

Testimony of the Board of Dentistry

**Before the
Senate Committee on Health and Human Services
Monday, February 10, 2025
1:20 p.m.
Conference Room 225 and Videoconference**

**On the following measure:
S.B. 481, RELATING TO COMMUNITY SERVICE 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 appreciates the intent of but has strong concerns with this bill, and offers comments:

The purpose of this bill is to: (1) allow a dental graduate from a dental college accredited by the Commission on Dental Accreditation of Canada to be an eligible candidate for a community service license (CSL); (2) repeal the requirement that the licensing examinations be completed within five years of a request for a CSL; (3) repeal the requirement that a CSL applicant provide a copy of an active, unrestricted dental practice license from another state; (4) repeal the prohibition against a person who failed the license examination from obtaining a CSL; and (5) require a CSL to be eligible for conversion to an unrestricted dental practice license when a dental provider who holds a CSL completes at least five thousand hours of community service to patients in the State.

This bill proposes amendments to Hawaii Revised Statutes (HRS), chapter 448-9.6 regarding community service dentist (CSDT) licenses. The Board offers the following comments:

- 1. Page 7, lines 4 to 8:** As proposed, these amendments would restrict the type of foreign dental degrees acceptable for CSDT licensure. Currently, HRS 448-9.6(a)(1)(A) allows dental colleges with “a reciprocal agreement with the American Dental Association (ADA) Commission on Dental Accreditation (CODA).” The Commission on Dental Accreditation of Canada (CDAC) is currently the only accrediting body that has such a “reciprocal agreement” with ADA CODA. If the intent of this amendment is to allow the acceptance of

Canadian dental graduates for CSDT licensure, this is already allowed by the existing language in HRS 448-9.6(a)(1)(A). The proposed change would exclude from CSDT licensure any other foreign dental program which might in the future form a “reciprocal agreement” with ADA CODA.

2. **Page 7, line 14**: This amendment to HRS 448-9.6(a)(1)(B)(i) would remove the current five-year expiration date on the validity of part II of the National Board Dental Examination (NBDE) or the Integrated National Board Dental Examination (INBDE). Removing the expiration date on exam score validity would allow for the acceptance of board exam scores from as early as 1992 – the date the NBDE part II was first administered as a comprehensive exam. This would allow a dentist who passed the NBDE part II in 1992, but who has not been in active practice for over 30 years, to qualify for CSDT licensure.

The current expiration date is intended as a safeguard for the Board to evaluate CSDT applicants’ minimum competency to practice dentistry, since CSDT applicants do not need to pass the ADEX national clinical exam to qualify for licensure; passage of the ADEX exam is only a requirement for unrestricted dentist (DT) licensure in Hawaii. Further, the NBDE and INBDE are written exams, and do not assess hands-skill competency.

3. **Page 7, lines 20-21**: This amendment to HRS 448-9.6(a)(2) would remove the requirement for CSDT applicants to hold an active, unrestricted dentist license in another state. The current requirement is a safeguard for the Board to evaluate CSDT applicants’ minimum competency to practice dentistry, since current applicants must already have been evaluated by another state Board for competency to practice unrestricted with a full dentist license in that jurisdiction. Additionally, if this amendment is passed, it would restrict some applicants from qualifying for the CSDT license through HRS 448-9.6(a)(1)(B)(ii).

4. **Page 8, lines 8-10**: This amendment would remove the current disqualification of an individual who has failed any part of the ADEX examination from qualifying for CSDT licensure. As a standalone amendment to HRS 448-9.6, this proposal would be a positive step towards encouraging applicants to apply for CSDT licensure. The ADEX exam is a five-part exam and it is common for individuals to require multiple attempts to pass each section.

5. **Page 10, lines 1-6**: The Board has strong concerns with the bill's proposal to allow a CSDT who has worked at least 5,000 hours under the CSDT license to be eligible for automatic conversion of the CSDT license to full, unrestricted DT licensure. This would allow a CSDT who has worked full-time for about two (2) years to qualify for full, unrestricted DT licensure without having to pass the ADEX exam (and potentially also without having to complete the national board exams). Passage of the ADEX exam and parts I & II of the NBDE (or the INBDE) are both currently required for full, unrestricted DT licensure in Hawaii. As it is currently written, this bill would make Hawaii the only state in the nation to not require passage of the INBDE board exam (or its part I & part II NBDE predecessor) for dentist licensure.

In 2007, Act 072 was passed by the State Legislature, which required the ADEX exam as the sole acceptable clinical exam for DT licensure. The ADEX exam tests a dentist's hands-skill competency in five domains and is a nationally accepted, uniform exam that provides a national standard for entry-level dental practice. Allowing CSDTs to be excluded from the testing requirements of regular DT licensees creates differences in the standard of assessment for unrestricted DT licensure, which may jeopardize the health, safety, and welfare of the public.

The Board appreciates the intent of this bill to address oral healthcare needs in underserved communities. However, the Board respectfully comments that the proposed amendments as written may have unintended consequences, affecting the

ability of the Board to evaluate whether an individual is qualified to practice dentistry safely and effectively in Hawaii. The Board holds that most of the existing safeguards established by HRS 448-9.6 adequately allow for safe licensure of CSDTs in Hawaii.

Thank you for the opportunity to testify on this measure.



Hawaii Dental Association

Time/Date: 1:20 pm, February 10, 2025
Location: State Capitol Room 225
Committee: Senate Health and Human Services Committee
Re: SB 481, Relating to Community Services Licenses

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

The Hawaii Dental Association (HDA) testifies **in strong opposition** to SB481, Relating to Community Service Licenses.

The HDA is a professional association comprised of approximately 950-member 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.

SB481 allows a dental graduate from a dental college accredited by the Commission on Dental Accreditation of Canada to be an eligible candidate for a community service license (CSL). The bill also repeals several existing CSL requirements, including:

- The requirement that licensing examinations be completed within five years of a request for a CSL.
- The requirement that a CSL applicant provide a copy of an active, unrestricted dental practice license from another state.
- The prohibition against a person who failed the license examination from obtaining a CSL.
- The requirement that a CSL holder complete at least five thousand hours of community service in the State before converting to an unrestricted dental practice license.

SB481 weakens the CSL significantly by removing the already minimal safeguards in place for CSL-licensed dentists. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who

have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Patient health and safety should be of the utmost importance. As written, SB481 would weaken critical safeguards, potentially lowering Hawaii's overall standard of oral healthcare. For these reasons, we respectfully urge the committee to oppose SB481.

Mahalo for the opportunity to testify.



HAWAI'I ORAL HEALTH COALITION

Date: February 7, 2025

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

Re: Opposition to SB 481, Relating to Community Service Licenses

Hrg: February 10, at 1:20 PM - Conference Room 225 & via Videoconference

The Hawai'i Oral Health Coalition (HOHC)¹, a program of the Hawai'i Public Health Institute², appreciates the intent but opposes SB 481, which repeals requirements established in the Hawai'i Dental Practice Act (HDPa) pertaining to graduates from a dental college accredited by the Commission on Dental Accreditation of Canada and their eligibility for a community service license (CSL).

The specific barrier to be addressed in this measure remains unclear. SB 481 recommends eliminating important safeguards in place to ensure the public receives the highest quality of care, regardless of income or location. While we agree with the intent to enhance pathways for qualified individuals to obtain a CSL in Hawai'i for the purposes of expanding access to care, we respectfully disagree with specific measures described in SB 481 as a means to that end.

Canadian Graduates are Already Eligible for Community Service Licenses

As educational programs accredited by the Commission on Dental Accreditation of Canada are recognized by the American Dental Association (ADA) Commission on Dental Accreditation (CODA), qualified Canadian graduates are already allowed to apply for community service licenses in Hawai'i by way of existing statute as eligible candidates may provide documentation of "a diploma or certificate of graduation from a dental college accredited by or that has a reciprocal agreement with the American Dental Association (ADA) Commission on Dental Accreditation (CODA), recognized and approved by the board." This recognition was adopted by the board of dentistry in 2023.

Automatic Conversion Risks Limiting Access for Rural and Low-Income Residents

The intent of the 2023 revisions to the HDPa §448-9.6 was to expand access to dental providers serving low-income and rural communities, and other communities impacted by oral health

¹ 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.

² Hawai'i Public Health Institute's mission is to advance health and wellness for the people and islands of Hawai'i. We do this through expanding our understanding of what creates health of people and place, fostering partnerships, and cultivating programs to improve policies, systems, and the environments where people live, learn, work, age, and play.

disparities, by increasing dental providers with a CSL and expanding the public health settings in which they provide care. SB 481 calls for automatic conversion from a CSL to an unrestricted dental practice license upon completion of 5,000 hours of community service to patients.

