

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

In reply, please refer to:
File:

House Committee on Finance

H.B. 658 H.D.1, RELATING TO DENTAL HEALTH

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

February 21, 2013

1 **Department's Position:** The Department of Health appreciates the intent of H.B. 658 to improve the
2 oral health of children through an oral health surveillance system; permitting dental hygienists to apply
3 dental sealants in a school-based dental sealant program; and a school-based dental sealant program.

4 **Fiscal Implications:** The measure appropriates \$100,000 to the Department of Health and may not be
5 sufficient to support the requirements of this measure. The public health dental program of the
6 Department was eliminated as a result of the 2009 budget reductions and there is currently no
7 infrastructure to support full implementation.

8 **Purpose and Justification:** The importance of oral health is often understated; oral disease, primarily
9 dental caries, is the most common pediatric disease and can lead to physical and psychological
10 disabilities as well as significant diseases in adulthood. Tooth decay may result in pain and other
11 problems that affect learning in school-age children including lost school time. The Task Force on
12 Community Preventive Services recommends school sealant programs and issued a "strong
13 endorsement" in 2001. In 2003, the Association of State and Territorial Dental Directors published a
14 Best Practice Report. The report reviews the scientific evidence that school sealant programs work and

1 presents specific examples of practices in state programs. School-based sealant programs are especially
2 important for reaching children from low-income families who are less likely to receive dental care.

3 The Department recognizes the need to rebuild the infrastructure necessary to provide public
4 health leadership in regards to a comprehensive oral health system and to conduct critical public health
5 surveillance and evaluation. Planning has begun under the Department's Family Health Services
6 Division. The Department has initiated contact with the Centers for Disease Control and Prevention to
7 provide technical assistance to rebuild the State's oral health surveillance system comprised of several
8 data sources. The Department currently collects some of the data elements included in the National Oral
9 Health Surveillance System but is lacking others such as some of the children's oral health indicators.

10 The Department co-facilitates the Hawaiian Islands Oral Health Task Force with the Hawaii
11 Primary Care Association. The Task Force is a group of over forty oral health stakeholders who
12 represent private and Community Health Center Dentists, Hawaii Dental Association, Hawaii Dental
13 Hygienists Association, Hawaii Dental Services, Hawaii Medical Services Association Neighbor Island
14 oral health task forces and others. One of the Task Force's highest priorities is to address the need for
15 improved oral health data. The Department is currently working with the Data Assessment
16 subcommittee to conduct a data needs assessment.

17 The Department will require staffing to build an oral health surveillance system as well as
18 staffing to establish, implement and evaluate a dental sealant program. Currently, there are at least two
19 community-based dental sealant programs being conducted. Staffing would facilitate a more dedicated
20 effort to partner with the community providers and the Task Force to evaluate best practices that may be
21 replicated in other high need schools.

22 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 21, 2013

The Honorable Sylvia Luke, Chair
House Committee on Finance
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Luke and Members of the Committee:

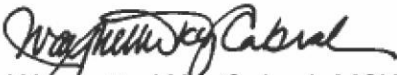
SUBJECT: HB 658 HD1 – RELATING TO DENTAL HEALTH

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 658 HD1**. The purpose of the bill is to: 1) allow the application of dental sealants in any school-based dental sealant program, provided a dentist is available for consultation; 2) establish a school-based dental sealant program in a high-need demonstration school; and 3) appropriate funds.

Access to dental care services for individuals with DD is a priority of the Council and is addressed in our 2012-2016 State Plan. Children and adults with DD face increased oral health challenges coupled with their disability. HB 658 HD1 includes proactive steps to address access in providing dental sealants to prevent tooth decay amongst children. The Council defers to the Department of Health regarding the staff and fiscal resources needed to establish and administer the dental sealant program. We take no position in permitting dental hygienists to apply preventative sealants in a school-based dental sealant program. However, we support the application of dental sealants by qualified and trained dental personnel in the most cost effective and efficient manner.

Thank you for the opportunity to submit testimony in **support of HB 658 HD1**.

