

SB343

TESTIMONY

**PRESENTATION OF THE
BOARD OF DENTAL EXAMINERS**

TO THE SENATE COMMITTEE ON HEALTH
AND
TO THE SENATE COMMITTEE ON EDUCATION
AND
TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Monday, February 4, 2013
1:00 p.m.

TESTIMONY ON SENATE BILL NO. 343, RELATING TO DENTAL HEALTH.

TO THE HONORABLE JOSH GREEN, M.D., CHAIR,
TO THE HONORABLE JILL N. TOKUDA, CHAIR,
TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEES:

My name is Marilyn Nonaka, R.D.H., dental hygienist member of the Board of Dental Examiners ("Board"). The Board appreciates the opportunity to testify and offer comments on Senate Bill No. 343, Relating to Dental Health.

The purpose of Senate Bill No. 343 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 Senate Bill No. 343 and apologizes for not having a position at this time. The Board has assembled a committee to meet later this week to review all legislation to determine its impact on current regulations and public safety.

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

Testimony on Senate Bill No. 343
Monday, February 4, 2013
Page 2

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.

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 Senate Bill No. 343 and I will be available for questions.



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 4, 2013

The Honorable Josh Green, M.D., Chair
Senate Committee on Health

and

The Honorable Jill N. Tokuda, Chair
Senate Committee on Education

and

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Consumer Protection

Dear Senators Green, Tokuda and Baker, and Members of the Committees:

SUBJECT: SB 343 – RELATING TO DENTAL HEALTH

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 343**. 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 a school-based dental sealant program; 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) appropriate funds to establish and administer a school-based dental sealant program in a high-need.

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 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 submit testimony in **support of SB 343**.

Sincerely,

Waynette K.Y. Cabral, MSW
Executive Administrator

J. Curtis Tyler III
Chair

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ypeia01@yahoo.com
Subject: Submitted testimony for SB343 on Feb 4, 2013 13:00PM
Date: Wednesday, January 30, 2013 1:51:08 PM

SB343

Submitted on: 1/30/2013

Testimony for HTH/EDU/CPN on Feb 4, 2013 13:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
christine johnson	Individual	Comments Only	No

Comments: Dear Representatives and others. please do background checks on the safety and toxicity of the sealant materials before passing this Bill. Just today i read about plastic bottles that were once seen as wonderful become the source of diseases like cancer becasue materials/chemicals used in the plastic are toxic.. It is admirable to help with the problem of tooth decay in children.. please make sure you arent being duped by a company's claims... thanks so much christine johnson

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Monday, February 4, 2013 – State Capitol, Conference Room 229

To: Committee's HTH/EDU/CPN & Senator Rosalyn Baker (S.B. 343)

From: Crystal Bell, RDH, BS

Re: Senate Bill #343 Regarding Dental Health

In Support

Chairs & Committee Members:

I, Crystal Bell, a Registered Dental Hygienist **support** Senate Bill #343. I am excited the legislators are concerned for the oral health of Hawaii's children and I am happy to be part of the solution. Studies show that in Hawaii tooth decay among children is 100 percent higher than children on the mainland U.S. This is an alarming number, and it saddens me that as a hygienist I can't help at the state level. Dental pain is unbearable for children. The pain and suffering due to untreated dental caries can lead to problems in eating, speaking, and attending to learning. The purpose of the bill, below, will help to lower the statistic, and ultimately improve quality of life and learning for Hawaii's children.

1. Require the director of health to participate in the national oral health surveillance system, a national database managed by the federal Centers for Disease Control and Prevention and the Association of State and Territorial Dental Directors;
2. Permit dental hygienists to apply preventative sealants in a school-based dental sealant program;
3. Require the department of health to establish and administer a school-based dental sealant program in a high-need demonstration school;
4. 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;

5. 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.

Thank you for the opportunity to submit testimony. I hope that you will do your utmost to improve the quality of care for our children.