A CSL is granted to practice dentistry in the employment of the department of health, a federally qualified health center, Native Hawaiian health systems center, community health center, rural health clinic, or mobile dental outreach program. Currently, there are only three active CSLs on Hawai'i Island, two in Maui County, and one on Kaua'i. Automatic conversion to an unrestricted license without further consideration risks steering community service providers away from these settings, promoting a revolving door model of community care, and contradicting the original intent of the current statutes while potentially perpetuating barriers to access among vulnerable communities.

Repealing Safeguards Could Reduce the Quality of Care

Existing community service licensing requirements pertaining to expectations for national board examination and active licensure, for example, had been carefully considered in the development and eventual passage of Act 100 (2023) to maintain appropriate safeguards for Hawai'i residents.

Current requirements for an applicant to have completed their licensure exams within the last five years and provide verification of an active, unrestricted license from another state are in place to ensure a high standard of competence in obtaining a CSL in Hawai'i. Furthermore, it is not clearly stated what specific activities contribute to the 5,000 hours of community service recommended in this measure and does not ensure experience equal to clinical practice. Removing these safeguards effectively lowers the standards for community service licensure and may present unintended consequences affecting the quality of dental care provided primarily to Hawai'i's vulnerable communities.

Removing Reciprocal Agreement Could Limit Qualified Applicants

Removing "reciprocal agreement" from HDPA §448-9.6 may inadvertently limit otherwise qualified applicants from future ADA reciprocal agreements. Further, the reciprocal agreement reflects a direct relationship to the ADA and our national accreditation standards. Recognizing the accrediting body of another country outright does not necessarily ensure equivalent standards in the event their standards change or that the agreement with the ADA ceases.

Thank you for the opportunity to testify.

Mahalo,



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

SB-481

Submitted on: 2/6/2025 9:26:40 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Scott Grosskreutz, M.D.	Testifying for Hawaii Provider Shortage Crisis Task Force	Support	Written Testimony Only

Comments:

Our multidisciplinary Task Force supports SB481, which will improve access to dental care for Med Quest patients.

SB-481

Submitted on: 2/6/2025 8:37:59 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Craig Haruki	Testifying for Craig Haruki DDS INC	Oppose	Written Testimony Only

Comments:

I am from a family of practicing dentists since 1958. I have been a practicing dentist on Kauai for 33 years. Throughout the years, I have seen many changes in licensure in Hawaii with devastating results as in the deaths of a child and teenager by dentists who were granted licensure without taking the required exam at that time.

SB481 aims to repeal provisions already in place to protect the community from unqualified individuals. Furthermore, it is from a Canadian accreditation commission in CANADA, not the USA.

I strongly OPPOSE SB481 for common sense reasons. Do not let history repeat itself!

Craig Haruki DDS

To: Senator Joy A. San Buenaventura, Chair
Senator Henry J. C. Aquino, Vice Chair
Senate Committee on Health and Human Services

From: Chevelle Davis, MPH - Director of Early Childhood & Health Policy
Hawai'i Children's Action Network Speaks!

Subject: Measure S.B. No. 481 – Relating to Community Service Licenses

Hearing: Monday, February 10, 2025, at 1:20 PM, Conference Room 225

POSITION: OPPOSE

Aloha e Chair San Buenaventura, Vice Chair Aquino, and members of the committee:

Mahalo for the opportunity to provide testimony in **opposition** to **S.B. No. 481**, which seeks to repeal requirements established in the Hawai'i Dental Practice Act (HDPa) regarding the eligibility of graduates from dental colleges accredited by the Commission on Dental Accreditation of Canada for a community service license (CSL). While we appreciate the intent of S.B. No. 481 and support efforts to expand access to dental care, we have the following concerns about its impact on the quality and accessibility of dental care for Hawai'i's children and families, which could have unintended consequences that may ultimately harm underserved communities.

Lack of Clarity on the Barriers Being Addressed

SB 481 does not clearly articulate the specific barrier it aims to resolve. The bill proposes eliminating essential safeguards that ensure all residents, including children and families in low-income and rural areas, receive the highest quality dental care. While we recognize the importance of increasing access to dental services, we believe the existing pathway for qualified individuals to obtain a CSL is sufficient and should not be weakened.

Canadian Graduates Are Already Eligible for Community Service Licenses

Graduates from Canadian dental programs accredited by the Commission on Dental Accreditation of Canada are already eligible to apply for a CSL in Hawai'i. This eligibility is supported by the American Dental Association (ADA) Commission on Dental Accreditation (CODA), which recognizes Canadian accreditation standards. The Board of Dentistry officially adopted this recognition in 2023, meaning there is no need to remove existing language to allow Canadian-trained dentists to practice in Hawai'i.

Automatic Conversion Risks Reducing Access to Care

The 2023 revisions to the HDPa (§448-9.6) were designed to increase the number of dental providers serving our rural and low-income communities by allowing them to obtain a CSL and work in designated public health settings. However, S.B. No. 481 proposes an automatic conversion from a CSL to an unrestricted dental license after completing 5,000 hours of community service.

A CSL is currently limited to employment within the Department of Health, federally qualified health centers, Native Hawaiian health systems, community health centers, rural health clinics, and mobile dental outreach programs. With only six active CSL holders across the neighboring islands (three on Hawai'i Island, two in Maui County, and one on Kaua'i), removing these restrictions risks encouraging providers to leave these critical settings once they obtain an unrestricted license. This could lead to a revolving door of providers, ultimately undermining efforts to build long-term relationships between providers and the communities they serve.

Repealing Safeguards May Lower the Quality of Care

HCAN believes in maintaining high standards of dental care, especially for children and families who rely on public health services. The existing CSL requirements, including national board examinations and active licensure in another state, were carefully considered in the development of Act 100 (2023) to ensure that only well-qualified professionals provide care in Hawai'i.

Current requirements stipulate that applicants must have completed their licensure exams within the last five years and possess an active, unrestricted license in another state. These provisions help maintain a high standard of competence. SB 481 does not specify how the 5,000 hours of community service will be measured or whether these hours will equate to substantial clinical experience. Weakening these standards could lead to lower-quality care for Hawai'i's most vulnerable residents, including children who already face significant oral health disparities.

Removing Reciprocal Agreement Could Limit Qualified Applicants

SB 481 also removes the "reciprocal agreement" provision from §448-9.6, which could inadvertently limit the future pool of qualified applicants. The reciprocal agreement ensures that international accreditation standards align with those of the ADA. If this agreement is removed and accreditation standards change, there is no guarantee that future applicants will meet the rigorous qualifications necessary to practice in Hawai'i.

HCAN strongly supports expanding access to dental care for children and families in Hawai'i. However, S.B. No. 481 risks reducing the quality of care and weakening the long-term sustainability of public health dental services. We urge lawmakers to prioritize policies that maintain high standards for providers while ensuring underserved communities continue to receive the care they need. For these reasons, **we respectfully oppose S.B. No. 481.**

Mahalo for the opportunity to provide testimony on this important measure.

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Curt Shimizu, and I am a licensed dentist practicing in Honolulu. I am testifying **in opposition** to SB481.

Every patient who walks into a healthcare facility deserves to feel safe. Patient safety is not just about preventing mistakes—it's about creating a system of care that protects individuals from harm at every level. Without it, the quality and trustworthiness of healthcare deteriorate.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Maintaining strict licensing standards is essential for safe, high-quality dental care. SB481 weakens these standards, and I urge the committee to vote against it.

Thank you for the opportunity to testify.

Curt Shimizu, DDS
96814

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Scott Kanamori, and I am a licensed dentist practicing in Makawao. I am testifying **in opposition** to SB481.

A commitment to patient safety is what separates high-quality care from substandard treatment. Every procedure, diagnosis, and treatment plan should be guided by the principle of doing no harm. When safety is a priority, patient outcomes improve, and public confidence in healthcare remains strong.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Lowering CSL requirements could have real consequences for patient care. I urge the committee to consider these risks and oppose SB481.

Thank you for the opportunity to testify.

Scott Kanamori, DDS
96768

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Cally Adams, and I am a licensed dentist practicing in Kihei. I am testifying **in opposition** to SB481.

The importance of patient safety cannot be overstated. A single lapse in judgment, oversight, or precaution can lead to serious consequences for individuals and families. Protecting patients requires a continuous commitment to best practices and ethical decision-making.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Dental licensure requirements exist to protect patients, not to be arbitrarily removed. I strongly urge the committee to stand against SB481 and vote to reject it.

Thank you for the opportunity to testify.

