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# A BILL FOR AN ACT

RELATING TO ORAL HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1 **PART I**

2 SECTION 1. In *The State of Children's Dental Health:*

3 *Making Coverage Matter*, the Pew Center on the States gave our  
4 State an "F" for its performance in the area of children's  
5 dental health. Hawaii met only one of the report's eight policy  
6 benchmarks aimed at improving children's dental health, making  
7 our State the worst overall performer among the fifty states and  
8 the District of Columbia. The legislature finds that our State  
9 should be doing more to improve the dental health of our  
10 children.

11 The 2001 edition of the Hawaii Health Performance Plan  
12 (Plan) supports the Pew Center's assessment of the poor overall  
13 dental health of Hawaii's children. The Plan cites state  
14 department of health research from 1986 that demonstrated that  
15 greater than seventy-two per cent of six- to eight-year-old  
16 children in Hawaii had one or more dental caries. At the time,  
17 the national average for six- to eight-year-old children was  
18 thirty-five per cent. The state department of health research.



1 further showed that nearly sixteen per cent of five-year-old  
2 children in Hawaii had baby bottle tooth decay, as compared to  
3 five per cent of five-year-old children in the continental  
4 United States.

5 The purpose of this part is to improve the dental health of  
6 Hawaii's children by:

- 7 (1) Increasing public awareness of oral health through  
8 education programs provided by the department of  
9 health and cooperating public and private agencies;  
10 and  
11 (2) Appropriating moneys to establish and implement an  
12 electronic system to track data on children's dental  
13 health.

14 SECTION 2. (a) The department of health shall cooperate  
15 with public and private organizations to educate the public  
16 about:

- 17 (1) Baby bottle tooth decay, including the dangers and  
18 risks posed by baby bottle tooth decay, as well as  
19 methods of prevention;  
20 (2) Topical fluoride varnish for children greater than six  
21 months of age but not exceeding four years of age;



1 (3) Sealants for children between and years  
2 of age; and

3 (4) Regular annual dental visits for children not  
4 exceeding eighteen years of age.

5 (b) For the purposes of this part:

6 "Baby bottle tooth decay" means any tooth decay in children  
7 not exceeding four years of age.

8 "Fluoride varnish" means an adherent material composed of a  
9 high concentration of fluoride and a fast drying, alcohol and  
10 resin-based solution.

11 "Sealants" refers to the application of material on the  
12 surfaces of the teeth to prevent bacteria from lodging in the  
13 pits and grooves of the teeth.

14 SECTION 3. There is appropriated out of the general  
15 revenues of the State of Hawaii the sum of \$ or so  
16 much thereof as may be necessary for fiscal year 2012-2013 for  
17 establishing and implementing an electronic system to track data  
18 on children's dental health.

19 The sum appropriated shall be expended by the department of  
20 health for the purposes of this Act.

21 PART II



1 SECTION 4. The purpose of this part is to improve the oral  
2 health of individuals who receive medical assistance through  
3 QUEST or the QUEST expanded access program by increasing  
4 payments to dentists who provide dental services to those  
5 individuals.

6 SECTION 5. Section 346-59, Hawaii Revised Statutes, is  
7 amended to read as follows:

8 **"§346-59 Medical care payments.** (a) The department shall  
9 adopt rules under chapter 91 concerning payment to providers of  
10 medical care. The department shall determine the rates of  
11 payment due to all providers of medical care, and pay such  
12 amounts in accordance with the requirements of the  
13 appropriations act and the Social Security Act, as amended.  
14 Payments to critical access hospitals for services rendered to  
15 medicaid beneficiaries shall be calculated on a cost basis using  
16 medicare reasonable cost principles.

17 (b) Rates of payment to providers of medical care who are  
18 individual practitioners, including doctors of medicine,  
19 dentists, podiatrists, psychologists, osteopaths, optometrists,  
20 and other individuals providing services, shall be based upon  
21 the Hawaii medicaid fee schedule. The amounts paid shall not  
22 exceed the maximum permitted to be paid individual practitioners



1 or other individuals under federal law and regulation, the  
2 medicare fee schedule for the current year, the state limits as  
3 provided in the appropriation act, or the provider's billed  
4 amount.

5 The appropriation act shall indicate the percentage of the  
6 medicare fee schedule for the year 2000 to be used as the basis  
7 for establishing the Hawaii medicaid fee schedule. For any  
8 subsequent adjustments to the fee schedule, the legislature  
9 shall specify the extent of the adjustment in the appropriation  
10 act.

11 (c) In establishing the payment rates for other  
12 noninstitutional items and services, the rates shall not exceed  
13 the current medicare payment, the state limits as provided in  
14 the appropriation act, the rate determined by the department, or  
15 the provider's billed amount.

16 (d) Payments to health maintenance organizations and  
17 prepaid health plans with which the department executes risk  
18 contracts for the provision of medical care to eligible public  
19 assistance recipients may be made on a prepaid basis. The rate  
20 of payment per participating recipient shall be fixed by  
21 contract, as determined by the department and the health  
22 maintenance organization or the prepaid health plan, but shall



1 not exceed the maximum permitted by federal rules and shall be  
2 less than the federal maximum when funds appropriated by the  
3 legislature for such contracts require a lesser rate. For  
4 purposes of this subsection, "health maintenance organizations"  
5 are entities approved as such, and "prepaid health plans" are  
6 entities designated as such by the Department of Health and  
7 Human Services; and "risk" means the possibility that the health  
8 maintenance organization or the prepaid health plan may incur a  
9 loss because the cost of providing services may exceed the  
10 payments made by the department for services covered under the  
11 contract.

12 (e) The department shall prepare each biennial budget  
13 request for a medical care appropriation based upon the most  
14 current Hawaii medicaid fee schedule available at the time the  
15 request is prepared.

16 The director shall submit a report to the legislature on or  
17 before January 1 of each year indicating an estimate of the  
18 amount of money required to be appropriated to pay providers at  
19 the maximum rates permitted by federal and state rules in the  
20 upcoming fiscal year.





- 1 SECTION 8. New statutory material is underscored.
- 2 SECTION 9. This Act shall take effect on July 1, 2012.





**Report Title:**

Oral Health; Dentists; Public Schools; Medicaid; Appropriations

**Description:**

Requires the department of health to educate the public about issues that affect children's oral health. Authorizes the department of human services to determine the fees payable to dentists who provide dental services to QUEST and the QUEST expanded access program participants. Appropriates funds to increase payments for dental services to QUEST and the QUEST expanded access program participants. Establishes an electronic system to track data relating to children's dental health.

(SD1)

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