Sincerely,


Waynette K.Y. Cabral, MSW
Executive Administrator


J. Curtis Tyler III
Chair

Hawaii State Legislature
State House of Representatives
Committee on Finance

State Representative Sylvia Luke, Chair
State Representative Scott Nishimoto, Vice Chair
State Representative Aaron Ling Johanson, Vice Chair
Committee on Finance

Thursday, February 21, 2013, 11:00 a.m. Room 308
House Bill 658, HD 1 Relating to Dental Health

Honorable Chair Sylvia Luke, Vice Chair Scott Nishimoto, Vice Chair
Aaron Ling Johanson and members of the House Committee on Finance,

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 opposition of House Bill 658, HD 1 Relating to Dental Health. The bill before you today would require the Department of Health to participate in a “national oral health surveillance system” and permit dental hygienists to provide dental sealants to children in Hawaii schools. The HDA supports the treatment of Hawaii’s school children of fluoride applications as a preventative measure to counter dental decay in early childhood. However, the HDA opposes the unsupervised application of dental sealants by dental hygienists due to the need to employ a number of supervised procedures by a dentist before a sealant treatment can be done. Therefore, the HDA respectfully request that Section 2 of this bill be deleted, as it is in direct conflict of the Dental Practices Act which requires direct supervision in applying dental sealants by hygienists.

In the case of fluoride rinses or applications, this procedure was performed by the Department of Health for many decades for the children in Hawaii’s public schools. The Department’s Dental Hygiene Division provided these activities through out the state with a staff of dentists and hygienists who also performed examinations to determine if a child needed to see a dentist for more serious problems, along with providing fluoride treatments.

This bill mandates a dental sealant procedure which is significantly more complex than a fluoride treatment and examination. With a dental sealant, normally a dentist will examine the child and, in most cases, take x-rays to determine the extent of any problems they may discover, before ordering a hygienist to apply a sealant to a tooth. To have an unsupervised hygienist applying dental sealants is an invitation to disaster, should an undiscovered cavity be sealed it would be impossible to detect the dental decay until it is too late to save the tooth without extraordinary measures. This could create substantial liability for the State of Hawaii, should a child lose a tooth or teeth due to the wholesale use of dental sealants without the proper dental protocols being followed.

Attached to this testimony is a short paper prepared by Dr. Patsy Fujimoto, RDH, DDS, which describes the scientific and technical significance of dental sealants. Dr. Fujimoto is an Assistant Professor at the University of Hawaii, School of Nursing and Dental Hygiene, a former dental hygienist, and has practiced in Hilo, Hawaii since 1981. She was elected as President of the Hawaii Dental Association in 1993 and 2011.

Additionally, there are community health centers, such as the Waianae Coast Comprehensive Health Center and the Kokua Kalihi Valley Community Health Center, which have existing programs with public grade schools that have high risk populations that provide dental examinations and services which include fluoride treatments, dental sealants and filling cavities. If this bill were to be amended to provide that the Federally Qualified Community Health Centers were to provide the services for any dental sealant program, the HDA would support such an amendment, since community health centers are staffed by dentists who would provide the proper diagnosis and direct supervision of any hygienist who provided such service to the patient.

Finally, the HDA takes the position that the Pew report that is quoted by this bill is not only taken out of context, but is blatantly wrong in its assumptions and conclusions on how dental sealants are the end all to preventing dental problems in children. In fact, the Pew report on its second page calls for fluoridation of water supplies and use of fluoride varnishes, and mentions dental sealants as another tool. For the State of Hawaii to abrogate its sovereignty to a social engineering think tank is to render the Hawaii State Legislature a rubber stamp to outside pressure groups and become an unneeded expense. The taxpayers of Hawaii would need only listen and follow the preaching of billion dollar think tanks that know better how to govern us than politicians and the citizens of Hawaii.

Therefore, the HDA respectfully requests the bill be amended to provide that only fluoride rinses and applications be applied in such a program, not dental sealants. In the alternative, if the dental sealants were required under such a program, then the community health centers would be the best entities which could provide those procedures under the supervision of a dentist with the proper facilities to carry out the necessary protocols.

