Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 51
"Dental Screening"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 135.17
State or federal law(s) implemented by the rulemaking: Iowa Code section 135.17

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 6, 2024 2 to 3 p.m.	Microsoft Teams Meeting ID: 238 807 808 374 Passcode: sCAuM5

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels
Department of Health and Human Services
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Purpose and Summary

This proposed chapter outlines the requirements and processes for ensuring children entering kindergarten and ninth grade submit proof of a dental screening to their school and the subsequent audit of screening certificates. The intended benefit is to improve the oral health of Iowa's children through prevention, education, care coordination and referral for treatment.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

- Classes of persons that will bear the costs of the proposed rulemaking:

Parents with children who require dental screening or their health insurance provider will bear the costs unless there is a financial hardship and the school or I-Smile public health program provides gap-filling screening.

- Classes of persons that will benefit from the proposed rulemaking:

School-age children will benefit.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- Quantitative description of impact:

During school year 2022-2023, 20 percent of children entering kindergarten and 14 percent of children entering ninth grade who were screened were found to require dental care (including those needing urgent care). In school year 2021-2022, 16 percent of children entering kindergarten and 13

percent of children entering ninth grade who were screened were found to require dental care (including those needing urgent care).

- Qualitative description of impact:

Dental screenings play an important role in the oral health of Iowa children. Dental screening facilitates early detection and treatment of dental disease, and oral health is a critical component of school and learning readiness.

3. Costs to the State:

- Implementation and enforcement costs borne by the agency or any other agency:

The Department incurs personnel costs to support the execution of the procedures described in this chapter.

- Anticipated effect on state revenues:

No impact was identified.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

The absence of these procedures could lead to unidentified dental disease, which can lead to behavioral and learning problems, as well as school absence. The statewide I-Smile network assists with gap-filling screening and referral assistance.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

A less costly method has not been identified to achieve the purpose of this chapter.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

The Department supports dental screenings in accordance with the Iowa Code. This chapter clarifies specific procedures, but only within the scope and as defined in the Iowa Code. The Department feels this is necessary to protect the dental health of children in Iowa.

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:

This chapter implements dental screenings as mandated by the Iowa Code.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Not applicable.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 51 and adopt the following **new** chapter in lieu thereof:

CHAPTER 51
DENTAL SCREENING

641—51.1(135) Definitions.

"Admitting official" means the superintendent of schools or the superintendent's designated representative if a public school; if an accredited nonpublic school, the governing official of the school.

"Applicant" means any person seeking first-time enrollment in kindergarten or ninth grade in a public or accredited nonpublic elementary school or high school in Iowa.

"Dental hygienist" means a person licensed to practice as a dental hygienist.

"Dentist" means a person licensed to practice as a dentist.

"Electronic signature" means a confidential personalized digital key, code, or number that is used for secure electronic data transmission and that identifies and authenticates the signatory.

"Elementary school" means kindergarten through grade six in an Iowa school district or accredited nonpublic school.

"Gum infection" means that gum (gingival) tissue is red, bleeding, or swollen.

"High school" means grades 9 through 12 in an Iowa school district or accredited nonpublic school.

"Injury" means soft tissue laceration or a broken or dislodged tooth.

"I-Smile" means the department program designed to increase access to dental care for children and to ensure a dental home.

"I-Smile coordinator" means a designated dental hygienist who is employed by or under contract with a local public health agency to administer the I-Smile dental home program.

"Local board of health" means a county, city, or district board of health as defined in Iowa Code section 137.102.

"Needs dental care" means that tooth decay or a white spot lesion is suspected in one or more teeth or that gum infection is suspected.

"Needs urgent dental care" means that obvious tooth decay is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

"No obvious problems" means a child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

"Nurse" means a person licensed to practice as a registered nurse or advanced registered nurse practitioner.

"Physician" means a person licensed to practice medicine and surgery or osteopathic medicine and surgery.

"Physician assistant" means a person licensed to practice as a physician assistant.

"Recorder" means a dentist, dental hygienist, physician, physician assistant, or nurse who is authorized to record screening information and sign the Certificate of Dental Screening form.

"Severe infection" means excessive bleeding, swelling, or pus discharge; or an abscess.

