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Economic Matters Committee

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Alcoholic Beverages

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THE MARYLAND HOUSE OF DELEGATES
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Public Schools - Student Health - Certificate of Dental Health
House Bill 167
Ways and Means Committee

Good afternoon, Chair and members of the Ways and Means Committee. I am Delegate Andrea Harrison and I'm here to present House Bill 167, Public Schools - Certificate of Dental Health, previously introduced in 2020. The purpose of this bill is to encourage all students enrolling in the state of Maryland public school system to have a dental screening before entering school by providing a certificate of verification. Children's oral health is a key public health priority. Dental screenings, just like physicals, ensure that students are prepared for school without any preventable condition impairing their abilities to learn and succeed.

The American Academy of Pediatric Dentistry Council on Clinical Affairs adopted a policy on mandatory school-entrance oral health examinations in 2003. The policy was to encourage policy makers, public health, and education officials to recognize that "unmet oral health needs can impact a child's ability to learn." In 2017, the Council revised this policy to state that "an oral health examination prior to matriculation into school may improve school readiness by providing a timely opportunity for prevention, diagnosis, and treatment of oral conditions. According to the AAPD, tooth decay or cavities, known as caries, are the most common chronic disease of childhood in the United States.

Here are some of the statistics:

- Early childhood caries affect 23% of children 2 – 5 years of age
- By the ages 6 – 8, caries increases to 56%
- In 33% of low income children, the number of caries increases to 75%

In various other studies conducted regarding school attendance and performance due to oral health, the following issues were identified:

- 1) 36% of students with access to oral care missed two or more days due to dental problems as compared to 73% of children who missed the same number of days who could not afford dental care.
- 2) The US Dept. of Health and Human Services estimates that 51 million school hours are missed each year because of dental problems, and

3) Children with poor oral health and general health were 2.3 times more likely to have poor academic performance.

The Maryland Department of Health conducted an oral health survey of Maryland school children from 2015-2016. Here are some of its key findings:

- Third-grade students had significantly higher dental caries history compared to kindergarten children (41.3% vs 30.2%)
- The prevalence of dental caries in third-grade students slightly improved from 2012 to 2016, whereas, the prevalence of dental caries in kindergarten students increased by 22% during the same period
- Maryland's Eastern Shore had the highest percentage of dental caries (44.4%), and Western Maryland had the lowest (28.8%)
- Children in schools with high proportions of free/reduced meals have a higher lifetime caries experience (45.4%)

Currently, fifteen states and the District of Columbia have adopted policies for dental screenings for school-aged children. These policies range from requiring a certificate of dental screening to enter kindergarten to mandating a screening annually.

The American Association of Pediatric Dentists stated in their 2019 report The State of Little Teeth, "tooth decay compromises the health, development, and quality of life of children, affecting such factors as eating, sleeping, self-esteem, speech development and school performance". Caries make children more vulnerable to various infections in other parts of their body, such as the ears, sinuses, and the brain, and could have a harmful long-term impact not only on their oral health, but also on their overall health.

Even commonplace drugs such as acetaminophen can harm children's health and endanger their lives. Over-the-counter brand name medicines that contain acetaminophen include Tylenol, PediaCare and Triaminic. In the U.S., acetaminophen toxicity is the most frequent cause of acute hepatic failure and is the second most frequent cause of liver failure requiring transplantation.

The pain from tooth decay may hinder many young children from speaking, playing, going to school, or paying attention in class. Discolored, damaged or missing teeth may hurt children's self-esteem and social development by making them afraid to smile or subjecting them to teasing and social ostracism.

Children with poor oral health are more likely to miss school and are less likely to do all required homework. In the U.S., over 34 million school hours are lost each year due to dental problems. Children with poor oral health are nearly three times more likely to miss school because of dental pain and more likely to have lower school performance. Given that poor and minority children are especially subject to untreated tooth decay, these social and quality-of-life repercussions pose yet another barrier to achieving success in life.

I am offering an amendment to the bill that would mirror the regulations for entrance into Maryland Public Schools as a physical examination (under code 7-402 (b), (b)(1), (b)(2) and for each school to report to the county board or county health department the number of children entering the school system for the first time who have not had a dental exam (code 7-402 (d)). It does not prevent a child from entering school, the school would follow the same guidelines as the requirement for physical examinations as outlined in the statute referenced.

This bill allows the State of Maryland to continue the process of encouraging school-aged children to receive and maintain better oral health, cut down on absenteeism in our school systems, and give our children a healthy start for academic success. We have a responsibility to help our children get the best start possible in school. It is my opinion that House Bill 167 does this. I respectfully ask you to give a favorable report on this important bill for the health of our children.