Cally Adams, DDS
96753

WRITTEN TESTIMONY IN SUPPORT OF SB481
SENATE COMMITTEE ON HEALTH & HUMAN SERVICES
SENATOR JOY SAN BUENAVENTURA CHAIR
SENATOR HENERY J. C. AQUINO VICE CHAIR
and distinguished Senators

Mahalo for the opportunity to voice my strong support for improving access to Med-Quest dental care. We all know that the State's #1 priority is affordable housing and sheltering the homeless. Food security is second and 3rd is access to healthcare. It has been reported that improved access to healthcare reduces the state's healthcare expenses by 76%. Dental infections are the most common disease among the population. Med-Quest is the State's healthcare safety net. For those that qualify, there are no out-of-pocket expenses for basic services, thus contributing to affordability. This Bill is for a **RESTRICTED DENTAL LICENSE**, aimed at increasing the pool of potential dental providers that would accept current Med-Quest reimbursement. It targets not only Canadian dental graduates but also skilled/proven providers that want to remain relevant to the needs of society in their semi-retirement.

As HDS and this Bill has stated, only 50% of Keki and 11% of adults on Medicaid accessed care in 2023. *As a dentist serving the Med-Quest community, I witness the devastating impact of delayed and denied care. These numbers represent real people—our neighbors, families and community members—who are suffering from preventable dental diseases simply because they cannot access care.* I am disappointed but not surprised that the State Dental Board supports "this Bill's intent, but NOT AS WRITTEN." Med-Quest dental patients have never had equal access to treatment, a violation of the Hawaii Medicaid State Plan, Section 4.19(f). **Exhibit (1)**

The lack of access is due to the current restrictions in the Dental Practice Act and by the Board's lack of advocacy for Medicaid patients. SB481 address the first barrier by expanding our provider pool through reasonable licensing modifications. In the Dental Board's February meeting packet was a list of the 12 legislative proposals, Exhibit (2), to be tracked and discussed. SB481 was top of the list. The Board's alleged concern are the hands-on-skills for Canadian dental grads. The Board suggested possibly requiring a dental internship. An internship is not required for graduates of U.S dental programs taking the ADEX exam. Yet, the "no live patient/manikin" ADEX licensing exam, that the Board requires "to prove minimal competency" does not test the "hands-on-skills" of numbing a live patient or the "hands-on-skills" of treating a real live person.

According to the ADA, the 10 states that accept a Canadian dental graduate and accept the National Dental Examination Board of Canada for an **UNRESTRICTED DENTAL LICENSURE** are:

Colorado, Indiana, Maine, Michigan, Minnesota, New York, Pennsylvania, Vermont, Washington and Wisconsin. [No U.S. dental board exam required].

Those States also require a "valid license in Good Standing" as required in HRS 448-9.6(2),

"Disclosure to the board all previous and pending legal or regulatory action relating to claims of malpractice, or personal or professional misconduct; .."

Those States also require varying clinical experience, "no set hours required" (WI); 2 years (NY); 3 years (IN, MA, MN); 4 years (WA); 5 years (CO, MI, VT); not specified (PA). Exhibit (3).

HRS 448-9.6 (1)(ii), also requires 3 years of experience:

"Evidence of active practice of clinical dentistry of not less than 1000 hours per year for the three years immediately prior to the date of request;"

How does the Dental Board's demonstrate their alleged concern for the oral health of Med-Quest patients? Missing from the **list of the 12 legislative proposals Exhibit (2)** are the 3 Bills on **water fluoridation** [SB488/SB727/SB682] and the Bill on the **sugar sweetened beverage tax**. [SB719] If the Board is concerned with the oral health of all patients, shouldn't the Board at least track and discuss these Bills?

How did the Board demonstrate concern regarding improving access to dental care for Community Service Licensing in SB162 in 2023, as introduced on Jan 18, 2023? The original SB162 **Exhibit (4)** asked that the word, **recognized** be added to HRS 447 and HRS 448. The reason being that the ADA Commission on Dental Accreditation has a **reciprocal agreement** with the Canadian Commission on Dental Accreditation to **recognize** Canadian graduates as **equivalent**, as previously documented. The Board's written testimony on SB162, dated Feb. 22, 2023, **Exhibit (5)**, submitted prior to the CPN hearing cleverly rewrote, 3 times, in the Board's testimony: The purpose of this bill "dental college that has a **reciprocal agreement** with the ADA CODA ..." The **reciprocal** agreement is between the ADA CODA and the Canadian Commission on Dental Accreditation. There is not/has not ever been a **reciprocal agreement** between the ADA CODA and any Canadian dental program. This change in wording was made to SB162, SD2, HD2, CD1. **Exhibit (6)**. It effectively **blocked** Canadian candidates from obtaining a Community Service License. Perhaps the Board statement prior to closing their SB162 testimony is a better explanation of their concern, "... **several Board members expressed their concern** that this limited acceptance for a dental hygiene college or dental college that has a reciprocal agreement with the CODA will set a precedent that **may eventually be applied to dentists and dental hygienist applying for a permanent license.**" **Exhibit (5)**
(Emphasis added)

How did the Board demonstrate their concern for Keiki in the Hawaii Keiki Dental Sealant Program in the Minutes of their November 21, 2023, meeting, pages 9-13? [Exhibit \(7\)](#) The Board unanimously denied Dr. Carol Weber's request to diagnosis decay and prescribe sealants to be placed by a dental hygienist. [\(page 13\)](#) The Board knew of Dr. Weber professional experience, as stated in the minutes, "multiple years working as a dental assistant, 6 years as a dental hygienist, 14 years as a general dentist and 16 years as an Endodontist." [\(page 9\)](#) [Add to that the number of years in school.] Dr. Weber stated that "she will no longer be practicing endodontics and will only be diagnosing caries." [\(page 9\)](#) Dr. Weber was licensed in Hawaii in 2005 as an Endodontist, under the 2005 session, ACT 121. [\(pages 10-11\)](#) Dr. Weber has maintained her license renewals and continuing education requirements. [\(page 10\)](#) The Board's attorney, DAG Yee, said that ACT 121 had expired and "the current license authorizes all practices of dentistry". [\(page 12\)](#) It was suggested that the diagnosis of decay was not within the **"scope of practice"** for an endodontist. [\(twice, page 11\)](#) Therefore, DAG Yee said that Dr. Weber, "would need to apply for a community service license or a dental license." [\(page 11\)](#). Chair Guevara informed the "Board is to follow the laws and rules **to the letter of the law**, Dr. Weber would be bound to **work within the restricted scope of her license**." [\(page 11\)](#) **For clarity**, The Board's attorney, DAG Yee, said that ACT 121 had expired and **"the current license authorizes all practices of dentistry"**. [\(page 12\)](#) Dr. Weber has a current license. Also, Hawaii does not license by credentials, only issues a "general unrestricted dental license". [Or a Community Service License] The term, definition and contents of an alleged **"scope of practice" for any dental provider does not appear in HRS 448 or HAR 447**. On appeal, the Board was challenged to provide a **"scope of practice"**. **They did not.**

The unanimous decision to deny Dr. Weber participation in the Hawaii Keiki Dental Sealant program was overturned on appeal to the Board in January 2024 by referencing the "letter of the law and rules".

Are attempts at blocking a license a pattern?

The other concern the Board had regarding SB 481 was the path to an unrestricted license. See the Board statement prior to closing their SB162 testimony, "... **several Board members expressed their concern** that this limited acceptance for a dental hygiene college or dental college that has a reciprocal agreement with the CODA will set a precedent that **may eventually be applied to dentists and dental hygienist applying for a permanent license.**" [Exhibit \(5\)](#)

[The Board's resistance appears more focused on protecting the status quo than addressing our public health crisis.](#)

Would a 3rd attempts to block licensure be a pattern?

I would ask the committee to consider adding the "Hawaii Department of Corrections Facilities" as an acceptable venue for the Community Service Dental License. It could facilitate treatment and improve access to care where desperately needed. I am working with an established non-profit that is trying to work out contractual details.

Unfortunately, Hawaii does not have enough dentist to manage the needs of the Med-Quest population. As much as I would like to see a dental examination added to the DHS Hawaii Child Wellness Incentive Pilot Program, there is no point in adding a requirement that could not be met.

I ask that this committee strongly support this Bill to improving access to Med-Quest dental care. To do otherwise would be the definition of insanity. Doing the same thing over again and expecting different results.

Mahalo for your time and attention.

Respectfully submitted,

Dr. Joseph P. Mayer, Jr., DDS

Copy to: file


services.hawaii.gov

TN # 74-2
Supersedes
TN #
Approval Date 10/31/74
Effective Date 11/1/73

65

Revisions: HCFA-MT-80-38 (REV)
May 22, 1980

State

Hawaii

Citation

42 CFR 447.201

42 CFR 447.204

MT-78-90

4.19 (1) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

Section-4-General-Prog...



