

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of S.B. 162
RELATING TO DENTISTRY LICENSES**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: 2/10/2023

Room Number: CR 225

1 **Fiscal Implications:** N/A

2 **Department Testimony:** The Department of Health supports this measure which allows dental and
3 dental hygiene college graduates recognized by the American Dental Association Commission on
4 Dental Accreditation (ADA CODA) to apply for temporary and/or community service licenses. This
5 allows community service license holders to be employed or participate in post-doctorate dental
6 residency programs at community-based dental organizations such as the Department of Health,
7 Federally Qualified Health Centers (FQHC), and the Native Hawaiian Health Care Systems. It also
8 supports allowing a “community health center” to employ dentists/dental hygienists that have a
9 community service license. This bill helps address the workforce shortage of public oral health
10 providers that serve the most underserved and vulnerable populations, including Medicaid recipients.

11 Currently, the ADA CODA only “recognizes” the Commission on Dental Accreditation of
12 Canada (CDAC) accredited dental educational programs. Through a formal reciprocal agreement
13 between the ADA CODA and the CDAC, the Commissions agree that the educational programs
14 accredited by the other agency are equivalent to their own and no further education is required for
15 eligibility for licensure.

16 Thank you for the opportunity to testify.

17 **Offered Amendments:** N/A

Testimony of the Board of Dentistry

**Before the
Senate Committee on Health and Human Services
Friday, February 10, 2023
1:00 p.m.
Via Videoconference**

**On the following measure:
S.B. 162, RELATING TO DENTISTRY LICENSES**

Chair San Buenaventura and Members of the Committee:

My name is Sheena Choy, and I am the Executive Officer of the Board of Dentistry (Board). The Board provides comments on this bill.

The purposes of this bill are to: (1) allow the Board to issue without examination, a community service license to practice dental hygiene in the employment of a community health center and allow eligible candidates to submit as documentation and credentials, diplomas and certificates of graduation from a dental hygiene college or dental college that is recognized by the American Dental Association Commission on Dental Accreditation (CODA), recognized and approved by the Board; (2) allow the Board to issue without examination, a community service license to practice dentistry in the employment of a community health center and allow eligible candidates to submit as documentation and credentials, diplomas and certificates of graduation from a dental hygiene college or dental college that is recognized by the CODA, recognized and approved by the Board, and certificates or other evidence satisfactory to the Board of having passed the Integrated National Board Dental Examination; and (3) allow the Board to issue without examination, a temporary license to practice dentistry exclusively under the auspices of a dental residency program, to graduates from a dental college accredited or recognized by CODA, recognized and approved by the Board.

The Board met to discuss this bill on January 23, 2023. The Board supports: (1) the addition of the term “community health center” to authorized entities that may employ dentists and/or dental hygienists with a community service license; and (2) updating the reference to the dental exam to include the “Integrated National Board Dental Examination,” which has replaced the “National Board Dental Examination Part I

and Part II.” The Board respectfully requests that this updated language also be applied to Hawaii Revised Statutes section 448-9(3)(B) for consistency as follows:

§448-9 Application for licensure. Any person of eighteen years or more shall be eligible for licensure upon submission of:

- (1) An application to the executive officer of the board not later than forty-five days prior to the date of the scheduled examination;
- (2) Application and examination fees; and
- (3) Documentation and credentials that shall include but are not limited to the following:
 - (A) A diploma or certificate of graduation from a dental college accredited by the American Dental Association Commission on Dental Accreditation, recognized and approved by the board; and
 - (B) A certificate or other evidence satisfactory to the board of having passed parts I and II of the National Board Dental Examination or the Integrated National Board Dental Examination.

The Board cannot come to a consensus on allowing graduates from a dental hygiene or dental college “recognized” by CODA to be issued a community service license or a temporary dentist license, because a CODA “recognized” program is not the same as a CODA “accredited” program. The Board supports the intent that all residents of this State have access to competent dental services; however, there is concern regarding the inclusion of CODA “recognized” programs.

Currently, by law, the Board may issue, without examination, a community service license to practice dentistry and dental hygiene to applicants who are graduates from a dental college accredited by CODA. The Board’s statutes allow it to recognize and approve programs accredited by CODA. According to CODA “recognized” program is based on a reciprocal agreement between CODA and the Commission on Dental Accreditation of Canada (CDAC). This reciprocal agreement has been maintained and expanded since its adoption in 1956. Under this arrangement, CODA and the CDAC agree that the educational programs accredited by the other agency are **equivalent** to their own and no further education is required for eligibility for licensure.

Board members in support of the intent of this amendment would like further clarification on the differences between “CODA recognized” and “CODA accredited” dental programs as the Board would be relying on CODA to ensure that another country’s dental education program is equivalent to CODA’s accreditation standards. Members in opposition are concerned that the proposed language would allow applicants for a community service license to bypass the examination requirement, which assists the Board in determining whether someone is minimally competent to practice dentistry or dental hygiene safely.

Furthermore, while this bill would only affect applicants for a dental and dental hygienist licenses who are applying for a community service license or a dentist applying for a temporary license to practice dentistry exclusively under the auspices of the dental residency program, working under the general supervision of a licensed dentist, those in opposition are concerned that CODA recognized dental programs will eventually be applied to dentists and dental hygienists applying for a permanent license.

Thank you for the opportunity to testify on this bill.



Testimony in Support of SB 162

Senate Committee on Health and Human Services

February 10, 2023, 1:00PM

Relating to Dentistry Licenses

Dear Chair San Buenaventura, Vice Chair Aquino, and respected members of the Health and Human Services Committee,

The Hawaii Dental Hygienists' Association (HDHA) strongly **SUPPORTS SB 162**. This measure works to revise the existing Hawaii Dental Practice Act, allowing FQHC's and other community health centers to more effectively recruit eligible dentist and dental hygiene candidates for temporary and community service licenses. The requested changes in Hawaii Revised Statutes, will allow graduates of ADA-Commission on Dental Accreditation (CODA) institutions the ability for swifter licensure in Hawaii should they be employed solely in a defined, public health setting.

Increasing the number of eligible candidates for community service and temporary licensure in Hawaii is important because of a noticeable shortage over the last few years of public health dentists and dental hygienists who primarily treat Hawaii's underserved and vulnerable populations including Medicaid recipients who will benefit from recent legislation to include adult dental benefits.

Oral health is a critical component of overall health and wellness. SB 162 will help address the workforce shortage in the public health dental sector, improving access to quality dental care and help to reduce Hawaii's oral health disparities. This "No-Cost" approach to improve access to dental care, is an effective means of ensuring the health and quality of life for all of Hawaii's residents.

As the largest association representing Hawaii's licensed dental hygienists, HDHA strongly **SUPPORTS SB 162** and humbly ask your committee to support these proposed revisions to the Hawaii Dental Practice Act. Thank you for your consideration.

Hawaii Dental Hygienists' Association

2023 Regulations and Practice Committee



ALOHACARE

To: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Senate Committee on Health and Human Services

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Friday, February 10, 2023, 1pm

RE: **SB162 Relating to Dentistry Licenses**

AlohaCare appreciates the opportunity to provide testimony in **support of SB162**. This measure will revise the Hawai'i Dental Practice Act to allow community health centers to recruit eligible candidates for temporary and community service licenses, to allow graduates of American Dental Association Commission on Dental Accreditation (CODA) recognized institutions eligibility for temporary and community service licenses, and to include the Integrated National Dental Board Examination as an acceptable examination requirement.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

Our firm belief in ensuring access to quality, whole-person care is the reason we advocated so strongly year after year for the reinstatement of adult dental benefits in the Medicaid program. And we are so grateful to the 2022 Hawai'i State Legislature for reinstituting dental care coverage (\$25.9M) for Medicaid members. Now we turn our focus to implementing this benefit. SB162 will help to expand the dental workforce statewide to serve the 250,000+ Medicaid adult recipients now seeking dental care.

According to the Hawai'i Oral Health Coalition, of which we are a member:

- Only 240 private Hawai'i dentists accept adults with Medicaid health insurance.
- Our State's 14 Federally Qualified Health Centers (FQHCs) cared for approximately 40,000 dental patients in 2021. FQHCs have long patient wait lists due to limited facility and staffing capacity.

SB162 will increase the number of dental providers and strengthen our public dental sector on which many residents—especially those who live in rural and neighbor islands communities—while maintaining quality of care.