"Signature" means an original signature, or authorized use of stamped signature, or electronic signature of a dentist, dental hygienist, physician, physician assistant, or nurse.

"Tooth decay" means a visible cavity or hole in a tooth with brown or black coloration, or a retained root.

"White spot lesion" means a demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gum line. A white spot lesion is considered an early indicator of tooth decay, especially in primary teeth.

641—51.2(135) Persons included. The dental screening requirements specified in this chapter apply to all persons seeking first-time enrollment in kindergarten or ninth grade in a public or accredited nonpublic elementary school or high school in Iowa.

641—51.3(135) Persons excluded. Exclusions to these rules are permitted on an individual basis for religious and financial hardship reasons. Applicants approved for a religious or financial hardship exemption shall submit to the admitting official a valid department certificate of dental screening exemption.

51.3(1) Religious exemption. A religious exemption may be granted to an applicant if the dental screening conflicts with a genuine and sincere religious belief.

a. The certificate of dental screening exemption for religious reasons shall attest that the dental screening conflicts with a genuine and sincere religious belief and that the belief is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to dental screenings.

b. The certificate of dental screening exemption for religious reasons shall be signed and dated by the applicant or, if the applicant is a minor, by the parent or guardian.

c. To be valid, the certificate of dental screening exemption for religious reasons shall be the department certificate or a form approved in writing by the department.

51.3(2) Financial hardship exemption. A financial hardship exemption may be granted to an applicant who is unduly burdened by the cost of a dental screening.

a. The certificate of dental screening exemption for financial hardship reasons shall attest that dental screening would cause a genuine financial burden to the applicant.

b. The certificate of dental screening exemption for financial hardship reasons shall be signed and dated by a dentist, dental hygienist, physician, physician assistant, or nurse.

c. The certificate of dental screening exemption for financial hardship reasons shall include the provider type and the provider's name, business address, and telephone number.

d. To be valid, the certificate of dental screening exemption for financial hardship reasons shall be the department certificate or a form approved in writing by the department.

51.3(3) A faxed copy, photocopy, or electronic copy of the valid certificate of dental screening exemption is acceptable.

641—51.4(135) Dental screening components.

51.4(1) A dental screening is a visual assessment and is noninvasive and nondiagnostic.

51.4(2) Dental instrumentation is not needed for a dental screening.

51.4(3) A dental screening can identify obvious or suspected oral health conditions that need or that might need examination by a dentist.

51.4(4) The dental screening shall include the following steps:

a. Visual inspection of the soft tissues, including the lips, cheeks, gums, tongue, floor of mouth, and roof of mouth, to assess infection or injury.

b. Visual inspection of all tooth surfaces to assess tooth decay, white spot lesions, or injury.

c. Documentation of the screening and treatment needs according to rule 641—51.8(135).

641—51.5(135) Dental screening providers.

51.5(1) *Elementary school.* A dental screening for elementary school enrollment shall be performed by a licensed dentist, a licensed dental hygienist, a licensed physician, a licensed physician assistant, or a licensed nurse.

51.5(2) *High school.* A dental screening for high school enrollment shall be provided by a licensed dentist or a licensed dental hygienist.

641—51.6(135) Time line for valid dental screening.

51.6(1) Elementary school. To be valid, a minimum of one dental screening shall be performed on an applicant no earlier than three years of age but no later than four months after the enrollment date.

51.6(2) High school. To be valid, a minimum of one dental screening shall be performed on an applicant no earlier than one year prior to the enrollment date and no later than four months after the enrollment date.

51.6(3) A dental screening may also be deemed valid by the department if the department determines that the applicant has substantially complied with the dental screening requirements.

641—51.7(135) Proof of dental screening. The applicant or, if a minor, the parent or guardian of a child enrolled in elementary school or high school shall submit a valid department certificate of dental screening to the admitting official of the school district or accredited nonpublic elementary school in which the applicant wishes to enroll.

51.7(1) To be valid, the certificate of dental screening shall be the department certificate or a form approved in writing by the department.

a. The Certificate of Dental Screening form is available on the department's website or by calling the department.

b. The certificate of dental screening shall include all information required by rule 641—51.8(135).

c. The certificate of dental screening may also be deemed valid by the department if the department determines that the information on the certificate substantially complies with the dental screening requirements.

