DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony Commenting HB579
RELATING TO DENTAL HEALTH

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 4, 2015 Room Number: Conference Room 414

Fiscal Implications: This bill proposes adding a general fund appropriation for fiscal year 2015-2016 and the same sum for FY 2016-2017 in the Department of Health to administer a demonstration school-based dental sealant program described in this bill.

Department Testimony: The Department appreciates the intent of the bill but defers to the Governor's Executive Budget request and for the Department of Health's appropriations and personnel priorities. The Department has been able to leverage funds and technical assistance from an Aspen Institute Excellence in Public Health Law award and a Centers for Disease Control (CDC) Oral Health Disease Prevention grant to secure additional resources to achieve steady progress toward the activities described in this bill including:

- Initiated planning of a pilot school based dental sealant program in partnership with several Federally Qualified Health Centers
- Submittal of a grant proposal to the Hawaii Dental Service Foundation to fund the pilot project,
- Annual reporting of data to the National Oral Health Surveillance System,
- Conducting a third grade oral health survey in a representative sample of 64 public and charter schools to generate state and county level estimates to measure the oral health status of children in the state.

Thank you for the opportunity to testify on this bill.

Offered Amendments: None

DAVID Y. IGE
GOVERNOR

KATHRYN S. MATAYOSHI
SUPERINTENDENT

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

Date: 02/04/2015
Time: 09:00 AM
Location: 329
Committee: House Health

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 0579 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.

Department's Position:
The Department of Education (Department) supports HB 579. Establishing a dental sealant program in a high need demonstration school will greatly benefit low-income children who are at a greater risk of tooth decay. This program has the potential to assist many families in the state who do not have adequate access to dental care. We also support the provision that would provide the Department of Health with an appropriation to support the implementation of the program.

Thank you for the opportunity to present testimony on this measure.

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, 2015

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Belatti and Members of the Committee:

SUBJECT: HB 579 – Relating to Dental Health

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 579.** The bill requires the Department of Health (DOH) to establish and administer a school-based dental sealant program in a high-need school and appropriate funds.

Access to dental care services for individuals with DD is a priority of the Council and is addressed in our 2012-2016 State Plan through partnerships with dental hygienists, the University of Hawaii School of Nursing and Dental Hygiene, the Maternal Child Health Leadership in Neurodevelopmental and Related Disabilities program, and Special Olympics to do in-service training on preventive oral health care for families and other caregivers. Children and adults with DD face increased oral health challenges coupled with their disability. Dental sealants would be a proactive step in improving the oral health and increasing access to dental services. We understand that the application of dental sealants is quick, simple, and painless with demonstrated effectiveness in preventing tooth decay and providing access to dental services amongst children.

The Council defers to DOH regarding the staff and fiscal resources needed to carry out the activities described in the bill.

Thank you for the opportunity to submit testimony **in support of HB 579.**

Sincerely,

Waynette K.Y. Cabral, M.S.W.
Executive Administrator

Rosie Rowe
Chair

PRESENTATION OF THE
BOARD OF DENTAL EXAMINERS

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Wednesday, February 4, 2015
9:00 a.m.

TESTIMONY ON HOUSE BILL NO. 579, RELATING TO DENTAL HEALTH.

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Candace Wada, D.D.S., Dental member of the Board of Dental Examiners ("Board"). The Board appreciates the opportunity to testify and offer comments on House Bill No. 579, Relating to Dental Health.

The purpose of House Bill No. 579 is to permit dental hygienists to apply preventive sealants, in consultation with a licensed dentist, in a school-based dental sealant program or federally qualified health center. In addition, the bill requires the Department of Health to establish and administer a school-based dental sealant program in a high-need school, and it also appropriates funds for this purpose.

The Board has not had an opportunity to take a position on this measure; however, the Board's Legislative Committee has provided some comments. Pursuant to the Board's current administrative rules, applying pit and fissure sealants are allowable duties for the dental hygienists under the direct supervision of a licensed dentist. Licensed dental hygienists are qualified to apply sealants as they receive didactic and clinical training to apply sealants as a part of their degree program.

While under consultation with a licensed dentist, more dental hygienists will be able to provide sealants to a larger amount of children in this focus group. Moreover, general supervision in a public health setting will reduce costs. One licensed dentist can be in "consultation" with more than one dental hygienist versus requiring one dentist at each site.