Respectfully Submitted,

Crystal Bell

From: [david breese](#)
To: [HTHTestimony](#)
Subject: Bill SB343 testimony from Kokua Kahili Valley CHC
Date: Sunday, February 03, 2013 10:02:46 AM

Dear Senators

On behalf of kokua kalihi valley community health center I would like to express our strong and enthusiastic support for the school based dental sealant programs. KKV has been doing school based sealant programs in six elementary schools since the late 1990's. We would be strongly supportive of working with the DOH and other CHC's with school programs to share our experiences and help in designing school programs that are effective and collect appropriate data for the state of hawaii. We would prefer this approach over a pilot program since there are programs already in existence. At our health center the executive director and medical director have placed a high priority on continuing these school programs every year lending support to the effectiveness of the sealants. We feel that with proper design and coordination these school based programs can be financially self-sustaining.

I thank all of you for your consideration of this bill.

Sincerely,

David Breese DDS.

KKV dental program since 1979

kkv3000@yahoo.com

808-791-9428

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kkv3000@yahoo.com
Subject: Submitted testimony for SB343 on Feb 4, 2013 13:00PM
Date: Sunday, February 03, 2013 1:01:05 PM

SB343

Submitted on: 2/3/2013

Testimony for HTH/EDU/CPN on Feb 4, 2013 13:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
david breese kkv	kokua kalihi valley chc	Support	No

Comments: sent support for school sealant portion of bill by e-mail to all committees, I will try to attend hearing, I have pt. care on monday

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Testimony from Dr. Michael P. Rethman (biographical abstract follows this testimony) in support of legislation (SB 343) that would expand the opportunities for Hawaii's children to benefit from dental sealants.

From a recent PEW report, it's clear that Hawaii is failing when it comes to preventing childhood dental caries (cavities). As the members of the Senate Committees on *Health*, on *Education* and *Commerce and Consumer Protection* 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 if 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?

SB 343 represents an opportunity that the Senate should seize on behalf of Hawaii's children. However, I would suggest that the eventual legislation include wording to the effect that dental hygienists operating in such capacities be insured by the schools 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 Senate to know that a recent American Dental Association report on dental sealants is available at <http://ebd.ada.org/ClinicalRecommendations.aspx>. Unfortunately, I appears that I can't upload a pdf file of the report with this testimony so I suggest the Senate 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 Senate 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.

47-140 Heno Place, Kaneohe, HI 96744; 808-239-7973, rethman@hotmail.com



Testimony in Support of SB343, Relating to Dental Health

Ellie Kelley-Miyashiro, RDH, BS

President - Hawaii Dental Hygienists' Association

February 4, 2013

Dear Esteemed Members of the Committees on Health, Education and Commerce and Consumer Protection,

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](#). On a scale of A to F, Hawaii was one of 5 states 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 an area with few providers or they have a low income. Hawaii is in line with this unfortunate trend.

In an increasing effort to solve this disparity, 35 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](#))

As the largest association representing Hawaii's licensed dental hygienists', HDHA strongly supports the intent of SB 343 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. We look

P.O. Box 23313 ♦ Honolulu, HI 96823 ♦ www.hdha.net



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.

SB343 Relating to Dental Health

Date of meeting: Monday, February 4, 2013

Time: 1 pm

Place: Conference Room #229

Committee on Health

Senator Josh Green, Chair

Committee on Education

Senator Jill Tokuda, Chair

Committee on Commerce and Consumer Protection

Senator Rosalyn Baker, Chair

SB343 Relating to Dental Health

I am submitting testimony in support of this bill. As a dental hygienist that has grown up and lived in the state of Hawaii, I have seen the neglect of the youth by parents and the community by not providing the dental education and services that is sorely needed. I am pleased to see the Senate lead by Senator Rosalyn Baker introduce this bill. The PEW Report “Falling Short Most States Lag on Dental Sealants” was an embarrassment to our wonderful state of Hawaii. The utilization of dental hygienist as an integral part of the solution in providing preventive dental services such as sealant placement is vital to the success of any viable dental prevention program. Dental hygienists have the education and training to deliver the services of the pilot program.

