

**PRESENTATION OF THE  
BOARD OF DENTAL EXAMINERS**

TO THE HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES

TWENTY-NINTH LEGISLATURE  
Regular Session of 2018

Tuesday, March 13, 2018  
8:30 a.m.

**TESTIMONY ON SENATE BILL NO. 738, S.D. 1, RELATING TO HEALTH CARE  
PRACTITIONERS.**

TO THE HONORABLE JOHN M. MIZUNO, CHAIR, AND MEMBERS OF  
THE COMMITTEE:

My name is Sandra Matsushima, and I am the Executive Officer of the Board of Dental Examiners ("Board"). Thank you for the opportunity to testify on S.B. 738, S.D. 1, Relating to Health Care Practitioners. The Board takes no position at this time but will be discussing this measure at its March 12, 2018, meeting.

This measure expands the pool of orthodontists who are eligible to perform medically necessary orthodontic services for treatment of certain orofacial anomalies for which health insurance coverage is mandatory.

The Board will provide its position at a subsequent hearing should this measure pass.

Thank you for the opportunity to comment on S.B. 738, S.D. 1.

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

WRITTEN TESTIMONY ONLY

**Testimony COMMENTING on S.B. 738 S.D. 1  
RELATING TO HEALTH CARE PRACTITIONERS.**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: March 13, 2018

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health appreciates the intent of this bill and offers  
3 comments on S.B. 738 S.D. 1. This measure will expand the pool of orthodontists who are  
4 eligible to perform orthodontic services for treatment of orofacial anomalies for which health  
5 insurance coverage is required to any licensed dentist who has completed an orthodontic  
6 residency program. Orthodontic services provided by a licensed dentist who has completed an  
7 orthodontic residency program accredited by the Commission on Dental Accreditation (CODA)  
8 will assure quality of services for this special needs population.

9 Thank you for the opportunity to testify on this bill.



Twenty-Ninth Legislature, 2018  
State of Hawaii

Representative John M Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair  
House Committee on Health and Human Services

Lifetime of Smiles Hawaii, a family support group  
Lifetimeofsmileshi@gmail.com

Tuesday, March 13, 2018

Support for SB738 SD1

Dear Chair Mizuno, Vice Chair Kobayashi and members of the committee,

Lifetime of Smiles Hawaii is a support group for families and caregivers of children who are born with orofacial anomalies. We are testifying in strong support of SB739 SD1 proposed, which would expand the number of orthodontists eligible to perform the medically necessary orthodontic services described in section 431:10A-132, Hawaii Revised Statutes.

By including language that requires a licensed dentist with a certification in orthodontics by the American Board of Orthodontics for “Orthodontic Services”, it unnecessarily limits the number of Orthodontists that can perform the “medically necessary” orthodontic treatments for individuals with orofacial anomalies. Here are a few statistics to support this assertion:

- A certification by the American Board of Orthodontics (ABO) is voluntary and not required to practice Orthodontics.
- There are approximately 40 Orthodontists in the State of Hawaii and only 11 have the ABO certification.
  - Of the 11 that have the ABO certification, there are 8 located on Oahu and 4 located on Maui. There are 0 located on Kauai and Hawaii Island.
- Of the 11 that have the ABO certification, only a few have performed the “medically necessary” orthodontic procedures for individuals with orofacial anomalies, and only in limited circumstances.

Thank you for the opportunity to testify in support of SB738 SD1 proposed.

Respectfully submitted,  
Lifetime of Smiles Hawaii Ohana

**Tuesday, March 13, 2018 at 8:30am**  
**Conference Room 229**

**House Committee on Health & Human Services**

To: Representative John Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair

From: Michael Robinson  
Vice President – Government Relations & Community Affairs

**Re: SB 738, SD1 – Comments**

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My name is Michael Robinson, and I am the Vice President of Government Relations and Community Affairs at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox – specialize in innovative programs in women's health, pediatric care, cardiovascular services, cancer care, bone and joint services and more. Hawai'i Pacific Health is recognized nationally for its excellence in patient care and the use of electronic health records to improve quality and patient safety.