EXHIBIT # 1



21

2025 Dental-Related Bills for Discussion

BILL	COMPANION	MEASURE TITLE	REPORT TITLE	DESCRIPTION	CURRENT REFERRAL	INTRODUCER(S)	STATUS
SB 481		RELATING TO COMMUNITY SERVICE LICENSES	Board of Dentistry; Community Service License; Accreditation; Unrestricted Dental Practice License; Commission on Dental Accreditation of Canada	Allows a dental graduate from a dental college accredited by the Commission on Dental Accreditation of Canada to be an eligible candidate for a community service license (CSL). Repeals the requirement that the licensing examinations be completed within five years of a request for a CSL. Repeals the requirement that a CSL applicant provide a copy of an active, unrestricted dental practice license from another state. Repeals the prohibition against a person who failed the license examination from obtaining a CSL. Requires a CSL to be eligible for conversion to an unrestricted dental practice license when a dental provider who holds a CSL completes at least five thousand hours of community service to patients in the State.	HHS, CPN	SAN BUENAVENTURA, RHOADS	
HB311	SB1241	RELATING TO GENERAL EXCISE TAX EXEMPTION.	General Excise Tax; Exemptions; Medical Services; Dental	Establishes general excise tax exemptions for various medical services, including dental services.	HLT, ECD, FIN	GARCIA, ALCOS, IWAMOTO, KILA, LAMOSAO, PIERICK, SHIMIZU, WARD, Reyes Oda	
SB1241	HB311	EXCISE TAX EXEMPTION.	General Excise Tax; Exemptions; Medical Services; Dental	Establishes general excise tax exemptions for various medical services, including dental services.	HHS, WAM	AWA, DECORTE, GABBARD	
HB281		RELATING TO GENERAL EXCISE TAX.	GET; Exemption; Food, Medical Services; Dental; Minority Caucus Package	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	HLT, ECD, FIN	SHIMIZU, ALCOS, GARCIA, MATSUMOTO, MURAOKA, PIERICK, REYES ODA, WARD	
HB572		RELATING TO GENERAL EXCISE TAX.	GET; Exemption; Food, Medical Services; Dental Services	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	ECD, FIN	MATSUMOTO, ALCOS, GARCIA, KONG, PIERICK, WARD	
SB1172		RELATING TO EMPLOYER HEALTH CARE REQUIREMENTS.	Health Insurance; Mandated Coverage	Requires all health insurers in the State, including Medicaid managed care programs, to cover dental and vision treatment.	HHS, CPN	MCCELVEY, CHANG, RHOADS, Kanuha	
SB557		RELATING TO HEALTH.	Health; JABSOM; UH; Huli Au Ohi; Physician and Dentist Retention; Molokai; Study; Appropriation	Requires University of Hawaii John A. Burns School of Medicine (JABSOM) to direct Huli Au Ohi to conduct a study on physician and dentist recruitment and retention to serve the island of Molokai. Appropriates moneys.	HRE, WAM	DECOITE, CHANG, FEVELLA, HASHIMOTO, INOUE, MCCELVEY, RHOADS, SAN BUENAVENTURA, Gabbard	
SB1373	HB1054	RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.	DCCA; Registered Sex Offenders; Professional Licenses; Automatic Revocation and Denial of Application to Renew, Restore, or Reinstate	Authorizes the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses of registered sex offenders.		KOUCHI	INTRODUCED & PASSED FIRST READING
HB1054	SB1373	ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.	DCCA; Registered Sex Offenders; Professional Licenses; Automatic Revocation and Denial of Application to Renew, Restore, or Reinstate	Authorizes the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses of registered sex offenders.	CPC, JHA	NAKAMURA	
HB1339		RELATING TO GENERAL EXCISE TAX.	GET; Exemption; Food, Medical Services; Dental	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	ECD, FIN	SHIMIZU, ALCOS, GARCIA, IWAMOTO, MATSUMOTO, MURAOKA, PIERICK, WARD	

EXHIBIT #

2025 Dental-Related Bills for Discussion

			Department of Health: Oral Health Task Force: Positions; Reports; Appropriations	Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure.	HLT, FIN	NAKAMURA	
HB1431	SB1516	RELATING TO ORAL HEALTH.	Department of Health: Oral Health Task Force: Positions; Reports; Appropriations	Establishes one full-time equivalent program specialist V position. Appropriates funds.		KOUCHI	INTRODUCED & PASSED FIRST READING
SB1516	HB1431	RELATING TO ORAL HEALTH.	Department of Health: Oral Health Task Force: Positions; Reports; Appropriations	Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure.			

Handwritten notes:
From ID 1/10/2025 to 1/10/2025
SB1516
HB1431
RELATING TO ORAL HEALTH.
Department of Health: Oral Health Task Force: Positions; Reports; Appropriations
Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure.
Establishes one full-time equivalent program specialist V position. Appropriates funds.
HLT, FIN
NAKAMURA
KOUCHI
INTRODUCED & PASSED FIRST READING

JAN 18 2023

A BILL FOR AN ACT

RELATING TO DENTISTRY LICENSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 447-1.5, Hawaii Revised Statutes, is
2 amended by amending subsection (a) to read as follows:

3 "(a) The board of dentistry may issue, without examination,
4 a community service license to practice dental hygiene in the
5 employment of a federally qualified health center, Native
6 Hawaiian health care system, community health center, or post-
7 secondary dental auxiliary training program accredited by the
8 American Dental Association Commission on Dental Accreditation.
9 Community service licensees under this section shall abide by
10 the requirements and conditions placed upon those fully licensed
11 under this chapter.

12 Eligible candidates shall:

13 (1) Provide copies of documentation and credentials that
14 include but are not limited to:

15 (A) A diploma or certificate of graduation from a
16 dental hygiene college accredited or recognized
17 by the American Dental Association Commission on



Dental Accreditation, recognized and approved by
the board; and

(B) Either of the following:

(i) A certificate or other evidence satisfactory
to the board of having passed the
examination of the National Board Dental
Hygiene Examination[7] within five years of
the date of request; or

(ii) Evidence of active clinical dental hygiene
practice of not less than one thousand hours
per year for the three years immediately
prior to the date of request;

(2) Provide a copy of an active, unrestricted dental
hygiene practice license from another state;

(3) Disclose to the board of dentistry all previous and
pending legal or regulatory action relating to claims
of malpractice, personal, or professional misconduct;
and

(4) Pay applicable registration fees, which shall be one
half of the prevailing biennial registration fee for
dental hygienists.



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 hygiene license."

SECTION 2. Section 448-9.6, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The board of dentistry may issue, without examination, a community service license to practice dentistry in the employment of the department of health, a federally qualified health center, Native Hawaiian health systems center, community health center, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation. Community service licensees under this section shall abide by the requirements and conditions placed upon those fully licensed under this chapter.

Eligible candidates shall:

(1) Provide copies of documentation and credentials that include but are not limited to:

(A) A diploma or certificate of graduation from a dental college accredited or recognized by the American Dental Association Commission on Dental



1 Accreditation, recognized and approved by the
2 board; and

3 (B) Either of the following:

4 (i) A certificate or other evidence satisfactory
5 to the board of having passed part II of the
6 National Board Dental Examination or the
7 Integrated National Board Dental Examination
8 within five years of the date of request; or

9 (ii) Evidence of active practice of clinical
10 dentistry of not less than one thousand
11 hours per year for the three years
12 immediately prior to the date of request;

13 (2) Provide a copy of an active, unrestricted dental
14 practice license from another state;

15 (3) Disclose to the board of dentistry all previous and
16 pending legal or regulatory action relating to claims
17 of malpractice, or personal or professional
18 misconduct; and

19 (4) Pay applicable registration fees, which shall be one
20 half of the prevailing biennial registration fee for
21 dentistry.



1 No person who after July 2, 2004, has failed to pass the license
2 examination administered under this chapter shall have the
3 benefit of a community service dental license."

4 SECTION 3. Section 448-12, Hawaii Revised Statutes, is
5 amended by amending subsection (b) to read as follows:

6 "[+] (b) [+] The board of dentistry may issue a temporary
7 license without examination to any person otherwise qualified to
8 be examined, who is enrolled in a post-doctoral residency
9 program that is accredited and recognized by the American Dental
10 Association Commission on Dental Accreditation. Eligible
11 candidates include graduates from a dental college accredited or
12 recognized by the American Dental Association Commission on
13 Dental Accreditation, recognized and approved by the board. The
14 temporary license shall authorize the person to whom the license
15 is issued to practice dentistry exclusively under the auspices
16 of the dental residency program and shall be in force until the
17 earliest of the following occurs:

- 18 (1) The date the person completes or leaves the residency
19 program; or
20 (2) The date on which the board revokes the temporary
21 license;



1 provided that the board may revoke the temporary license at any
2 time for cause."

3 SECTION 4. Statutory material to be repealed is bracketed
4 and stricken. New statutory material is underscored.

5 SECTION 5. This Act shall take effect upon its approval.

6

INTRODUCED BY:

A large, stylized handwritten signature in black ink, written over a horizontal line.

