



**JILL BILLINGS**  
STATE REPRESENTATIVE

January 25, 2018

Chairman Sanfelippo and Members of the Committee on Health,

Thank you for holding a hearing on AB 781, which will add clarity to the definition of "ordinary dental care" in relation to a legal custodian, or foster parent, providing care for a child.

Currently, under Wisconsin State Statutes Chapter 48, a custodian is able to provide "ordinary medical or dental care", however, what services are included in this definition of care are not specified. This legislation defines "ordinary dental care" as "routine dental care, including diagnostic and preventative services, and treatment including restoring teeth, tooth extractions, and use of nitrous oxide."

Assembly Bill 781, came forth as part of the Speaker's Foster Care Task Force. During our hearings across the state we heard from many foster care parents, kids and providers about the barriers they face within the system. The vague definition in our statutes of "ordinary dental care" is one such barrier. The current definition leaves "ordinary" treatment to be defined by health care providers and counties, creating a lack of uniformity of practice throughout the state. A consequence of this lack of uniformity, is that some children in the foster system are unable to receive necessary care without the consent of their birth parent. Although, parental consent is important, this can often slow the process for the child to receive necessary care.

This legislation will provide uniformity throughout the state and clarity of care for our foster parents, birth parents, providers and kids so they can receive proper dental care. I thank you for your consideration of this legislation.

Sincerely,

A handwritten signature in cursive script that reads "Jill Billings".

Jill Billings  
State Representative  
95<sup>th</sup> Assembly District



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# PATRICK SNYDER

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STATE REPRESENTATIVE • 85<sup>th</sup> ASSEMBLY DISTRICT

## **Testimony in Support of AB 781: Defining Ordinary Dental Care for Children in Out-of-Home Care**

Thank you Chairman Sanfelippo, Vice-Chair Bernier, and fellow members of the Assembly Committee on Health for holding a public hearing on Assembly Bill 781. This proposal is a direct product of the bipartisan Speaker's Task Force on Foster Care, which I had the honor of serving on with my co-author, Representative Jill Billings.

According to the Department of Children and Families Annual Out-of-Home Care Report, there was a total of 7,482 children living outside of their homes in 2016. These children have been removed from their homes and exposed to neglect, abuse and maltreatment. As a result to their exposure to this trauma, it is not surprising that children in out-of-home care often have significant, complex medical needs that differ from children who remain in the comfort of their own homes. Unfortunately, with the way our system is set-up today, many of these needs often go untreated. Today, I am going to highlight the specific need of oral health care.

According to a policy statement issued by the American Academy of Pediatrics, close to 40% of children who enter the foster care system have significant oral health needs. For many of these children, these issues go unnoticed and untreated until they end up in the child welfare system. Once these children are placed into foster care, an identified barrier to access to oral health care is the permission to treat them in the first place.

When a child is placed into foster care, the person who has been transferred temporary legal custody of the child by the court, typically a foster parent, has the right and duty to provide the child with a number of things: food, shelter, legal services, education, and ordinary medical and dental care, s. 48.02(12). Under current law, the term "ordinary medical and dental care" is not defined and therefore health care providers and counties interpret and apply it inconsistently. This bill seeks to provide clarity for health care providers, counties, and most importantly, children, who are placed into the foster care system and have unmet oral health care needs.

Through collaboration with both health care providers and dental providers, this bill defines ordinary dental care as "routine dental care, including diagnostic and preventative services, and treatment including restoring teeth, tooth extractions, and use of nitrous oxide." By defining this ambiguous and often confusing term, we will alleviate concerns providers might have when working with this vulnerable population.

Thank you for your time and consideration of Assembly Bill 781.

# Alberta Darling

## Wisconsin State Senator

Co-Chair, Joint Committee on Finance

Testimony before the Assembly Committee on Health  
Assembly Bill 781  
January 25, 2018

Thank you Chair Sanfelippo and committee members for holding a public hearing on Assembly Bill 781. This bill is crucial to ensuring that our most vulnerable youth have access to dental services.

In Wisconsin, approximately 7,000 children are part of the child welfare system at any given time. In addition to the trauma of being removed from their home, foster youth have incredible barriers to health services because as minors, they cannot consent to treatment, and our laws are frequently lagging behind providing these youth with the services they need. In the past few sessions, we have made strides to ensure the mental, behavioral, and physical health needs of these Wisconsin children are being met.

Assembly Bill 781 builds upon the work we have already done. Under current law, foster parents are already responsible for providing ordinary medical and dental care for that child. Notably, "ordinary dental care" is not defined in statute. As such, providers have been reluctant to provide care without knowing exactly what constitutes ordinary dental care. This has created an inequality in access to dental care for youth in foster care, as providers have not been providing the same level of care across the state.