Dental Sealants in Early Childhood

By Dr. Patsy Fujimoto, RDH, DDS

Assistant Professor, University of Hawaii School of Nursing and Dental Hygiene

Hawaii Dental Association, President, 1993, 2011

Private Practice in Hilo, Hawaii since 1981

This short dissertation was prepared in response to Senate Bill 343 Relating to Dental Health that was introduced during this current legislative session. While the HB 343 appears to be well-intentioned, it is seriously flawed from a dental health perspective and represents a shotgun approach to the issue of childhood dental caries.

Optimum dental health is predicated on a comprehensive approach to the prevention and treatment of dental decay. Within this approach are the following components-water fluoridation, oral hygiene education, topical fluoride/topical fluoride varnish application, access to care and dental sealants. None of these components should stand alone although water fluoridation has been consistently shown to reduce the incidence of dental decay significantly when it is implemented.

Sealants as proposed by this Bill are indeed effective when placed correctly on teeth that have been deemed to be appropriate for sealants. There are several factors that dentists look at before authorizing sealants to be placed on a patient's teeth:

1. The occlusal morphology-what does the chewing surface of the tooth look like? If the surface has many grooves and pits then it becomes a good candidate for sealants.
2. The presence of decay-by examining the teeth to be sealed and by having dental x-rays present the dentist can decide whether or not the tooth has decay present and must be restored not sealed. The dental x-rays also aid the dentist in determining whether or not decay exists on the surfaces to the sides of the teeth. If these are present, then the tooth must be restored.
3. The status of the patient's oral hygiene-if the patient is not compliant with oral hygiene home care this may preclude sealants until the patient's oral hygiene care is more optimal. In fact without proper oral hygiene the sealant procedure may be unsuccessful. Once the teeth are sealed, the patient often incorrectly believes that good oral hygiene is no longer necessary since their teeth have been sealed. Consequently, these teeth develop decay.

The scope of practice for dental hygiene does not include the diagnosis of dental decay or dental diseases. Before the patient's teeth can be sealed, a dentist needs to confirm that there is no decay present in the teeth to be sealed and that the teeth are indeed good candidates for sealants. Dental x-rays are also required as stated above to confirm the presence or non-presence of decay on the sides of the teeth which would preclude sealants as these teeth need to be restored.

Sealants must be placed in a dry field in order to ensure that the sealant has bonded completely to the tooth surface. The procedure for sealants is as follows:

1. The tooth surface to be sealed must be cleaned with a non-fluoride cleaning paste.
2. The tooth must be isolated (kept from saliva and water contamination) and etched. This is a process of treating the tooth surface with an acid based gel or solution to prepare the surface for bonding of the sealant.
3. The etching solution is rinsed and the sealant material is placed. The tooth must remain isolated and uncontaminated while the sealant is setting.
4. The tooth must be checked for any interference in the bite of the patient. At times excess sealant is placed and the patient finds it difficult to bite down as they normally would. This requires adjustment done by the dentist.
5. The sealed tooth needs to be checked at regular intervals to ensure that there no breaks or loss of the sealant. A break in the sealant will lead to leakage of plaque under the sealant and cause decay.

As mentioned above, sealants require surveillance by the dentist so that the integrity of the sealant can be checked. If that integrity has been broken, then the sealant will need to be replaced.

Besides the purely dental treatment considerations that are flawed in this bill, there are the following issues:

1. The source of the dental hygiene manpower has not been identified. The Dental Hygiene Division was disbanded several years ago and there are no state employed dental hygienists at this time.
2. There is no mention of what facilities would be used to place these sealants. This procedure cannot be done in school health room or class room.
3. This program requires lowering the current standard set by the rules and regulations for dental hygienists, thereby allowing them to practice outside of their scope of practice.
4. There is no language that fleshes out the extent of the “pilot program” proposed. In order for the program to be effective and produce useable data, there needs to be a follow up of those patients who participated in the program. There is no specific mention of who will be writing up the mechanics of this pilot project.
5. There is no mention of possible funding sources.
6. There are liability issues. If carious teeth are sealed and the participant requires further treatment who then will be responsible for the follow up care that will be necessary.

