



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
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April 1, 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:

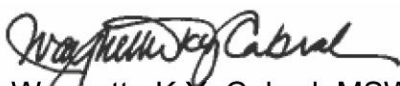
SUBJECT: SB 343 SD2 HD1 – RELATING TO DENTAL HEALTH

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 343 SD2 HD1**. The purpose of the bill is to: 1) require the Director of Health to participate in the national oral health surveillance system; 2) permit dental hygienists to apply preventative sealants in consultation with a licensed dentists at a federally qualified health centers and in school-based dental sealant programs; 3) require 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) require the Department of Health to report the Legislature about the Department's efforts in the prevention of tooth decay among children, and 5) appropriate funds to establish and administer a school-based dental sealant program in a high-need demonstration school.

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. SB 343 SD2 HD1 includes proactive steps (national health surveillance system, school-based dental sealant program, and funding) to address access in providing dental sealants to prevent tooth decay amongst children. The Council takes 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 offer testimony in **support of SB 343 SD2 HD1**.

Sincerely,


Waynette K.Y. Cabral, MSW
Executive Administrator


J. Curtis Tyler III
Chair



Testimony in Support of SB343, Relating to Dental Health

Ellie Kelley-Miyashiro, RDH, BS

President - Hawaii Dental Hygienists' Association

Hearing - March 31, 2013

Dear Esteemed Members of the House Committee on Finance,

Rep Sylvia Luke, Chair
Rep Scott Nishimoto, Vice Chair
Rep Aaron Johanson, Vice Chair

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, high cost, but inefficient surgical care. The CDC estimates that inpatient emergency department treatment costs on average \$6,498 versus preventive treatment costs of \$660 a year. 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 SB343 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 SB343, SD2, HD1 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](#)

Date of Hearing: Monday, April 1, 2:00 pm

Committee on Finance

Representative Sylvia Luke, Chair

Representative Scott Nishimoto, Vice Chair

Representative Aaron Ling Johanson, Vice Chair

Dear Esteemed Members of the Committee on Finance,

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](#))

Furthermore, dental sealants have been shown to lower the costs of oral healthcare. A frequently referenced study, [Treatment Outcomes and Costs of Dental Sealants Among Children Enrolled in Medicaid](#) reports that sealants placed on the teeth of high risk individuals significantly reduces the likelihood and level of expenditures for caries/decay-related services involving the occlusal (chewing) surface of permanent first molars.

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 SB343, SD2, HD1. 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 "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 SB343, SD2, HD1 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. SB343, SD2, HD1 takes Hawaii a step closer to preventing oral disease in the most needy and underserved of its population.

Thank you for your time.



Friday, March 31, 2013 2:00pm

Support for SB 343

House Committee on Finance

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 SB 343 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 SB 343.

Thank you for your consideration.

Noelani Greene

From: mailinglist@capitol.hawaii.gov
To: [FINTestimony](#)
Cc: sierraspruce@gmail.com
Subject: Submitted testimony for SB343 on Apr 1, 2013 14:00PM
Date: Sunday, March 31, 2013 8:57:56 AM

SB343

Submitted on: 3/31/2013

Testimony for FIN on Apr 1, 2013 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Sierra Spruce	Individual	Support	No

Comments: Committee on Finance Representative Sylvia Luke, Chair Representative Scott Nishimoto, Vice Chair Representative Aaron Johanson, Vice Chair Dear Chairman, Vice Chairmen, and Members of the Finance Committee, I am writing in support of SB 343 SD2 HD1. This Bill would allow dental hygienists to place dental sealants on teeth in public schools. I have seen firsthand in my school presentations many of Hawaii's children with severely decayed teeth and no access to care. Application of sealants to erupting permanent molars is a preventative procedure that will keep the surface of the tooth from decaying, ultimately saving the child from the pain of a decayed tooth, and the expense of having a filling. In Texas, where I am from, hygienists perform sealants on school age children in a program called "Sealants Across Texas" and have been very successful. Sealants are safe and hygienists are trained to perform this valuable preventive service. It's appalling that Hawaii received a failing grade in the PEW report. Our Keiki deserve more than we are currently providing for them in dental services. A school based program would reach more children than can be serviced in clinics or private practices. Please give your consideration to support of this Bill. It will be another step forward in reaching the underserved keiki of Hawaii nei. Mahalo, Sierra Spruce, RDH Ocean View, HI

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Hawai'i State Legislature; State House of Representatives; Committee on Finance

In regards to SB 343 SD2 Hearing April 1, 2013; 2:00 PM Room 308

Honorable Chair Sylvia Luke, Vice-Chair Aaron Ling Johanson and Members of the House Committee on Finance,

Thank you for the opportunity to speak against SB343 which relates to the placement of sealants in a school based setting. I'm a general dentist with over 25 years of practice in the state of Hawai'i.

For the sealant procedure to be adequately done would require pre-cleaning with a pumice slurry, thorough isolation of the tooth/teeth, a phosphoric acid etch (or air abrasion), and light curing of the sealant. This usually requires a **not** insignificant outlay for materials, instrumentation and equipment. Of course, there would be attendant personnel and liability costs to consider as well.

You may have seen op-ed pieces by Dr. Reithman as well as the rebuttal by HDA President Curtis Shimizu in recent *Star-Advertiser* issues. Although I don't believe Dr. Reithman is licensed to practice in the State of Hawai'i, as a clinical researcher he is entitled to his own views. I don't disagree that sealants have their usefulness but I have seen instances where poorly placed ones (mine included) have lead to bigger problems.

An adjunct toward the improvement of dental health, of course, is the placement of fluoride varnish in a school setting. There are a wealth of studies to show the benefits of varnish application on both keiki and kapuna. Fluoride application has been done under the auspices of the DOH in the past and would not require any changes in the Hawai'i Dental Practice Act. I still believe it was a mistake to terminate the DOH's school based dental hygienist program and would hope for its reinstatement. And, to reiterate, we would all like to see water fluoridation but that's not currently feasible in today's political climate.

Mahalo again for the opportunity to speak out against SB343.

Darrell Teruya, DDS, Past President (2008) Hawai'i Dental Association