SB 738, SD1 amends the definition of "orthodontic services" and expands the pool of orthodontists who are eligible to perform orthodontic services for the treatment of orofacial anomalies for which health insurance coverage is required. With the expended definition, a licensed dentist who has completed an orthodontic residency program accredited by the Commission on Dental Accreditation may perform the procedures needed to correct orofacial anomalies. HPH is aware of the issues stemming from the limited number of orthodontists who perform the corrective procedures and who are certified by the American Board of Orthodontics (ABO). We note that the original bill leading to the passage of "Any'a's Law" resulted from the collaborative efforts of HPH, the Department of Health (DOH) and HMSA. HPH is committed to continuing to work with DOH, HMSA and other stakeholders in an effort to reach a mutually agreeable solution.

Thank you for this opportunity to testify.



An Independent Licensee of the Blue Cross and Blue Shield Association

March 13, 2018

The Honorable John M. Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
House Committee on Health and Human Services

Re: SB 738, SD1 – Relating to Health Care Practitioners

Dear Chair Mizuno, Vice Chair Kobayashi, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 738, proposed SD1, which seeks to expand the pool of orthodontists who are eligible to perform medically necessary orthodontic services for the treatment of certain orofacial anomalies for which health insurance coverage is mandatory.

HMSA recognizes the importance of this benefit to children born with orofacial anomalies like cleft palate and, and as such, we worked closely with the stakeholder community in reaching compromise on Act 213 (2015). This Bill amends the existing definition of "orthodontic services" by clarifying that direct or consultative services shall be provided by a licensed dentist who has completed an orthodontic residency program accredited by the Commission on Dental Accreditation. HMSA appreciates the previous Committee's amendments to the bill and has no objections to them at this time.

Thank you for allowing us to testify on this measure.

Sincerely,

Pono Chong  
Vice-President, Government Relations

**SB-738-SD-1**

Submitted on: 3/9/2018 9:02:46 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Keith Matsumoto	Individual	Support	No

Comments:

I am a practicing pediatrician in Honolulu and I support passage of SB 738 to benefit children and their families with cleft/craniofacial conditions.

**SB-738-SD-1**

Submitted on: 3/10/2018 4:01:31 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Gregg Hirohata Goto	Individual	Support	No

Comments:

Twenty-Ninth Legislature, 2018

State of Hawaii

Representative John Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

House Committee on Health and Human Services

Gregg Hirohata Goto

98-1851 Piki Street

Aiea, Hawaii 96701

Sunday, March 11, 2018

Support for SB738 SD1

Dear Chair Mizuno and Vice Chair Kobayashi,

My name is Gregg Hirohata Goto. I am the proud parent of a boy who was born with a cleft lip and palate.

I am testifying in support of SB738 SD1, which would expand the number of orthodontists eligible to perform the medically necessary orthodontic services described in section 431:10A-132, Hawaii Revised Statutes.

Since birth, my son has gone through several operations to improve his ability to eat and speak. Thanks to modern medical techniques and speech therapy, his eating and speaking functions have improved and he can participate in most activities like a normal 5 year old child. However, when he is around age 6-8 he will need to undergo more surgery to fix the space he has on his gum line with a bone implant and will need to undergo orthodontic treatment to improve the structure of his teeth thereafter. The State of Hawaii has a limited number of orthodontists. This measure will help children with cleft lip/palate more easily obtain necessary orthodontic services they need.

By including language that requires a licensed dentist with a certification in orthodontics by the American Board of Orthodontics for "Orthodontic Services", it unnecessarily limits the number of Orthodontists that can perform the "medically necessary" orthodontic treatments for individuals with orofacial anomalies. Here are a few statistics to support this assertion:

- A certification by the American Board of Orthodontics (ABO) is voluntary and not required to practice Orthodontics.
- There are approximately 40 Orthodontists in the State of Hawaii and only 11 have the ABO certification.
- Of the 11 that have the ABO certification, there are 8 located on Oahu and 4 located on Maui.
- Of the 11 that have the ABO certification, only a few have performed the "medically necessary" orthodontic procedures for individuals with orofacial anomalies, and only in limited circumstances.

As such, I support the passage of this measure.

Thank you for your consideration on this measure.