There is a final analogy that is ironic, Hawaii has prided itself on being the Health State. The Department of Health has done extensive advertising regarding living a healthy lifestyle as well as an emphasis on prevention of chronic illnesses such as diabetes mellitus. The State should be commended for their efforts. What is appallingly lacking is the same type of approach where dental disease is concerned.

No one can deny the seriousness of the prevalence of diabetes mellitus. However, in reviewing the literature produced by the State, nowhere is there any mention of opening more dialysis centers, handing out free syringes and insulin or even recruiting more dialysis technicians or nurses. The emphasis has been on **preventing** disease. This is being done through **educating** the public. No one will deny it will be a long process but it is the most effective process. The same holds true for oral health needs-the loss of the dental hygiene division, as underfunded as it was, was devastating to the oral health education process in Hawaii. The State and the Legislature has yet to recently step up and endorse even the possibility of fluoridating the water supply. Preventing dental disease will take time and effort on all our parts-both private and public. Shotgun approaches such as SB 343 will not produce a comprehensive solution to the dental disease.

**PRESENTATION OF THE
BOARD OF DENTAL EXAMINERS**

TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Thursday, February 21, 2013
11:00 a.m.

TESTIMONY ON HOUSE BILL NO. 658, H.D. 1, RELATING TO DENTAL HEALTH.

TO THE HONORABLE SYLVIA LUKE CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Mark Baird, D.D.S., Chair of the Board of Dental Examiners ("Board"). The Board appreciates the opportunity to testify and offer comments on House Bill No. 658, H.D. 1, Relating to Dental Health.

The purpose of House Bill No. 658, H.D. 1, is as follows: (1) Permit dental hygienists to apply preventive sealants in a school-based dental sealant program; (2) Require the Department of Health to establish and administer a school-based dental sealant program in a high-need demonstration school; provided the program shall require a dentist to be available for consultation; (3) Require the Department of Health to report to the Legislature about the Department's efforts to prioritize prevention of tooth decay amongst the State's children; and (4) Appropriate funds to establish and administer a school-based dental sealant program in a high-need demonstration school, including plans to implement the program on a statewide level.

The Board has not had an opportunity to meet and discuss House Bill No. 658, H.D. 1, and apologizes for not having a position at this time.

In previous testimony relating to Section 3 of House Bill No. 658, the Board sought clarification as to whether a licensed dentist had to pre-screen and authorize the sealant procedure, or merely be available for consultation. House Draft 1 now clarifies that the dentist would be required to be available for consultation.

For your information, the companion bill, Senate Bill No. 343, S.D. 1, is proposing to allow dental hygienists to apply preventive sealants, in consultation with a licensed dentist, in a school-based dental sealant program established pursuant to an Act that may be passed, or at a federally qualified health center.

As the two versions are slightly different, the Board seeks further clarification if it is the intent of the House to require the dentist be merely available for consultation or require the dentist and dental hygienist to be in consultation to apply the sealants.

This bill does not appear to have any fiscal impact on the Board.

Thank you for the opportunity to testify on House Bill No. 658, H.D. 1. I will be available for questions.



Testimony in Support of HB658, Relating to Dental Health

Ellie Kelley-Miyashiro, RDH, BS

President – Hawaii Dental Hygienists' Association

February 11, 2013

Dear Respected Members of the House Finance Committee

The Hawaii Dental Hygienists' Association applauds your efforts to help solve the problem of inadequate oral health care for Hawaii's children. We, as I'm sure many of you on your respective committees, were appalled at the results of the most recent PEW report [Falling Short: Most States Lag on Dental Sealants](#). With grades from A to F, Hawaii was one of 5 states and the District of Columbia to receive an F in providing a proven and simple technique to prevent tooth decay--the placement of dental sealants. Obviously, we feel Hawaii could do more to prevent oral disease; cavities in particular, among its school aged population.

