

# SB 2605

Measure Title: RELATING TO ORAL HEALTH.

Report Title: Oral Health; Dentists; Public Schools; Medicaid; Appropriations

Description: Requires DOH to educate the public about issues that affect children's oral health. Requires DOE schools to operate school gardens or farms to grow fruits and vegetables to be offered to school children through school meal programs, subject to conditions. Requires fees paid by the State to dentists for dental services to individuals on QUEST or QUEST expanded access to be no less than a specified percentage of the fees prescribed in the United States DHHS fee schedule. Appropriates funds to increase payments for dental services to QUEST and QUEST expanded access program participants and to establish an electronic system to track data relating to children's dental health.

Companion:

Package: Keiki

Current Referral: HMS/HTH/EDU, WAM

Introducer(s): CHUN OAKLAND, Fukunaga, Galuteria, Shimabukuro

NEIL ABERCROMBIE  
GOVERNOR



PATRICIA McMANAMAN  
DIRECTOR

BARBARA YAMASHITA  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809

February 15, 2012

TO: The Honorable Suzanne Chun Oakland, Chair  
Senate Committee on Human Services

The Honorable Josh Green, M.D., Chair  
Senate Committee on Health

The Honorable Jill N. Tokuda, Chair  
Senate Committee on Education

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 2605 - RELATING TO ORAL HEALTH**  
Hearing: Wednesday, February 15, 2012; 2:25 p.m.  
Conference Room 225, State Capitol

**PURPOSE:** The purpose of this bill are to: Part I - 1) require the Department of Health (DOH) to educate the public about issues that affect children's oral health; 2) establish an electronic system to track data relating to children's dental health; Part II - 3) require Department of Education (DOE) schools to operate school gardens or farms to grow fruits and vegetables to be offered to school children through school meal programs, subject to conditions; Part III - 4) require fees paid by the State to dentists for dental services to individuals on QUEST or QUEST Expanded Access to be no less than a specified percentage of the fees prescribed in the United States DHHS fee schedule; and 5) appropriate funds to increase payments for dental services to QUEST and QUEST Expanded Access program participants.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports the overall concept of this bill as it includes initiatives supportive of our goals and objectives but we are concerned about the cost implications of this proposal.

The DHS defers to the DOH on Part I of this bill. The DHS, however, does support public water fluoridation, which is an evidence-based preventive public health intervention that would reduce unnecessary suffering by children, improve oral health, and pay for itself by decreasing the need for dental services. Like vaccines, public water fluoridation is one of the few interventions that are cost-beneficial.

The DHS defers to the DOE on Part II of this bill.

The DHS has the following comments on Part III of this bill. The Department already does provides full dental coverage for children up to 21 years of age and has a contract with an organization that is responsible to assist with access to dental services for adults.

The fee scale that is referenced in the bill would be an inappropriate source for calculation of the dental fees. It is used for medical costs and visits and does not include any dental rates. Medicare has very limited dental coverage that applies to dental services for medical conditions.

Dental rates were revised in 2007 and a couple of years ago dental rates for Neighbor Island dentists were also increased due to a legislative appropriation. Implementation of this Neighbor Island differential, which is still in effect, has not seemed to have the intended effect of increasing access to dental services on the Neighbor Islands.

Thank you for the opportunity to provide testimony on this bill.

**Date:** 02/15/2012

**Committee:** Senate Human Services. Senate  
Health  
Senate Education

**Department:** Education

**Person Testifying:** Kathryn S. Matayoshi, Superintendent of Education

**Title of Bill:** SB 2605 RELATING TO ORAL HEALTH

**Purpose of Bill:** Requires DOH to educate the public about issues that affect children's oral health. Requires DOE schools to operate school gardens or farms to grow fruits and vegetables to be offered to school children through school meal programs, subject to conditions. Requires fees paid by the State to dentists for dental services to individuals on QUEST or QUEST expanded access to be no less than a specified percentage of the fees prescribed in the United States DHHS fee schedule. Appropriates funds to increase payments for dental services to QUEST and QUEST expanded access program participants and to establish an electronic system to track data relating to children's dental health.

**Department's Position:**

The Department of Education (DOE) does not support Part II, Section 5, Chapter 302A- School gardens or farms as written. Assuming that growing produce from school gardens meet food safety requirements, it would unreasonably burden the schools. Only a very small portion of produce required by school cafeterias could be grown in school gardens.

