



**Testimony Regarding H.B.5213: An Act Concerning Oral Health Assessments of Children and Supporting S.B. 216: An Act Concerning the Prophylactic Treatment of Minors for Sexually Transmitted Diseases**

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Public Health Committee  
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Senator Gerratana, Senator Somers, Representative Steinberg, Representative Betts, and esteemed members of the Government Administration and Elections Committee,

My name is Karen Siegel, and I am submitting testimony today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for providing this opportunity to voice our conditional support for H.B.5213 and support of S.B.216.

Regarding H.B.5213: An Act Concerning Oral Health Assessments of Children

Oral health is linked to school attendance and performance.<sup>1</sup> Despite a robust public dental insurance plan and coverage of pediatric oral health through all state-governed health insurance, preventive oral health care rates for Connecticut's children remained stubbornly low according to the most recent data published by the Connecticut Department of Public Health.<sup>2</sup> Further, tooth pain is among the top five reasons students visit a School-Based Health Center in Connecticut.<sup>3</sup> For these reasons, we support the inclusion of an oral health assessment in school health assessment criteria. Additionally, the inclusion of childcare centers for low-income children as a location in which dental hygienists may practice is a step toward improved oral health for preschool-age children in our state. Bringing services to families may reduce barriers to care such as transportation and insurance literacy.

However, we propose clarification to this bill that a school may not deny access to school to children whose oral health has not been assessed. Despite widespread coverage of pediatric oral health preventive care, some families face logistic and financial barriers to care as a result of their circumstances, regardless of insurance status.<sup>4</sup> While the statute requires schools to make oral health assessments available free of charge to low-income families, it may take time to establish resources to provide this service or to solidify links between schools and community-based oral health resources. In the meantime, children should not be denied access to school for lack of an oral health assessment. **We support H.B. 5213 if the following change is made to its language: Sec. 2. Section 10-206a: No child eligible for free oral health assessment will be denied access to school while waiting for such services to become available.**

## In support of S.B.216: An Act Concerning the Prophylactic Treatment of Minors for Sexually Transmitted Diseases

The American Academy of Pediatrics recommends that adolescents be screened for sexually transmitted infections, including HIV, during routine preventive care.<sup>5</sup> This recommendation stipulates that HIV screening include: “making every effort to preserve confidentiality of the adolescent.” Adolescents may be unwilling to seek prophylactic treatments for sexually transmitted disease if parental consent is required. This reduced care-seeking behavior can result from youths’ shame or fear of disclosing information about their sexuality or sexual activity to parents.<sup>6</sup> Unaccompanied homeless youth and youth in foster care who lack close family relationships face additional barriers to obtaining parental consent.<sup>7,8</sup>

Prophylactic treatment for HIV is highly effective and research shows that there is no association between use of prophylactic treatment and increased risk-taking.<sup>9</sup> Connecticut law already allows youth ages 12 and older to consent to care for sexually transmitted infections.<sup>10</sup> Enabling youth to prevent the occurrence of such infections is a logical extension of this existing protection. **We believe that allowing youth to seek and obtain prophylactic treatment for sexually transmitted diseases is a good policy that will result in increased prevention of sexually transmitted diseases, including HIV for Connecticut’s youth.**

Thank you for the opportunity to submit this written testimony regarding H.B. 5213 and in support of S.B.216. I can be reached with any questions at [ksiegel@ctvoices.org](mailto:ksiegel@ctvoices.org) or at 203-498-4240, ext. 120.

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<sup>1</sup> Jackson, S., VannWilliam, F., Kotch, J. et al. (2010) “Impact of Poor Oral Health on Children’s School Attendance and Performance.” *American Journal of Public Health* 101, no. 10 (October 1, 2011): pp. 1900-1906. DOI: 10.2105/AJPH.2010.200915

<sup>2</sup> Department of Public Health. (2012) “Every Smile Counts.” Retrieved from: <http://www.portal.ct.gov/DPH/Oral-Health/oral-health/Publications-and-Reports>

<sup>3</sup> Connecticut Association of School-Based Health Centers. (2018) Presentation to the Covering Connecticut’s Kids and Families Coalition on March 1, 2018. Available at: <http://www.ctvoices.org/events/2018/covering-cts-kids-quarterly-meeting-husky>

<sup>4</sup> Department of Public Health. (2012) “Every Smile Counts.” Retrieved from: <http://www.portal.ct.gov/DPH/Oral-Health/oral-health/Publications-and-Reports>

<sup>5</sup> American Academy of Pediatrics. “Bright Futures Recommendations for Periodic Preventative Health Care.” Updated October 2015. [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf).

<sup>6</sup> Cunningham, S. Kerrigan, D., Jennings, J., and Ellen, J. (2015) “Relationships between Perceived STD-Related Stigma, STD-Related Shame and STD Screening Among a Household Sample of Adolescents.” *Perspect Sex Reprod Health*. 2009 Dec; 41(4): 225–230. doi: [10.1363/4122509](https://doi.org/10.1363/4122509)

<sup>7</sup> American Academy of Pediatrics. (2015). “Health Care Issues for Children and Adolescents n Foster Care and Kinship Care.” *Pediatrics*. 136:4. Retrieved from: <http://pediatrics.aappublications.org/content/136/4/e1142#xref-ref-81-1>

<sup>8</sup> Connecticut Coalition to End Homelessness. (2015). “Connecticut Counts: 2015 Report on Homelessness in Connecticut.” Retrieved from: <http://cceh.org/wp-content/uploads/2015/06/CT-Counts-v2-1.pdf>.

<sup>9</sup> For example: Marcus, J., Glidden, D., Mayer, K. et al. (2013) “No Evidence of Sexual Risk Compensation in the iPrEx Trial of Daily Oral HIV Preexposure Prophylaxis.” *PLoS ONE* 8(12): e81997. <https://doi.org/10.1371/journal.pone.0081997>

<sup>10</sup> Guttmacher Institute. Boonstra H, Nash E. (2000) “Special Analysis: Minors and the Right to Consent to Health Care.” Available at: [www.guttmacher.org](http://www.guttmacher.org). and Guttmacher Institute. “State policies in Brief.” An overview of minors’ consent law. Available at: <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>