S.B. NO. 162

Report Title:

Dentistry; Dental Hygiene; Community Service License; Temporary License

Description:

Allows 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. Allows the Board to issue without examination, a community service license to practice dentistry 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, and certificates or other evidence satisfactory to the Board of having passed the Integrated National Board Dental Examination. Allows 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 the American Dental Association Commission on Dental Accreditation, recognized and approved by the Board.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



Testimony of the Board of Dentistry

**Before the
Senate Committee on Commerce and Consumer Protection
Wednesday, February 22, 2023
9:35 a.m.
Via Videoconference**

**On the following measure:
S.B. 162 S.D. 1, RELATING TO DENTISTRY LICENSES**

WRITTEN TESTIMONY ONLY

Chair Keohokalole and Members of the Committee:

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

The purposes of this bill are to: (1) allow 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 has a reciprocal agreement with 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 allows eligible candidates to submit as documentation and credentials, diplomas and certificates of graduation from a dental hygiene college or dental college that has a reciprocal agreement with the American Dental Association Commission on Dental Accreditation, 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 that has a reciprocal agreement with the American Dental Association Commission on Dental Accreditation, recognized and approved by the Board.

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 appreciates the amendments reflected in the S.D. 1, which clarify that the issuance of community service licenses and temporary licenses without examination only apply 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 "recognized" by the American Dental Association Commission on Dental Accreditation.

Further, while the language of this bill is limited to applicants for the community service license or temporary license, several Board members expressed their concern that this limited acceptance for a dental hygiene college or dental college that has a reciprocal agreement with the CODA will set a precedent that may eventually be applied to dentists and dental hygienists applying for a permanent license.

Thank you for the opportunity to testify on this bill.

A BILL FOR AN ACT

RELATING TO DENTISTRY LICENSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Section 447-1.5, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) The board of dentistry may issue, without examination, a community service license to practice dental hygiene in the employment of a federally qualified health center, Native Hawaiian health ~~[care system]~~ center, community health center, rural health clinic, mobile dental outreach program, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation. Community service licensees under this section shall abide by the requirements and conditions placed upon those fully licensed under this chapter.

Eligible candidates shall:

(1) Provide copies of documentation and credentials that include but are not limited to:

(A) A diploma or certificate of graduation from a dental hygiene college accredited by or that has a reciprocal agreement with the American Dental



1 Association Commission on Dental Accreditation,
2 recognized and approved by the board; and

3 (B) Either of the following:

4 (i) A certificate or other evidence satisfactory
5 to the board of having passed the
6 examination of the National Board Dental
7 Hygiene Examination[7] within five years of
8 the date of request; or

9 (ii) Evidence of active clinical dental hygiene
10 practice of not less than one thousand hours
11 per year for the three years immediately
12 prior to the date of request;

13 (2) Provide a copy of an active, unrestricted dental
14 hygiene practice license from another state;

15 (3) Disclose to the board of dentistry all previous and
16 pending legal or regulatory action relating to claims
17 of malpractice, or personal[7] or professional
18 misconduct; and

19 (4) Pay applicable registration fees, which shall be one
20 half of the prevailing biennial registration fee for
21 dental hygienists.



1 No person who, after July 2, 2004, has failed to pass the
2 license examination administered under this chapter may be
3 issued a community service [~~dental hygiene~~] license."

4 SECTION 2. Section 448-9, Hawaii Revised Statutes, is
5 amended to read as follows:

6 "§448-9 Application for licensure. Any person of eighteen
7 years or more shall be eligible for licensure upon submission
8 of:

9 (1) An application to the executive officer of the board
10 not later than forty-five days prior to the date of
11 the scheduled examination;

12 (2) Application and examination fees; and

13 (3) Documentation and credentials that shall include but
14 are not limited to the following:

15 (A) A diploma or certificate of graduation from a
16 dental college accredited by the American Dental
17 Association Commission on Dental Accreditation,
18 recognized and approved by the board; and

19 (B) A certificate or other evidence satisfactory to
20 the board of having passed parts I and II of the



1 National Board Dental Examination[+] or the
2 Integrated National Board Dental Examination."

3 SECTION 3. Section 448-9.6, Hawaii Revised Statutes, is
4 amended by amending subsection (a) to read as follows:

5 "(a) The board [~~of dentistry~~] may issue, without
6 examination, a community service license to practice dentistry
7 in the employment of the department of health, a federally
8 qualified health center, Native Hawaiian health [~~systems~~]
9 center, community health center, rural health clinic, mobile
10 dental outreach program, or post-secondary dental auxiliary
11 training program accredited by the American Dental Association
12 Commission on Dental Accreditation. Community service licensees
13 under this section shall abide by the requirements and
14 conditions placed upon those fully licensed under this chapter.

15 Eligible candidates shall:

16 (1) Provide copies of documentation and credentials that
17 include but are not limited to:

18 (A) A diploma or certificate of graduation from a
19 dental college accredited by or that has a
20 reciprocal agreement with the American Dental



1 Association Commission on Dental Accreditation,
2 recognized and approved by the board; and

3 (B) Either of the following:

4 (i) A certificate or other evidence satisfactory
5 to the board of having passed part II of the
6 National Board Dental Examination or the
7 Integrated National Board Dental Examination
8 within five years of the date of request; or

9 (ii) Evidence of active practice of clinical
10 dentistry of not less than one thousand
11 hours per year for the three years
12 immediately prior to the date of request;

13 (2) Provide a copy of an active, unrestricted dental
14 practice license from another state;

15 (3) Disclose to the board [~~of dentistry~~] all previous and
16 pending legal or regulatory action relating to claims
17 of malpractice, or personal or professional
18 misconduct; and

19 (4) Pay applicable registration fees, which shall be one
20 half of the prevailing biennial registration fee for
21 [~~dentistry.~~] dentists.



1 No person who, after July 2, 2004, has failed to pass the
2 license examination administered under this chapter shall have
3 the benefit of a community service [~~dental~~] license."

4 SECTION 4. Section 448-12, Hawaii Revised Statutes, is
5 amended by amending subsection (b) to read as follows:

6 "[~~f~~] (b) [~~f~~] The board [~~of dentistry~~] may issue a temporary
7 license without examination to any person [~~otherwise~~] who is:

8 (1) Otherwise qualified to be examined[, ~~who is enrolled~~],
9 except as allowed under paragraph (3);

10 (2) Enrolled in a post-doctoral residency program that is
11 accredited and recognized by the American Dental
12 Association Commission on Dental Accreditation[~~-~~]; and

13 (3) A graduate from a dental college accredited by, or
14 that has a reciprocal agreement with, the American
15 Dental Association Commission on Dental Accreditation
16 that is recognized and approved by the board.

17 The temporary license shall authorize the person to whom the
18 license is issued to practice dentistry exclusively under the
19 auspices of the dental residency program and shall be in force
20 until the earliest of the following occurs:



1 [~~(1)~~ ~~The~~] the date the person completes or leaves the
2 residency program[~~7~~] or
3 [~~(2)~~ ~~The~~] the date on which the board revokes the temporary
4 license;

5 provided that the board may revoke the temporary license at any
6 time for cause."

7 SECTION 5. Statutory material to be repealed is bracketed
8 and stricken. New statutory material is underscored.

9 SECTION 6. This Act shall take effect upon its approval.



Report Title:

Dentistry; Dental Hygiene; Community Health Centers; Rural Health Clinics; Mobile Dental Outreach Programs; Community Service License; Temporary License; Licensure Requirements

Description:

Adds community health centers, rural health clinics, and mobile dental outreach programs to the list of eligible organizations at which persons with community service licenses may practice. Allows dental hygiene and dental college graduates who have graduated from educational programs that have a reciprocal agreement with the American Dental Association Commission on Dental Accreditation to apply for temporary or community service licenses. Expands eligibility for a community service license to practice dentistry to those candidates who have passed the Integrated National Board Dental Examination within five years of the date of request. (CD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



BOARD OF DENTISTRY
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING¹

Date: November 21, 2022

Time: 10:00 a.m.

Place: Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

Virtual Videoconference Meeting – Zoom Webinar
<https://dcca-hawaii-gov.zoom.us/j/95454778316>

Present: Paul Guevara, D.M.D, M.D.S., Chair, Dental Member
Andrew Tseu, D.D.S., Vice-Chair, Dental Member
Wallace Chong, III, D.D.S., Dental Member
Wesley Choy, D.D.S., Dental Member
Sharon Tanaka, Public Member
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member
Craig Yamamoto, D.D.S., Dental Member
Joseph Chu, D.D.S., Dental Member
Staphe Fujimoto, D.D.S., Dental Member
Jonathan Lau, D.D.S., Dental Member
Joy Shimabuku, Public Member
Lee Ann Teshima, Executive Officer ("EO")
Chelsea Fukunaga, Executive Officer ("EO")
Bryan Yee, Esq., Deputy Attorney General ("DAG")
Marc Yoshimura, Secretary

Excused: Katherine Fukushima, R.D.H., Dental Hygiene Member

Zoom Webinar Carol Weber
Guests: Dean Sueda
Janet Montijo
Joseph Lim DDS
Kelly Seattle
Kim Nguyen-Hawaii Dental Association
Kelly Jones

¹ Comments from the public were solicited on each agenda item. If no public comments were given, the solicitation for and lack of public comment are not explicitly stated in these minutes.