51.7(2) A faxed copy, photocopy, or electronic copy of the valid certificate of dental screening is acceptable.

641—51.8(135) Dental screening documentation.

51.8(1) *Student information.* A person authorized to perform a dental screening required by this chapter shall record the following student information or ensure that such information is recorded on the certificate of dental screening provided or approved in writing by the department in cooperation with the department of education:

a. Name (first and last); and

b. Birth date.

51.8(2) *Screening information.* A person authorized to perform a dental screening required by this chapter shall record the following screening information on the certificate of dental screening provided or approved in writing by the department in cooperation with the department of education:

a. Date of dental screening;

b. Treatment needs (no obvious problems, needs dental care, needs urgent dental care);

c. Provider type;

d. Provider name and telephone number; and

e. Provider or recorder signature and credentials.

641—51.9(135) Ensuring dental screening services. Each public and accredited nonpublic school, in collaboration with the department, shall ensure that the parent or guardian of a student enrolled in the school has complied with the dental screening requirement. Parents or guardians of students who do not have a valid certificate of dental screening shall be provided with community dental screening referral resources, including contact information for the I-Smile coordinator, the department, or a dental society.

641—51.10(135) Records. It shall be the duty of the admitting official of an elementary school or a high school to ensure that a valid certificate of dental screening or certificate of dental screening exemption is on file for each child enrolled.

51.10(1) The admitting official shall ensure that all certificates of dental screening are properly completed according to rule 641—51.7(135).

51.10(2) The admitting official shall ensure that all certificates of dental screening exemption are properly completed according to subrules 51.3(1) and 51.3(2).

51.10(3) The admitting official shall keep the certificates of dental screening or certificates of dental screening exemption on file at the school in which the applicant is enrolled and assist the applicant or the applicant's parent or guardian.

51.10(4) The local board of health or its designee, the department of education, and the department or its designee shall have the right to have access to the certificates of dental screening and certificates of dental screening exemption of students enrolled in elementary schools and high schools.

641—51.11(135) Reporting.

51.11(1) It shall be the duty of each local board of health or its designee to audit the certificates of dental screening and certificates of dental screening exemption in the schools within the local board's jurisdiction to determine compliance with Iowa Code section 135.17.

51.11(2) By May 31 annually, each local board of health shall furnish the department with evidence for the preceding school year that each child enrolled in any public or accredited nonpublic school within the local board's jurisdiction met the dental screening requirement.

51.11(3) The evidence shall be in the form of a report that includes:

a. Name of school,

b. Enrollments by grade,

c. The number of valid certificates of dental screening by grade,

d. The number of valid certificates for religious exemptions by grade, and

e. The number of valid certificates for financial hardship exemptions by grade.

641—51.12(135) Release of dental screening information.

51.12(1) *Between a dentist, dental hygienist, physician, physician assistant, or nurse, and the elementary school or high school that the child attends.* A dentist, dental hygienist, physician, physician assistant, or nurse shall disclose a student's dental screening information, including the student's name and date of birth; the name of the student's parent or guardian; the month, day and year of the screening; and the screening results and treatment needs to an elementary school or a high school upon written or verbal request from the elementary school or high school. Written or verbal permission from a student or the student's parent or guardian is not required to release this information to an elementary school or a high school.

51.12(2) *Among dentists, dental hygienists, physicians, physician assistants, or nurses.* Dental screening information, including the student's name, date of birth, name of parent or guardian, the month, day and year of the screening, and the screening results and treatment needs shall be provided by one dentist, dental hygienist, physician, physician assistant, or nurse to another health care provider without written or verbal permission from the student or the student's parent or guardian.

641—51.13(135) Referral requirements. Parents or guardians of students who need dental care or need urgent dental care shall be referred to the parent's or guardian's dentist of choice. Students without a dentist or who have difficulty accessing dental care shall be referred to a local I-Smile coordinator or local public health agency for assistance with completion of dental care. This assistance may include locating dentists, scheduling appointments, and identifying payment sources.

641—51.14(135) Provider training. For the purpose of quality assurance and consistency, the department will make training and training materials available for dental screening providers.

These rules are intended to implement Iowa Code section 135.17.