



March 14, 2013

To: Chair Della Au Belatti
Vice-Chair Dee Morikawa
Members of the House Committee on Health

From: Deborah Zysman, Executive Director
Good Beginnings Alliance

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

The Good Beginnings Alliance is in support of SB343 SD2: Relating to Dental Health. The dental health of Hawaii's children has slowly and steadily improved over the past decades, but there are still many communities in our state with relatively high rates of tooth decay. Research shows that decay and other dental-related problems undermine children's ability to attend and perform well in school. This measure seeks to improve the dental health of our state's children by allowing dental hygienists to apply preventative sealants, in conjunction with a licensed dentist, in federally qualified health centers and school-based dental health sealant programs. We see this as a reasonable program that will have immediate health benefits to our school-age population.

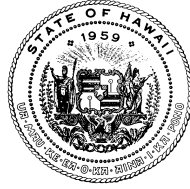
A recent report by the Pew Charitable Trusts, entitled *Falling Short: Most States Lag on Dental Sealants*, found that less than 25% of high-need schools in Hawaii have school-based sealant programs. These are schools with a significant proportion of children who are at higher risk of tooth decay and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

In addition to preventing decay, sealants can potentially save families and taxpayers money by preventing the need for more costly procedures to address untreated decay. On average, a sealant is one-third the cost of filling a cavity.ⁱ Preventing decay also reduces the number of children whose toothaches or other decay-related problems might otherwise lead them to seek care in a hospital emergency-room. In 2006, tooth decay was the primary reason for more than 330,000 dental-related trips to emergency rooms across the U.S., at a total cost of nearly \$110 million.ⁱⁱ

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

ⁱ The national median charge among general practice dentists for procedure D1351 (dental sealant) is \$40 and national mean charge for procedure D2150 (two-surface amalgam filling) is \$145. See: “2007 Survey of Dental Fees,” American Dental Association, 2007, 17.

ⁱⁱ Of the 330, 757 ER visits for dental-related causes, 330,599 (99.9 percent) did not require a hospital stay. See: R. Nalliah, V. Allareddy, S. Elangovan, N. Karimbux, V. Allareddy, “Hospital Based Emergency Department Visits Attributed to Dental Caries in the United States in 2006,” *Journal of Evidence Based Dental Practice* (2010), Vol. 10, 212-222, [http://www.jebdp.com/article/S1532-3382\(10\)00183-1/abstract](http://www.jebdp.com/article/S1532-3382(10)00183-1/abstract).



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

House Committee on Health

S.B. 343, SD2 RELATING TO DENTAL HEALTH

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

March 15, 2013

1 **Department's Position:** The Department of Health appreciates the intent of S.B.343 SD2 to improve
2 the oral health of children through an oral health surveillance system; permitting dental hygienists to
3 apply dental sealants in a school-based dental sealant program; and a school-based dental sealant
4 program.

5 **Fiscal Implications:** Funding will be needed for the Department of Health to support the requirements
6 of this measure. The public health dental program of the Department was eliminated as a result of the
7 2009 budget reductions and there is currently no infrastructure to support full implementation.

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

1 presents specific examples of practices in state programs. School-based sealant programs are especially
2 important for reaching children from low-income families who are less likely to receive dental care.

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

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

20 The Department will require staffing to build an oral health surveillance system as well as
21 staffing to establish, implement and evaluate a dental sealant program. Currently, there are at least two
22 community-based dental sealant programs being conducted. Staffing would facilitate a dedicated effort
23 to partner with the community providers and the Task Force to evaluate best practices that may be
24 replicated in other high need schools.

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

4 1. Page 3 line 18 delete “to establish and administer” replace with “establish or enter into
5 partnerships or agreements to administer”.

6 2. Page 4 line 3 delete “to establish and administer” replace with “establish or enter into
7 partnerships or agreements to administer”.

8 3. Page 7, line 7 delete “to establish and administer” replace with “establish or enter into
9 partnerships or agreements to administer”.

10 4. Page 8, line 18 delete “2010 oral health objective 21-8, which calls for fifty percent of the
11 State’s eight-year-old and fourteen-year-old children” and replace with “2020 oral health
12 objective OH-12 which calls for 28.1% of the six to nine year-old children”.

13 Thank you for the opportunity to testify.



HPCA

HAWAII PRIMARY CARE ASSOCIATION

House Committee on Health

The Honorable Della Au Belatti, Chair

The Honorable Dee Morikawa, Vice Chair

Testimony on Senate Bill 343 SD2

Relating to Dental Health

Submitted by Robert Hirokawa, Chief Executive Officer

March 15, 2013, 8:30 AM, Room 329

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, supports Senate Bill 343 to increase children's access to dental care by creating a school based dental sealant program. Our testimony is limited to Sections 2, 4, and 5 of the bill, and we take no position on Section 3.

The mouth, teeth, and gums are as essential to health as any other part of the body. In Hawaii, the rate of tooth decay in children is twice as high as that of children living on the mainland. As a point of reference, over 94 percent of mainland six year olds are entirely free from cavities, while only 19 percent of six year olds in Hawaii are cavity-free. Later in life, health care research points to associations between chronic oral infections and diabetes, heart and lung disease, stroke, and low-birth-weight births—conditions that are more complicated and costly to treat than effective, timely oral health care. It makes sense to invest in pediatric dental health, and a dental sealant program is an effective tool for such an investment.

Hawaii's community health centers have long been providers of, and advocates for, pediatric dental health programs in high-need communities, including dental sealant programs. We fully support the implementation of a statewide school based dental sealant program and appreciate the legislature's recognition of existing like-kind services provided at community health centers.

Community health centers serve the high-need communities and high-risk populations that the program in Senate Bill 343 is targeting. In addition to familiarity with the target population, approximately half of community health center patients are covered by Medicaid, and Hawaii's state Medicaid benefit package covers pediatric dental services. This makes community health centers also familiar with federal payment mechanisms that would supplement the made by this bill and would allow the program to reach a greater number of children.

We urge you to pass Senate Bill 343 SD2 and thank you for the opportunity to testify.