Mahalo for this opportunity to testify in **support of SB397**.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814
Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org



HAWAI'I ORAL HEALTH COALITION

Date: February 10, 2023

To: The Honorable Senator Joy San Buenaventura, Chair
The Honorable Senator Henry J.C. Aquino, Vice Chair
Members of the Committee on Health and Human Services

Re: Support for SB162, Relating to Dentistry Licenses

Hrg: February 10, 2023, at 1:00 pm - Conference Room 225 & via Videoconference

The Hawai'i Oral Health Coalition, a program of the Hawai'i Public Health Institute, is in **strong support of SB162**, which revises the Hawai'i Dental Practice Act to allow community health centers to recruit eligible candidates for temporary and community service licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA) recognized institutions eligibility for temporary and community service licenses and includes the Integrated National Dental Board Examination as an acceptable examination requirement.

The mission of the Hawai'i Oral Health Coalition (HOHC) is to improve the overall health and well-being of all Hawai'i residents by increasing access to and equity in oral health care through collaborative partnerships, advocacy, and education. HOHC is a community-driven organization comprised of members representing organizations and individuals from diverse sectors across Hawai'i. The HOHC operates under the auspice of the Hawai'i Public Health Institute.

Oral health is essential to the overall physical, psychological, social, and economic well-being of Hawai'i's residents. Yet, our residents suffer from poor oral health:

- Hawai'i has among the highest prevalence of dental decay in children and adults compared to other states.
- Low-income families, intellectually and developmentally disabled residents, kūpuna, Native Hawaiian and Pacific Islander populations, and neighbor island residents are disproportionately impacted by poor oral health.
- Our state's 14 Federally Qualified Health Centers (FQHCs) cared for approximately 40,000 dental patients in 2021.¹ FQHCs have long wait lists due to the limited facility and staffing capacity.

- Only 240 FQHC and general practice dentists are active in Medicaid in Hawai'i. However, it is unclear how many currently accept new patients.
- Lack of an in-state dental school, geographic isolation, lack of community water fluoridation, and societal inequities are significant contributors to our poor oral health status.

SB162 will help to increase the number of dentists available to Medicaid patients. This measure will help adult Medicaid beneficiaries to gain access to the Medicaid adult dental benefits that the legislature generously approved in 2022.

The Hawai'i Dental Practice Act requires that eligible candidates for temporary and community service licensure must have graduated from an ADA – Commission on Dental Accreditation (CODA) accredited institution. However, it does not reflect the reciprocal agreement between CODA and the Commission on Dental Accreditation of Canada (CDAC). The reciprocal agreement recognizes that the "educational programs accredited by the other agency are equivalent to their own and no further education is required for eligibility for licensure."ⁱⁱ

SB162, as proposed, applies exclusively to community service, hygiene, and temporary dental licenses. The community service and temporary licenses for post-doctoral dental residency programs continue to require clinical oversight of these licenses by the employing entity or residency program. Only authorized entities that are community-based or focused may hire individuals with a community service license.

Illinois, Indiana, Florida, Kansas, Minnesota, North Dakota, Tennessee, and Wyoming are states that currently accept qualified Canadian candidates to meet the high demand for community service providers.

This bill will help increase access to care while maintaining the quality of care our residents deserve by strengthening our public dental sector, which many residents, especially those living in rural and neighbor island communities, rely on.

For these reasons, we respectfully ask you to pass SB162. Thank you for the opportunity to testify.

Mahalo,



Patrick Donnelly
Statewide Oral Health Coalition Manager
Hawai'i Public Health Institute

ⁱ <https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS06640>

ⁱⁱ Commission on Dental Accreditation, Evaluation & Operational Policies & Procedures. August 2022.



Testimony in Support of SB162, Relating to Dentistry Licenses

Senate Committee on Health and Human Services
February 10, 2023
1 PM
Conference Room 225

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members:

Improving access to oral health care is a top concern for Hawaii Dental Service (HDS). As the state's leading dental benefits provider, HDS is responsible for serving more than a million residents in Hawaii, Guam and Saipan, including Medicaid adult and children beneficiaries. HDS strongly supports SB162 because it provides health equity solutions by improving access to oral health care for underserved communities, especially those on our neighbor islands.

Updating the Hawaii Dental Practice Act (HRS §448-12) offers multiple benefits to address oral health care access challenges:

- 1) It will enable community health centers with post-doctoral residency programs to attract dental school graduates with a heart for community service by granting them temporary or community service licenses to support the community health centers.
- 2) Quality assurance is critical. The stipulation that these dentists be graduates of institutions recognized by the American Dental Association Commission on Dental Accreditation (CODA) or those who meet the requirements of the Integrated National Dental Board Examination will provide peace of mind for the community.
- 3) Dental hygiene college graduates from institutions recognized by the American Dental Association Commission on Dental Accreditation would also be eligible to apply for a community service license, further expanding access to oral health care.

The amendments do not require a funding allocation. In fact, access to dental care for Hawaii's most vulnerable could result in earlier interventions, which in return can reduce oral health costs in the long run.

Thank you in advance for your support of SB 162 and for helping to address health disparities in our state.

Mahalo nui loa,

A handwritten signature in black ink, appearing to read "Diane Paloma".

Dr. Diane Paloma
President & CEO

Testimony on Senate Bill 162

Relating to Dentists and Dental Hygienists

Submitted by Dr. Steven Pine, DDS., Chief Dental Officer, Hawaii Island Community Health Center

February 2, 2023

I, Dr. Steven Pine, DDS, currently work as the Chief Dental Officer at Hawaii Island Community Health Center (HICHC) and I strongly support Senate Bill 162 which expands access to dental health care by increasing the pool of qualified professionals.

At HICHC we believe that oral health indicates much more than simply healthy teeth, as the mouth can be both a cause and a window to individual and population health and well-being. Oral health is critical to general health and well-being as the mouth is the gateway to the rest of the body, providing clues about overall health. It is sometimes the first place where signs and symptoms of other diseases are noticed. Causes of poor oral health are complex and access to dental care for adults and children is crucial for overall health and well-being.

As the largest provider of Medicaid dental services on the Big Island, the community relies on our services to help fill the need of our islands underserved and vulnerable populations. Since the pandemic numerous national surveys indicate that over ½ of the dental hygiene workforce left during the pandemic and never returned. Our island has not been immune from this challenge. The shortage of both dentists and hygienists has been especially felt in the Medicaid community. Long wait times for services has become the norm instead of the exception. The shortage of providers has become more acute with the passage of the adult Medicaid dental benefits expansion.

Senate Bill 162 help address this challenge through the expansion of qualified dental professionals eligible for community service and temporary licensure without decreasing the health and safety of Hawaii residents.

Currently the Hawaii Dental Practice Act stipulates that applicants must graduate from an ADA CODA “accredited” dental program. With its current language the practice act eliminates the possibility of licensure for providers who have graduated from an ADA CODA “recognized” dental program. CODA or, the Commission on Dental Accreditation, recognizes the reciprocal agreement between themselves and the Commission on Dental Accreditation of Canada (CDAC). CODA’s current reciprocal agreement with CDAC states:

Under the reciprocal agreement, each Commission recognizes the accreditation of educational programs in specified categories accredited by the other agency.

Under this arrangement, the Commissions agree that the educational programs accredited by the other agency are equivalent to their own and no further education is required for eligibility for licensure.

This bill would recognize and bring into alignment the Hawaii Dental Practice Act with CODA's reciprocal agreement.

If this bill is passed and drafted into law, it would apply only to community service licenses (dentists and hygienists) and temporary licenses within the state. All other required qualifications for licensure would not change and there is no pathway or backdoor access for an individual with these licenses to obtain an unrestricted license in this state without meeting the required specific qualifications for a standard license.

Allowing this change for the community service and temporary licensure allows these community-based programs and post-doctoral dental residency programs to have a greater access to qualified applicants. In addition, there will still be mandatory clinical oversight of these licenses by the employing entity or residency program.

The importance of the passage of this bill will be directly felt by our local communities. Within the last three years HICHC has had two applicants (one dentist and one hygienist) who were denied licensure because they graduated from a CODA recognized school and not a CODA accredited school. With the average provider seeing over 1,200 patients a year this loss of provider access directly affects our communities and leaves a void in our programs that can take years to fill.

For these reasons I strongly support **SB 162**. Thank you for the opportunity to testify.