At the end of 2012, the US Health Resources and Services Administration estimated that 30.6 million people in the country were "unserved" by dental care, primarily because they live in areas with few providers, racial factors, low education or they have inadequate income and are unable to afford proper dental care. Hawaii is in line with this alarming and unfortunate trend.

In an increasing effort to solve this disparity, over 30 states have looked to hygienists as a lower-cost way to expand access and to connect more families to regular dental care. According to the Association of State and Territorial Dental Directors, numerous states and territories have done this by implementing programs for dental sealants, and several states have school-based sealant placement programs as part of their health-related initiatives. (The report is available here: [Best Practice Approach: School-Based Dental Sealant Programs](#))

According to the CDC, "Sealants prevent cavities and reduce associated dental treatment costs, especially among high-risk children, where sealants applied to permanent molars have been shown to avert tooth decay over an average of 5-7 years." Without access to regular preventive dental services, dental care for many children is postponed until symptoms, such as toothache and facial abscess, become so acute that care is sought in hospital emergency rooms. This frequent consequence of failed prevention is not only wasteful and costly to the health care system, but it rarely addresses the problem, as few emergency departments deliver definitive dental services. As a result, patients



typically receive only temporary relief of pain through medication and in some acute cases, highly costly, but inefficient surgical care. The CDC estimates that inpatient emergency department treatment costs on average \$6,498 versus preventive treatment costs of \$660. This reveals that on average, the cost to manage symptoms related to dental caries on an inpatient basis is approximately 10 times more than to provide preventive dental care for these same patients.

As the largest association representing Hawaii's licensed dental hygienists', HDHA strongly **supports** the intent of HB658 to address the prevention of dental disease among Hawaii's children. Dental hygienists possess the education and training to fulfill the goals of the pilot program described in this bill, as well as, its greater implementation statewide. We look forward to working toward our common goal of increased oral health care and decreased dental decay for Hawaii's children.

Thank you for your time and consideration.



Testimony in Support of HB658, Relating to Dental Health

Jill Rethman, RDH, BA
Immediate President – Hawaii Dental Hygienists' Association
Regulations & Practice Chair - Hawaii Dental Hygienists' Association
Editor in Chief – [Dimensions of Dental Hygiene](#)

February 21, 2013
Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
Representative Aaron Johanson, Vice Chair

Dear Esteemed Members of the House Finance Committee,

Thank you for bringing much needed attention to the unacceptable oral health situation faced by Hawaii's children. As evidenced by the recent PEW Report, [Falling Short: Most States Lag on Dental Sealants](#), it's obvious that Hawaii could do much better to prevent oral disease, in particular dental caries, among its population. On a scale of A to F, Hawaii (along with 5 other states and the District of Columbia) received an F in providing a proven and simple technique to prevent tooth decay – the placement of dental sealants. This is particularly troubling because those who could benefit the most from sealant placement, children at high risk for decay, are the ones least likely to receive this preventive measure. According to the Association of State and Territorial Dental Directors, numerous states and territories have programs for dental sealants, and several states have school-based sealant placement programs as part of their health-related initiatives. (The report is available here: [Best Practice Approach: School-Based Dental Sealant Programs](#))

Numerous evidence-based resources are available that highlight the long-term cost effectiveness of sealants in those who are at high risk of decay. In reality, all of Hawaii's children are at risk due to the low levels of fluoride in the drinking water. An article published in the [American Journal of Public Health](#) concluded that sealant placement was associated with expenditure savings to Medicaid for children at highest risk – those who had 2 or more prior chewing surface cavities.¹

The Hawaii Dental Hygienists' Association is the organization representing dental hygiene professionals in the state of Hawaii, and is a constituent of the American Dental Hygienists' Association. We strongly support HB658. On a personal level, I am a dental hygiene professional, international speaker, and author. I am well aware of the research to support the use of dental sealants and their effectiveness as decay-preventive agents. In addition, I am confident that dental hygienists, known as the

¹ Weintraub J, Stearns s, et al. Treatment outcomes and costs of dental sealants among children enrolled in Medicaid. Am J Public Health, 2011; 91(11):1877-1881.