Please be aware that the Board has approved and is currently proceeding to amend its administrative rules to allow dental hygienists under general supervision, to do sealants in public health settings by proposing amendments in Title 16, Department of Commerce and Consumer Affairs, Chapter 79, Hawaii Administrative Rules ("HAR"), Subchapter 7, section 16-79-69.10 Allowable duties of licensed dental hygienists. Schools are included as a public health setting.

Thank you for the opportunity to testify on House Bill No. 579, and I will be available for questions.

HPCA
HAWAIʻI PRIMARY CARE ASSOCIATION

House Committee on Health
The Hon. Della Au Belatti, Chair
The Hon. Richard P. Creagan, Vice Chair

Testimony on House Bill 579

Relating to Dental Health
Submitted by Robert Hirokawa, Chief Executive Officer
February 4, 2015, 9:00 am, Room 329

The Hawaiʻi Primary Care Association, which represents community health centers in Hawaiʻi, supports House Bill 579 permitting dental hygienists to apply preventive sealants in consultation with a licensed dentist, in a school-based dental sealant program or at a community health center.

In Hawaii, the rate of tooth decay in children is twice as high as that of children living on the mainland. As a point of reference, over 94 percent of mainland six year olds are entirely free from cavities, while only 19 percent of six year olds in Hawaii are cavity-free. Later in life, health care research points to associations between chronic oral infections and diabetes, heart and lung disease, stroke, and low-birth-weight births—conditions that are more complicated and costly to treat than effective, timely oral health care.

All fourteen of Hawaii's community health centers have long been providers of, and advocates for, pediatric dental health programs in high-need communities, including dental sealant programs. We fully support the implementation of a statewide sealant program and we recognize the need for program collaboration while operating with a limited amount of resources.

For these reasons we support House Bill 579 and thank you for the opportunity to testify.

ADD 735 BISHOP STREET, SUITE 230 HONOLULU, HI 96813 TEL 808.536.8442 FAX 808.524.0347 WEB WWW.HAWAIIPCA.NET

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 10:24 AM
To: HLTtestimony
Cc: yoshi1_96744@yahoo.com
Subject: *Submitted testimony for HB579 on Feb 4, 2015 09:00AM*

HB579
Submitted on: 2/3/2015
Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
K	Individual	Support	No

Comments:

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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Cc: tclegg09@gmail.com
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HB579
Submitted on: 2/2/2015
Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
tori clegg	Individual	Support	No

Comments: I am a Registered Dental Hygienist in Hawaii and support this bill. Allowing Dental Hygienist to place preventative sealants to children in schools who show need for services. This would be beneficial in reducing the number or dental caries amongst children in Hawaii who are limited or do not have access to dental care.

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Re: HB 579 RELATING TO DENTAL HEALTH
House Committee on Health

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
Representative Aaron Ling Johanson, Vice Chair

Date: February 4, 2015
Time: 9:00am
Place: House Conference Room 329

Dear Honorable Representative Belatti, Chair; Honorable Representative Creagan, Vice Chair, and Members of the House Committee on Health:

This testimony is in **support** of **HB 579**.

My name is Diane Brucato-Thomas, RDH, EF, BS, FAADH. I have been a practicing Dental Hygienist in good standing on the island of Hawaii since 1992. I live on the Big Island and have practiced in Kona and Hilo. It has been my privilege to present numerous preventive education programs in grade-school classrooms and participate in countless health fairs over the years, providing preventive dental education to the public in the areas of early childhood caries, periodontal disease, root caries, systemic links, xylitol as a preventive agent, oral piercing, and, of course, halitosis. In addition to my participation at health fairs, in the last few years, I have worked to develop and implement a successful, entertaining, hands-on power point program for the lay public on oral health and prevention. This program, titled "Sweet Kisses/Sweet Truth" has been very well received by numerous audiences of various ages within the community. In 2011, I received the ADHA Institute for Oral Health Rosie Wall Community Spirit Grant to continue this program.

One of the reasons I began my quest to educate the public was because it breaks my heart when I see so many beautiful children smile with silver teeth, or worse, badly decayed teeth that are untreated, often painful, and certainly a risk to their systemic health. Hawaii is known to have a very high rate of Early Childhood Caries. This is shameful, when you consider the fact that caries is a preventable disease.