Steven C. Pine D.D.S., Chief Dental Officer
Hawaii Island Community Health Center

To: Senate Committee on Health and Human Services
Hearing Date/Time: February 10, 2023 at 1:00PM; Conference Room 225 & Videoconference
Re: Support for SB162, Relating to Dentistry Licenses

Aloha Chair San Buenaventura, Vice Chair Aquino, and committee members,

Thank you for the opportunity to testify in **strong support** of SB162 which revises the Hawai'i Dental Practice Act to allow community health centers to recruit eligible candidates for temporary and community service licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA) recognized institutions eligibility for temporary and community service licenses, and includes the Integrated National Dental Board Examination as an acceptable examination requirement.

Increasing the number of eligible candidates for community service and temporary licensure is important because we are currently at a critical shortage of dental providers in our service area. Because we aren't able to meet the demand of our service area, many patients can only be seen on an emergency basis. This often results in teeth needing to be extracted as they present with un-restorable cases. Early tooth loss is associated with a decline in overall medical and mental health. Ideally, we should be providing comprehensive care with prevention and minor restorative procedures.

Oral health is a critical component of overall health and wellness. The proposed amendments will support the overwhelming need for providers that serve vulnerable Hawai'i residents, especially those receiving the recently reinstated Medicaid dental benefits. No-cost approaches to improving access to dental care, such as these, are an effective means of protecting the State's investment in ensuring the health and quality of life that everyone in Hawai'i deserves.

For these reasons, I humbly ask you to **support** these proposed revisions to the Hawai'i Dental Practice Act, Mahalo for the opportunity to testify.

Brian Michael J. Higa DMD
Hawaii Island Community Health Center



Hawai'i Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Senator San Buenaventura, Chair
Senator Aquino, Vice Chair
House Committee on Health and Human Services

Re: SB162, relating to dentistry licenses
1:00 p.m., Feb. 10, 2023

Aloha Chair San Buenaventura, Vice Chair Aquino and committee members:

On behalf of Hawai'i Children's Action Network (HCAN) Speaks!, mahalo for the opportunity to testify in **STRONG SUPPORT** of **Senate Bill 162, relating to dentistry licenses.**

Oral health is critical to a person's overall health and well-being. But oral health takes access, and currently, there is a severe shortage of public oral health professionals, which includes dentists and dental hygienists. This means that at a time when more individuals have the coverage to access dental benefits, **we do not have enough professionals to serve them.**

This bill makes important revisions to the Hawai'i Dental Practice Act that will allow community health centers to recruit eligible candidates for temporary and community service licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA)-recognized institutions eligibility for temporary and community service licenses, and include the Integrated National Dental Board Examination as an acceptable examination requirement.

SB162 can increase the supply of public oral health professionals at an important time: the reinstatement of dental benefits for adults insured through Medicaid. This is a **no-cost** solution that can make an impact quickly.

We urge you to support SB162.

Mahalo,

Ke'ōpū Reelitz
Director of Early Learning and Health Policy



HO`OLA LĀHUI HAWAI`I
P.O. Box 3990; Līhu`e, Hawai`i
Phone: 808.240.0100 Fax: 808.246.9551

February 7, 2023

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

SB 162 Relating to Dentistry Licenses

Friday, February 10, 2023--1:00 PM

Conference Room 225 & Videoconference State Capitol

Ho`ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this bill to provide community licensing for Dental Hygienists, as is currently afforded Dentists, to work in in the employment of a federally qualified health center, Native Hawaiian health care system, community health center, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation.

We strongly encourage the committee to support this practice.

Respectfully,

David Peters

Chief Executive Officer



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Health & Human Services
Friday, February 10, 2023 at 1:00 p.m.

by

Clementina D. Ceria-Ulep, Interim Dean
Nancy Atmospera-Walch School of Nursing

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

SB 162 – RELATING TO DENTISTRY LICENSES

Chair San Buenaventura, Vice Chair Aquino, and members of the Senate Committee on Health and Human Services, thank you for the opportunity to testify on SB 162 with comments.

This measure aims to do several things, including allowing the Board of Dentistry to issue without examination, a community service license to practice dental hygiene in the employment of a community health center and allows eligible candidates to submit as documentation and credentials, diplomas and certificates of graduation from a dental hygiene college or dental college that is recognized by the American Dental Association Commission on Dental Accreditation, recognized and approved by the Board.

Currently, the State of Hawai'i law requires that to be licensed as a dentist or a dental hygienist you must graduate from an "accredited" Commission on Dental Accreditation (CODA) School versus someone who is "recognized" by CODA.

After reviewing the changes this measure proposes, the outcome would not change how the Dental Hygiene Program at the University of Hawai'i at Mānoa Nancy Atmospera-Walch School of Nursing (NAWSON) would operate regarding curriculum. The NAWSON Dental Hygiene program is accredited by CODA. Our graduates, if licensed here in the State of Hawai'i, would be able to apply for a license.

Thank you for the opportunity to provide comments related to this measure.



February 10, 2023

1 p.m.

Conference Room 225

VIA VIDEOCONFERENCE

To: Senate Committee on Health and Human Services

Sen. Joy A. San Buenaventura, Chair

Sen. Henry J.C. Aquino, Vice Chair

From: Grassroot Institute of Hawaii

Ted Kefalas, Director of Strategic Campaigns

RE: SB162 — RELATING TO DENTISTRY LICENSES

Comments Only

Dear Chair and Committee Members:

The Grassroot Institute of Hawaii would like to offer its comments on [SB162](#), which would allow the state Board of Dentistry to issue community service licenses to practice dentistry and dental hygiene as well as temporary licenses to practice dentistry, provided the applicants meet certain specified criteria.

If enacted, this bill would be a positive step toward addressing Hawaii's shortage of medical professionals, which has led to significant barriers to healthcare access, especially on the neighbor islands.

It is well established that Hawaii is suffering from a shortage of vital healthcare workers, including dentists. The Hawaii Department of Health has designated both Maui and Hawaii Counties — as well as a segment of the City and County of Honolulu — as Dental Health Professional Shortage Areas.¹

Fixing the shortage in healthcare workers requires a multipronged strategy that will address everything from Hawaii's high cost of living to the state's regulatory scheme for healthcare

¹ ["Hawaii Health Professional Shortage Areas,"](#) Hawaii Department of Health, August 2020.

facilities. Perhaps most important is the need to reform licensing regulations for healthcare professionals.

One-fourth of all licensed workers in the U.S. work in healthcare.² Their licenses can be difficult to obtain, are expensive and carry geographic or “scope of practice” limitations.

As discussed in an upcoming policy brief on medical licensing by the Grassroot Institute of Hawaii, the state’s shortage of healthcare professionals makes its restrictions on healthcare workers who already hold licenses in other U.S. states seem redundant and self-defeating.

As the Federal Trade Commission noted in a report on occupational licensing portability:

There is little justification for the burdensome, costly, and redundant licensing processes that many states impose on qualified, licensed, out-of-state applicants. Such requirements likely inhibit multistate practice and delay or even prevent licensees from working in their occupations upon relocation to a new state. Indeed, for occupations that have not implemented any form of license portability, the harm to competition from suppressed mobility may far outweigh any plausible consumer protection benefit from the failure to provide for license portability.³

In other words, though medical licensing is intended to protect the public, there is a point at which the level of regulation reduces the number of people in practice without an appreciable public benefit.

One study of licensing among medical professionals found that “licensing is associated with restricted labor supply, an increased wage of the licensed occupation, rents, increased output prices, and no measurable effect on output quality.”⁴

This is where we can benefit from the lessons learned during the coronavirus situation. The governor’s emergency modification to state licensing laws demonstrated a need to embrace license portability, making it a simple matter for a nurse licensed in another state to practice in Hawaii.

² Ryann Nunn, [“Improving Health Care Through Occupational Licensing Reform.”](#) RealClear Markets, Aug. 28, 2018

³ Karen Goldman, [“Options to Enhance Occupational License Portability.”](#) U.S. Federal Trade Commission, September 2018, p. 25.

⁴ Sean Nicholson and Carol Propper, [“Chapter Fourteen — Medical Workforce.”](#) in “Handbook of Health Economics, Vol. 2,” Elsevier, B.V., 2012, p. 885, cited also in the previously mentioned [FTC study](#), footnote #9, p3.

The expanded permissions to issue temporary and community service licenses for dentistry and dental hygiene outlined in this bill are a partial answer to the need to attract more dentists to Hawaii.

Over the long term, lawmakers should consider other ways to enhance license portability, to help end health professional shortages and improve healthcare access for all.

Thank you for the opportunity to submit our comments.