Assembly Bill 781 defines ordinary dental care in the statute. This bill makes it clear that ordinary dental care means both prevention and treatment services. As such, this bill will ensure that foster youth have access to routine checkups, as well as the ability to have a cavity treated or a tooth pulled. The bill in front of you is a commonsense reform to ensure that foster youth have universal access to dental care, by simply clearing up the vague language currently in statute.

Not only will this bill remove barriers to treatment for foster youth, but it will also reduce unnecessary emergency room spending. When foster youth have access to standard care, they do not need to go to the emergency room for dental pain. In turn, this lowers the cost to the state, simply by ensuring that children have access to the proper form of treatment.

I'd like to thank Representative Snyder for his work on this bill. I urge your support on Assembly Bill 781.

**TO:** Assembly Committee on Health  
**FROM:** Dr. Colleen Greene, Pediatric Dentist, Children's Hospital of Wisconsin  
**DATE:** Thursday, January 25, 2018  
**RE:** Support for AB 781—Defining dental care for children in out-of-home care

Good morning, Chairman Sanfelippo and members of the committee. My name is Dr. Colleen Greene and I am a pediatric dentist at Children's Hospital of Wisconsin. I am also a foster parent to Nick, who is 16 months old. Thank you for allowing me this opportunity to submit testimony in support of AB 781 which defines ordinary dental care for children in out-of-home care. On behalf of Children's Hospital, I also want to thank the Speaker's Task Force on Foster Care for holding public hearings last year and to the authors, Representative Billings and Senator Darling, for sponsoring this legislation.

Children's Hospital provides dental and oral health care services in four clinic locations, as well as in the operating room at Children's Hospital and our Surgicenter. Oral health care is integrated within our primary care network as well as urgent and emergent settings. Over 90 percent of our dental patients present with Medicaid insurance.

Children's Dental Centers service more than 15,000 unique dental patients each year, resulting in more than 30,000 visits. In 2017, more than 300 children enrolled in Care4Kids, an innovative program designed to offer comprehensive and coordinated care for children and youth in foster care, became new patients in our dental program. Over 40% of dental patients have a special health care need and more than 500 adult patients continue to be cared for at Children's Hospital due to the lack of adult dental providers available to transition their care. Annually, there are more than 800 visits to Children's Hospital's Emergency Department for oral health issues. Over half of these visits are related to preventable oral health issues, such as dental decay, gum disease and infections. Last year, only 5 children enrolled in Care4Kids had a dental-related Emergency Department visit.

Children's Hospital is the largest not-for-profit, community-based agency serving children and families in the state, providing community services to more than 15,000 children and families annually. In partnership with the Division of Milwaukee Child Protective Services, Children's Hospital is responsible for the ongoing case management of approximately half of the youth and families involved in out-of-home care in Milwaukee County. The majority of children and youth have some degree of physical, behavioral and emotional needs stemming from the trauma they have experienced in their lives. Many of them also have oral health care issues that need attention. These patients are often some of my most resilient, but the burden of dental decay can be severe. Any measure to streamline necessary dental care will be positive progress for Wisconsin's most vulnerable children.

Currently, there is no definition for "ordinary medical and dental care" that children in foster care are entitled to receive. AB 781 would define what ordinary dental care is, and in doing so, would provide clarity for case workers, parents/guardians, out-of-home care providers like foster parents, and dental providers like me. These critical services include routine dental care, diagnostic and preventive services and restoring and extracting teeth. Without this important standard, children will continue to receive varying levels of care because today there is no clear standard of what is considered ordinary dental care. This sometimes results in defaulting to using the emergency room which is costly and often unequipped to deal with the root causes of dental problems.

As I mentioned at the beginning of my testimony, I am both a pediatric dentist whose patients include children in foster care, as well as being a foster parent myself; my work and family passions are aligning perfectly in this legislation. Foster parents have a significant difficulty finding a dental home for foster kids. As a foster parent in Milwaukee, I am fortunate to be able to have my foster child's dental needs cared for by Children's Hospital. As a provider, along with my colleagues at Children's Hospital, we are honored to care for more than half of the foster kids in Milwaukee. Having a standardized definition of what is ordinary dental care will help me as a foster parent and will help parents/legal guardians know what kind of services the foster child is able to receive under ordinary dental care.

Providing clarity to the definition will also help child welfare case workers avoid the need to pursue paperwork and authorizations that are unnecessary because it will be clear as to what services can be provided – should AB 781 become law. As dental providers, we will be able to spend more time treating kids and less time playing phone tag and trying to fill out paperwork. After almost five years, I have never had a biological parent worry openly to me that their children are getting too much great dental care.

AB 781 would increase transparency and provide a much needed definition in state statutes of what ordinary dental care is. This will eliminate confusion, expedite the process, while at the same time helping facilitate the dental care that foster children need.

Chairman Sanfelippo and committee members, thank you again for the opportunity to testify in support of AB 781. I am happy to try to answer any questions you have may have now, or if you have any questions, comments or concerns afterward, please feel free to contact me via email at [cgreene@chw.org](mailto:cgreene@chw.org) or via phone at 414-266-2040.