“Prevention Specialists” in oral healthcare, are fully trained and capable of placing sealants on both primary and permanent teeth. Dental hygienists are licensed professionals who have successfully completed and accredited dental hygiene program and passed the National Board Examination in Dental Hygiene, as well as a clinical Board exam. Accredited dental hygiene programs require an average of 2,910 clock hours of curriculum, including 654 clock hours of supervised clinical dental hygiene instruction. A dental hygienist is licensed to perform specific oral healthcare duties such as educational, therapeutic and preventive procedures. Sealant placement is among those preventive procedures.

In addition to supporting a school-based sealant program for the state of Hawaii, HDHA fully supports the legislature’s initiative in putting a primary focus on oral healthcare by requiring the Director of Health to participate in the database managed by the Centers for Disease Control and Prevention and the Association of State and Territorial Directors. This intent of HB658 will enable Hawaii to compare itself to other states in terms of implementation and standards for preventive oral healthcare measures, ensuring that the people of Hawaii receive appropriate evidence-based and needs-based care.

“Prevention is better than cure.” This common axiom applies to not only systemic maladies but oral ones as well. HB658 takes Hawaii a step closer to preventing oral disease in the most needy and underserved of its population.

Thank you for your time.



Re: HB 658 RELATING TO DENTAL HEALTH

Committee on Finance

Representative Sylvia Luke, Chair

Representative Scott Y. Nishimoto, Vice Chair

Representative Aaron Ling Johanson, Vice Chair

Date: February 21, 2013

Time: 11:00 am

Place: House Conference Room 308

Honorable Representatives:

This testimony is in **support** of **HB 658 HD1**.

My name is Diane Brucato-Thomas, RDH, EF, BS, FAADH. I have been a practicing Dental Hygienist in good standing on the island of Hawaii since 1992. I live in Pahoia and have practiced in Kona and Hilo. It has been my privilege to present numerous preventive education programs in grade-school classrooms and participate in countless health fairs over the years, providing preventive dental education to the public in the areas of early childhood caries, periodontal disease, root caries, systemic links, xylitol as a preventive agent, oral piercing, and, of course, halitosis. In addition to my participation at health fairs, in the last few years, I have worked to develop and implement a successful, entertaining, hands-on power point program for the lay public on oral health and prevention. This program, titled "Sweet Kisses/Sweet Truth" has been very well received by numerous audiences of various ages within the community. In 2011, I received the ADHA Institute for Oral Health Rosie Wall Community Spirit Grant to continue this program.

One of the reasons I began my quest to educate the public was because it breaks my heart when I see so many beautiful children smile with silver teeth, or worse, badly decayed teeth that are untreated, often painful, and certainly a risk to their systemic health. Hawaii is known to have a very high rate of Early Childhood Caries. This is shameful, when you consider the fact that caries is a preventable disease.

To clarify, dental "caries" is a bacterial infection. Tooth decay or "cavities" are the result of a caries infection. According to the Center for Disease Control:

- Early Childhood Caries is the most prevalent chronic disease in America.
- Early Childhood Caries is the most prevalent infectious disease on the planet.
- 40% of Children have Cavities by age five.
- CARIES INFECTION IS PREVENTABLE!

The formula chain for tooth decay is:

- Bacterial infection + sugar = acid
- Acid + tooth = decay

This chain can be broken at various links, such as:

- Daily removal of bacterial biofilms from teeth (brushing and cleaning between teeth)
- Remove sugar from diet
- Neutralize acids with water or saliva stimulated with xylitol gum or candy
- Strengthening/hardening tooth surfaces with fluoride or calcium/phosphorus agents
- Using sealants to create a barrier that protects susceptible tooth surfaces

According to the *“Executive summary of evidenced based clinical recommendations for the use of pit-and-fissure sealants: A report of the American Dental Association Council on Scientific Affairs”*, JADA, 2009, (Beauchamp, Caufield, Crall, et. al.):