Sincerely,

Ted Kefalas
Director of Strategic Campaigns,
Grassroot Institute of Hawaii



Hawaii Dental Association

To: Senate Committee on Health and Human Services
Time/Date: 1:00 p.m., February 10, 2023
Location: State Capitol Conference Room 225 and Videoconference
Re: SB 162, Relating to Dentistry Licenses

Aloha Chair San Buenaventura Vice-Chair Aquino, and members of the Committee:

The Hawaii Dental Association (HDA) provides comments on SB 162, Relating to Dentistry Licenses. This bill amends the qualifications for dentist community service licenses and dentists' temporary licenses, and for dental hygienist community service licenses by requiring the acceptance of candidates who are graduates of a dental college or dental hygiene college recognized by the American Dental Association Commission on Dental Accreditation. **We suggest specifying that this applies to graduates of a dental college or dental hygiene college with a reciprocal agreement with the American Dental Association Commission on Dental Accreditation, rather than colleges "recognized" by the American Dental Association Commission on Dental Accreditation which has no clear definition.**

HDA is committed to ensuring patient safety and promoting oral health for our community. Including this proposed language will help to ensure quality care for patients across the state.

Oral health is essential for overall health and wellness. One cannot be healthy without a healthy mouth. It can show signs of nutritional deficiencies or general infection. Systemic diseases, those that affect the entire body, may first become apparent because of mouth lesions or other oral problems. This bill seeks to increase access to sufficient dental care, especially those in native Hawaiian and Pacific Islander communities. The high rate of tooth decay among Hawaii's children, which can lead to pain that interferes with daily activities, is of the highest degree of importance to the Hawaii Dental Association and its members. Untreated cavities also increase the risk of more serious infection in the mouth and body. We welcome an opportunity to engage in dialog on this measure and to serve as a resource to policy makers on oral health.

HDA is a statewide membership organization representing dentists practicing in Hawaii and licensed by the State of Hawaii's Board of Dentistry. HDA members are committed to protecting the oral health and well-being of the people of Hawaii, from keiki to kupuna and everyone in between.

Mahalo for the opportunity to provide comments on SB 162.

Date: February 10, 2023

To: The Honorable Senator Joy San Buenaventura, Chair
The Honorable Senator Henry J.C. Aquino, Vice Chair

Re: Support for SB 162, Relating to Dental Licenses

Hrg: February 10, 2023 at 1:00 PM – Conference Room 225 & via Videoconference

I am Joseph P. Mayer, Jr., DDS, Hawaii dental license #DT-1980, and I **strongly support SB 162 which** revises the Hawaii Dental Practice Act to permit **community health centers** to recruit eligible candidates for temporary and community service dental licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA) **recognized** institutions eligibility for temporary and community service licenses, and includes the Integrated National Dental Board Examination as an acceptable examination requirement.

NEED:

According to HB 519, Hawaii currently has 854 actively licensed dentists, only 26% (222) accept adult Medicaid . Hawaii is one of 14 states without a college of dentistry. [see attached Wikipedia search, reference/document #1]. **All 14 states have been designated a “Dental Care Health Professional Shortage area” by the U.S. Dept. of Health & Human Services, Health Resource and Services Administration (HRSA), Bureau of Health Workforce.** [see attached reference/document #2].

According to this September 30, 2022, report, the current number of licensed Hawaii dentists is sufficient to treat 43.21% of the state population, at a population to provider ratio of 5000 to 1. The number of providers needed to remove this designation is estimated at 41 providers. At the 5000 to 1 ratio, that would mean 205,000 [500 x 41] individuals are without or have limited access to dental care. It is estimated that the Hawaii adult dental Medicaid ACT, added 280,000 persons to the dental Medicaid eligibility rolls. Obviously, a significant shortage of providers.

SB 162 proposes to add **NON-FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS** to the list of treatment locations. In addition to a shortage of providers, there is a similar shortage of treatment facilities with the necessary equipment to provide dental care. I would like to suggest that the committee consider adding **hospitals** to the list of treatment centers. To the best of my knowledge, only Queen’s Medical Center and the Kahuku Medical Center provide dental care services. The neighbor island hospitals would benefit from this addition.

SB 162 proposes to further expand the Community Service Dental License, by adding the words **“OR RECOGNIZED”** by the ADA Commission on Dental Accreditation. This would permit Canadian dental school graduates to apply for that **limited licensure. (CSDL).**

I had prepared this part of my presentation for the Dental Board meeting on Monday , February 6, 2023, but the meeting was cancelled.

No one will disagree that the Dental Board is primarily responsible for protecting the health and safety of the population. But the second responsibility, and just as important, is the responsibility to provide access to quality dental care. How does it service the public if the Board doesn’t license a sufficient number of providers to meet the needs of the population? **When something is wrong, there is a responsibility to correct it.** There is not enough dentists to meet the needs of the 280,000 adult dental Medicaid beneficiaries that are eligible for care in the legislation passed last year. The proposed House Bill 519 has the intent to form a task force to study the lack of access.

Fortunately, the Board has the opportunity to affect the current legislative proposal in SB 162 by submitting support for this legislation. At the January 23, 2023, Dental Board meeting, the Board raised

concerns regarding SB 162 and the proposed language of the current **“accredited”** vs the proposed **“accredited OR RECOGNIZED”** by the ADA Committee on Dental Accreditation. The ADA Committee on Dental Accreditation receives the authority, aka license to accredit U.S. dental schools from the U.S. Dept. of Education. Canada, as a **“Sovereign Nation”** is not under the jurisdiction of the U.S. Dept. of Education and therefore the ADA Committee on Dental Accreditation is not **“licensed”** by the U.S. Dept. of Education to accredit Canadian dental schools.

Furthermore, the board’s concern questioned the quality of the Canadian dental school education and if it was **“equivalent”** to that of the 70 U.S. dental schools that are accredited by the ADA Committee on Dental Accreditation. I therefore emailed the ADA Committee on Dental Accreditation and received a response from:

Marjorie G. Hooper, Coordinator, CODA Operations, Office of the Director hooperm@ada.org
(312) 440-4653. [see attached email, reference/document #3]

In her email response, she referenced the website:

<https://coda.ada.org/policies-and-guidelines> and page 11 of the Commission on Dental Accreditation’s Evaluation and Operational Policies and Procedures manual. Regarding the issue of “Accreditation and/or Recognized”. The reciprocal agreement with the Commission on Dental Accreditation of Canada, the agreement states:

“The reciprocal accreditation arrangement between the Commission on dental Accreditation and the Commission on Dental Accreditation of Canada (CDAC) has been maintained and expanded since its adoption in 1956. Under the reciprocal agreement, each Commission recognizes the accreditation of the educational programs in specified categories accredited by the other agency. Under this arrangement, the commissions agree that the education programs accredited by the other agency ARE EQUIVALENT to their own AND NO FURTHER EDUCATION IS REQUIRED FOR ELIGIBILITY FOR LICENSURE. Commissioners and staff of the accrediting agencies will regularly attend the meeting of the other agency and its standing committees. In addition, commissioners and/or staff will participate annually in AT LEAST ONE SITE VISIT conducted by the other agency. The Commissions believe that this cross-participation is important in maintain an understanding of the accreditation process in each country and in ensuring that the accreditation process in each country continues to be EQUIVALENT. End of CODA statement.

To the best of my knowledge, at the time that I am submitting my comments, the current Dental Board has not stated their acceptance of the **“The reciprocal accreditation arrangement between the Commission on Dental Accreditation and the Commission on Dental Accreditation of Canada (CDAC)**. Yet, in the past, the Dental Board has permitted graduates from the CODA **recognized dental schools of Canada for full licensure**. [see the highlighted areas of attached ACT 121, SB 568 of 2005, reference/document #4].

Given the documented need for additional dental providers, **it is my personal request** that the proposed SB 162 strikeout the following wording in HRS 448 and 447:

“No person who after July 2, 2004, has failed to pass the license examination administered under this chapter may be issued a COMMUNITY SERVICE DENTAL LICENSE OR HYGIENE LICENSE.”

In my personal and professional opinion, not being licensed to work in the private sector and therefore the lack of higher compensation is a sufficient consequence of not passing the examination. In my professional opinion, the current wording, could be considered “intimidation” and perhaps border as a “NON-COMPETE CLAUSE” currently under a new FTC rule-making process. Unless the previously approved Community Service Dental Providers have had complaints filed with the Dental

Board regarding patient treatment or conduct, I don't see any justification for stripping away the Community Service Dental License.

