LATE

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

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

In reply, please refer to:
File:

House Committee on Finance

S.B. 343, SD2, HD1, RELATING TO DENTAL HEALTH

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

April 1, 2013

Department's Position: The Department of Health appreciates the intent of S.B.343, SD2, HD1 to improve the oral health of children through an oral health surveillance system; permitting dental hygienists to apply dental sealants in a school-based dental sealant program; and a school-based dental sealant program. The Department is offering amendments to allow us to work with existing community providers to administer a school-based sealant program and to update the Healthy People 2010 objectives referenced in the measure to the Healthy People 2020 objectives.

Fiscal Implications: Funding will be needed for the Department of Health to support the requirements of this measure. The public health dental program of the Department was eliminated as a result of the 2009 budget reductions and there is currently no infrastructure to support full implementation.

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

Best Practice Report. The report reviews the scientific evidence that school sealant programs work and presents specific examples of practices in state programs. School-based sealant programs are especially important for reaching children from low-income families who are less likely to receive dental care.

The Department recognizes the need to rebuild the infrastructure necessary to provide public health leadership in regards to a comprehensive oral health system and to conduct critical public health surveillance, evaluation, planning and prevention functions. Planning has begun under the Department's Family Health Services Division. The Department has initiated contact with the Centers for Disease Control and Prevention and the Association of State and Territorial Dental Directors to provide technical assistance to rebuild the State's oral health surveillance system comprised of several data sources. The Department currently collects some of the data elements included in the National Oral Health Surveillance System but is lacking others such as some of the children's oral health indicators. School-based activities included in this measure will facilitate the collection of data necessary to participate in the National Oral Health Surveillance System.

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

The Department will require staffing to build an oral health surveillance system as well as staffing to establish, implement and evaluate a dental sealant program. Currently, there are at least two community-based dental sealant programs being conducted. Staffing would facilitate a dedicated effort

to partner with the community providers and the Task Force to evaluate best practices that may be replicated in other high need schools.

The DOH suggests the following amendments to allow the Department the ability to work with community partners to administer a school-based dental sealant program; and to align the Department's plan to meet the national Healthy People 2020 objectives.

1. Page 3 line 18 delete "establish and administer" replace with "establish or enter into partnerships or agreements to administer".
2. Page 4 line 3 delete "establish and administer" replace with "establish or enter into partnerships or agreements to administer".
3. Page 7, line 7 delete "establish and administer" replace with "establish or enter into partnerships or agreements to administer".
4. Page 8, line 18 delete "2010 oral health objective 21-8, which calls for fifty percent of the State's eight-year-old and fourteen-year-old children" and replace with "2020 oral health objective OH-12 which calls for 28.1% of the six to nine year-old children".

Thank you for the opportunity to testify.

Written Only

NEIL ABERCROMBIE
GOVERNOR

KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAI`I
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAI`I 96804

LATE

Date: 04/01/2013

Committee: House Finance

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 0343,SD2,HD1 RELATING TO DENTAL HEALTH

Purpose of Bill: Permits dental hygienists to apply preventative sealants, in consultation with a licensed dentist, in a school-based dental sealant program or federally qualified health center. Requires the Department of Health to establish and administer a school-based dental sealant program in a high-need school. Appropriates funds. Effective January 1, 2054. Repealed on January 1, 2057. (SB343 HD1)

Department's Position:

The Department of Education supports SB 343 SD2,HD1. A school-based dental sealant program, especially for low-income children who are at greater risk of tooth decay, will enable these children to maximize their opportunities to learn and achieve college and career readiness. As such, the DOE is a willing partner with regard to needs for coordination and in providing an on-campus location for the program.

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

LATE

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

Monday April 1, 2013, 2:00 p.m. Room 308
Senate Bill 343, 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 Senate Bill 343 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 3 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 and as required by HRS Section 447-3(d).

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. Additionally, Section 3 SB 343 HD 1 clearly conflicts with mandated requirements of Section 447-3(d) and will cause more problems than it solves.