Gregg Hirohata Goto

**SB-738-SD-1**

Submitted on: 3/10/2018 8:32:34 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Vince Yamashiroya, MD	Individual	Support	No

Comments:

As a practicing pediatrician, I am well aware of problems with shortages in healthcare. For those individuals with orofacial anomalies where their medical problem is urgent, increasing the pool of orthodontists is needed. I ask that you support this bill. Thank you.

**SB-738-SD-1**

Submitted on: 3/10/2018 10:51:21 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Eileen Matsumoto	Individual	Support	No

Comments:

My name is Eileen Matsumoto, a retired registered nurse. I worked with the families of children and youth born with orofacial birth defects for ten years and understand the complexity of their care and the high degree of coordination that is required from a team of medical and dental specialists from birth through adolescence. Orthodontic treatment is recognized as an integral part of reconstruction of the orofacial birth defect in order to improve function of speech, biting/chewing and breathing.

Anya's Law (HB 174, 2015) mandated private or commercial insurers provide a medical benefit for orthodontic treatment when recommended as medical necessity by one of Hawaii's three craniofacial centers.

SB 738 SD1 will expand the pool of eligible orthodontists who will be able to coordinate care with these craniofacial teams. By defining orthodontic services as "direct or consultative services provided by a licensed dentist who has completed an orthodontic residency program accredited by the Commission on Dental Accreditation", uninterrupted and timely sequencing of medical/dental treatments will be assured.

Children on Oahu and especially on the Neighbor Islands are best served by orthodontists in their community and it is the least disruptive to their education and their parent's employment responsibilities.

I strongly support SB 738 SD 1 which will expand the pool of eligible orthodontists who will be able to provide medically necessary orthodontic treatment for children and youth with orofacial birth defects such as cleft lip and palate.

Mahalo, Eileen Matsumoto, R.N.

**SB-738-SD-1**

Submitted on: 3/10/2018 12:54:15 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alma Sakagawa	Individual	Support	No

Comments:

I strongly support SB 738 SD 1 which will expand the pool of eligible orthodontists who have experience providing complex orthodontic treatment for children with orofacial birth defects such as cleft lip and cleft palate on both Oahu and on the outer islands..

**SB-738-SD-1**

Submitted on: 3/10/2018 12:55:35 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
kathleen mishina	Individual	Support	No

Comments:

I support SB 738 because it will expand the pool of eligible orthodontists who can perform medically necessary orthodontic treatment for children and youth with orofacial anomalies. I am a retired public health nurse on the Big Island. During my career, I worked with many families whose child was born with cleft lip and palate or other cranio-facial, oro-facial anomalies. Neighbor island families have tremendous problems accessing orthodontic care in their communities. They have to travel to Oahu for ongoing care, often at great financial hardship. This bill will remove barriers to accessing local orthodontists who are familiar with treating children with these special needs. As well, it will encourage more orthodontists to take on these children if they know insurance will cover their services. We know that these children have complicated needs and therefore, a qualified orthodontist who is willing to take care of them for the long term is a valuable member of the child's medical team. This bill will also build community capacity in rural communities that are medically underserved. Thank you for your support of this bill. Kathleen Mishina, RN, BSN, MPH

**TESTIMONY BEFORE THE SENATE COMMITTEE ON Health and Human Services**

RE: SB 738 Relating to Health

**Saturday, March 10, 2018**

Dear Chair Representative John Mizuno and Vice Chair Representative Betrand Kobayashi,

My name is Kim Virtudazo. I am a teacher at James Campbell High School in Ewa Beach and a mother of two amazing kids, Logan who is 6 and Lily who is 3. I am submitting testimony in SUPPORT of SB738, which would expand the number of orthodontists eligible to perform the medically necessary orthodontic services described in section 431:10A-132, Hawaii Revised Statutes.

When HB 174 was introduced several years ago, my Logan sat on my lap as we testified in person in support of this measure. When it was passed, our family was lucky enough to be invited to the public signing. Here in Hawaii, we are fortunate to have lots of qualified Orthodontists to perform these medically necessary procedures. Unfortunately, as the law it written, not all of these doctors are covered by our private medical insurance. By limiting the doctors who can perform these procedures, it limits families and their options. It also affects the quality of care and the timeliness of these procedures. This law was intended to help as many children as possible, so please allow this law to help as many people as it was intended to by passing SB 738.