Your support and moving this bill forward will show to the people of Hawaii that we do care about the health of our youth!!

Aloha,

Gayle Chang, RDH B Ed

(808) 375-5691

gaylechang@pacific-ocean.com

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB343 on Feb 4, 2013 13:00PM*
Date: Wednesday, January 30, 2013 3:20:09 PM

SB343

Submitted on: 1/30/2013

Testimony for HTH/EDU/CPN on Feb 4, 2013 13:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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Testimony in Support of SB343, 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 4, 2013

Dear Esteemed Members of the Committees on Health, Education and Commerce and Consumer Protection,

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](#))

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 SB 343. 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 SB 343 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. SB 343 takes Hawaii a step closer to preventing oral disease in the most needy and underserved of its population.

Thank you for your time.



From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: jory_watland@yahoo.com
Subject: Submitted testimony for SB343 on Feb 4, 2013 13:00PM
Date: Thursday, January 31, 2013 11:24:01 AM

SB343

Submitted on: 1/31/2013

Testimony for HTH/EDU/CPN on Feb 4, 2013 13:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jory Watland	Individual	Support	Yes

Comments: Senators Baker, Chun Oakland, Green, and members of the committee, I urge your full support for SB343. Kokua Kalihi Valley started a dental sealant program at Fern Elementary School over 15 years ago. The demonstrated positive reduction in or elimination of tooth decay in the students has been phenomenal. Jory Watland

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TESTIMONY TO
THE SENATE COMMITTEE ON HEALTH,
THE SENATE COMMITTEE ON EDUCATION, AND
THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

BY

NEIL C. NUNOKAWA D.D.S.

1885 MAIN STREET SUITE 204

WAILUKU, HAWAII 96793

Senator Josh Green, Chair, Senator Rosalyn H. Baker, Vice Chair Senate Committee on Health

Senator Jill N Tokuda, Chair, Senator Michelle N. Kodani, Vice Chair Senate Committee on Education

Senator Rosalyn H. Baker, Chair, Senator Brickwood Galuteria, Vice Chair Senate Committee on
Commerce and Consumer Protection

Monday, February 4, 2013, 1:00 pm

Conference room 229

Re: SB 343, Relating to Dental Health

Honorable Chairs Josh Green, Jill N. Tokuda, and Rosalyn H. Baker, Vice Chairs Rosalyn H. Baker, Michelle N. Kodani, and Brickwood Galuteria and members of the Senate Committee on Health, Senate Committee on Education, and the Senate Committee on Commerce and Consumer Protection:

As the immediate past president of the Hawaii Dental Association and a practicing dentist in Hawaii for over 36 years, I wish to testify in OPPOSITION to SB 343, Relating to Dental Health.

The application of dental sealants requires a thorough examination by a licensed dentist to ascertain that a tooth is caries-free before being "sealed". Decay should not exist on the occlusal (biting) surface of a tooth nor on an interproximal surface (the side next to an adjacent tooth). The latter type of decay can only be verified by a radiographic exam and diagnosed by a dentist. To seal a tooth with any of these types of caries could result in painful consequences at worst or a complete waste of a sealant procedure at best. In addition, the application of a sealant without "isolation" (i.e., a dry field) would

result in a premature loss of a sealant in as little as minutes after application. Thus, a sealant cannot be correctly applied in a school health room or classroom without isolation, a condition best achieved in a dental office or clinic.

Public health treatment of dental caries is best provided by a comprehensive approach that mandates education and prevention. The application of dental sealants is but one aspect of a comprehensive program and must be implemented properly. The UNSUPERVISED application of dental sealants by dental hygienists constitutes gross negligence and malpractice in the prevention and treatment of childhood caries.

