



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/06/2013

Committee: House Education

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 1131 RELATING TO SCHOOL ENTRANCE.

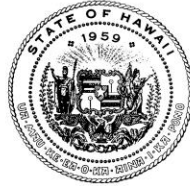
Purpose of Bill: Requires that a student have a dental examination and provide proof of such prior to entrance in any school in the State.

Department's Position:

The Department of Education (Department) opposes H.B. 1131. Dental examinations should not be added as a school entry requirement at this time. Currently, there are geographic regions across the state where children and families do not have access to a provider who can conduct a dental examination as a school entry requirement.

While the intent of this legislation would help to ensure a healthy school population, the lack of dental providers would delay school entry for some children. The Department is very concerned that this type of delay would have a negative impact on student achievement and learning outcomes for all students.

Thank you for the opportunity to provide testimony on this



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

In reply, please refer to:
File:

House Committee on Education

H.B. 1131, RELATING TO SCHOOL ENTRANCE

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

February 6, 2013

1 **Department's Position:** The Department of Health appreciates the intent of H.B.1131 to improve the
2 oral health of children by requiring that students have a dental examination prior to entrance to any
3 school in the state. However, the Department has concerns regarding implementation, including the
4 potential impact on the dental service delivery system and potential barriers to school entrance.

5 **Fiscal Implications:** The Department would require resources to implement this measure. The
6 Department's public health dental program was eliminated as a result of the 2009 budget reductions and
7 there is currently no infrastructure to support full implementation.

8 **Purpose and Justification:** Tooth decay is the most common disease of childhood and can lead to
9 physical and psychological disabilities as well as significant diseases in adulthood. Tooth decay may
10 result in pain and other problems that affect learning in school-age children including lost school time
11 and ability to concentrate. Early and regular dental care is critical to the health and success of our
12 children. Yet, many of our most vulnerable children are not receiving basic dental care.

13 The Department believes the measure will help assure more children receive dental care and
14 arrive at school ready to learn but is concerned whether all children will be able to readily access dental
15 services to meet the entrance requirement. Many factors can affect access including lack of insurance,

1 high co-payments, limited availability of dental providers, transportation, cultural and language
2 competency, lack of clear information for beneficiaries about dental benefits, and lack of understanding
3 regarding the importance of oral health. Children with special health needs may also experience
4 difficulty finding dentists trained and willing to serve this population.

5 The Department is also uncertain what impact the dental examination requirement may have on
6 the existing service delivery system and whether providers can adequately accommodate the additional
7 demand especially in rural, neighbor island communities.

8 To ensure the measure does not create an uninintended impediment to school entrance, the
9 Department is willing to work with the Department of Education, oral health providers and other
10 stakeholders to assess the potential impact of measure.

11 Thank you for the opportunity to testify.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 6, 2013

The Honorable Roy Takumi, Chair
House Committee on Education
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Takumi and Members of the Committee:

SUBJECT: HB 1131-RELATING TO EDUCATION

The State Council on Developmental Disabilities **SUPPORTS THE INTENT OF HB 1131**. The bill requires that a student have a dental examination and provide proof of such, prior to entrance in any school in the State.

With respect to the intent of the HB 1131, the Council has the following comments about the implications and implementation of the bill:

- 1) By requiring dental examinations prior to the entrance of school, parents/guardians would make it a priority to have their child complete an exam. This would be a proactive step in preventing tooth decay, providing early diagnosis and treatment of dental caries, and improving the oral health of children.
- 2) There are individuals with special needs who cannot and will not be able to sit in a dental chair and tolerate any dental procedures to be performed on them. They may require desensitization to going to a dental office and may require sedation to perform any type of dental procedure. For these situations, it may take more than the 30 days to complete a dental examination. As a result, these individuals would not be admitted to school. For students with special needs or a disability, the consequence of not attending school may result in loss of acquired skills.

To address Item 2, the Council respectfully asks for your consideration to amend the bill by:

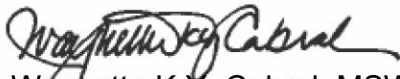
- 1) Extending the number of days of the date of notice for the dental examination to be completed, and

The Honorable Roy Takumi, Chair
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- 2) Adding a provision that allows the individual's primary care physician to determine if a dental examination is necessary at the time of entrance to school. The physician could make a determination on an annual basis during the individual's annual examination.