Ellie Kelley Miyashiro
Gerraine Hignite
Danny Cup-Choy

Virtual Meeting
Instructions:

A short video regarding virtual meetings was played for attendees.

The Chair provided information on internet and phone access for today's virtual meeting and announced that today's meeting was being recorded and that the recording will be posted on the Board's web page.

Agenda:

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by §92-7(b), Hawaii Revised Statutes ("HRS").

Call to Order:

There being a quorum present, Chair Guevara called the meeting to order at 10:15 a.m.

Roll Call:

Chair Guevara welcomed everyone to the meeting and proceeded with a roll call of the Board members. All Board members confirmed that they were present, with the exception of Ms. Fukushima who was excused. There being a quorum present, the meeting proceeded.

At this time, Chair Guevara announced the Board's procedural format for agenda matters.

Chair's Report:

Announcements

Chair Guevara stated there were no announcements.

Approval of the Minutes of the July 18, 2022 Meeting

Chair Guevara asked if there were any corrections or discussion to the minutes for the July 18, 2022 meeting.

There being none, Chair Guevara asked for a motion to approve the open session minutes of the July 18, 2022 meeting.

Upon a motion by Dr. Yamamoto, seconded by Vice-Chair Tseu, it was voted on and unanimously carried to approve the open session minutes of the July 18, 2022 meeting.

Chair Guevara asked for a motion to approve the executive session minutes of the July 18, 2022 meeting.

Upon a motion by Ms. Shimabuku, seconded by Dr. Yamamoto, it was voted on and unanimously carried to approve the executive session minutes of the July 18, 2022 meeting.

New
Business:

Extension of Board's Previous Waiver to Allow Virtual CE

EO Teshima stated the reason for placing this on the agenda is in regard to the Board having previously granted this waiver to allow all CEs to be completed virtually due to COVID-19, pursuant to laws and rules. She added there are still individuals afraid of catching COVID-19 and asked the Board to consider extending the waiver for the 2023 renewal period.

Chair Guevara explained to the Board that this extension would allow licensees to complete all of their CEs virtually for the 2023 renewal period.

Chair Guevara asked if there was any discussion.

There being none, Chair Guevara asked for a motion.

Upon a motion by Vice-Chair Tseu, seconded by Dr. Chu, it was voted on and unanimously carried to approve the extension to allow all CEs to be completed virtually for the 2023 renewal period.

Email from Dr. Kris Nip regarding the practice of portable dentistry inside the physical location of the patient's property – Deferred from the July 18, 2022 Board meeting

Chair Guevara stated that the Board received the following email inquiry:

"My name is Kris Nip. I am a practicing general dentist from the state of Hawaii. I was forwarded by Dr. Joseph Chu to contact you regarding specific questions pertaining to practicing portable dentistry. He mentioned that you may be able to provide me with more insight/answers regarding this topic. In summary, portable dentistry can be described as a dentist who practices inside the physical location of the patient's property. This of it as dentist who does house calls! Here's a video that shows insight to this form of practice vs actual mobile dentistry: <https://youtu.be/3TQlpsoZmvo>

Just to make sure I would not break any laws, I would to hear your

insight regarding this topic.”

Chair Guevara asked if there was public testimony.

There being none, he asked if the Board had any discussion.

Chair Guevara stated that the Board previously discussed a similar inquiry where it was decided that so long as the dentist is not breaking any rules or statutes, OSHA regulations, and has the necessary licenses/permits, a dentist may practice as they see fit. Chair Guevara noted that an exception to this decision would be in regard to radiographs where if a portable NOMAD machine is being utilized; adding that a dentist would have to contact the Department of Health’s indoor/outdoor radiation branch for approval for this type of service.

Vice-Chair Tseu stated that the Hawaii Dental Practice Act and the Board’s laws and rules are silent on the topic of practicing in community sites or other physical sites like a home. He added that there are other regulations that Dr. Nip would need to be aware of to practice dentistry that the Board cannot advise on.

Chair Guevara asked DAG Yee if a motion needs to be made.

DAG Yee responded that the Board should make a motion to allow the Executive Officers to provide a response. He also advised a caveat on the Board’s motion stating that although it is true that the dental license is not restricted by location, the permit to administer general anesthesia is restricted.

Upon a motion by Vice-Chair Tseu, seconded by Ms. Shimabuku, it was voted on and unanimously carried to informally opine, that based solely on the information provided, the Board was not able to identify any prohibitions within the Hawaii Dental Practice Act that prohibits the practice of portable dentistry. The Board noted that there are other State and Federal regulations that must be complied with and that although a dental license is not restricted by location, the permit to administer general anesthesia is restricted by location.

In accordance with HAR section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and thus, not be viewed as binding on the Board.

Email from Dr. Stephen E. Stanley regarding the administration of IV drip therapy to patients in office – Deferred from the July 18, 2022 Board meeting

Chair Guevara stated that the Board received the following email inquiry:

“Aloha,

Dr. Stephen E. Stanley (Hawaii Lic#2806) is interested in offering IV drip therapy (hydrating fluid, electrolytes, vitamins, ozone, glutathione, NAD, etc.) to our clientele. We do not have an RN on staff and would like to understand the Hawaii State requirements for the Dr. to be able to administer these treatments in our offices. Would you please advise?”

Chair Guevara asked if there was public testimony.

There being none, he asked if the Board had any discussion.

Chair Guevara stated this inquiry is outside the venue of dentistry and Dr. Stanley may need to inquire with other Boards to obtain clarification if this is allowable.

EO Teshima stated that she is the former EO for the Board of Pharmacy and is familiar with IV practice but is not familiar with the Board of Dentistry's scope of practice in regard to IV practice. EO Teshima inquired whether dentists are able to compound drugs.

Chair Guevara responded that dentists do not make the drugs in their offices. He mentioned that some of the oral surgeons on the Board may be better able to answer that question as they do administer IV sedation drugs.

Dr. Yamamoto asked if Dr. Stanley has a license as a general dentist.

Chair Guevara answered yes.

Dr. Yamamoto stated that there is no therapeutic reason to administer IV hydration and does not believe that it is covered within the scope of dentistry. Dr. Yamamoto added that the administration of IV hydration or compounding is irrelevant as it

doesn't fall under a general dentist's scope of practice. If a person requires hydration, they would need to go to the ER. He added the Dr. Stanley does not have an RN on-staff to administer IV nor does he have an on-staff physician to supervise the RN.

Chair Guevara acknowledged that administering IVs is not within a dentist's scope of practice.

Dr. Yamamoto clarified that oral surgeons do provide administration of IV fluids with medications. He added that there are times that hydration is also administered as part of therapy, of which a separate license is required.

Chair Guevara agreed, adding that only Hawaii dentists who have an anesthesia permit are allowed to administer IVs and provide hydration. Generally oral surgeons and periodontists are usually the individuals who hold anesthesia permits under the Dental Practice Act.

Dr. Yamamoto commented that the inquirer is asking to administer therapy for a specific purpose not related to IV sedation. Dr. Yamamoto conceded that under IV sedation, some patients are so anxious and stressed that they begin to experience fluid loss which would then require IV hydration as part of their therapy. This is not offered as a separate service just because the patient is dehydrated.

Upon a motion by Dr. Yamamoto, seconded by Vice-Chair Tseu, it was voted on and unanimously carried that the administration of IV drip therapy is not within the scope of general dentistry.

Email from Dr. Dean Sueda regarding providing free dental clinics in Hawaii through Aloha Medical Mission which is a non-profit medical/dental organization

Chair Guevara stated that the Board received the following email inquiry:

"My name is Dean Sueda, DDS and I am the President of Aloha Medical Mission and we are Hawaii's only free dental clinic providing free dental services to Oahu's poor and underinsured. Enclosed is an email addressed to the Hawaii Dental Board expressing our plans to expand our free dental services to a similar but isolated population in the Ka'u district on the Big Island. I

realize that this may be a last minute thing but if this letter can be presented and discussed at this coming Monday's Board meeting it would be greatly appreciated. I sincerely thank you for your assistance and consideration. Please let me know if you have any questions."

Chair Guevara asked if Dr. Sueda was in attendance.

Staff confirmed Dr. Sueda was in attendance and was promoted to panelist.

Due to technical difficulties on Dr. Sueda's end, this agenda item was deferred to the next Board meeting for additional information.

