

STAND. COM. REP. NO. 337

Honolulu, Hawaii

Feb 16, 2011

RE: H.B. No. 1053

Honorable Calvin K.Y. Say
Speaker, House of Representatives
Twenty-Sixth State Legislature
Regular Session of 2011
State of Hawaii

Sir:

Your Committee on Health, to which was referred H.B. No. 1053
entitled:

"A BILL FOR AN ACT RELATING TO NATIONAL DENTAL HYGIENE
EXAMINATIONS,"

begs leave to report as follows:

The purpose of this bill is to promote public health and
safety by requiring that dental hygienists pass the National
Dental Hygiene Examination to be licensed as a dental hygienist in
Hawaii.

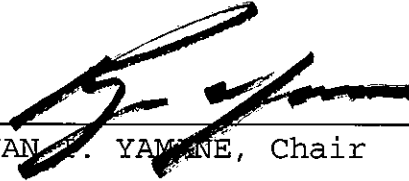
The Board of Dental Examiners and Hawaii Dental Hygienists'
Association testified in support of this bill.

As affirmed by the record of votes of the members of your
Committee on Health that is attached to this report, your
Committee is in accord with the intent and purpose of H.B. No.
1053 and recommends that it pass Second Reading and be referred to
the Committee on Consumer Protection & Commerce.

HB1053 HSCR HLT HMS 2011-2169




Respectfully submitted on
behalf of the members of the
Committee on Health,



RYAN J. YAMANE, Chair



Record of Votes of the Committee on Health

Bill/Resolution No.: HB 1053	Committee Referral: HLT, CPC	Date: 2/11/11		
<input type="checkbox"/> The committee is reconsidering its previous decision on the measure.				
The recommendation is to: <input checked="" type="checkbox"/> Pass, unamended (as is) <input type="checkbox"/> Pass, with amendments (HD) <input type="checkbox"/> Hold <input type="checkbox"/> Pass short form bill with HD to recommit for future public hearing (recommit)				
HLT Members	Ayes	Ayes (WR)	Nays	Excused
1. YAMANE, Ryan I. (C)	✓			
2. MORIKAWA, Dee (VC)	✓			
3. BELATTI, Della Au				✓
4. HANOHANO, Faye P.	✓			
5. JORDAN, Jo	✓			
6. LEE, Chris	✓			
7. MIZUNO, John M.	✓			
8. WOOLEY, Jessica	✓			
9. CHING, Corinne W.L.	✓			
10. PINE, Kymberly Marcos				✓
TOTAL (10)	8			2
The recommendation is: <input checked="" type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted If joint referral, _____ did not support recommendation. committee acronym(s)				
Vice Chair's or designee's signature: _____ 				
Distribution: Original (White) – Committee Duplicate (Yellow) – Chief Clerk's Office Duplicate (Pink) – HMSO				