Thank you for the opportunity to submit testimony **supporting the intent of HB 1131**, and your consideration of the proposed amendments

Sincerely,


Waynette K.Y. Cabral, MSW
Executive Administrator


J. Curtis Tyler III
Chair

Hawaii State Legislature
State House of Representatives
Committees on Health, Ocean, Marine Resources, &
Hawaiian Affairs, and Higher Education

State Representative Roy M. Takumi, Chair
State Representative Takashi Ohno, Vice Chair
Committee on Education

State Representative Faye P. Hanohano, Chair
State Representative Ty J. K. Cullen, Vice Chair
Committee on Ocean, Marine Resources & Hawaiian Affairs

State Representative Isaac W. Choy, Chair
State Representative Linda Ichiyama, Vice Chair
Committee on Higher Education

Wednesday, February 6, 2013, 2:10 p.m. Room 309
House Bill 1131 Relating to School Entrance

Honorable Chairs Roy M. Takumi, Faye P. Hanohano and Isaac W. Choy and
members of the House Committee on Education, Ocean, Marine Resources, &
Hawaiian Affairs, and Higher Education,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association (HDA) and its 960 member dentists. I appreciate the opportunity to testify in general support of House Bill 1131 Relating to School Entrance. The bill before you today would have the Department of Education require students entering Hawaii's public schools for the first time to have a dental examination and a report from a private dentist to be submitted to the school. The HDA supports the intent of this bill and would like to point out that this examination requirement was previously in place for students attending Hawaii's schools, but was discontinued years ago.

The HDA believes that children should be examined in early childhood, much like they are by their family doctor or pediatrician to assure that they are not facing serious dental problems or diseases.

Testimony regarding HB # 1131 by Dr. Michael P. Rethman
(author's bio follows testimony)

As per HB #1131, the State of Hawaii should mandate a pre-enrollment oral exams by dentists for all new school children. Dental cavities are all-too-common in our State, especially among children. If not detected and/or untreated, dental cavities often cause severe pain and may cause serious illnesses that can be life threatening. I'm sure most members of the House recall the 2007 tragedy when 12-year-old Deomante Driver died from complications stemming from untreated dental cavities. A single dental cavity can also make it difficult for a child to eat properly and may make the child self-conscious regarding his or her appearance. All these problems can and all-too-often do interfere with school work.

Oral health is a key component of overall health, thus making organized efforts to detect oral diseases early in a child's life an important service for our children and for all of us -- because we all benefit when Hawaii's children are healthy and do well in school.

The American Dental Association recommended in 2005 that the various States mandate such programs. The American Academy of Pediatric Dentistry (AAPD) also recommends the same (the AAPD policy is attached to this message for your information).

I strongly recommend that the House pass HB #1131 and encourage the Senate to pass similar legislation. We may not have the will to fluoridate our tap water in Hawaii, but we must have the will to use other means to better manage widespread and serious childhood dental disease in Hawaii.

Thanks for your attention and for your service to our State.

Dr. Michael P. Rethman resides in Kane'ohe. He has no conflict of interest whatsoever affecting his testimony -- he is not in clinical practice in Hawaii and instead consults for mainland and international dental industrial clients. Rethman is a board-certified periodontist and long-time dental scientist, a former federal research institute Director and remains a frequent biomedical author and international speaker on oral health topics. He is a Clinical Associate Professor of Dentistry at the University of Maryland and a Clinical Assistant Professor of Dentistry at The Ohio State University. He is a past-president of the American Academy of Periodontology and chaired the American Dental Association (ADA) Council on Scientific Affairs for an unprecedented three years 2007-2010. He is also a former Director of the U.S. Army Institute of Dental Research. Rethman has chaired a number of national expert-based panels that have produced recommendations for both dentists and physicians that can be easily identified by searching his name on the National Library of Medicine's online publication database ([PubMed](#)).