Dr. Sueda was returned to attendee.

Email from Dr. Joseph Lim regarding starting a non-profit dental mobile outreach

Chair Guevara asked if Dr. Lim was in attendance.

Staff confirmed Dr. Lim was in attendance and was promoted to panelist.

Chair Guevara welcomed Dr. Lim to the meeting.

Dr. Lim shared that he is general dentist practicing on Hawaii island and is planning to perform a dental clinic which will venture to the southern portion of the island where the population is neglected and do not have easy access to dental care. He asked if: 1) A separate dental license is required to open a mobile clinic; and 2) Whether his unlicensed dentist friends who do not have a Hawaii dental license would be able to practice with him.

Chair Guevara asked if the Board had any questions.

Chair Guevara shared that Dr. Lim, in his email inquiry to the Board, stated he read online that unlicensed dentists can perform dentistry on an indigenous population here in Hawaii under supervision of a license dentist. Chair Guevara asked Dr. Lim where he found this information.

Dr. Lim replied that he did research online and found a dental clinic which allows Hawaii licensed dentists to supervise unlicensed

dentists.

EO Teshima asked if this would fall under a Community Service dentist license.

Chair Guevara stated those working under a Community Service license are working in underserved areas, of which is a license to practice dentistry, and would not apply to the ability of supervising an unlicensed dentist in Hawaii.

Vice-Chair Tseu added that, in regard to general dentist license, he is allowed to practice in community setting sites. In regard to individuals being able to volunteer as a dentist without a Hawaii license, this is not allowed as a Hawaii dental license is required to practice in Hawaii within any scope, including a temporary license.

DAG Yee commented that during the COVID-19 duration, there was a relaxation of licensing requirements under emergency rules, which are now over. DAG Yee is unsure whether the dentists were ever included in the proclamation. There was an expanded list of what dental hygienist would do under the direct or general supervision of a licensed dentist, but that still requires a dental hygienist license. There is no provision for unlicensed individuals to do dental-related work other than dental assistants.

Dr. Lim asked if his general dentist license would be adequate to practice in a mobile dental clinic.

Chair Guevara answered yes, as long as all other rules and regulations are followed, which includes Public Health, OSHA.

Dr. Lim thanked the Board and was returned to attendee.

Email from Dr. Carol Weber regarding practicing under a restricted dental license

Chair Guevara stated that the Board received the following email inquiry:

"Aloha Executive Officer of the Board,

I spoke to your receptionist on the phone who asked me to send you a detailed email regarding my concern.

I am board certified Endodontist who received, by credentials, a restricted Hawaii dental license in 2006 (DT-2203). As you are aware, this was when Hawaii was experiencing a shortage of dental specialists and had no reciprocity with other states.

At this time, I have been asked to join the team of the Hawaii Keiki Dental Sealant Program coordinated by UH School of Nursing and Hawaii Dental Service (grant based program). My duties include: dental screening for Keiki in Title I schools (ages 7-8), determining if they are in need of sealants and overseeing the hygienist's placement of sealants. If there are emergent needs, I would be referring the Keiki to primary health care or medical home services. I am in the process of applying and have been told that there are questions regarding my restricted dental license and to ask you if there is any issue with my scope of care or conflict of interest in regards to this work.

My dental career history involves: multiple years working as a dental assistant, 6 years as a dental hygienist, 14 years as a general dentist and 16 years as an Endodontist. In addition, I served on active duty in the US Navy for 30 years as a general dentist and Endodontist.

I very much desire to be involved in this needed public health initiative. Am I allowed to join this team with a restricted dental license?

Please provide guidance for me. Thank you for your attention to this matter."

Chair Guevara asked if Dr. Weber was in attendance.

Staff confirmed Dr. Weber was in attendance and was promoted to panelist.

Chair Guevara welcomed Dr. Weber to the meeting.

Dr. Weber shared that she has a restricted Hawaii dental license which was issued during a time when the state of Hawaii was short on dental specialists. She began an application with the Hawaii Keiki Dental Sealant Program in mid-September which resulted in some questions regarding her restricted license. She added that she will no longer be practicing endodontics and will only be diagnosing caries.

Chair Guevara asked the Board if they had any questions or comments.

DAG Yee asked whether Dr. Weber is currently qualified for the general dentist license.

Dr. Weber answered that she is not aware of the current requirements.

DAG Yee asked Dr. Weber if she is currently practicing dentistry.

Dr. Weber responded that she is not actively working full-time. She indicated that she is currently in school for landscape architecture and is teaching one class at the University of Hawai'i. She added that she is pretty much retired from full-time dentistry.

Chair Guevara asked Dr. Weber if she has been actively renewing her license.

Dr. Weber answered yes and has been maintaining her CEs.

EO Fukunaga asked Dr. Weber if she knows what the restriction on license is for.

Dr. Weber answered it is a restriction to practice endodontics, of which license was issued by credentials.

Chair Guevara stated the Board stopped administering their own Board exam in 2006 and was in the process of requiring passage of the ADEX. For a 10-month period, no one could take an exam in the state of Hawai'i to obtain a dental license. The board at that time, accepted any State Dental Board exam at the time. This included specialists who were granted a license because of their specialty or if you took and pass a Board exam. Even general dentists who did not have a license or did not take the ADEX were able to obtain a Hawaii dental license. Once Hawai'i became an ADEX state, only those who passed the ADEX were accepted. He added that he was unsure as to how the restricted license applies.

DAG Yee stated Chair Guevara is referencing Act 121 which was passed during the 2005 session laws. The Act allowed a person who took one of the regional exams, the ADEX, or graduated from an accredited dental specialty education program, who also

submitted an application which indicated that they graduated from an accredited school, held an unencumbered license from another State and has been engaged in the practice of dentistry for the past three (3) years. DAG Yee clarified that Act 121 specified that if an individual were licensed by specialty that they are only allowed to practice within their specialization.

Dr. Weber clarified that she does not want to do anything illegal but feels that she is able to diagnose caries.

DAG Yee stated that under a restricted license, Dr. Weber would not be able practice outside the field/specialty that the license was granted under. In regard to the program being described, if it qualifies for a community service license (in the employment of the Department of Health, a Federally Qualified Health Center, Native Hawaiian health systems center, or a post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation) then there is a less restrictive requirement. However, one of the requirements would be to provide evidence of passage of Part II of the National Board within 5 years of date of request, or evidence of active practice in clinical dentistry of not less than 1,000 hours per year immediately prior to the date of request.

DAG Yee noted this may be an issue for Dr. Weber as she may not be able to meet these requirements. Dr. Webber would either need to qualify for the position as an Endodontist or she would need to obtain a general dentist or community service license. DAG Yee clarified that the question is whether the practice of diagnosing caries as described by Dr. Weber, falls within the scope of endodontics.

Chair Guevara informed the Board that he is a practicing Endodontist, he does diagnose caries and conduct exams. However, if the Board is to follow the laws and rules to the letter of the law, Dr. Weber would be bound to work within the restricted scope of her license.

Chair Guevara asked the Board if there was additional discussion.

Vice-Chair Tseu stated that with the proposed dental screenings, determining if a sealant is necessary, and supervising a dental hygienist seems to be very safe but would not fall in the scope of an endodontist.

Dr. Yamamoto asked if there is a mechanism in the laws to transition from a restricted license to a general dental license.

EO Teshima asked DAG Yee if Act 121 provided a pathway.

DAG Yee stated Act 121 did not have a provision upon expiration of the Act.

Chair Guevara replied that it is within the realm of dentistry to look for caries and do exams. Every specialist has to do general dentistry in one way or another in their field of specialization. He added that most Hawaii licensed dentists are general dentists as Hawaii does not currently license by specialty.

EO Teshima asked the Board if they would have an issue if an endodontist were allowed to perform Dr. Weber's proposed practice.

Ms. Tanaka stated that Dr. Weber may actually be proposing to only determine if individuals are in need of caries or sealants, rather than treating.

Dr. Weber stated that is correct, the proposed job would be to diagnose caries, need for sealants, and need for additional treatment.

EO Teshima asked if Dr. Weber's proposed practice falls under general dentistry.

Chair Guevara answered, "yes", adding that it does not fall under endodontics. He stated that he is torn on his decision. Chair Guevara commented that if a dentist were to only practice within their specialty, the scope would be very limited as compared to general dentistry. For example, Endodontists are not supervisors of dental hygienists. Because general dentists are allowed to practice in specialties, the question is whether specialists can perform general dentistry.

DAG Yee stated that the issue of a general license and not distinguishing between the general practice of dentistry and endodontics makes it difficult as the current license authorizes all practices of dentistry. For a brief period, a distinction was made in the licensing scheme. Looking back on something was done in 2005 and trying to decide by what "endodontics" meant or agreeing

to practice only as a dental specialist within the area of the applicant's specialization is something that only the Board can determine.

