent of the federal poverty line. Grants awarded in this category may support the following:
- (I) SCHOOL-BASED PROGRAMS THAT ARE CONDUCTED COMPLETELY WITHIN THE SCHOOL SETTING;
- (II) SCHOOL-LINKED PROGRAMS THAT ARE CONNECTED WITH SCHOOLS BUT DELIVER SERVICES OFF-SITE;
- (III) SCHOOL-LINKED PROGRAMS THAT CONDUCT DENTAL SCREENINGS AT SCHOOLS; AND
- (IV) HYBRID PROGRAMS THAT INCORPORATE SCHOOL-BASED AND SCHOOL-LINKED COMPONENTS.
  - (b) FLUORIDATION SUPPORT SERVICES, INCLUDING:
- (I) ASSISTANCE IN THE DESIGN, PURCHASE, INSTALLATION, MAINTENANCE, AND INSPECTION OF EQUIPMENT DESIGNED TO ADD FLUORIDE TO DRINKING WATER TO ACHIEVE OPTIMAL LEVELS FOR THE PREVENTION OF TOOTH DECAY, AS DETERMINED BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES;
- (II) TRAINING OF WATER TREATMENT PERSONNEL IN THE PROPER OPERATION OF FLUORIDATION EQUIPMENT AND CURRENT WATER FLUORIDATION PRACTICES; AND
- (III) MONITORING OF FLUORIDE CONTENT BY OBTAINING MONTHLY SAMPLES OF FINISHED DRINKING WATER TO ASSURE THE OPTIMAL LEVEL OF FLUORIDE TO PREVENT DENTAL DECAY.
- **SECTION 6.** In Colorado Revised Statutes, **repeal** 25-21.5-105, 25-21.5-107, 25-21.5-108, and 25-21.5-109.
  - **SECTION 7. Safety clause.** The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.	
John P. Morse PRESIDENT OF THE SENATE	Mark Ferrandino SPEAKER OF THE HOUSE OF REPRESENTATIVES
Cindi L. Markwell SECRETARY OF THE SENATE	Marilyn Eddins CHIEF CLERK OF THE HOUSE OF REPRESENTATIVES
APPROVED	
	Hickenlooper