So today, I ask that you SUPPORT SB 738, so that the law can help all of the intended children across the state.

Thank you for your time and consideration,

Kim Virtudazo, Ewa Beach

**SB-738-SD-1**

Submitted on: 3/11/2018 12:08:35 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Grace Miyata	Individual	Support	No

Comments:

Committee on Health and Human Services

Representative John Mizuno and Representative Bertrand Kobayashi,

My name is Grace Miyata and as a medical social worker, I am very familiar with the complex health and dental needs of children with orofacial anomalies. The Neighbor Islands continue to face a critical shortage of medical and dental specialists. I strongly support SB 738 SD1 which will expand the pool of orthodontists eligible to perform medically necessary orthodontic services for special needs children and youth born with orofacial anomalies, and for which health insurance coverage is mandatory.

Sincerely,

Grace Miyata

**SB-738-SD-1**

Submitted on: 3/11/2018 12:38:43 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brandon Luke and Rachel Miyata	Individual	Support	No

Comments:

Representative John Mizuno and Representative Bertrand Kobayashi,

My name is Brandon Luke and Rachel Miyata and I would like to strongly support SB 738 SD1 which will expand the pool of orthodontists eligible to provide consultation or treat children born with orofacial anomalies. Please consider the increasing challenges faced by Neighbor Islanders seeking healthcare providers and help children with orofacial anomalies access the crucial medical and dental care they need.

Sincerely,

Brandon Luke and Rachel Miyata



**SB-738-SD-1**

Submitted on: 3/12/2018 8:32:14 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Helen Lau	Individual	Support	No

Comments:

My name is Helen Lau, RN, MS, APRN-Rx and I am a pediatric nurse practitioner specializing in Cleft and Craniofacial Care for the past 11 years. I am writing in support of the amended language written in SB 738 SD1. "Anya's law" was enacted to provide timely uninterrupted medically necessary orthodontic care to children with cleft and orofacial anomalies as part of their overall staged treatment plan.

Certification by the ABO in orthodontics is voluntary and has unnecessarily limited the pool of qualified orthodontists who are willing and able to treat children with orofacial anomalies. This has inadvertently created a barrier to access to care for private pay (HMO and PPO) patients.

The amended language is more consistent with legislation in other states across the nation and will increase access to care for our patients in Hawaii.

Thank you for your consideration,

Helen Lau, RN, MS, APRN-Rx

Twenty-Ninth Legislature, 2018  
State of Hawaii

Representative John M Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair  
House Committee on Health and Human Services

The Maga Family – Anya, Jason and Michelle  
michellepestelmaga@gmail.com

Tuesday, March 13, 2018

Support for SB738 SD1

Dear Chair Mizuno, Vice Chair Kobayashi and members of the committee,

We are the Maga family, Anya, Jason and Michelle. We are testifying in strong support of SB738 SD1, which would expand the number of orthodontists eligible to perform the medically necessary orthodontic services described in section 431:10A-132, Hawaii Revised Statutes. Anya was born with a cleft lip & palate and requires these medically necessary orthodontic services.

Care for our unique keiki takes a skilled team of individuals. For our family, the most important question when we are making decisions about Anya's team is, do they have prior or current experience with cleft lip/cleft palate patients. We made our decision on Anya's Orthodontist based on their day-to-day experience with cleft and craniofacial patients and involvement with the Cleft and Craniofacial Clinic. We are fortunate that we reside on Oahu, where there is a greater number of Orthodontists to make a decision from. We now know first hand how many orthodontic appointments are necessary to track growth of the patient and create their unique timeline of care. Anya is currently in the middle of phase 1 of her orthodontic treatment and just recently completed her bone graft surgery.

By including language that requires a licensed dentist with a certification in orthodontics by the American Board of Orthodontics for "Orthodontic Services", it unnecessarily limits the number of Orthodontists that can perform the "medically necessary" orthodontic treatments for individuals with orofacial anomalies. Here are a few statistics to support this assertion:

- A certification by the American Board of Orthodontics (ABO) is voluntary and not required to practice Orthodontics.
- There are approximately 40 Orthodontists in the State of Hawaii and only 11 have the ABO certification.
- Of the 11 that have the ABO certification, there are 8 located on Oahu and 4 located on Maui.

