

NEIL ABERCROMBIE
GOVERNOR



LATE

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SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
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Date: 02/21/2013

Committee: House Finance

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 0658,HD1 RELATING TO DENTAL HEALTH

Purpose of Bill: Allows the application of dental sealants in any school-based dental sealant program; provided a dentist is available for consultation. Establishes a school-based dental sealant program in a high-need demonstration school. Appropriates funds. Effective July 1, 2013. (HB658 HD1)

Department's Position:

The Department of Education (DOE) supports HB No. 0658,HD1. A school-based dental sealant program will minimize lost instructional time and enable children to maximize their opportunities to learn and to be college and career ready. As such, the DOE is a willing partner with regard to needs for coordination and in providing on-campus facilities for the program at a high-need demonstration school, and also when the program is expanded statewide.

Thank you for the opportunity to present testimony in support of this bill.

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Mr. Chair and members of the committee my name is Spencer Owades, DMD representing the Maui Oral Health Task Force and I'm here today testifying in support of SB658.

The dental health of Hawaii's children has slowly and steadily improved over the past decades, but there are still many communities in our state with relatively high rates of tooth decay.

Research shows that decay and other dental-related problems undermine children's ability to attend and perform well in school.

Our state can address this problem by doing more to provide children with dental sealants. Approving SB658 will greatly help in expanding access to dental sealants for children by allowing dental hygienists to apply sealants in school based programs.

Protecting Teeth With Sealants

Dental sealants are a proven strategy for preventing decay.[#]

Sealants are white plastic coatings, that act as a barrier against decay-causing bacteria, when applied to the chewing surfaces of molars—the most cavity-prone teeth. Sealants are typically placed on the teeth of second- and third-grade children because this is when molars first appear in the mouth. Research also shows that sealants can prevent tooth decay from worsening if applied during the early stages of decay.[#] Although sealants can sometimes break or fall off, studies show that the formerly sealed teeth are not at a higher risk of decay than those which were never sealed.[#]

Sealants have been recognized by both the American Dental Association and the Centers for Disease Control and Prevention as one of the best strategies to protect children who are at a higher risk for developing cavities.[#]

In addition to preventing decay, sealants can potentially save families and taxpayers money by preventing the need for more costly procedures to address untreated decay. On average, a

sealant is one-third the cost of filling a cavity.[#] Preventing decay also reduces the number of children whose toothaches or other decay-related problems might otherwise lead them to seek care in a hospital emergency-room. In 2006, tooth decay was the primary reason for more than 330,000 dental-related trips to emergency rooms across the U.S., at a total cost of nearly \$110 million.[#]

The Challenge: Reaching More Children

The key challenge for Hawaii is to get sealants to low-income children, as these kids are the most likely to benefit from them.

Children aged 6 to 11 who live in poverty are almost twice as likely to develop cavities in their permanent teeth than more affluent kids.[#]

One of the barriers to providing more children with sealants is the limited availability of dental providers. Many children in Hawaii live far from the nearest dentist.[#] In many states, dental hygienists are playing a key role in expanding the use of sealants.[#] Most states facilitate this process by allowing hygienists to apply sealants without having to wait for a dentist to examine the children who are being served.[#]

Unfortunately, Hawaii currently delays this process by requiring a prior exam before a hygienist can apply sealants to a child's teeth—a rule that adds unnecessary delays and costs to sealant programs, undermining our state's ability to reach more children with this proven strategy. In fact, a scientific consensus has concluded that x-rays and other advanced diagnostic tools are not required to determine whether a child needs sealants. For high-risk children who struggle to get the dental care they need, sealants benefit both kids with healthy teeth and those with existing early decay. No diagnosis is necessary; only a visual assessment is needed to determine whether a cavity is present. When a cavity is present, the child is referred for restorative care and may receive

interim management strategies, depending upon the policy of the responsible public agency.[#] Moreover, sealant placement is a reversible procedure that easily allows a dentist to administer additional care and treatment strategies, such as placement of a restoration, if needed.[#] In addition Hawaii is behind the curve because over 30 states allow dental hygienists to place sealants in school based settings.

Ending the prior exam requirement would be in accord with the American Dental Association's guidance on sealants. In 2009, CDC recommendations published in the *Journal of the American Dental Association* stated that sealants should be provided to children even if follow-up care by a dentist cannot be assured.[#] A lack of comprehensive care following a visit with a school-based sealant program is not a reason to deny preventive services to children who are most at risk of tooth decay.

Approving HB658 and removing the prior exam requirement in Hawaii would reflect the findings of a recent report by the Institute of Medicine (IOM). The IOM recommended that states permit hygienists and other allied providers "to practice to the full extent of their education and training." The IOM urged states to remove unnecessary restrictions on practitioners that are not evidence-based and could undermine these states' ability "to serve a greater number of individuals in need of care."[#] National news organizations have praised the IOM as an independent voice whose reports are "the gold standard for health-care policymakers."[#]

Approving SB658, Hawaii can strengthen its ability to reach more children with sealants. Requiring dentists to play an unnecessary gatekeeper role lessens the time that these professionals can better spend on performing services that only dentists can do, such as filling teeth in which decay has progressed and can no longer be controlled by reversible measures. For all of these reasons, I urge you to support this legislation.