To clarify, dental "caries" is a bacterial infection. Tooth decay or "cavities" are the result of a caries infection. According to the Center for Disease Control:

- Early Childhood Caries is the most prevalent chronic disease in America.
- Early Childhood Caries is the most prevalent infectious disease on the planet.
- 40% of Children have Cavities by age five.
- CARIES INFECTION IS PREVENTABLE!

The formula chain for tooth decay is:

- Bacterial infection + sugar = acid
- Acid + tooth = decay

This chain can be broken at various links, such as:

- Daily removal of bacterial biofilms from teeth (brushing and cleaning between teeth)
- Remove sugar from diet
- Neutralize acids with water or saliva stimulated with xylitol gum or candy
- Strengthening/hardening tooth surfaces with fluoride or calcium/phosphorus agents
- Using sealants to create a barrier that protects susceptible tooth surfaces

According to the *"Executive summary of evidenced based clinical recommendations for the use of pit-and-fissure sealants: A report of the American Dental Association Council on Scientific Affairs"* , JADA, 2009, (Beauchamp, Caufield, Crall, et. al.):

- Sealants should be placed in pits and fissures of **children's** primary teeth when it is determined that the tooth, or the patient, is at risk of developing caries
- Sealants should be placed on pits and fissures of **children's** and **adolescents'** permanent teeth when it is determined that the tooth, or the patient, is at risk of developing caries
- Sealants should be placed on pits and fissures of **adults'** permanent teeth when it is determined that the tooth, or the patient, is at risk of developing caries
- Pit-and-fissure sealants should be placed on early (non-cavitated) carious lesions in **children**, **adolescents** and **young adults** to reduce the percentage of lesions that progress

HB 579 provides an important step toward tooth decay prevention in Hawaii's youth by attempting to break the chain of caries process. This bill serves to lay the groundwork to establish and administer a school based dental sealant program in a high-need demonstration school. I urge you to please pass HB 2579 and consider that dental hygienists are a cost-effective, qualified resource for prevention programs. Utilizing dental hygienists for the placement of sealants makes good sense, as this is clearly within their scope of practice of as educated, licensed prevention specialists. Please know that there are dental hygienists willing to facilitate the implementation of this bill. Thank you for your consideration.

Sincerely,

Diane Brucato-Thomas, RDH, EF, BS, FAADH
d.bt@live.com (808) 937-7282
Past President, American Academy of Dental Hygiene
Past President, Hawaii Dental Hygienists' Association
ADHA/Hu-Friedy Master Clinician Award 2008
Sunstar/RDH Award of Distinction 2002

Testimony in Support of **HB579**, Relating to Dental Health

Ellie Kelley-Miyashiro, RDH, BS

Regulations and Practice Hawaii Dental Hygienists' Association

February 4, 2015

Dear Respected Members of the Health Committee:

The Hawaii Dental Hygienists' Association (HDHA) 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 licensed dental hygienists as a lower-cost way to expand access and 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, highly costly, but inefficient surgical care. The CDC estimates that inpatient emergency department treatment costs on average $6,498 versus preventive treatment costs of $660. 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 **HB579** to address the prevention of dental disease among Hawaii's children. Dental hygienists possess the education and training to fulfill the goals of the program described in this bill and 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.

Good Beginnings Alliance
Voices For Hawai'i's Children

February 4, 2015

To: Chair Della Au Belatti
Vice-Chair Richard Creagan
Members of the House Committee on Health

From: Deborah Zysman, Executive Director
Good Beginnings Alliance

RE: Comments in support of HB579: RELATING TO DENTAL HEALTH.

The Good Beginnings Alliance supports HB579, which requires the Hawaii Department of Health to establish or enter into partnerships or agreements to administer a dental sealant program in high-need schools. Research clearly shows that tooth decay and other dental-related problems undermine a child's ability to attend and perform well in school. This measure seeks to improve the dental health of our state's children by requiring the DOH to increase its role in the prevention of tooth decay through a school-based dental sealant pilot program, and requiring the DOH to participate in the national oral health surveillance system managed by the Centers for Disease Control.

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) (Attached). These approaches appear to provide appropriate and effective oversight of the professionals applying sealants

while ultimately improving the dental health of the patient, and may provide Hawaii with examples of safe and proven policies from which to build our own program.

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 strongly supports the passage of HB579.

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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

through a head start program or the Special Supplemental Nutrition Program for Women, Infants, and Children.