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 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.

LATE

PRESENTATION OF THE
BOARD OF DENTAL EXAMINERS

TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Monday, April 1, 2013
2:00 p.m.

TESTIMONY ON SENATE BILL NO. 343, S.D. 2, H.D. 1, RELATING TO DENTAL HEALTH.

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

My name is Marilyn Nonaka, R.D.H., Dental Hygiene member of the Board of Dental Examiners ("Board"). The Board appreciates the opportunity to testify in support of Senate Bill No. 343, S.D. 2, H.D. 1, Relating to Dental Health.

The purpose of Senate Bill No. 343, S.D. 2, H.D. 1, is to take proactive steps to make prevention of tooth decay among Hawaii's children a top priority by: (1) Requiring the Director of Health to participate in the national oral health surveillance system; (2) Allowing dental hygienists to apply preventative sealants, in consultation with a licensed dentist, in a school-based dental sealant program or at a federally qualified health center; (3) Requiring the Department of Health to: (A) Establish and administer a school-based dental sealant program in a high-need demonstration school; and (B) Submit a report to the legislature prior to the Regular Session of 2015 on its efforts in implementing the school-based dental sealant program; and (4) Appropriating funds for the

Department of Health to establish and administer a school-based dental sealant program in a high-need demonstration school.

Regarding Section 3 of this bill, in earlier testimony on this bill as well as the companion bill, House Bill No. 658, the Board sought clarification as to whether it was the intent of the bills to require pre-screening by the licensed dentist or merely be available for consultation. Senate Bill No. 343, S.D. 2, H.D. 1 clarifies that a licensed dentist be in consultation with the dental hygienists who will be applying the preventative sealants. The Board supports the clarification made in the bill.

Thank you for the opportunity to testify on Senate Bill No. 343, S.D. 2, H.D. 1, and I will be available for questions.

LATE

Good Beginnings Alliance
Voices For Hawai'i's Children

April 1, 2013

To: Chair Sylvia Luke
Vice-Chair Scott Nishimoto
Members of the House Committee on Finance

From: Deborah Zysman, Executive Director
Good Beginnings Alliance

RE: Comments in support of SB343 SD2 HD1: Relating to Dental Health

The Good Beginnings Alliance is in support with comments of SB343 SD2 HD1: Relating to Dental Health. 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. This measure seeks to improve the dental health of our state's children by allowing dental hygienists to apply preventative sealants, in conjunction with a licensed dentist, in federally qualified health centers and school-based dental health sealant programs. We see this as a reasonable program that will have immediate health benefits to our school-age population.

A recent report by the Pew Charitable Trusts, entitled *Falling Short: Most States Lag on Dental Sealants*, found that less than 25% of high-need schools in Hawaii have school-based sealant programs. These are schools with a significant proportion of children who are at higher risk of tooth decay and who are least likely to be able to afford dental services.

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.[i] 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.[ii]

We would also draw the Committee's attention to other states who have taken steps toward allowing dental hygienists to apply preventative sealants via 'remote supervision' (Virginia) or 'collaborative agreement' (South Dakota and West Virginia). These approaches appear to

provide appropriate and effective oversight of the professionals applying sealants while ultimately improving the dental health of the patient. We have attached example language of the aforementioned statues from other states for the Committee to consider.

The Good Beginnings Alliance (GBA) is a policy and advocacy organization focused on ensuring that Hawaii's young children are healthy, safe, and ready for school and therefore supports the passage of SB343 SD2 HD1. Thank you.

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[i] 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.

[ii] 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.

ENROLLED
COMMITTEE SUBSTITUTE
FOR
H. B. 4077

(By Delegates Perdue, Hatfield, Lawrence, Marshall, Moye,
Poore, Staggers, Ferns, Ellington, J. Miller and Rowan)

[Passed March 10, 2012; in effect ninety days from passage.]