A more effective and comprehensive approach to Hawaii's childhood caries problem could be implemented with input from those most intimately involved with the problem: the dentists of Hawaii.

Again, I OPPOSE SB 343, Relating to Dental Health, as a danger to the children of Hawaii and an ineffective and inadequate solution to childhood caries.

Sincerely,

Neil C. Nunokawa D.D.S.

Friday, February 01, 2013

Support for SB 343

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. I am excited that our legislators are concerned for the children of Hawaii's oral health and I support SB 343.

Mahalo,

Noelani Greene, RDH, BS

Dental Sealants in Early Childhood

By Dr. Patsy Fujimoto, RDH, DDS
Assistant Professor, University of Hawaii School of Nursing
and Dental Hygiene, 1981 to 2013
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 relaxes the rules and regulations for dental hygienists allowing them to practice very far out 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.

Hawaii State Legislature
State Senate
Committee on Health
Committee on Education
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Monday, February 4, 2013, 1:00 p.m. Room 229
Senate Bill 343 Relating to Dental Health

Honorable Chairs Josh Green, M.D., Jill N. Tokuda, and Rosalyn H. Baker, and members of the Senate Committees on Health, Education and Commerce and Consumer Protection,

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 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.

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 since 1981, 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.

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.

Dental Sealants in Early Childhood

By Dr. Patsy Fujimoto, RDH, DDS
Assistant Professor, University of Hawaii School of Nursing
and Dental Hygiene, 1981 to 2013
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 relaxes the rules and regulations for dental hygienists allowing them to practice very far out 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.

THE SENATE

THE TWENTY SEVENTH LEGISLATURE
REGULAR SESSION OF 2013COMMITTEE ON HEALTH

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COMMITTEE ON EDUCATION

Senator Jill Tokuda, Chair
Senator Michelle Kidani, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn Baker, Chair
Senator Brickwood Galuteria, Vice Chair

DATE: Monday, February 4, 2013
TIME: 1:00 PM
PLACE: Conference Room 229

RE: SB 343 (Relating to Dental Health)

My name is Sierra Spruce and I am writing in support of SB 343. I have been a practicing Dental Hygienist for 42 years, with 27 of those years practicing on the Big Island. The dental needs of children, especially low income children on this island, are great. Whenever I have gone into public schools to do dental health presentations, I am always appalled at the number of children with obviously decayed teeth. Hygienists on the Big Island for many years participated in a Keiki Dental Fair, which in combination with other community maternal/child agencies provided education for mothers and children aged 1-5. The hygienists provided oral health instructions and fluoride varnish application. Again I saw firsthand the appalling number of very small children with severely decayed teeth.

I was not surprised when I read the report by the Pew Center giving Hawaii a grade of "F" in falling short of doing whatever we can to help prevent dental decay in our Keiki. Providing dental sealants is one of the avenues available for addressing this problem in our State. When I worked as a hygienist in Texas for 15 years, we provided sealants for school age children in a very successful program, which now is called "Sealants Across Texas". In this program hygienists in the Texas Dental Hygienists' Association volunteer their time to provide sealants for underserved children, where the need is greatest.

I applaud the plan included in SB 343 which returns the focus of the DOH to providing preventive dental care to our underserved children, and would require our participation in the national oral health surveillance system. Hygienists in Texas and other states have been providing sealants without supervision quite successfully for many years. It is time Hawaii participates in a program like this which will help to reduce dental decay in our Keiki.

Thank you for your consideration of my testimony and for your support of this Bill.

Mahalo,
Sierra Spruce, RDH
Ocean View, Hawaii

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: tclegg09@gmail.com
Subject: Submitted testimony for SB343 on Feb 4, 2013 13:00PM
Date: Saturday, February 02, 2013 4:37:00 PM

SB343

Submitted on: 2/2/2013

Testimony for HTH/EDU/CPN on Feb 4, 2013 13:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tori Clegg	Individual	Support	No

Comments: I am a registered dental hygienist in hawaii and I am in support of this bill

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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