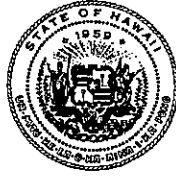
The Department of Education (DOE) agrees school gardens are important for a variety of reasons. We also agree preventive measures to ensure children's dental health are important.

The DOE cycle menu already provides the nutrient rich foods required by USDA, including daily offerings of fruits and vegetables. Additional produce from another source would have minimal impact on the vulnerability to tooth decay.

We believe there are several, more important contributors to tooth decay, including consumption of sugary beverages and snacks, lack of regular oral screening, and access to dental care. This measure would be better served if emphasis were placed on these direct contributors.

Thank you for this opportunity to testify.

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**Senate Committees on Human Services, Health & Education**

**S.B. 2605, Relating to Oral Health**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.**

**Director of Health**

**February 15, 2012**

1 **Department's Position:** The Department of Health supports the over-all intent of this bill as it  
2 includes initiatives supportive of our goals and objectives but we are concerned about the cost  
3 implications generated by this proposal due to the lack of resources and capacity.

4 **Fiscal Implications:** This bill does not provide an appropriation to the Department of Health for the  
5 education to the public about children's oral health.

6 **Purpose and Justification:** The Department is aware of Hawaii's poor oral health rates for children  
7 which can, in part, be attributed to the lack of fluoridated drinking water and the lack of a school sealant  
8 program. Dental sealants are coating applied to the grooves on chewing surfaces of the back teeth where  
9 most tooth decay occurs in children. School-based sealant programs provide sealants to children in  
10 school and are especially important for reaching children who are less likely to receive dental care. Due  
11 to budget restrictions, the Dental Health Division (DHD) was eliminated. Oral health data was collected  
12 through screening examinations conducted by DHD dental hygienists in public elementary schools in  
13 accordance with oral epidemiology standards. Without the Dental Health Division, the Department does  
14 not have the capacity to support educational and public awareness activities regarding oral health.

1 Without the Dental Hygiene Branch, the data to track children's oral health will have to be acquired  
2 from other sources.

3 The Department respectfully defers to the Department of Education regarding the mandating of  
4 school gardens and the Department of Human Services regarding the payment for medical care for  
5 QUEST and QUEST-Expanded patients.

6 We appreciate the opportunity to testify.

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**HPCA**

HAWAII PRIMARY CARE ASSOCIATION

**Senate Committee on Human Services**  
The Hon. Suzanne Chun Oakland, Chair  
The Hon. Les Ihara, Jr., Vice Chair

**Senate Committee on Health**  
The Hon. Josh Green, Chair  
The Hon. Clarence K. Nishihara, Vice Chair

**Testimony in Support of Senate Bill 2605**  
**Relating to Oral Health**  
**Submitted by Robert Hirokawa, Chief Executive Officer**  
**February 15, 2012 2:25 p.m. Room 225**

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, **supports the intent** of Senate Bill 2605. It is estimated that over a third of Hawaii's population is considered dentally underserved, a number that encompasses a considerable number of children. Recent reports have suggested that many children in the Med-QUEST program do not receive even a single annual dental visit.

For these reasons we support the intent of this bill and urge you to pass this measure forward for further consideration. Thank you for the opportunity to testify.





Hearing date:  
**Wednesday,**  
**February 15,**  
**2012; 2:25 pm**  
**Senate Human**  
**Services/Health/**  
**Education**  
**Committees**

To: Senator Suzanne Chun Oakland, Chair  
Senator Josh Green, Chair  
Senator Jill Tokuda, Chair

From: Elisabeth Chun, Executive Director  
Good Beginnings Alliance

Date: Wednesday, February 15, 2012, 2:25 pm  
Conference Room 225

Subject: **SB 2605: Oral Health; Dentists; Public Schools; Medicaid; Appropriations**

The Good Beginnings Alliance is a policy and advocacy organization focused on Hawaii's youngest children and their families. We strive to ensure a nurturing, safe and healthy development for all children from pre-birth to age eight. The following information is provided to help you in your decision-making process:

- Hawaii was rated as the worst overall performer among the 50 states and the District of Columbia by the Pew Center on the States in its 2011 "The State of Children's Dental Health: Making Coverage Matter."
- More than half of Hawaii's children on Medicaid received no dental service in 2009.
- Hawaii is 1 of only 8 states and the District of Columbia that does not submit basic screening data to the National Oral Health Surveillance System.
  - The ability to collect data is a key element of an effective state dental health program.
- Untreated tooth decay can cause serious illness and death.
  - In 2007, a 12-year old boy named Deamonte Driver from Maryland died from a brain infection caused by bacteria from tooth decay.
- Tooth decay is the single most common chronic childhood disease -- five times more common than asthma and seven times more common than hay fever.
- Research shows children who lack basic dental care miss more days of school and see their overall health suffer..

We must recognize that our children's oral health is extremely important to ensure all of our keiki are safe, healthy, and ready to succeed. Mahalo for your consideration and your support. For more information contact: Good Beginnings Alliance; phone: 531-5502; [lchun@goodbeginnings.org](mailto:lchun@goodbeginnings.org)

# The State of Children's Dental Health: Making Coverage Matter

## Hawaii

# F

2011 GRADE

**Hawaii** meets only one of the eight policy benchmarks aimed at improving children's dental health, making it the worst overall performer among the 50 states and the District of Columbia. Hawaii does not fully use proven preventive strategies: It lacks a school sealant program and has the lowest rate of fluoridation of any state. Residents living on military bases are the only ones who receive fluoridated water.<sup>1</sup>

The Aloha State's silver lining is Medicaid utilization—over 45 percent of enrolled children received dental services in 2009.

### HOW WELL IS HAWAII RESPONDING?

2011: **F**

2010: **F**

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	MEETS OR EXCEEDS
2010	Share of high-risk schools with sealant programs	0%	25%	
2010	Hygienists can place sealants without dentist's prior exam	NO	YES	✓
2008	Share of residents on fluoridated community water supplies	10.8%	75%	
2009	Share of Medicaid-enrolled children getting dental care	45.8%	38.1%	✓
2010	Share of dentists' median retail fees reimbursed by Medicaid	37.7%	60.5%	
2010	Pays medical providers for early preventive dental health care	NO	YES	
2010	Authorizes new primary care dental providers	NO	YES	
2010	Tracks data on children's dental health	NO	YES	
<b>Total score</b>				<b>1 of 8</b>

MET OR EXCEEDED
✓
✓
<b>2 of 8</b>

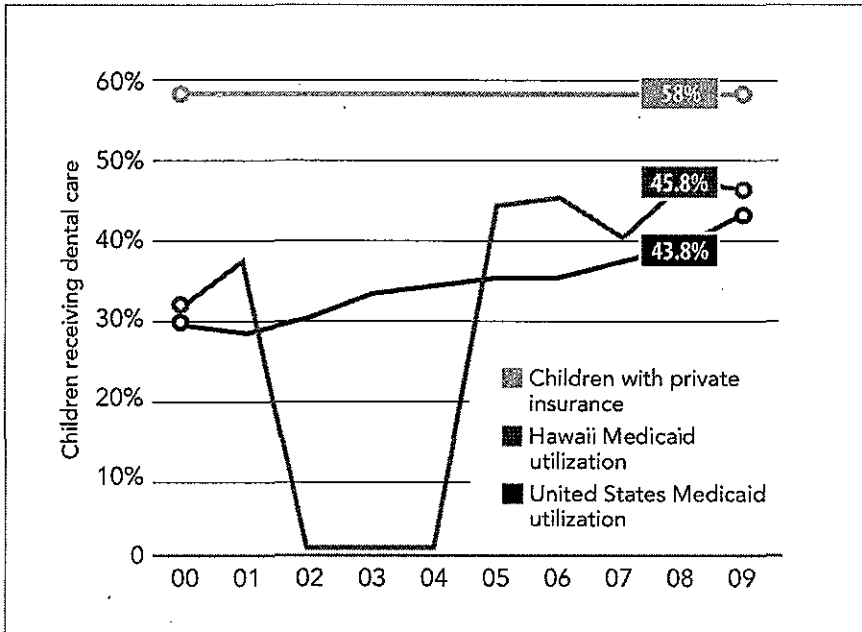
Grading: A = 6-8 points    B = 5 points    C = 4 points    D = 3 points    F = 0-2 points