AN ACT to amend §30-4-17 of the code of West Virginia, 1931, as amended, relating to activities that may be performed by a dental hygienist without a prior exam by a dentist; requiring a Public Health Practice permit; providing for the sealants to be placed pursuant to a collaborative agreement with a supervising dentist; and requiring a referral for a dental examination within six months.

Be it enacted by the Legislature of West Virginia:

That §30-4-17 of the Code of West Virginia, 1931, as amended, be amended and reenacted to read as follows:

ARTICLE 4. WEST VIRGINIA DENTAL PRACTICE ACT.

§30-4-17. Scope of practice; dental hygienist.

The practice of dental hygiene includes the following:

(1) Performing a complete prophylaxis, including the removal of any deposit, accretion or stain from the surface of a tooth
or a restoration;

(2) Applying a medicinal agent to a tooth for a prophylactic purpose;

(3) Taking a dental X-ray;

(4) Instructing a patient on proper oral hygiene practice;

(5) Placing sealants on a patient's teeth without a prior examination by a licensed dentist: *Provided,* That for this subdivision, the dental hygienist has a Public Health Practice permit issued by the West Virginia Board of Dental Examiners, and subject to a collaborative agreement with a supervising dentist and the patient is referred for a dental examination within six months of sealant application.

(6) Performing all delegated procedures of a dental hygienist specified by rule by the board; and

(7) Performing all delegated procedures of a dental assistant specified by rule by the board.

VIRGINIA ACTS OF ASSEMBLY -- 2012 SESSION

CHAPTER 102

An Act to amend and reenact § 54.1-2722 of the Code of Virginia and to repeal the third enactments of Chapters 99 and 561 of the Acts of Assembly of 2009, as amended by Chapter 289 of the Acts of Assembly of 2011, relating to dental hygienists' scope of practice.

[S 146]

Approved March 6, 2012

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2722 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2722. License; application; qualifications; practice of dental hygiene.

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing, and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of an accredited dental hygiene program offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B of this section; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection V of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

For the purposes of this section, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have done an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. (Expires July 1, 2012) Notwithstanding any provision of law or regulation to the contrary, a dental hygienist employed by the Virginia Department of Health who holds a license issued by the Board of

Dentistry may provide educational and preventative dental care in the Cumberland Plateau, Southside, and Lenowisco Health Districts, which are designated as Virginia Dental Health Professional Shortage Areas by the Virginia Department of Health *Commonwealth under the remote supervision of a dentist employed by the Department of Health*. A dental hygienist providing such services shall practice pursuant to a protocol *adopted by the Commissioner of Health on September 23, 2010, having been* developed jointly by *(i)* the medical directors of each of the districts, *the Cumberland Plateau, Southside, and Lenowisco Health Districts; (ii)* dental hygienists employed by the Department of Health,*; (iii)* the Director of the Dental Health Division of the Department of Health,*; (iv)* one representative of the Virginia Dental Association,*;* and *(v)* one representative of the Virginia Dental Hygienists' Association. *Such protocol shall be adopted by the Board as regulations.*

F. A report of services provided by dental hygienists pursuant to such protocol, including their impact upon the oral health of the citizens of these districts *the Commonwealth*, shall be prepared and submitted by the medical directors of the three health districts *the Department of Health* to the Virginia Secretary of Health and Human Resources by January 1, 2012 *annually*. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.

2. That the third enactments of Chapters 99 and 561 of the Acts of Assembly of 2009, as amended by Chapter 289 of the Acts of Assembly of 2011, are repealed.