January 25, 2018  
Assembly Health Committee Meeting  
300 Northeast

Re: Assembly Bill 781

Chairman Sanfelippo and members of the Health Committee,

My name is Dr. Timothy Durtsche and I am a dentist, an Oral and Maxillofacial Surgeon, from La Crosse, Wisconsin. I have practiced in La Crosse since 1979 and I retired on the first of this year. I have been fortunate to serve as the president of the Wisconsin Dental Association in 2012 and 2013.

During my entire career in Wisconsin, I have been a provider for Medical Assistance patients.

I speak in favor of Assembly Bill 781. I speak as a provider for these patients and additionally as a spokesperson for others who treat Title XIX patients.

This legislation defines the definition of "Dental Care"  
Our duty as dentists is to examine, diagnose, and treat our minors who are patients and to do so with informed consent.

For many children who are in out-of-home care, it is the legal custodian who will bring the child in for treatment. Many times the legal guardian or parent is not available even when they have been made aware of an upcoming appointment. After the child has been examined and a diagnosis and treatment plan has been formulated, this will be discussed with the legal custodian and then attempts are made to contact the legal guardian or parent. If that person is not available then the child will have to be reappointed unless there is a compelling dental emergency necessitating treatment.

By noting in the statutes the care that can be provided, this will simplify the process and the proper care can be delivered in a timely fashion. In

cases requiring "deep sedation" or hospitalization, the guardian or parent will still need to be informed and consent given.

This legislation will allow the vast majority of care to be provided to these children. It is difficult to always find dentists who will treat many of these patients for a variety of reasons, but having this legislation can eliminate one of the barriers to providing care.

I would be happy to answer any questions.

Respectfully submitted,

Timothy B Durtsche DDS  
411 16<sup>th</sup> Street S  
La Crosse, Wisconsin 54601



**TO:** Assembly Committee on Health  
**FROM:** Rachael Wolfe, JD, Oral Health Project Manager, Children's Health Alliance of Wisconsin  
**DATE:** January 25, 2018  
**RE:** Support for AB 781—Defining dental care for children in out-of-home care

Good morning, Chairman Sanfelippo and members of the committee. My name is Rachael Wolfe and I am an oral health project manager at Children's Health Alliance of Wisconsin (Alliance). Thank you for allowing me this opportunity to testify in support of AB 781 which provides clarity to the ordinary dental services that kids in out of home care, including foster kids, can receive care and treatment for. Thank you to Assembly Committee Health Committee Chair Representative Sanfelippo and committee members for holding a public hearing on this bill and thank you to the authors, Representative Billings and Senator Darling, for sponsoring this legislation.

The Alliance was created in 1994 to work on children's health issues, specifically for underserved populations, in order to improve child health through system change, policy and best practice. We strive to be the voice for children's health in Wisconsin working to ensure that Wisconsin's children are healthy, safe and able to thrive. We are affiliated with Children's Hospital of Wisconsin. The Alliance works to raise awareness, mobilize leaders and people, impact public health, and implement programs proven to work through collaboration, advocacy and support to our partners.

The Alliance works on seven key initiatives based on recommendations from the Wisconsin Department of Health Services and the Alliance's advisory board. Currently, in addition to my work with the oral health initiative, the Alliance focuses on additional areas that include asthma, early literacy, emergency care, grief and bereavement, injury prevention and death review, and lead poisoning.

The oral health initiative at the Alliance includes the Healthy Smiles for Mom and Baby program, Wisconsin Seal-A-Smile and The Wisconsin Oral Health Coalition (Coalition). The Coalition consists of more than 200 organizations and members working to improve the oral health of all Wisconsin residents. All of our oral health programming is squarely focused on helping primarily children increase access to important oral health services. This bill clarifies the definition of ordinary dental services for kids in out-of-home care who might participate in one of our school-based oral health prevention programs that take place in more than 825 schools across the state. The Coalition has adopted policy that specifically supports programs and policies that expand the reach of the Wisconsin Seal-A-Smile program or other school-based programs providing high quality care. This bill will help provide that high quality care to vulnerable populations.

Foster kids are a particularly vulnerable population and many times have greater dental needs than children not involved with the child welfare system. Providers, parents, guardians, child welfare workers and dental providers all may have their own interpretation of what is considered ordinary dental care. Establishing a definition of these services, accomplished through AB 781, provides clarity which will reduce confusion, but most importantly enable more timely access to care for this vulnerable group of kids and get them on the path to better oral health.

Chairman Sanfelippo and committee members, thank you again for the opportunity to testify in support of AB 781. I am happy to try and answer any questions committee members might have now and if you have any questions afterward, please feel free to contact me via email at [rwolfe@chw.org](mailto:rwolfe@chw.org) or via phone at 414-337-4576.