Mahalo for your time and attention. I will answer questions if the chair permits additional time.

Respectfully submitted,

Joseph P. Mayer, Jr., DDS

References/documents:

- 1) Wikipedia: List of dental schools in the U.S.
https://en.wikipedia.org/wiki/List_of_dental_schools_in_the_United_States
- 2) Dental Care Health Professional Shortage Areas (HPSAs) KFF
<https://www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsa/>
- 3) CODA email, Marjorie G. Hooper, Coordinator, CODA Operations, Office of the Director, dated 1/31/23 at 12:34 PM
hooperm@ada.org
- 4) ACT 121, SB 568, 2005.



WIKIPEDIA
The Free Encyclopedia

List of dental schools in the United States

This **list of dental schools in the U.S.** includes major academic institutions in the U.S. that award advanced professional degrees of either D.D.S. or D.M.D. in the field of dentistry.^[1] It does not include schools of medicine, and it includes 66 schools of dentistry in 36 states, the District of Columbia, and Puerto Rico. It also includes several schools of osteopathic medicine which award DDS/DMD degrees in addition to a DO medical degree.

Alabama

- UAB School of Dentistry, Birmingham

ALASKA

Arizona

- A.T. Still University, the Arizona School of Dentistry and Oral Health, Mesa
- Midwestern University College of Dental Medicine-Arizona, Glendale

ARKANSAS

California

- Loma Linda University School of Dentistry, Loma Linda
- University of California, Los Angeles School of Dentistry, Los Angeles
- University of California, San Francisco School of Dentistry, San Francisco
- University of the Pacific Arthur A. Dugoni School of Dentistry, San Francisco
- The Herman Ostrow School of Dentistry of USC, Los Angeles
- Western University of Health Sciences College of Dental Medicine, Pomona

Colorado

- University of Colorado School of Dental Medicine, Aurora

Connecticut

- University of Connecticut School of Dental Medicine, Farmington

DELAWARE

District of Columbia

- Howard University College of Dentistry, Washington

Florida

- Lake Erie College of Osteopathic Medicine, School of Dental Medicine, Bradenton
- Nova Southeastern University College of Dental Medicine, Ft. Lauderdale
- University of Florida College of Dentistry, Gainesville

Georgia

HAWAII

- The Dental College of Georgia at Augusta University,^[2] Augusta

IDAHO

Illinois

- Midwestern University College of Dental Medicine, Downers Grove
- University of Illinois at Chicago College of Dentistry, Chicago
- Southern Illinois University School of Dental Medicine, Alton

Indiana

- Indiana University School of Dentistry, Indianapolis

Iowa

- University of Iowa College of Dentistry, Iowa City

KANSAS

Kentucky

- University of Kentucky College of Dentistry, Lexington
- University of Louisville School of Dentistry, Louisville

Louisiana

- Louisiana State University School of Dentistry, New Orleans

Maine

- University of New England College of Dental Medicine, Portland

Maryland

- University of Maryland School of Dentistry (Baltimore), founded as the Baltimore College of Dental Surgery, Baltimore

Massachusetts

- Boston University Henry M. Goldman School of Dental Medicine, Boston
- Harvard School of Dental Medicine, Boston
- Tufts University School of Dental Medicine, Boston

Michigan

- University of Michigan School of Dentistry, Ann Arbor
- The University of Detroit Mercy School of Dentistry, Detroit

Minnesota

- University of Minnesota School of Dentistry, Minneapolis

Mississippi

- University of Mississippi Medical Center School of Dentistry, Jackson

Missouri

- University of Missouri - Kansas City School of Dentistry, Kansas City
- Missouri School of Dentistry & Oral Health at A.T. Still University, Kirksville

MONTANA

Nebraska

- University of Nebraska Medical Center College of Dentistry, Lincoln
- Creighton University School of Dentistry, Omaha

Nevada

- University of Nevada at Las Vegas School of Dental Medicine, Las Vegas

NEW HAMPSHIRE

New Jersey

- Rutgers School of Dental Medicine, Newark (formerly University of Medicine and Dentistry of New Jersey - UMDNJ)

NEW MEXICO

New York

- Columbia University College of Dental Medicine, New York City
- New York University College of Dentistry, New York City
- University at Buffalo School of Dental Medicine, Buffalo
- State University of New York at Stony Brook School of Dental Medicine, Stony Brook
- Touro College of Dental Medicine, Valhalla

North Carolina

- UNC Adams School of Dentistry, Chapel Hill
- East Carolina University School of Dental Medicine, Greenville

NORTH DAKOTA

Ohio

- Case School of Dental Medicine, Cleveland
- The Ohio State University College of Dentistry, Columbus

Oklahoma

- University of Oklahoma College of Dentistry, Oklahoma City

Oregon

- Oregon Health & Science University School of Dentistry, Portland

Pennsylvania

- Lake Erie College of Osteopathic Medicine, Erie
- Temple University, Maurice H. Kornberg School of Dentistry, Philadelphia
- University of Pennsylvania School of Dental Medicine, Philadelphia
- University of Pittsburgh School of Dental Medicine, Pittsburgh

Puerto Rico

- University of Puerto Rico School of Dental Medicine, San Juan

RHODE ISLAND

South Carolina

- Medical University of South Carolina College of Dental Medicine, Charleston

SOUTH DAKOTA

Tennessee

- Meharry Medical College School of Dentistry, Nashville
- University of Tennessee Health Sciences Center College of Dentistry, Memphis

Texas

- Texas A&M University College of Dentistry, Texas A&M Health Science Center, Dallas
- Dental School at the University of Texas Health Science Center at San Antonio, San Antonio
- University of Texas Health Science Center at Houston School of Dentistry, Houston
- Woody L. Hunt School of Dental Medicine, Texas Tech University Health Sciences Center El Paso, El Paso (opens in 2021)

Utah

- Roseman University of Health Sciences College of Dental Medicine, South Jordan
- University of Utah, School of Dentistry, Salt Lake City

VERMONT

Virginia

- Virginia Commonwealth University School of Dentistry, Richmond

Washington

- University of Washington School of Dentistry, Seattle

West Virginia

- West Virginia University School of Dentistry, Charleston and Morgantown (main campus)

Wisconsin

- Marquette University School of Dentistry, Milwaukee

WYOMING

See also

- [American Dental Education Association](#)
- [American Student Dental Association](#)
- [List of colleges and universities in the United States](#)
- [List of medical schools in the United States](#)
- [List of dental organizations in the United States](#)
- [List of defunct dental schools in the United States](#)



References

1. "Search DDS/DMD Programs" (<http://www.ada.org/267.aspx>). American Dental Association. Retrieved 9 July 2012.
2. "Dental College of Georgia" (<http://www.augusta.edu/dcg/>). augusta.edu. Retrieved 2016-03-26.

External links

- [Complete List of all 65 Dental Schools in the United States Updated Sept. 4, 2014 \(http://www.asdanet.org/us-dental-schools.aspx\)](http://www.asdanet.org/us-dental-schools.aspx) American Student Dental Association
 - [Dental Schools in the United States \(https://archive.today/20130123092833/http://findmydentist.com/articles/list-of-dental-schools.html\)](https://archive.today/20130123092833/http://findmydentist.com/articles/list-of-dental-schools.html) Findmydentist.com
 - [Complete List of all 61 Dental Schools in the USA Updated November 3rd 2010 \(https://archive.today/20110124000522/http://predds.net/dental-school-list\)](https://archive.today/20110124000522/http://predds.net/dental-school-list) PreDDS.NET
-

Retrieved from "https://en.wikipedia.org/w/index.php?title=List_of_dental_schools_in_the_United_States&oldid=1088750544"

Bookmarks

- Monarch Grove Butterfly...
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- Oral Health Infrastructure...
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Timeframe: as of September 30, 2022

TABLE
 MAP

REFINE RESULTS

LOCATIONS

- United States
- States Clear All Selections
- Select All
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia

Location	Total Dental Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
United States¹	7,192	69,478,189	31.75%	11,896
Alabama	87	1,830,719	20.50%	377
Alaska	318	415,101	34.71%	60
Arizona	242	2,849,272	32.94%	467
Arkansas	101	620,722	36.78%	108
California	517	2,519,693	32.98%	419
Colorado	104	1,137,528	49.03%	143
Connecticut	40	481,721	10.50%	110
Delaware	13	381,534	4.98%	97
District of Columbia	12	90,280	2.90%	22
Florida	274	5,987,475	16.60%	1,304
Georgia	190	2,157,754	18.04%	445
Hawaii	33	266,728	43.21%	41
Idaho	105	523,077	47.46%	69
Illinois	245	2,818,438	29.08%	503
Indiana	115	1,298,280	33.14%	224
Iowa	153	451,729	31.99%	76