Sincerely,

Spencer H. Owades, DMD

Chairman

Maui Oral Health Task Force

References:

¹ P. Bhuridej et al., "Natural History of Treatment Outcomes of Permanent First Molars: A Study of Sealant Effectiveness," *Journal of the American Dental Association*, 2005, Vol. 136, No. 9, 1265-1272.

¹ S.O. Griffin et al., "The Effectiveness of Sealants in Managing Caries Lesions," *Journal of Dental Research*, (2008), Vol. 87, No. 2, 169–174, <http://jdr.sagepub.com/content/87/2/169.abstract>.

¹ S.O. Griffin, S.K. Gray, D.M. Malvitz and B.F. Gooch, 2009. "Caries risk in formerly sealed teeth," *Journal of the American Dental Association*, 2009, Vol. 140, No. 4, 415–423, <http://jada.ada.org/cgi/content/full/140/4/415>.

¹ "Dental Sealants," Centers for Disease Control and Prevention, September 2, 2009, http://www.cdc.gov/oralhealth/publications/factsheets/sealants_faq.htm; "Evidence-based clinical recommendations

for the use of pit-and-fissure sealants," *Journal of the American Dental Association*, March 2008, Vol. 139, 257-268, http://www.ada.org/sections/professionalResources/pdfs/report_sealants.pdf.

¹ The national median charge among general practice dentists for procedure D1351 (dental sealant) is \$40 and national mean charge for procedure D2150 (two-surface amalgam filling) is \$145. See: "2007 Survey of Dental Fees," American Dental Association, 2007, 17.

¹ Of the 330, 757 ER visits for dental-related causes, 330,599 (99.9 percent) did not require a hospital stay. See: R. Nalliah, V. Allareddy, S. Elangovan, N. Karimbux, V. Allareddy, "Hospital Based Emergency Department Visits Attributed to Dental Caries in the United States in 2006," *Journal of Evidence Based Dental Practice* (2010), Vol. 10, 212-222, [http://www.jebdp.com/article/S1532-3382\(10\)00183-1/abstract](http://www.jebdp.com/article/S1532-3382(10)00183-1/abstract).

¹ "Affluent" is defined as a family income of twice the federal poverty line. See: B.A. Dye, et al, "Trends in oral health status: United States, 1988-1994 and 1999-2004," *Vital Health Statistics*, (2007), Vol. 11, 1-92.

¹ Federal data show that nearly 336,246 Hawaiians are living in an area confirmed to have a shortage of dentists. See: U.S. Department of Health and Human Services, Health Resources and Services Administration, "State Population and Health Professional Shortage Area Population Statistics as of 9/1/2011" <http://datawarehouse.hrsa.gov/hpsadetail.aspx>, accessed September 2, 2011.

¹ Twenty-one states have sealant programs in at least 25 percent of their high-risk schools, and dental hygienists are the primary practitioners who work in those programs. See: "The State of Children's Dental Health: Making Coverage Matter," Pew Center on the States, May 2011, 8, 24, http://www.pewcenteronthestates.org/uploadedFiles/The_State_of_Children's_Dental_health.pdf.

¹ Pew Center on the States, May 2011, 24.

¹ Systematic reviews by the Centers for Disease Control and the American Dental Association indicate that it is appropriate to seal teeth that have early non-cavitated lesions, and that visual assessments are sufficient to determine whether non-cavitated lesions or cavitated lesions are present. See: J. Beauchamp et al.

"Evidence Based Clinical Recommendations for Use of Pit-and Fissure Sealants: A Report of the American Dental Association Council on Scientific Affairs," *Journal of the American Dental Association*, 139 (2008): 257-267 <http://jada.ada.org/content/139/3/257.full.pdf+html> (accessed December 1, 2010); B.

Gooch et al. "Preventing Dental Caries Through School-based Sealant Programs," *Journal of the American Dental Association*, 140 (2009):1256-1365. <http://jada.ada.org/content/140/11/1356.full.pdf+html> (accessed August 30, 2011). Accreditation standards for dental hygiene training programs include standard

2-11, relating to education of dental hygiene students on dental-specific anatomy and pathology, with the intent of providing “the student with knowledge of oral health and disease as a basis for assuming responsibility for assessing, planning and implementing preventive and therapeutic services.” Commission on Dental Accreditation, Accreditation Standards for Dental Hygiene Education Programs, 19, <http://www.ada.org/sections/educationAndCareers/pdfs/dh.pdf>

(accessed December 1, 2010).

¹ B. Gooch et al. “Preventing Dental Caries Through School-Based Sealant Programs,” *Journal of the American Dental Association*, 140 (2009):1256-1365.

<http://jada.ada.org/content/140/11/1356.full.pdf+html>, accessed January 17, 2011.

¹ B.F. Gooch et al., (2009).

¹ *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, The Institute of Medicine (July 13, 2011), <http://www.iom.edu/Reports/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx>.

¹ Pam Belluck, “Big Benefits Are Seen From Eating Less Salt,” *New York Times*, January 20, 2010; Mary Carmichael, “The Great Divide,” *Newsweek*, February 14, 2010.