



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony COMMENTING on H.C.R. 26**  
**REQUESTING THAT THE DEPARTMENT OF HEALTH CREATE**  
**A FORMAL PLAN TO IMPLEMENT CERTAIN RECOMMENDATIONS**  
**WITH RESPECT TO ORAL HEALTH CARE FOR NATIVE HAWAIIANS.**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Hearing Date: 03/23/23

Room Number: CR 329

**Fiscal Implications:** The Department of Health does not have the personnel, expertise, or funding resources to implement the work outlined in this resolution. The Department defers to the Governor's Executive Biennium Budget Request for appropriation priorities.

**Department Testimony:** The Department of Health (DOH) appreciates the intent of this resolution to create a formal plan to implement the recommendations of the "E Ola Mau a Mau: The Next Generation of Native Hawaiian Health" report with respect to oral health care for Native Hawaiians.

An oral health program is a critical part of all state public health departments. However, the DOH Dental Health Division was eliminated as part of the 2009 budget cuts. The Department lacks the necessary funding, personnel, and expertise to meet the dental health mandates of Hawai'i Revised Statutes Title 19, Chapter 321, Part V §321-61 to §321-63 and/or creating a formal oral health care plan for Native Hawaiians.

The Department would need personnel and funding to procure and administer a contract to hire a consultant to facilitate the creation of an oral health care plan for Native Hawaiians, including completing the required final reports and proposed legislation. A comprehensive,

statewide oral health care plan for Native Hawaiians may take at least 12-18 months to convene the necessary state agencies and community partners and to fully review recommendations outlined in the E Ola Mau a Mau report. It may require a total of 24-30 months to create and submit a final report including findings and proposed legislation.

Thank you for the opportunity to testify.

**Offered Amendments:**

Change lines 1-5, Page 3 to read:

“BE IT FURTHER RESOLVED that the Department of Health is requested to submit ~~to the Legislature, no later than twenty days prior to the convening of the Regular Session of 2024, a report of the plan, including any findings, recommendations, and proposed legislation; and~~ a final report of the oral health care plan for Native Hawaiians, including any findings, recommendations, and proposed legislation, no later than December 1, 2025, pursuant to section 321-63, Hawaii Revised Statutes; and”



## Hawaii Dental Association

To: House Committee on Health  
Time/Date: 10:40 am, March 23, 2023  
Location: State Capitol via Video Conference and Room 329  
Re: HCR 26, HR 28 REQUESTING THAT THE DEPARTMENT OF HEALTH CREATE A FORMAL PLAN TO IMPLEMENT CERTAIN RECOMMENDATIONS WITH RESPECT TO ORAL HEALTH CARE FOR NATIVE HAWAIIANS.

Aloha Chair Belatti, Vice-Chair Takenouchi, and members of the Committee:

The Hawaii Dental Association (HDA) comments on HCR 26 and HR 28. These resolutions request the Department of Health to create a formal plan to implement certain recommendations oral health in the State and make recommendations to improve oral health infrastructure in Hawaii.

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. Therefore, we support measures that promote oral health and overall health and wellness. HDA's number one priority is patient safety. We respectfully request that Page 2, Line 10, of the resolutions be amended to read:

- (1) Address oral health in connection with overall health, *while ensuring quality of care and the highest standards of patient safety;*

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 these comments and to work together with the legislature for the health and wellbeing of our community.

**Date:** March 23, original testimony from February 10, 2023

**Committee:** House Committee on Health and Homelessness

**Bill H.B.617**, RELATING TO ORAL HEALTH ( *\*similar to Reso HCR26/HR28*)

**Testifier:** Dr. Don B. Sand DDS

Aloha Chair Della Au Belatti and Vice-Chair Jenna Takenouchi; Distinguished Committee Members;

My name is Dr. Don Sand, DDS, a dentist who has provided frontline dental care to the underserved in Hawaii for eight years. I am a leader in 4 oral health organizations, 2 national and 2 local coalitions that have been working to address care disparities in Hawaii. With this experience in clinical care and advocacy, *\*I stand in support of the intentions of HCR.26/HR.28*

*\*\*The inspiration for this back up resolution is HB.617/HD1/SD1 which is a preferred to a resolution as the bill as it has an attached appropriation to implement an oral health taskforce.*

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.

This bill would establish a **think tank** of the top thought leaders, dental directors, insurance CEO's, University MPH's, DOH officials, top JABSOM data analyzers, Native Hawaiian health leaders, and medical business system experts, *frontline private practice dentists\**. Joined to this competent team will be the essential oral health champions who are passionate about improving the disparities for the underserved. This super team must be partnered on the ground level together with the key Legislative decision makers. Without the Legislators in partnership any plan will not have the power, influence or financial support needed to implement the plan. This dream-team of the top leaders in oral health along with the bosses of the healthcare systems can be commissioned to create 3 levels in staged plans: a short-term emergency plan is needed today for our oral health crisis; a middle term smart systematic 2-3 year-plan and a 5-10 year long term road map for our State.

This task force or commission would be authorized to study the many moving parts that have contributed to the failing outcomes, to design plans to improve access and most importantly to become a part of the action-of-change authorized to implement a state master plan

Appropriate funds can then be allocated to support and take action in terms of a dental staff in the DOH, in terms of needed essential infrastructure and in terms of increasing capacity-actions like workforce development, facilities development, expensive dental equipment, digital dental technology and needed proactive crisis mitigation tools like mobile and portable equipment to be deployed immediately. Proactively deployed mobile outreach programs will save the State millions for dollars by slowing down disease and by mitigating chronic and acute infections.

Currently, oral health care in Hawaii is available only to those who can afford it. Those who do not have adequate dental insurance or large cash reserves 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 or gum that is costing the patient and our state. In a recent 5-year Hawaii study, the conclusion is that oral disease that could have been prevented cost our ER hospital systems \$38.7 million, close to half being Medicaid funds lost.

The first big successful step in 12 years since the adult dental Medicaid benefit was lost in 2009, is credited to the **2022 Hawaii State Legislative session** who in their wisdom passed a measure to reinstate Adult Dental Medicaid with an attached allocation of matched State and Federal funds totaling \$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.

Unfortunately, as well, this allocation does not create ongoing and sustainable statewide leadership coordination, nor was there a plan to connect the stakeholders into a task force to lead out in a plan development nor an action- oriented implementation team.

One quick example that may illustrate this **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.)

Therefore I can highly support the intent of this resolution HCR.26/HR.28

*\*\*\*In order to increase the probability for successful outcomes of this taskforce I humbly as that one additional budget item be considered into the appropriation. Many states have Nation Oral Health experts with notable careers that have been built on implementing innovated best practice strategics and tactics of health care systems improvement. Especially valuable to Hawaii would be National Experts with years of success developing Native American Health systems. These experts know the federal and congressional systems that can be used to support our Native Hawaiian Health care systems. Instead of having to recreate the wheel, our state can save millions of dollars and save many years by having a few key National Public health experts advising our taskforce team.*

Mahalo for this valuable opportunity to testify,

Dr. Don Sand DDS

\*denoted edits or additions to my 2.10.2023 written testimony