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Timeframe: as of September 30, 2022

REFINE RESULTS

LOCATIONS

United States

States Clear All Selections

Select All

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia

TABLE MAP

Location	Total Dental Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Iowa	153	451,729	31.99%	76
Kansas	177	590,678	38.49%	82
Kentucky	182	940,530	16.66%	199
Louisiana	168	2,265,236	49.94%	282
Maine	94	380,414	32.29%	59
Maryland	62	2,379,610	33.94%	348
Massachusetts	59	324,460	75.95%	20
Michigan	248	1,563,157	26.02%	300
Minnesota	204	1,126,338	41.16%	165
Mississippi	175	2,031,618	54.98%	228
Missouri	344	2,075,668	22.89%	386
Montana	134	381,453	40.63%	54
Nebraska	81	1,562	0.00%	0
Nevada	70	1,051,708	30.11%	191
New Hampshire	22	35,002	21.48%	9
New Jersey	37	40,411	37.63%	17
New Mexico	112	1,187,842	23.72%	223

- Bookmarks
- Marina Boat Licensing Pro...
 - files.hawaii.gov/tax/forms/...
 - Oral Health Infrastructure...
 - HONOLULU POLICE DEPA...
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Dental Care Health Professional Shortage Areas (HPSAs)



Timeframe: as of September 30, 2022

REFINE RESULTS

 TABLE

LOCATIONS

United States

 States

Clear All Selections

Select All

Alabama

Alaska

American Samoa

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

District of Columbia

Federated States of Micronesia

NOTES

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Notes

Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. There are three categories of HPSA designation based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that, in order to be considered as having a shortage of providers, an area must have a population-to-provider ratio of a certain threshold. For dental care, the population to provider ratio must be at least 5,000 to 1 (4,000 to 1 if there are unusually high needs in the community).

The number of dental HPSA designations includes HPSAs that are proposed for withdrawal and HPSAs that have no data. By statute, designations are not withdrawn until a Federal Register Notice is published, generally once a year on or around July 1.

Sources

Location	Total Dental Care HPSA Designations
United States ¹	7,192
Alabama	87
Alaska	318
Arizona	242
Arkansas	101
California	517
Colorado	104
Connecticut	40
Delaware	13
District of Columbia	12
Florida	274
Georgia	190
Hawaii	33
Idaho	105
Illinois	245
Indiana	115
Iowa	153
Kansas	177

Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, [Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of September 30, 2022](https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport)

(<https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>) available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas> (<https://data.hrsa.gov/topics/health-workforce/shortage-areas>).

Definitions

Percent of Need Met is computed by dividing the number of dentists available to serve the population of the area, group, or facility by the number of dentists that would be necessary to eliminate the dental HPSA (based on a ratio of 5,000 to 1 (4,000 to 1 where high needs are indicated)).

Practitioners Needed to Remove HPSA Designation is the number of additional dentists needed to achieve a population-to-dentist ratio of 5,000 to 1 (4,000 to 1 where high needs are indicated) in all designated dental HPSAs, resulting in their removal from designation.

N/A: Data not available.

FOOTNOTES

1. U.S. totals include data from the territories.

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RE: Access to the ADA CODA Evaluation and Operational Policies and Procedures (EOPP)


Hooper, Marjorie G. (hooperm@ada.org)

To: you Details ▾

Dear Dr. Mayer,

The CODA policy related to the reciprocity is below and available on page 11 of the Commission on Dental Accreditation's Evaluation : in the Commission's website at the link below. Please reach out if you have additional questions. Thanks.

CODA's Policy & Procedure Manual

<https://coda.ada.org/policies-and-guidelines>

RECIPROCAL AGREEMENT WITH THE COMMISSION ON DENTAL ACCREDITATION OF CANADA

The reciprocal accreditation arrangement between the Commission on Dental Accreditation and the Commission on Dental Accreditation of Canada expanded since its adoption in 1956. Under the reciprocal agreement, each Commission recognizes the accreditation of educational programs of the other agency. Under this arrangement, the Commissions agree that the educational programs accredited by the other agency are equivalent to those of the Commission on Dental Accreditation and are eligible for licensure. Commissioners and staff of the accrediting agencies will regularly attend the meetings of the other agency and and/or staff will participate annually in at least one site visit conducted by the other agency. The Commissions believe that this cross-recognition of the accreditation processes in each country and in ensuring that the accreditation processes in each country continue to be equivalent.

The following educational programs are included in the scope of the reciprocal agreement.

- Predoctoral dental education
- Dental hygiene
- Level II dental assisting
- Advanced dental education programs in dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, orthodontics, dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics.

The following statement is found in the "Find a Program" section of the CODA website:

Canadian Programs

By reciprocal agreement, programs that are accredited by the Commission on Dental Accreditation of Canada are recognized by the Commission on Dental Accreditation. Individuals attending dental programs in one country and planning to practice in another country should carefully investigate the requirements for dental practice.

By reciprocal agreement, predoctoral dental education, level II dental assisting, dental hygiene, and advanced dental education programs in dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics accredited by the Commission on Dental Accreditation Canada are recognized by the Commission on Dental Accreditation.

Revised: 8/18; 8/17; 2/15; 7/91; Reaffirmed: 8/22; 8/12, 8/10, 7/07, 1/03, 7/01; CODA: 1/97:03, 1/94:4-5

Marjorie Hooper hooperm@ada.org
 Coordinator, CODA Operations
 Office of the Director
 Commission on Dental Accreditation (CODA)
 312.440.4653 (office)

Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 <https://coda.ada.org>

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ACT 121

ACT 121

S.B. NO. 568

A Bill for an Act Relating to Dentists.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. Section 448-9, Hawaii Revised Statutes, is amended to read as follows:

~~“§448-9 Application for [examination for graduates of dental colleges accredited by the American Dental Association Commission on Dental Accreditation.] licensure. Any person of eighteen years or more shall be eligible [to take an examination before the board] for licensure upon submission of:~~

- (1) An application ~~[on a form prescribed by the board]~~ to the executive ~~[secretary]~~ officer of the board not later than ~~[sixty]~~ forty-five days prior to the date of the scheduled examination;
- (2) Application and examination fees; and
- (3) Documentation and credentials that shall include but are not limited to the following:
 - (A) A diploma or certificate of graduation from a dental college accredited by the American Dental Association Commission on Dental Accreditation, recognized and approved by the board; and
 - (B) A certificate or other evidence satisfactory to the board of having passed parts I and II of the National Board Dental Examination.”

SECTION 2. Section 448-10, Hawaii Revised Statutes, is amended to read as follows:

~~“§448-10 Examination; time. [The] (a) Except as provided in subsection (c), the board shall require all applicants to take the state written and practical examination on dentistry. In administering the examination the State shall consider current trends in dental education. The requirements for the examination in operative and laboratory dentistry shall be decided by the board and mailed to each applicant. All instruments, materials, and patients shall be supplied by the applicant. Two examinations shall be held each calendar year.~~

~~[If the board is unable to administer an examination, a qualified applicant for the canceled board examination shall meet the board's examination requirement if the applicant:~~

- (1) ~~Within one year prior to the canceled board examination passed a regional or state examination satisfactory to the board; or~~
- (2) ~~Prior to the board's next administered examination takes and passes a regional or state examination satisfactory to the board.]~~

~~(b) Until December 31, 2005, the board without regard to chapter 91 may develop a state written and practical examination on dentistry for the purposes of subsection (a).~~

~~(c) If the board determines that two state written and practical examinations on dentistry will not be or have not been administered pursuant to subsection (a) during the calendar year, an applicant shall be eligible for licensure under this chapter:~~

- (1) If the applicant takes one of the following four regional examinations given between February 1, 2004 and the date of availability of the American Board of Dental Examiners (ADEX) examination, by:
 - (A) The Western Regional Examining Board;
 - (B) The Central Regional Dental Testing Service, Inc.;
 - (C) The Southern Regional Testing Agency, Inc.; or
 - (D) The North East Regional Board of Dental Examiners,
and passes it;
- (2) If the applicant takes and passes the American Board of Dental Examiners (ADEX) examination approved by the board; or
- (3) By credential under this paragraph if the applicant is a dental specialist and:
 - (A) Has graduated from an accredited dental specialty education program in orthodontics, endodontics, pedodontics, periodontics,