47-140 Heno Place, Kaneohe, HI 96744; 808-239-7973, rethman@hotmail.com

Policy on Mandatory School-entrance Oral Health Examinations

Originating Council

Council on Clinical Affairs

Review Council

Council on Clinical Affairs

Adopted

2003

Revised

2008, 2012

Purpose

The American Academy of Pediatric Dentistry (AAPD) encourages policy makers, public health and education officials, and the dental community to recognize that poor oral health can affect a child's ability to learn. An oral health examination prior to matriculation into school may improve school readiness by providing a timely opportunity for diagnosis and treatment of oral conditions.

Methods

This document is an update of the policy adopted in 2003 and revised in 2008. This revision included a new systematic literature search of the MEDLINE/PubMed[®] electronic database utilizing the following parameters: Terms: "oral health examination", "dental screening", "dental examination", "dental assessment", "dental certificates" AND "school-entrance"; Fields: all; Limits: within the last 10 years, humans, English, clinical trials, birth through age 18. One hundred forty-six articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles. When data did not appear sufficient or were inconclusive, recommendations were based upon expert and/or consensus opinion by experienced researchers and clinicians. The US Surgeon General's report "Oral Health in America"¹ as well as policies and guidelines established by stakeholders in the health and education of our nation's children were reviewed. Data is not available to determine the effectiveness of various approaches by states that currently encourage school-entry dental examinations.

Background

Professional care is necessary to maintain oral health.¹ The AAPD "emphasizes the importance of initiating professional oral health intervention in infancy and continuing through adolescence and beyond. The periodicity of professional oral health intervention and services is based on a patient's individual needs and risk indicators."² The American Academy of

Pediatrics recommends that, beginning at age 3, a child's comprehensive health assessment should include attention to problems that might influence school achievement.³ General health examinations prior to school entrance are mandated by many states. Integration of general health and oral health care programs is lacking.¹ Only 11 states and the District of Columbia require a dental screening examination prior to school matriculation.⁴ In the US, many children have not received a professional oral health assessment prior to entering kindergarten.¹ While laws may not guarantee that every child will be examined by a dentist, they do increase the likelihood of this happening.

Caries is the most common chronic disease of childhood in the US.¹ Early childhood caries (ECC) is a severe problem for young children, affecting 28% of children 2 to 5 years of age, or over four million children nationwide.⁶ By the time they begin kindergarten, 40% of children have caries.⁵ Low-income children are disproportionately affected, with 33% of low-income children experiencing 75% of ECC.⁷ Dental care is the greatest unmet need for children.⁸ Safe and effective measures exist to prevent caries and periodontal diseases, but not everyone is aware of the measures necessary to do so.¹ More than one third of the population of the United States does not benefit from community water fluoridation.¹ Because the use of fluoride contributes to the prevention, inhibition, and reversal of caries,⁹ early determination of a child's systemic and topical fluoride exposure is important. A dental home provides the necessary diagnostic, preventive, and therapeutic practices, as well as ongoing risk assessment and education, to improve and maintain the oral health of infants, children, and adolescents.¹⁰ To maximize effectiveness, the dental home should be established within 6 months of eruption of a child's first tooth and no later than his/her first birthday.¹¹

The public's lack of awareness of the importance of oral health is a major barrier to dental care.¹ Oral health is integral to general health.¹ Oral conditions can interfere with eating and adequate nutritional intake, speaking, self-esteem, and daily

activities.¹² Children with ECC may be severely underweight because of associated pain and the disinclination to eat. Nutritional deficiencies during childhood can impact cognitive development.^{12,13} Rampant caries is one of the factors causing insufficient development in children who have no other medical problems.¹⁴ Unrecognized disease and postponed care result in exacerbated problems, which lead to more extensive and costly treatment needs. The World Health Organization has suggested that school dental screenings could enable early recognition and timely interventions, leading to savings of health care dollars for individuals, community health care programs, and third-party payors.¹⁵

The National Association of State Boards of Education recognizes “health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”¹⁶ Children with dental pain may be irritable, withdrawn, or unable to concentrate. Pain can affect test performance as well as school attendance.^{12,13} In 1996, students aged 5 to 17 missed an average of 3.1 days/100 students due to acute dental problems.¹² When these problems are treated and children no longer are experiencing pain, their learning and school attendance improve.¹²

According to the US Surgeon General, “a national public health plan for oral health does not exist.”¹⁷ Profiles on state and local populations, although rarely available, are necessary for planning oral health care programs. Descriptions of requirements for oral health examinations (oral health indicators), implementation/enforcement of regulations, and administrative disposition of collected data vary both among and within states that encourage dental examinations prior to school matriculation.