- Of the 11 that have the ABO certification, only a few have performed the “medically necessary” orthodontic procedures for individuals with orofacial anomalies, and only in limited circumstances.

Thank you for the opportunity to testify in support of SB738 SD1.

Respectfully submitted,  
Jason Maga  
Michelle Pestel-Maga  
Anya Maga

**SB-738-SD-1**

Submitted on: 3/12/2018 9:00:37 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kim Murphy	Individual	Support	No

Comments:

**SB-738-SD-1**

Submitted on: 3/12/2018 11:19:25 AM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Norman S. Chun	Individual	Support	No

Comments:

I am in support of SB738 SD1 which adds the language; "who has completed an orthodontic residency program accredited by the Commission on Dental Accreditation."

The language must include "accredited by the Commission on Dental Accreditation" to assure the public the orthodontist has been fully trained by a fully vetted program.

Having a Board Certification in orthodontics is not necessary to provide orthodontic care but it is very important to be properly trained by a program that is certified by the Commission on Dental Accreditation.

**SB-738-SD-1**

Submitted on: 3/12/2018 12:31:57 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Dung	Individual	Support	No

Comments:

I am writing in Support of SB738 SD1. The language which adds "Who has completed an Orthodontic Residency accredited by the Commission on Dental Accreditation" is a much clearer clarification on the bill. Thank you

**SB-738-SD-1**

Submitted on: 3/12/2018 3:03:12 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Malia Kamisugi	Individual	Support	No

Comments:

It is important that orthodontists have the proper credentials and training.

**LATE**

**SB-738-SD-1**

Submitted on: 3/12/2018 7:21:28 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carlton Shiraki	Individual	Support	No

Comments:

I support the wording changed to "Who has completed an Orthodontic Residency Program accredited by the Commission on Dental Accreditation".



**LATE**

**SB-738-SD-1**

Submitted on: 3/12/2018 9:32:44 PM

Testimony for HHS on 3/13/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sean Holliday	Individual	Support	No

Comments:

Twenty-Ninth Legislature, 2018  
State of Hawaii



Representative John M Mizuno  
Representative Bertrand Kobayashi, Vice Chair  
House Committee on Health and Human Services

Cathy Higa  
99-859 Nahiolea St.  
Aiea, HI 96701  
(808) 488-9807

Tuesday, March 13, 2018

Support for SB738 SD1

My family and I would like to submit testimonial to measure SB738 SD1 proposed, which would expand the number of orthodontists eligible to perform the medically necessary orthodontic services described in section 431:10A-132, Hawaii Revised Statutes.

Having firsthand experience as many other families who have a child born with an oral facial anomaly, many trips to see doctors, specialists, therapists, dentists & orthodontists are a big part of our lives. For many families' as mine, the Phase I is a big step and another major surgery that we have to look forward to. The cost of these procedures is a big financial stump for many working families. Having this bill has made it possible for our families to be able to not worry so much about the cost and to focus on the care and attention of our children who are already going through so much in their young lives. Without this bill I don't know how I would be able to afford this much needed surgery for my daughter.

In December 2017 my daughter started her Phase I process. By January 2018 my daughter had her expander installed and we'll be scheduling her bone graph surgery soon. A few weeks ago we found out there is language that requires a licensed dentist with a certification in orthodontics by the American Board of Orthodontics for "Orthodontic Services", was added to the bill. This unnecessarily limits the number of Orthodontists that can perform the "medically necessary" orthodontic treatments for individuals with orofacial anomalies.

In the state of Hawaii obtaining a certification from ABO is voluntary and not required to practice orthodontics.

In our state we have approximately 40 orthodontics practicing and out of these 40, there are only 11 who hold the ABO certification as listed on the ABO website. Of these 11 ABO Certification orthodontists, 8 are located on the island of Oahu and 4 on the island of Maui. Out of these 11, only a hand full have performed the "medically necessary" orthodontic procedures for individuals with oral facial anomalies and only in limited circumstances. None of these 8 are a part of my daughter's Cleft team.