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- oral surgery, oral radiology, public health dentistry, or oral medicine/oral pathology;
- (B) Submits to the board a completed application and all required fees;
- (C) Submits to the board verification of:
- (i) Graduation from a general dental education program accredited by the American Dental Association Commission on Dental Accreditation or the Commission on Dental Accreditation of Canada;
 - (ii) Graduation from a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association;
 - (iii) A current active license issued by another state that is not revoked, suspended, or otherwise restricted;
 - (iv) Having been lawfully engaged in the practice of dentistry for at least three years preceding the date of the application, with a minimum of one thousand hours of dentistry practice each year;
 - (v) Completion of a minimum of thirty-two hours of continuing education in the applicant's dental specialty within the preceding two-year period;
 - (vi) Not having been subject to disciplinary action by any jurisdiction in which the applicant is or has been previously licensed to practice dentistry; provided that if the applicant has been subject to disciplinary action, the board shall review that action to determine if it warrants refusal to issue a license to the applicant;
 - (vii) Not having any felony convictions of any kind and having no other criminal convictions that may affect the applicant's ability to render competent dental care;
 - (viii) Registration status with the federal Drug Enforcement Administration and submits a self-query report from the National Practitioner Data Bank; provided that the board shall review this information to determine if it warrants refusal to issue a license to the applicant; and
 - (ix) Passage of parts I and II of the National Board Dental Examination; and
- (D) Agrees to practice only as a dental specialist, within the area of the applicant's specialization."

SECTION 3. Chapter 448, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§448- American Board of Dental Examiners (ADEX) examination; regional examinations. (a)¹ Once the American Board of Dental Examiners (ADEX) examination is available and approved by the board, an applicant shall take and pass the ADEX examination, and neither the state examination nor any regional examination shall be accepted; provided that an applicant who has taken a regional examination after February 1, 2004, but prior to the availability of the ADEX examination shall be deemed to have met the board's examination requirement if the applicant passes the exam."

SECTION 4. The board of dental examiners shall make a determination and post notification on its webpage by July 15, 2005, regarding whether the two state

ACT 121

written and practical examinations on dentistry will be administered pursuant to subsection 448-10(a), Hawaii Revised Statutes.

SECTION 5. If any provision of this Act, or the application thereof to any person or circumstance, is held invalid, the invalidity does not affect other provisions or applications of this Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.²

SECTION 7. This Act shall take effect upon its approval; provided that on the date that the board of dental examiners approves the American Board of Dental Examiners (ADEX) examination, section 448-10, Hawaii Revised Statutes, shall be repealed.

(Approved June 15, 2005.)

Notes

1. No subsection (b).
2. Edited pursuant to HRS §23G-16.5.

Date: February 10, 2023

House Committee: on Health and Human Services

To: The Honorable Senator Joy San Buenaventura, Chair
The Honorable Senator Henry J.C. Aquino, Vice Chair

Re: S.B.162, Relating to Dentistry Licenses

Hrg: February 10, 2023 at 1:00pm - Conference Room 225 & via Videoconference

Testifier: Dr. Don B. Sand, DDS

Aloha Chair Joy San Buenaventura, Vice Chair Henry Aquino and distinguished HHS Committee Members;

My name is Dr. Don Sand, DDS.

As a dentist on the front lines of treating the underserved in Hawaii for 8 years and as a **leader in our safety-net sector** for 7 years I would like to strongly support bill HB.617.

As a founding member of HOHC, Hawaii Oral Health Coalition in 2019, and as the **current Chair of the committee on prevention and access** I would like to strongly support Bill H.B. 617

The problem:

Hawaii does many, many things better than the other 49 states and for this reason we are lucky fo' live and work in Hawaii. However, according to most of the **oral public health metrics** our state has been receiving a failing score for many years. Even as our medical delivery system is highly respected our oral health system has the highest disparity to access and inequality to dental care as one compares the access the upper and middle class enjoy compared the underserved, vulnerable and homeless.

Currently, oral health care in Hawaii is available to those who can afford it. Those who cannot/do not have adequate dental insurance struggle to get even acute dental needs met. All ages are adversely affected by the broken oral health system—from young keiki to adults from age 21 to the Kupuna. Most severely affected are those living in the rural areas and most areas of our neighboring islands, especially in the Native Hawaiian and Pacific Island communities.

Thousands of our people have some missing front teeth needed to smile for work, for job interviews or to be able to enjoy essential social and behavioral health needs from feeling basic esteem in their smile. Everyday thousands of adults are suffering the inability to enjoy plate lunch much less have enough back teeth to meet their minimal nutritional needs. Finally, because the system is broken Everyday our people are suffering pain of oral infections, and facial infections due to abscessed teeth and gum that is costing the patient and our state. In a recent 5-year Hawaii study, oral disease that could have been prevented cost our ER hospital systems \$38.7 million, close to having Medicaid funds lost.

We want to publicly thank this committee, and Senator Joy and Senator Aquino who have supported many bills and measures for improving the lives and health care of the underserved in Hawaii.

Last year this committee can be credited in leading the way in having the 2022 State Legislative session pass a measure to reinstate the adult dental Medicaid benefit after a 12 year absence. The bill was successful and allocation of matched State and Federal funds totalling \$25.9 million. These funds are currently waiting in DHS, the MedQuest division.

Unfortunately, this allocation does not address the need to increase the capacity of the system. 280,000 patients became eligible for dental care and these patients will not have an easy chance to get an appointment. In fact due to an obvious oral health crisis, a study is not needed as everyone in the system knows that we need an urgent capacity build-out.

One quick example that may illustrate the **huge need** compared to our **existing capacity** can be seen by looking at the rough numbers of patients seen in our 14 safety-net community health centers in 2021. The total estimated **combined patients seen were just under 40,000**. Please contrast that number 40,000 served to the **280,000 adults** that can now be eligible for Medicaid dental services starting last month Jan 1, 2023. (It may be noteworthy that of those 280,000 eligible it is estimated that 70,000 are Native Hawaiian and Pacific Islanders.)

The number one capacity element needed in this challenge to service these new Medicaid patients is the need of more highly qualified licensed dentists and hygienists. There is no dental school and never has been a dental school in Hawaii unlike most states and this has contributed to a growing severe statewide workforce shortage. Try and imagine how much worse our physician's workforce pool would be if we did not have JABSOM? Creating a dental school would be minimally a 6-7 year plan as it would still take 4 years for the first student to matriculate. The immediate answer would be to recruit mission minded dentists and hygienists who would serve in return for having the opportunity to enjoy Hawaii before their careers are over.

A step towards a solution:

This bill has no cost to the state but will save millions of dollars each year by allowing our system to license and deploy more highly qualified dentists and hygienists with temporary and community service licenses. As the original language of the HRS 448, these professionals coming to Hawaii or are already here in Hawaii can step in to help our underserve will continue to be limited to community health initiatives serving in charity programs, Medicaid programs, public health outreach programs, rural health and preventive care initiatives. The typical mission minded dentists have had successful careers, have no debts unlike new graduates and are happy to work as volunteers or for low salaries as they understand the reimbursement rates for preventive care and outreach care is very low.

No matter the length of time served in the islands, the community service license which is over 10 years old, never has had and never will have any provision to convert to the "community service license" to become an unrestricted license of the kind most private practices dentists who serve the middle and upper socio-economic class.

This bill does not change in any way the original intent or scope of practice for the community service license but only aims to clarify the language by describing in detail the service entities that these charity minded professionals can serve using the phrase "community health center".

The second provision in this bill is intended to clarify the phrase CODA accredited and the phrase CODA recognized in describing health care professions of "**equivalent**" high standard of training and licensure in their home state (USA) and their home country (Canada).

This bill will help address this workforce shortage in the public dental sector, rural and neighbor islands to improve access to dental care and reduce oral health disparities.

As Hawai'i continues to see poor oral health outcomes among our vulnerable populations, we must continue to work together to enhance innovative, resourceful and proactive approaches to increase access to care while maintaining the quality of care our residents deserve.

Mahalo for your consideration and strong support of H.B.617. And much Mahalos for this opportunity to testify.