Policy statement

Early detection and management of oral conditions can improve a child’s oral health, general health and well-being, and school readiness. Recognizing the relationship between oral health and education, the AAPD:

1. supports legislation mandating a comprehensive oral health examination by a qualified dentist for every student prior to matriculation into school. The examination should be performed in sufficient detail to provide meaningful information to a consulting dentist and/or public health officials. This would include documentation of oral health history, soft tissue health/pathologic conditions, oral hygiene level, variations from a normal eruption/exfoliation pattern, dental dysmorphology or discoloration, caries (including white-spot lesions), and existing restorations. The examination also should provide an educational experience for both the child and the parent. The child/parent should be made aware of age-related caries-risk and caries-protective factors, as well as the benefits of a dental home.
2. supports such legislation to include subsequent comprehensive oral examinations at periodic intervals throughout

the educational process because a child’s risk for developing dental disease changes and oral diseases are cumulative and progressive.

3. encourages state and local public health and education officials, along with other stake-holders such as health care providers and dental/medical organizations, to document oral health needs, work toward improved oral health and school readiness for all children, and address related issues such as barriers to oral health care.
4. recognizes that without requiring, tracking, and funding appropriate follow-up care, requiring oral health examinations is insufficient to ensure school readiness.
5. encourages local leaders to establish a referral system to help parents obtain needed oral health care for their children.
6. opposes regulations that would prevent a child from attending school due to noncompliance with mandated examinations.

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Testimony in support of HB1131

Jill Rethman, RDH, BA - Editor in Chief, [Dimensions of Dental Hygiene](#)

Dear Members of the Education and Health Committees,

Dental disease, in particular dental caries, is rampant in Hawaii. In fact, the recent Pew Report, [Falling Short: Most States Lag on Dental Sealants](#) graded Hawaii with an "F" for providing this needed preventive service to children at risk for decay. Therefore, a mandatory dental exam (performed along with the already mandated physical exam) would help identify those children most in need of oral care. This type of exam could be performed quickly and easily by a licensed oral healthcare professional, trained in recognizing the signs and symptoms of dental disease. Appropriate referral to an oral healthcare professional could then be made based on the child's needs. In addition, a dental exam would afford the opportunity to provide education and anticipatory guidance to the child and caregiver, thus promoting good health and habits.

The mouth is indeed connected to the body. In reality, the physical exam without the dental exam only gives a partial picture of an individual's state of health. I strongly urge the Committees to pass HB1131 to help improve the oral health of Hawaii's children.

To Representatives regarding HB 1131

My name is Dr. David Breese. I have been a full time dentist at Kookia Kalihi Valley CHC since 1979 serving as the dental director for a period of 27 years. I want to express my wholehearted support for Bill 1131. I have witnessed first hand the severe health effects of poor oral health for 34 years. This requirement for entry to school of an oral exam is a good common sense approach to help deal with children's poor oral health especially in underserved areas. One of the great frustrations in underserved communities is the poor utilization of dental services. The medicaid dental coverage for children is outstanding. This bill could help in forcing parents to be more aware of the outstanding benefits that they have available for their children. In addition placing a requirement for a dental evaluation for school places a much needed emphasis on oral health as an integral component in overall health. The more this message is stressed to parents, school administrators and health officials, more of a concerted effort will be placed on addressing the low oral health of hawaii's keiki. Over the past ten years, the state's community health centers have dramatically expanded their dental capacity. There are 14 chc's thru out the islands with 12 of them having dental programs. In this past year alone the number of dental operatories has increased by 25 to 30 units. The chc's sponsor two dental residency programs, a general dentistry and a pediatric program. These programs bring 25 residents into the state each year for a full year. Their services are all directed to underserved communities. This emphasis on oral health by the legislature is deeply appreciated by the health centers.

Again, I want to express my whole hearted support for this bill and thank you for the opportunity to submit testimony.

Sincerely,

David Breese DDS.

KKV CHC

808-791-9428

kkv3000@yahoo.com

Ps. Feel free to contact with any questions or clarifications.