The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

**HOW BAD IS THE PROBLEM?**

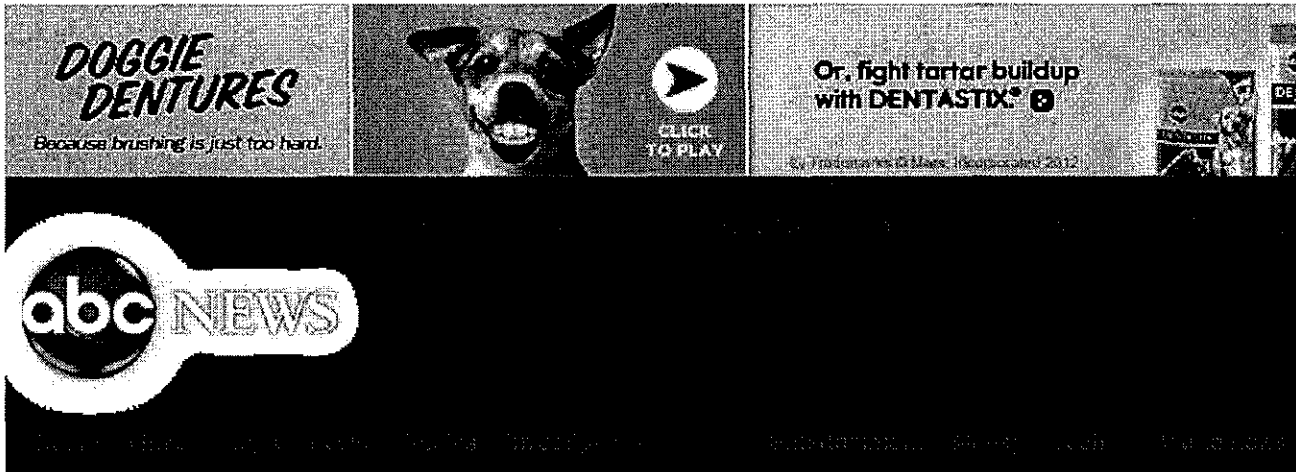
Too many children lack access to dental care, with severe outcomes. One measure of the problem: more than half of the children on Medicaid received no dental service in 2009.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416. Hawaii submitted data in 2002, 2003 and 2004 that appear to be abnormally low, indicating possible problems with the submission. Please, use caution when interpreting the data in question for these years.

SOURCES FOR BENCHMARKS: (1, 2, 7) Pew Center on the States survey of states; (3) Centers for Disease Control and Prevention; (4) Centers for Medicare and Medicaid Services, CMS-416; (5, 6) Medicaid/SCHIP Dental Association and American Academy of Pediatrics; (8) National Oral Health Surveillance System.

I. D. Easa, et al., "Addressing Oral Health Disparities in Settings Without a Research-Intensive Dental School: Collaborative Strategies," *Ethnicity and Disease* 15, (2005): 187-190. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1371063/>, (accessed February 24, 2011).



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## Toothache Leads to Boy's Death



By LAURA OWINGS  
March 5, 2007

Recommend

A simple toothache can be fatal.

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That is the sobering message a 12-year-old Maryland boy left when, after his dental problems went untreated, he succumbed to a severe brain infection.

Deamonte Driver's life could have been spared if his infected tooth was simply removed -- a procedure costing just \$80.

However, the Driver family faced obstacles with Medicaid, poverty, and access to resources, resulting in an easily preventable health problem turning deadly.

In the end, Driver endured two surgeries and weeks of hospital care totaling about \$250,000 in medical bills.

Sadly, it was too late to save the boy, and he passed away on Feb. 25.

But Deamonte Driver has become much more than just a tragic death. His story underscores the growing need in this wealthy nation to provide adequate dental care to our nation's children.

### **Children without Dental Care**

"Unfortunately, this is more common than we'd like it to be," says Sally Cram, a practicing periodontist in the Washington, DC area. "A lot of children don't get dental care."

In fact, data from the Centers for Disease Control cites tooth decay as one of the most common chronic infectious diseases among U.S. children.

By the age of 11, approximately half of children have decay, and by the age of 19, tooth decay in the permanent teeth affects about 68 percent of adolescents.