. Section 4. That § 36-6A-40 be amended to read as follows:

36-6A-40. Any licensed dentist, public institution, or school authority may use the services of a licensed dental hygienist. Such licensed dental hygienist may perform those services which are educational, diagnostic, therapeutic, or preventive in nature and are authorized by the Board of Dentistry, including those additional procedures authorized by subdivision 36-6A-14(10). Such services may not include the establishment of a final diagnosis or treatment plan for a

dental patient. Such services shall be performed under supervision of a licensed dentist. As an employee of a public institution or school authority, functioning without the supervision of a licensed dentist, a licensed dental hygienist may only provide educational services.

All A dental hygienist may perform preventive and therapeutic services may be performed under general supervision provided if all individuals treated are patients of record of a licensed dentist and that all care rendered by the hygienist is completed under the definition of patient of record. A dental hygienist may perform preventive and therapeutic services under collaborative supervision if the requirements of section 1 of this Act are met. However, no dental hygienist may perform preventive and therapeutic services under collaborative supervision for more than thirteen months for any person who has not had a complete evaluation by the supervising dentist.

Section 5. That § 36-6A-26 be amended by adding thereto NEW SUBDIVISIONS to read as follows:

"Collaborative agreement," a written agreement between a supervising dentist and a dental hygienist authorizing the preventive and therapeutic services that may be performed by the dental hygienist under collaborative supervision;

"Collaborative supervision," the supervision of a dental hygienist requiring a collaborative agreement between a supervising dentist and dental hygienist

Hawaii State Legislature
State House of Representatives
Committee on Health

State Representative Della Au Belatti, Chair
State Representative Richard P. Creagan, Vice Chair
Committee on Health

Wednesday, February 4, 2015, 9:00 a.m. Room 329
House Bill 579 Relating to Dental Health

Honorable Chair Della Au Belatti, Vice Chair Richard P. Creagan, and members of the House Committee on Health,

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 House Bill 579 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.

Section 3 of the bill provides for language that is contradictory to Hawaii Revised Statutes Section 447-3(d) which specifies the activities which dental hygienists are allowed to practice under general and direct supervision only. With regards to general supervision, the statute provided, "A licensed dental hygienist employed in a public health setting may perform dental education, dental screenings, and fluoride applications." As for any other procedures, the statute is clear that direct supervision is required and states, "**Other permissible duties shall be pre-screened and authorized by a supervising licensed dentist, subject to the dentist's determination that the equipment and facilities are appropriate and satisfactory to carry out the recommended treatment plan."**

Therefore, Section 3 is unnecessary because the hygienist is already permitted in a "public health setting" to provide such other services such as dental sealants and, in fact, is mandated by this section that the supervising dentist must make the diagnosis of the need for any other duties and that the proper equipment and facilities be used. Section 3 clearly conflicts with this language and will cause more problems than it solves.

At the House Finance committee on April 1, 2013 on this same legislation, Rep. Bert Kobayashi asked the Department of Health representative what was the DOH position was on whether a dentist must examine a child before a sealant is applied. The DOH representative stated that it was their policy that a dentist must examine the child before a sealant is used.

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.

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 House Bill 579 Relating to Dental Health that was introduced during this current legislative session. While the HB 579 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 HB 579 will not produce a comprehensive solution to the dental disease.

creagan1 - Dannah

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Submitted on: 2/3/2015
Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Noelani Greene	HDHA	Support	No

Comments: Mr. Chairman and committee members, On behalf of Hawaii Dental Hygienists' Association (HDHA) we support this bill and the State's effort to provide access to care to at risk children. Thank You Noelani Greene President Hawaii Dental Hygienists' Association

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Submitted By	Organization	Testifier Position	Present at Hearing
Gerraine Hignite	Individual	Support	No

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Submitted By	Organization	Testifier Position	Present at Hearing
Arvid Tadao Youngquist	Individual	Support	Yes

Comments: Chair, Rep. Della Au Belatti & Vice Chair, Rep. Richard P. Creagan Honorable Members, of House Health Committee I support, HB 579 Relating to Dental Health con-sponsored by Representatives: BELATTI, AQUINO, ITO, JOHANSON, KOBAYASHI, C. LEE, MORIKAWA, & SAIKI. Thank you for this opportunity to express my support in writing as well as in person. Mahalo, Arvid Tadao Youngquist Oahu Resident & Voter (Kaimuki, Kalihi-Palama, Downtown, Kalihi-Valley, Wahiawa, Makiki, Aiea & University)

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