- Sealants should be placed in pits and fissures of **children’s** primary teeth when it is determined that the tooth, or the patient, is at risk of developing caries
- Sealants should be placed on pits and fissures of **children’s** and **adolescents’** permanent teeth when it is determined that the tooth, or the patient, is at risk of developing caries
- Sealants should be placed on pits and fissures of **adults’** permanent teeth when it is determined that the tooth, or the patient, is at risk of developing caries
- Pit-and-fissure sealants should be placed on early (noncavitated) carious lesions in **children, adolescents** and **young adults** to reduce the percentage of lesions that progress

HB 658 provides an important step toward tooth decay prevention in Hawaii’s youth by attempting to break the chain of caries process. This amended bill clarifies the legality that dental hygiene professionals may perform the placement of dental sealants for at-risk populations in Hawaii and allows the freedom to do so with a dentist available for consultation. This can greatly increase access to care and is in line with the original intent of the general supervision in public health setting statute. In addition, it holds the Dept. of Health accountable.

Dental hygienists are a cost-effective resource for prevention programs. Utilizing dental hygienists for the placement of sealants makes good sense, as this is clearly within their scope of practice of as educated, licensed prevention specialists. I urge you to please pass HB 658 HD1 to allow dental hygienists to place sealants for high risk populations in public settings. Thank you for your consideration.

Sincerely,

Diane Brucato-Thomas, RDH, EF, BS, FAADH
d.bt@live.com (808) 937-7282
Immediate Past President, American Academy of Dental Hygiene
Past President, Hawaii Dental Hygienists' Association
ADHA/Hu-Friedy Master Clinician Award 2008
Sunstar/RDH Award of Distinction 2002

Testimony from Dr. Michael P. Rethman (biographical abstract follows this testimony) in support of legislation (HB658) that would expand the opportunities for Hawaii's children to benefit from dental sealants.

From a recent PEW Foundation report, it's clear that Hawaii is failing when it comes to preventing childhood dental caries (cavities). As the members of the House Committee on *Finance* are well aware, dental caries cause children pain, tooth loss, problems with their appearance and self-esteem and can interfere with nutrition and schoolwork.

As the members may also know, a key intervention that prevents many cavities in children is the early application of dental sealants. Although many Hawaii children now receive sealants in their dentists' offices, it's obvious that many more are not receiving this important care – a caries risk problem amplified in Hawaii by the low levels of naturally occurring fluorides in our tap water.

A sound and proven approach to improving this situation is to make dental sealants much more widespread among Hawaii's children. And it appears clear that the current dental delivery system is limited in its ability to provide these services. Therefore, state approval of dental hygienists – highly knowledgeable in oral health – to apply these sealants in a school-based dental sealant program makes good sense.

Some may argue that permitting dental hygienists to perform such services would be risky. I find these arguments both specious and potentially self-serving. Here's why:

- 1) Dental hygienists will be providing these services for children who would mostly not get sealants in a dental practice so for nearly all of these children there is little downside and a lot of upside.
- 2) For those occasional children who might otherwise obtain sealants in a dental practice who would, under a regime that permitted dental hygienists to apply them in a school-based system, there is a small risk that a dental hygienist might not detect other oral pathologies that would have been detected and treated if diagnosed by a dentist. Such an argument against the proposed program is a red herring because other significant oral pathologies are not only very rare in children but it's highly likely that dental hygienists would make an immediate emergency referral to a dentist is

signs/symptoms of these problems are seen. Indeed, what is likely is that more children who suffer from such rare maladies (eg. undiagnosed leukemia) would obtain prompt care on the reasonable assumption that children who never see a dentist will now have a pair of trained eyes assessing their overall oral circumstances.

- 3) Some may argue that practicing dentists can achieve the same outcomes themselves. I find this argument also specious insofar as it is diminished by a simple rhetorical question, namely why hasn't it already been achieved?

HB658 represents an opportunity that the House should seize on behalf of Hawaii's children. It will save Medicaid funds. (See this [article](#) at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446894/>.) Furthermore, I suggest that the eventual legislation include wording to the effect that dental hygienists operating in such capacities be indemnified by the State of Hawaii when it comes to any allegations of ordinary malpractice (excluding gross negligence) or that the state purchase (what is very inexpensive) malpractice insurance for dental hygienists who are engaged in such activities on behalf of the State of Hawaii and its children.