State of South Dakota

EIGHTY-SIXTH SESSION
LEGISLATIVE ASSEMBLY, 2011
940S0076

HOUSE BILL NO. 1045

Introduced by: Representatives Haggar, Blake, Boomgarden, Gibson, Hickey, Jensen, Lucas, Magstadt, Munsterman, Romkema, and Stricherz and Senators Hunhoff (Jean), Bradford, Gray, Heineman, Holien, Kraus, Krebs, and Schlekeway

FOR AN ACT ENTITLED, An Act to authorize dental hygienists to provide preventive and therapeutic services to more persons under certain circumstances.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. That chapter 36-6A be amended by adding thereto a NEW SECTION to read as follows:

A dental hygienist may provide preventive and therapeutic services under collaborative supervision of a dentist if the dental hygienist has met the following requirements:

(1) Possesses a license to practice in the state and has been actively engaged in the practice of clinical dental hygiene in two of the previous three years;

(2) Has a written collaborative agreement with a licensed dentist; and

(3) Has satisfactorily demonstrated knowledge of medical and dental emergencies and their management; infection control; pharmacology; disease transmission; management of early childhood caries; and management of special needs populations.

135 copies were printed on recycled paper by the South Dakota Legislative Research Council at a cost of $.075 per page. Insertions into existing statutes are indicated by underscores. Deletions from existing statutes are indicated by overstrikes.

Section 2. That chapter 36-6A be amended by adding thereto a NEW SECTION to read as follows:

A dental hygienist seeking to provide preventive and therapeutic services under collaborative supervision shall submit evidence, as prescribed by the board, of meeting the requirements of section 1 of this Act and a fee not to exceed thirty dollars. The board shall, by rules promulgated pursuant to chapter 1-26, establish the required fee, the minimum requirements for a collaborative agreement, the preventive and therapeutic services that may be performed, and the evidence required to demonstrate the active practice and knowledge required pursuant to section 1 of this Act.

Section 3. That chapter 36-6A be amended by adding thereto a NEW SECTION to read as follows:

A dental hygienist may only provide preventive and therapeutic services under collaborative supervision at a nursing facility, an extended care facility or by a home health agency serving the elderly or disabled, a public institution under the Department of Human Services, Social Services, Health, or Corrections, a federally qualified health center, a public health facility, a tribal or Indian health service facility, a mobile dental unit, or a public or nonpublic school, or

17 through a head start program or the Special Supplemental Nutrition Program for Women,
18 Infants, and Children.
19 . Section 4. That § 36-6A-40 be amended to read as follows:
20 36-6A-40. Any licensed dentist, public institution, or school authority may use the services
21 of a licensed dental hygienist. Such licensed dental hygienist may perform those services
which
22 are educational, diagnostic, therapeutic, or preventive in nature and are authorized by the
Board
23 of Dentistry, including those additional procedures authorized by subdivision 36-6A-14(10).
24 Such services may not include the establishment of a final diagnosis or treatment plan for a

1 dental patient. Such services shall be performed under supervision of a licensed dentist.
2 As an employee of a public institution or school authority, functioning without the
3 supervision of a licensed dentist, a licensed dental hygienist may only provide educational
4 services.
5 All A dental hygienist may perform preventive and therapeutic services may be performed
6 under general supervision provided if all individuals treated are patients of record of a licensed
7 dentist and that all care rendered by the hygienist is completed under the definition of patient
8 of record. A dental hygienist may perform preventive and therapeutic services under
9 collaborative supervision if the requirements of section 1 of this Act are met. However, no
10 dental hygienist may perform preventive and therapeutic services under collaborative
11 supervision for more than thirteen months for any person who has not had a complete
evaluation
12 by the supervising dentist.
13 Section 5. That § 36-6A-26 be amended by adding thereto NEW SUBDIVISIONS to read
14 as follows:
15 "Collaborative agreement," a written agreement between a supervising dentist and a dental
16 hygienist authorizing the preventive and therapeutic services that may be performed by the
17 dental hygienist under collaborative supervision;
18 "Collaborative supervision," the supervision of a dental hygienist requiring a collaborative
19 agreement between a supervising dentist and dental hygienist

FINTestimony

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 31, 2013 8:11 PM
To: FINTestimony
Cc: tabraham08@gmail.com
Subject: Submitted testimony for SB343 on Apr 1, 2013 14:00PM

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
Troy Lopaka Abraham	Individual	Support	No

Comments: I support passage of this bill effective immediately

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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