My daughter's Orthodontist who is a part of her cleft and cranial team at Kapiolani Women and Children's Medical Center may not have a current ABO certification, but has many years of experience performing these types of orthodontic procedures. I would not trust just any orthodontist to perform such a procedure just because they have an ABO certificate. I would rather trust my daughter to a licensed orthodontist with many successful years of experience performing these procedures.

If this was your child, would you choose an orthodontist with an ABO certification and little to no experience in performing this type of procedure or to a licensed orthodontist with many years of successful procedures?

Please help us in making this necessary amendment to the bill so we can continue to have the right professionals help our children. ABO Certification should not be the reason for our families to struggle in choosing the right professional to perform such a delicate procedure.

Thank you,  
Higa Family



Hawaii Chapter

March 12, 2018

Thank you for this opportunity to testify *to support SB 738 SD1* which will expand the pool of eligible orthodontist by changing the definition or orthodontic services as "direct or consultative services provided by a licensed dentist who has completed an orthodontic residency program accredited by the Commission on Dental Accreditation".

The purpose of this bill is to clarify the definition of "orthodontist" in ACT 213, an insurance law passed in 2015 which requires commercial / private insurers to provide a benefit for medically necessary orthodontic treatment for children and youth born with orofacial anomalies such as cleft lip and palate.

Implementation of Act 213 began in 2016 and private insurers began to provide medical benefit for orthodontic treatment. However, denials for coverage began in 2017 due to the definition of "orthodontist" as a dentist who is board certified by the American Board of Orthodontists (ABO). ABO certification is not required to practice orthodontics in Hawaii. Of 40 orthodontists, only 11 have voluntary board certification.

The Hawaii Chapter of the American Academy of Pediatrics (AAP) is a voluntary organization of over 200 pediatricians in Hawaii. Our mission is to attain optimal physical, mental and social health and well being for infants, children, adolescents and young adults in Hawaii.

We strongly support SB 738 SD 1.

Respectfully,

A handwritten signature in black ink that reads "Mae S I Kyono".

Mae S I Kyono, MD  
American Academy of Pediatrics, Hawaii Chapter  
President

**AAP - Hawaii Chapter**

P.O. Box 25817  
Honolulu, HI 96825  
Website: [hawaii.aap.org](http://hawaii.aap.org)

**Hawaii Chapter Board**

**President**

Mae S. I. Kyono, MD, FAAP  
1319 Punahou Street, 7<sup>th</sup> Floor  
Honolulu, HI 96826  
Phone: 808/780-5286  
Email: [mkyono@hawaii.edu](mailto:mkyono@hawaii.edu)

**Vice-President**

Michael Ching, MD, MPH, FAAP  
2828 Paa Street  
Honolulu, HI 96819  
Phone: 808/432-5656  
Email: [michael.s.ching@kp.org](mailto:michael.s.ching@kp.org)

**Secretary**

Josephine Quensell, MD, FAAP  
1319 Punahou Street, Suite 1050  
Honolulu, HI 96826  
Phone: 808/942-8144  
Email: [quensell@hawaii.edu](mailto:quensell@hawaii.edu)

**Treasurer**

Vince Yamashiroya, MD, FAAP  
1010 S. King Street, Suite 105  
Honolulu, HI 96814  
Phone : 808/596-2030  
Email : [vinceyamashiroya@gmail.com](mailto:vinceyamashiroya@gmail.com)

**Immediate Past President**

R. Michael Hamilton, MD,MS,FAAP  
1010 Pensacola Street  
Honolulu, HI 96814  
Phone : 808/375-3961  
Email : [michael.r.hamilton@kp.org](mailto:michael.r.hamilton@kp.org)

**Chapter Executive Director**

Sharon Hicks  
P.O. Box 25817  
Honolulu, HI 96825  
Phone: 808/282-4944  
Email: [haapsharon@gmail.com](mailto:haapsharon@gmail.com)

**AAP Headquarters**

141 Northwest Point Blvd  
Elk Grove Village, IL 60007-1098  
Phone: 847/434-4000  
E-mail: [kidsdocs@aap.org](mailto:kidsdocs@aap.org)  
[www.aap.org](http://www.aap.org)