For children in low-income families, like the Drivers, there is nearly twice the risk for untreated tooth decay.

"Among children, dental services are the most needed service that they do not receive," says Judith Lave, chair of the Department of Health Policy and Management at the University of Pittsburg, PA.

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fat.  
[TruthAboutStomachFat.com](http://TruthAboutStomachFat.com)

"I think it is probably the least covered of our health benefits across the nation," she adds.

### **Hurdles in Getting Dental Care**

While this lack of care is a known problem, there are a number of issues that stand in the way.

"The dentist doesn't break even," says Cram.

In fact, experts say the low rates Medicaid offers to cover dental services are less than what it costs the doctor to do the actual treatment.

Additionally, state Medicaid programs provide less than satisfactory resources for patients seeking dental care.

It often happens that "you have the benefits, and can't find a dentist to give you care," says Lave.

In Cram's experience, when she and the D.C. Dental Society sought out the names of dentists providing to Medicaid patients, "they couldn't provide the resources to us.

"How can they provide it to patients?" she asks.

The problem with care extends further than bureaucracy, however.

"I think that, for the general public, dental care is lower down on their list of important issues," says Lave.

### **Case for Prevention**

People seem to think "teeth are not a big deal," says Cram.

But it's not just about your mouth. "Infections in your teeth and mouth can lead to more problems," she points out.

When a cavity goes untreated for months or years, the decay eats into the center of the tooth, and eventually enters the nerves and blood vessels.

From there, bacteria get into the blood stream and can travel virtually anywhere.

By taking advantage of basic preventative services -- like cleanings and filling cavities -- people can drastically reduce their chances for severe dental disease.

And with the benefit of Medicaid funding, a tremendous amount of budget funds could be saved in the long run.

Across the board, education on the benefits of prevention is the most important that can be done.

"It's sad that a child has to die for people to wake up," says Cram. "We need to stop putting our heads in the sand and start working together -- it takes education to help."

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blablablahhh mdaahj: spoken like someone who has never had children and then LOST a job and couldn't afford what you could when the children were born. Spoken like someone who has not had a child with such severe health issues that you had to quite to care for them. Spoken like someone who doesn't have to take two days off of work every week for a child who has seizure. And when you get sick, spoken like someone who will be first in line for free healthcare.

WMCobbLab This might be a long shot, but are any of you aware of a link between poor dental health and meningitis, the disease that was officially listed as one of Deamonte Driver's causes of death? I'm curious about this topic, and was hoping that somebody might know something more about this. I appreciate any and all of the help, and it was really great reading all of the comments and responses to this article. It's good to see that some people are still able to notice a problem when they see one, and even more so that they are actively seeking to amend it.

mdaahj While I definately agree that while our country seems to always have money to help other countries, and doesn't give the USA the \$\$\$ needed to provide services to our own people, I do believe that people need to be a little more responsible in the choices. If you can't afford to have children, and that means being able to feed and clothe them, give them a proper place to live, medical and dental needs, then you should not have children. You should not have children and then expect medicare to cover your needs. That is just irresponsible parenting. I have teenagers, and I have been 100% responsible for their medical and dental bills. And yes, putting 2 kids in braces, a son who had jaw surgery, I know what it is like to pay those bills. Yes, we have insurance, but it also comes with a \$2800 deductible.....which means it covers NOTHING until we pay that first \$2800, that is 2 months salary in this household. So even though we have insurance, it really isn't any easier for us. I guess I am sick of people saying I am on Medicaid, I can't afford it. Then quit having children and expecting society to care for them. Get off your butt and get a job. Be responsible. It is a tragedy what happened to this child, and it is sad that the child did not get the help he needed. But, where does the responsibility of the parent come in. There are so many angles to this story, as to "who" is responsible, why wasn't care given. God Bless This Chid.