In closing, it's important for the House to know that a recent American Dental Association report on dental sealants is available at <http://ebd.ada.org/ClinicalRecommendations.aspx>.

Unfortunately, it appears that I can't upload a pdf file of the report with this testimony so I suggest the House Committee staffers download it and provide it to all members. Once in-hand, Committee members should review the Table 3 recommendations made by this expert panel. The bottom line is that there are many benefits to sealants and essentially no downside (other than the minimal costs associated with their placement). And a school-based program in which dental hygienists apply the sealants is a virtually no-risk way to facilitate the widespread use of dental sealants while improving the health and welfare of thousands of Hawaii's children.

Finally the Hawaii House should be commended for taking up this legislation and I trust you will successfully see beyond what I foresee to be trivial objections to it – if objections are offered at all.

Feel free to contact me if I can be of additional assistance on this or related matters in the future. I have absolutely no conflicts of interest in this or any related matter and am motivated only by my goal to optimize the health of the American public whom the health care professions exist to serve. Thank you for entertaining my testimony and for doing the right thing.

Author bio:

Dr. Michael P. Rethman is a resident of Kaneohe who is a full-time consultant for dental industrial clients. He has no conflict of interest whatsoever affecting this testimony. 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. Among these was a recent systematic review of non-flouride caries interventions. Although this review did not include sealants in its purview (because the work had recently been done by another expert panel, see above), my expert panel members were fans of school-based sealant programs.

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February 19, 2013

Support for HB 658

House Finance Committee

Dear Hawaii Legislators,

I am a registered dental hygienist practicing in Hawaii. In my study and practice of dental hygiene, programs that support early monitoring and early prevention of oral health issues are of great need and importance for our children. I believe that HB 658 is in support of these efforts that will assist in delivering this type of preventative oral healthcare to our Hawaii Children. Dental Hygienists in the state of Hawaii have the education and training to implement this necessary program. Numerous studies have brought to light the effectiveness, as well as, the cost saving benefits of school based sealant programs and I am excited that the Department of Health and our legislators are concerned for the children of Hawaii's oral health. I strongly support the intent of HB 658.

Mahalo,

Noelani Greene, RDH, BS

Mitchell A. Chun, MBA, DMD
3311 Kamaaina Drive
Honolulu, Hawaii 96817

Hawaii State Legislature
State House of Representatives
Committee on Finance

State Representative Sylvia Luke, Chair
HD 658, HD 1 Relating to Dental Health

Dear Representative Luke:

I have been a Hawaii licensed dentist practicing for over 30 years. I am opposed to HB 658, HD1 for several sound reasons.

- 1) The application of dental sealants by dental hygienist is not financially feasible for the State.
- 2) The procedure is technique sensitive under the most ideal conditions. Therefore, performing this procedure in a school classroom is highly unpredictable. Previously cited studies do not address this issue properly.
- 3) Hawaii Dental Service and other national dental insurance companies no longer allow reapplication of sealants once they are initially placed. They found in their actuarial studies that there were too many remakes of sealant procedures due to failures. These sealants were placed in a dental office setting and not in classrooms.
- 4) There is a question of legal liability. If the bill allows dental hygienist to place these sealants in a less than ideal setting and unsupervised, who claims liability if the procedure fails resulting in a root canal or extraction of these permanent molars?

Solutions:

- 1) Flouridation of our water supply is not a popular term in a vocal minority in Hawaii. Nonetheless it is the most feasible method of protecting everyone's teeth especially the school age group and elderly.
- 2) Fluoride varnish is the best alternative since fluoridation is not available to Hawaii at this time. Fluoride varnish application is inexpensive, can be placed in less time than sealants (more children and be treated in a single setting) and is effective.

I applaud the efforts that our legislature's efforts. I am respectfully requesting you to hold this bill for better alternatives.

Dr. Mitchell A. Chun