Dr. Don Sand, DDS

To: Senate Committee on Health and Human Services
Hearing Date/Time: February 10, 2023 at 1:00PM; Conference Room 225 & Videoconference
Re: Support for SB162, Relating to Dentistry Licenses

Aloha Chair San Buenaventura, Vice Chair Aquino, and committee members,

Thank you for the opportunity to testify in **strong support** of SB162.


I am a dentist who works with underserved and Indigenous populations across Canada. I recently completed my Master of Public Health which included conducting research with Hawai'i Oral Health Coalition. I was surprised to observe the poor access to care that many vulnerable people in Hawai'i face. The resulting poor oral health translates into poor overall health. This inequality further results in a huge expense to the health care system.

I have passed my INBDE and ADEX exams, in the hopes of obtaining licensure in Hawai'i to work with underserved populations. Unlike the vast majority of states in America, I was informed that even though I passed my INBDE, ADEX, and my dental school in Canada meets the accreditation standards that are recognized by the ADA's CODA-CDAC mutual reciprocal agreement, I am ineligible for licensure.

If Hawai'i recognizes the reciprocal agreement between CODA and CDAC, this will allow qualified, board certified dentists, who have passed the INBDE, to provide preventative and restorative care to vulnerable populations in underserved areas. This can drastically improve the health of these communities and decrease the overall financial burden on the state. No-cost approaches to improving access to care are an effective means of protecting the State's investment in ensuring the health and quality of life that everyone in Hawai'i deserves, especially those receiving the recently reinstated Medicaid dental benefits.

I humbly ask you to **support** these proposed revisions to the Hawai'i Dental Practice Act and pass SB162.

Mahalo for the opportunity to testify.

A handwritten signature in black ink, appearing to be 'A. Davidson', enclosed within a large, hand-drawn oval.

Dr. Andrew Davidson
BSc, DMD, MPH

To: Senate Committee on Health and Human Services

Hearing Date/Time: February 10, 2023 at 1:00PM; Conference Room 225 & Videoconference

Re: Support for SB162, Relating to Dentistry Licenses

Aloha Chair San Buenaventura, Vice Chair Aquino, and committee members,

Thank you for the opportunity to testify in **strong support of SB162** which revises the Hawai'i Dental Practice Act to allow community health centers to recruit eligible candidates for temporary and community service licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA) recognized institutions eligibility for temporary and community service licenses, and includes the Integrated National Dental Board Examination as an acceptable examination requirement.

Increasing the number of eligible candidates for community service and temporary licensure is important because oral health is a critical component of overall health and wellness. The proposed amendments will support the overwhelming need for providers that serve vulnerable Hawai'i residents, especially those receiving the recently reinstated Medicaid dental benefits. No-cost approaches to improving access to dental care, such as these, are an effective means of protecting the State's investment in ensuring the health and quality of life that everyone in Hawai'i deserves.

For these reasons, I humbly ask you to support these proposed revisions to the Hawai'i Dental Practice Act.

Mahalo,

Gerraine Hignite BS, RDH

SB-162

Submitted on: 2/8/2023 10:39:01 AM

Testimony for HHS on 2/10/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sharon R Shishido	Individual	Support	Written Testimony Only

Comments:

I am in strong support of SB162!

Thank you

Sharon R Shishido, AS, RDH

SB-162

Submitted on: 2/8/2023 2:09:11 PM

Testimony for HHS on 2/10/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erin Cortez	Individual	Support	Written Testimony Only

Comments:

To: Senate Committee on Health and Human Services

Hearing Date/Time: February 10, 2023 at 1:00PM; Conference Room 225 & Videoconference

Re: Support for SB162, Relating to Dentistry Licenses

Aloha Chair San Buenaventura, Vice Chair Aquino, and committee members,

Thank you for the opportunity to testify in ***strong support*** of SB162 which revises the Hawai‘i Dental Practice Act to allow community health centers to recruit eligible candidates for temporary and community service licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA) recognized institutions eligibility for temporary and community service licenses, and includes the Integrated National Dental Board Examination as an acceptable examination requirement.

Increasing the number of eligible candidates for community service and temporary licensure is important because there is great need in local communities for dental aid. If qualified and educated providers are willing to help the kupuna and others in need they should be allowed to do so in a safe environment.

Oral health is a critical component of overall health and wellness. The proposed amendments will support the overwhelming need for providers that serve vulnerable Hawai‘i residents, especially those receiving the recently reinstated Medicaid dental benefits. No-cost approaches to improving access to dental care, such as these, are an effective means of protecting the State’s investment in ensuring the health and quality of life that everyone in Hawai‘i deserves.

For these reasons, I humbly ask you to **support** these proposed revisions to the Hawai'i Dental Practice Act, Mahalo for the opportunity to testify.

Erin Cortez, BSDH, MSAH

President Elect of the Hawaii Dental Hygiene Association

SB-162

Submitted on: 2/8/2023 3:54:25 PM

Testimony for HHS on 2/10/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Emi Eno Orikasa	Individual	Support	Written Testimony Only

Comments:

To: Senate Committee on Health and Human Services

Hearing Date/Time: February 10, 2023 at 1:00PM; Conference Room 225 & Videoconference

Re: Support for SB162, Relating to Dentistry Licenses

Aloha Chair San Buenaventura, Vice Chair Aquino, and committee members,

Thank you for the opportunity to testify in *strong support* of SB162 which revises the Hawai'i Dental Practice Act to allow community health centers to recruit eligible candidates for temporary and community service licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA) recognized institutions eligibility for temporary and community service licenses, and includes the Integrated National Dental Board Examination as an acceptable examination requirement.

Increasing the number of eligible candidates for community service and temporary licensure is important. There is a severe shortage of public oral health professionals (dentists and dental hygienists) that primarily serve underserved and vulnerable populations. This includes Medicaid recipients. This is even more pertinent as Medicaid expanded the adult dental benefits. This bill will help address this workforce shortage in the public dental sector, rural and neighbor islands to improve access to dental care and reduce oral health disparities.

Oral health is a critical component of overall health and wellness. The proposed amendments will support the overwhelming need for providers that serve vulnerable Hawai'i residents, especially those receiving the recently reinstated Medicaid dental benefits. No-cost approaches to improving access to dental care, such as these, are an effective means of protecting the State's investment in ensuring the health and quality of life that everyone in Hawai'i deserves.

For these reasons, I humbly ask you to **support** these proposed revisions to the Hawai'i Dental Practice Act, Mahalo for the opportunity to testify.

Emi Eno Orikasa

Date: February 10, 2023

Senate Committee on Health and Human Services



Strong Support of Bill #: SB 162, Relating to Dentists and Dental Hygienists

To: Senator Joy A. San Buenaventura, Chair, Senator Henry J.C. Aquino, Vice Chair and Committee Members:

I am writing in **support of SB162** which proposes to revise the Hawai'i Dental Practice Act to allow community health centers to recruit eligible candidates for temporary and community service licenses, allow graduates of ADA-Commission on Dental Accreditation (CODA) recognized institutions eligibility for temporary and community service licenses and includes the Integrated National Dental Board Examination as an acceptable examination requirement.

As a member of the Hawaii Oral Health Coalition and the Hawaii Dental Hygienists' Association, I support the testimony both have offered on SB 162. I work for an organization that supports Adults with Intellectual and Developmental Disabilities through the Home and Community Based Services waiver program. Many of the adults that I work with have Medicaid as their primary health insurance. Their families have discussed difficulty accessing a variety of health professionals including oral health professionals on the island of Kauai. This bill would work to support that effort to increase opportunities for health care services.

During my career as a dental hygienist, I have had the opportunity to work with public health departments and provided community dental health services to elementary school age, Head Start pre-school age and Adults with Intellectual Disabilities in a variety of public health settings. In the state that I relocated from, I was one of the first dental hygienists to be a Medicaid provider and obtain a Community Dental Health Certificate. In addition to providing preventive oral health services, I was part of a team that provided necessary triage services for community members with unmet dental needs to be connected with Federally Qualified (Dental) Health Centers.

I am grateful and was very supportive of the 2022 effort to reinstate Medicaid Adult Dental Health benefits. If SB 162 passes, it would provide opportunities for dental health professionals like myself who have received the desired dental health and public health training described above to be able to make a contribution that is greatly needed for Hawaii residents.

Mahalo:

Anne Hvizdak, BSDH, CDHC
Member Hawaii Oral Health Coalition
Member Hawaii Dental Hygienists' Association
669 Aewa St. #375
Eleele, HI (Kauai) 96705
Hvizdak11@gmail.com