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Hearing date:  
Wednesday,  
February 15,  
2012; 2:25 pm  
Senate Human  
Services/Health/  
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**To:** Senator Suzanne Chun Oakland, Chair  
Senator Josh Green, Chair  
Senator Jill Tokuda, Chair

**From:** Louise Iwaishi, MD

**Date:** Wednesday, February 15, 2012, 2:25 pm  
Conference Room 225

**Subject:** SB 2605: Oral Health; Dentists; Public Schools; Medicaid; Appropriations

I am Dr. Louise Iwaishi, and I am the Director of the Community Pediatrics Institute, Principal Investigator of the Maternal Child Health Bureau Leadership Education in Neurodevelopmental Disabilities (MCH LEND) interdisciplinary graduate training program, Chief of Pediatrics at the Shriners Hospital for Children – Hawai`i unit and Medical Director of the Hawai`i Department of Health, Family Health Services Division. I am also the American Academy of Pediatrics Hawaii Chapter's Children's Oral Health Advocate.

I strongly support the intent of this bill to improve the state of children's oral health in Hawaii. At Kapiolani Medical Center for Women and Children, I see first hand the results of untreated tooth decay in Emergency Room treatments and in hospitalization. Our children suffer with pain and our community bears the cost of care.

In September 2010, I attended a Pew Trust Summit on Children's Oral Health. Hawaii was one of 7 states with an "F" report card on having evidence based policies which address our children's oral health. The Pew Trust commitment provided a grant to the 7 states. We convened a state Children's Oral Health Summit in August of 2011 which brought stakeholders together to learn from two national speakers and to share results of their own work.

Subsequent meetings have been conducted with state leadership in the Department of Health, MedQUEST Administration, Hawaii Primary Care Association and the Hawaii Islands Oral Health Task Force. I was shocked by the abolishment of the Dental Division in the Department of Health January 2012. It lost its ability to collect data when the Dental Hygiene Section was abolished in 2009. The inability to collect crucial children's oral health data has resulted in an ineffective state children dental health program. Without this data we are not able to report back to federal agencies, to inform policy makers on resource allocation and to compete for grant funding. Our state must at least fund data collection as a step in improving the oral health for our keiki.

I sincerely appreciate your time and consideration on behalf our Hawaii's children.

---

**From:** Darrell [teruyadt@att.net]  
**Sent:** Monday, February 13, 2012 4:54 PM  
**To:** HMS Testimony  
**Cc:** tyeruyadt@att.net  
**Subject:** \*\*\*\*\*SPAM\*\*\*\*\* Testimony in Support of SB 2605

The Senate Committee on Human Services

Wednesday, February 15, 2012; 2:25 PM, Conference Room 225

Testimony in support of SB 2605 RELATING TO ORAL HEALTH.

Requires DOH to educate the public about issues that affect children's oral health. Requires DOE schools to operate school gardens or farms to grow fruits and vegetables to be offered to school children through school meal programs, subject to conditions. Requires fees paid by the State to dentists for dental services to individuals on QUEST or QUEST expanded access to be no less than a specified percentage of the fees prescribed in the United States DHHS fee schedule. Appropriates funds to increase payments for dental services to QUEST and QUEST expanded access program participants and to establish an electronic system to track data relating to children's dental health.

Senator Suzanne Chun, Chair; Senator Les Ihara, Jr., Vice Chair; honored members of the Senate Committee on Human Services.

Thank you for the opportunity to testify in support of Senate Bill 2605 which would assist the keiki of Hawai'i . I'm a general dentist with over 25 years of practice in the State of Hawai'i. I personally provide services to Medicaid patients under the Quest Program and am an active participant in the Donated Dental Services Program. As a previous officer of the Hawai'i Dental Association, I've provided testimony during the Quest implementation hearings.

As part of the efforts of the Hawai'i Dental Association, members of the American Association of Pediatric Dentists, Federally Qualified Health Centers and in-state Dental Residency Programs there has been an effort to provide the children of Hawai'i with much needed services. As a matter of information dissemination, it would be helpful to bring any metrics which result from the implementation of a bill such as this to the members of the Hawaiian Islands Oral Health Task Force. This is a consortium of private and governmental sectors interested in overseeing the provision of oral health care to the peoples of Hawai'i.

It is commendable to institute in-school programs which would address the benefits of oral health and healthy eating habits. There has been an increase in statewide childhood obesity which can affect health in ways such as diabetes and cardiovascular problems. As a suggestion, I would suggest that you may want to consider the reimplementing of the exemplary DOH School Hygienist Visitation Program. This program was unfortunately terminated a few years back due to lack of funding.

Again, mahalo for this opportunity to testify in support of SB 2605.

Darrell Teruya, DDS

Past President (2008) Hawai'i Dental Association