

**PRESENTATION OF THE
BOARD OF DENTAL EXAMINERS**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Wednesday, February 13, 2013
8:30 a.m.

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

TO THE HONORABLE DELLA AU BELATTI 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, Relating to Dental Health.

The purpose of House Bill No. 658 is as follows: (1) Requires the Director of Health to participate in the national oral health surveillance system; (2) Permits dental hygienists to apply preventive sealants in a school-based dental sealant program; (3) Requires the Department of Health to establish and administer a school-based dental sealant program in a high-need demonstration school and report to the Legislature about the Department's efforts to prioritize prevention of tooth decay; and (4) Appropriates 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 and apologizes for not having a position at this time.

Regarding Section 3 of the bill, the Board seeks clarification as to the type of supervision required and whether a licensed dentist must pre-screen and authorize the sealant procedure being performed. Pursuant to section 447-3(d), Hawaii Revised Statutes ("HRS"), a licensed dental hygienist may operate under the general or direct supervision of a licensed dentist in a public health setting. The section further provides for a dental hygienist employed in a public health setting to perform dental education, dental screenings, and fluoride applications. Other permissible duties shall be pre-screened and authorized by a supervising licensed dentist. Section 16-79-2, Hawaii Administrative Rules, defines general supervision and direct supervision. For general supervision, part of the definition includes a provision that in the case of programs under the supervision of the Department of Health or in any facility defined in section 447-3, HRS, which would include schools, the requirements in the definition of general supervision shall not apply except that a dentist shall be available for consultation, and the procedure shall have been prescribed by the dentist and otherwise be authorized by law.

As a result, there have been different interpretations as to the administration of sealants in schools. Per the statute, other permissible duties shall be pre-screened and authorized by a supervising dentist. Per the administrative rules, the definition of general supervision appear to require only that the dentist be available for consultation in the case of programs under supervision of the Department of Health or in any facility defined in section 447-3, HRS.

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Therefore, the Board seeks clarification if it is the intent of the bill to require pre-screening and authorization by a licensed dentist before sealants can be administered.

Thank you for the opportunity to testify on House Bill No. 658 and I will be available for questions.



HPCA

HAWAII PRIMARY CARE ASSOCIATION

House Committee on Health

The Hon. Della Au Bellati, Chair

The Hon. Dee Morikawa, Vice Chair

Testimony on HB 658

Relating to Dental Health

Submitted by Robert Hirokawa, Chief Executive Officer

February 13, 2013, 8:30am, Room 329

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, **supports the intent** of House Bill 658 to increase children's access to dental care by creating a school based dental sealant program. Our testimony is limited to Sections 2, 4, and 5 of the bill, and we take no position on Section 3.

The mouth, teeth, and gums are as essential to health as any other part of the body. In Hawaii, the rate of tooth decay in children is twice as high as that of children living on the mainland. As a point of reference, over 94 percent of mainland six year olds are entirely free from cavities, while only 19 percent of six year olds in Hawaii are cavity-free. Later in life, health care research points to associations between chronic oral infections and diabetes, heart and lung disease, stroke, and low-birth-weight births—conditions that are more complicated and costly to treat than effective, timely oral health care. It makes sense to invest in pediatric dental health, and a dental sealant program is an effective tool for such an investment.

Hawaii's community health centers have long been providers of, and advocates for, pediatric dental health programs in high-need communities, including dental sealant programs. We fully support the implementation of a statewide school based dental sealant program and we recognize the need for program collaboration while operating with a limited amount of resources. For these reasons we believe a demonstration or pilot program is unnecessary. Instead, we recommend the Department of Health partner with an existing program(s) to expeditiously allow children to access and benefit from a dental sealant program. Community health centers serve the high-need communities and high-risk populations that the program in House Bill 658 is targeting. In addition to familiarity with the target population, approximately half of community health center patients are covered by Medicaid, and Hawaii's state Medicaid benefit package covers pediatric dental services. This makes community health centers also familiar with federal payment mechanisms that would supplement the \$100,000 appropriated in Section 5 of this measure for, amongst other things, administering the dental sealant program, and would allow the program to reach a greater number of children.

We urge you to pass House Bill 658 with our proposed changes and thank you for the opportunity to testify.

HB 658

Dear Chairpersons Au Belatti and Morikawa:

My name is Dan Fujii, and I am the Dental Director at the Waianae Coast Comprehensive Health Center. The Waianae Coast Comprehensive Health Center has been providing preventive dental outreach services in select elementary schools on the Leeward Coast of Oahu since 2006. We can attest to the high dental needs observed in the community that is exacerbated by a multitude of factors. As such, we strongly agree with *the intent* of SB 343 to increase sealant placement in the school setting.

However, there is a requirement mentioned in the current form of the bill that may not be necessary. That being the need for the Department of Health to appropriate funds to establish and administer a sealant program in a demonstration school. Sealants have already been proven to be an effective method to prevent cavities. No further studies are needed to test it. Additionally, there are already Community Health Centers (CHC) in the state which are actively involved in providing oral health services and have established partnerships with schools.

We would also like to emphasize that community health centers such as ours are ideal organizations to implement sealant based school programs for the following reasons: (1) CHC are already strategically located in high need, underserved communities (2) CHCs with existing school programs have already established a trusted relationship with the students, faculty, and administrators of the schools. (3) The equipment necessary to provide these services are already available. (4) Community Health Centers, in general, have the licensed personnel (dentist and hygienist) who can and have already legally placed sealants in school in accordance with the current Dental Practice Act.

We support the intent of the bill, with particular interest in exploring funding avenues for school based prevention programs, but do not believe there is a critical need to expend additional resources on a demonstration project.

Thank you very much for taking the time to listen.

Very respectfully,

Dan Fujii, DDS, MPH
Dental Director, Waianae Coast Comprehensive Health Center
Email: DFUJII@wcchc.com

Re: HB 658 RELATING TO DENTAL HEALTH

Committee on Health

Representative Della Au Belatti, Chair

Representative Dee Morikawa, Vice Chair

Date: February 13, 2013

Time: 8:30am

Place: House Conference Room 329

Honorable Representatives:

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

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 Pahoehoe 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 bill serves to allow dental hygiene professionals to perform the placement of dental sealants for at-risk populations in Hawaii. 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 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