EO Teshima stated that based on DAG Yee's statement that the Board does not have a choice and Dr. Weber would need to apply for a community service license or a dentist license. The whole purpose of the Board is protect the public, patient safety in the practice of dentistry. Develop these requirements to become a dentist or dental hygienist for that purpose. There are no exceptions to the requirements; anyone who wishes to provide that service must qualify for a community service or general dentist license.

DAG Yee inquired whether Dr. Weber took and passed a regional exam and whether she took it after February 1, 2004.

Dr. Weber replied that she took and passed the NERB (North East Regional Board of Dental Examiners Exam) and no, she did not take it after February 1, 2004.

DAG Yee replied that Dr. Weber did not qualify for the general license exemptions during that brief period of time before the statute was changed.

Upon a motion by Ms. Shimabuku, seconded by Vice-Chair Tseu, it was voted on and unanimously carried to deny Dr. Weber's request as the Board does not have the authority to grant an exception, and any individual who wants to provide these services is required to hold a community service license or general dentist license.

Executive Session: The Chair motioned to move into executive session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities;" and that the Board will vote on the applications after coming out of executive session.

It was seconded by Vice-Chair Tseu, voted on and unanimously carried to move into executive session at 11:42 a.m.

The Board resumed the meeting at 12:21 p.m. after coming out of executive session.

Applications:

Ratification Lists

Upon a motion by Vice-Chair Tseu, seconded by Dr. Chu, it was voted on and unanimously carried to approve the following ratification lists:

DTs, license numbers 3003-3041 (39);
DTTs, license numbers 365-368 (4);
DHs, license numbers 2370-2403 (34);
CSDTs, license numbers 109-111 (3);
and DHs with the Certification in the Administration of Intra-Oral Block Anesthesia

Applications for License

The Chair called for a motion in regard to the applications.

Dentists

Upon a motion by Chair Guevara, seconded by Vice-Chair Tseu, it was voted on and unanimously carried to approve the following applications:

McIlhatten, Alexander
Kim, Skye
Lee, Marisa
Ullah, Anjum

Dental Hygienist

Upon a motion by Chair Guevara, seconded by Vice-Chair Tseu, it was voted on and unanimously carried to approve the following application:

Montijo, Janet

Chapter 91, HRS –
Adjudicatory
Matters:

Chair Guevara asked if there was any discussion by the Board members on the following adjudicatory matter.

Seeing none, upon a motion by Chair Guevara, seconded by Ms. Shimabuku, it was voted on and unanimously carried to approve the following adjudicatory matter:

In the matter of the Application for a Dental License of **Erika B. Rydell; DEN-LIC-2022-001**; Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order; Transmittal Memorandum, and Board's Final Order

Executive Officer's Report:

Report – ADEX 18th Annual Meeting

EO Fukunaga stated this article is for informational purposes only.

2023 Board of Dentistry Meeting Schedule

EO Fukunaga stated the 2023 meeting schedule has been provided to all Board members.

Next Meeting: Monday, January 23, 2023
10:00 a.m.

In-Person: Queen Liliuokalani Conference Room
HRH King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813

Virtual
Participation: Virtual Videoconference Meeting – Zoom Webinar

Adjournment: The meeting adjourned at 12:31 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Chelsea Fukunaga
Chelsea Fukunaga
Executive Officer

/s/ Marc Yoshimura
Marc Yoshimura
Secretary

CF:my

12/29/2022

[] Minutes approved as is.

[X] Minutes approved with changes; see minutes of: January 23, 2023

Dental Licensure Dashboard US States & Territories

This page was updated February 3, 2025

Initial Licensure
Requirements

CE & Renewal
Requirements

Licensure by
Credentials

Specialty
Licensure



Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Colorado

Colorado

JCNDE National Board Exam(s) Required

Yes

Graduation from a CODA-accredited Education Program Required

Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination
- CITA manikin or patient-based examination
- CRDTS manikin or patient-based examination
- SRTA manikin or patient-based examination
- WREB manikin or patient-based examination
- Delaware Practical Board Examination
- All OSCE exams, DLOSCE
- NDEB of Canada
- PGY-1
- Portfolio exam

State Jurisprudence Exam Required

Yes

Licensure by Credentials/Endorsement Experience Required

Dentist must provide proof of one of the following:

- a. Engaged in the active practice of clinical dentistry in the U.S. or one of its territories or Canada for a minimum of 300 hours per year, for a minimum of five years out of the seven years immediately preceding the date the application was received. Calculations will be based on the first full month prior to receipt of the application. Experience from postgraduate training, residency programs, internships, or research will be evaluated on a case-by-case basis.
- b. Engaged in teaching dentistry, which involves personally providing care to patients for not less than 300 hours annually in an accredited dental school for a minimum of five years out of the seven years immediately preceding the date the application was received. Calculations will be based on the first full month prior to receipt of the application.
- c. For the dentists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience comparable to the requirement in section (C)(4)(a) of this Rule.
- d. Passed a Board approved clinical examination within one year of the date the application is received.
- e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within one year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.

Continuing Education Hours or Courses Required

Not specified

Website Link for Colorado

Dentist Original Licensure Application by Endorsement:
<https://dpo.colorado.gov/Dental/ApplicationsDocs#Dentist>

EXHIBIT # 3

Establishment of New Practice Required
Not specified

State Dental Board
Colorado Dental Board..

	<p>practicing for two or more years in Colorado, another state/jurisdiction, or country is applying for a license, then the Board may require him/her to comply with more than one of the above competency requirements.</p> <p>h. In addition to the requirements above, the Board may, in its discretion, apply one or more of the following towards demonstration of current clinical competency, except as to applicants described in section (B)(3)(g) of this Rule.</p> <p>(1) Practice under a probationary or otherwise restricted license for a specified period of time;</p> <p>(2) Successful completion of courses approved by the Board; or</p> <p>(3) Any other professional standard or measure of continued competency as determined by the Board.</p>
License by Credential/Endorsement	<p><u>12-220-404. Dentist - licensure by endorsement.</u></p> <p>The board shall issue a license by endorsement to an applicant who satisfies the requirements of the occupational credential portability program.</p> <p><u>3 CCR 709-1 - Licensure of Dentists and Dental Hygienists</u></p> <p>1.6 Licensure of Dentists, Dental Therapists, and Dental Hygienists</p> <p>C. Endorsement for Dentists</p> <p>1. In order to be qualified for licensure by endorsement, an applicant is required to demonstrate that he/she does not currently possess a suspended, restricted, or conditional license to practice dentistry, or is currently pending disciplinary action against such license in another state or territory of the <u>United States or Canada.</u></p> <p>2. Each qualified applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify through the state in which he/she is seeking endorsement from that he/she meets the requirements listed under section (B)(1) of this Rule.</p> <p>3. An applicant for endorsement must verify as part of his/her application fulfillment of the requirements listed under section (B)(2) of this Rule.</p> <p>4. An applicant for endorsement must demonstrate current clinical competency and professional ability through at least one of the following:</p> <p>a. Engaged in the active practice of clinical dentistry in the U.S. or one of its territories or <u>Canada for a minimum of 300 hours per year, for a minimum of five years out of the seven years immediately preceding the date the application was received.</u> Calculations will be based on the first full month prior to receipt of the application. Experience from postgraduate training, residency programs, internships, or research will be evaluated on a case-by-case basis.</p> <p>b. Engaged in teaching dentistry, which involves personally providing care to patients for not less than 300 hours annually in an accredited dental school for a minimum of five years out of the seven years immediately preceding the date the application was received. Calculations will be based on the first full month prior to receipt of the application.</p> <p>c. For the dentists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience comparable to the requirement in section (C)(4)(a) of this Rule.</p> <p>d. Passed a Board approved clinical examination within one year of the date the application is received.</p> <p>e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within one year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose</p>

The ADA attempts to keep this information current based on information from state dental boards, clinical testing agencies and state dental associations. Individuals seeking dental licensure should consult with the state board of dentistry and their professional advisors for the complete and most recent dental licensure information, application requirements, forms and fees.

Dental Licensure Dashboard US States & Territories

This page was updated February 3, 2025

Initial Licensure
Requirements

CE & Renewal
Requirements

Licensure by
Credentials

Specialty
Licensure



Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Indiana



Indiana

JCNDE National Board Exam(s) Required

Yes or NDEB of Canada

Graduation from a CODA-accredited Education Program Required

Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination
- CITA manikin or patient-based examination
- CRDTS manikin or patient-based examination
- DLOSCE
- SRTA manikin or patient-based examination
- WREB manikin or patient-based examination
- NDEB of Canada

State Jurisprudence Exam Required

Yes

Licensure by Credentials/Endorsement Experience Required

Applicant is a dentist who is licensed in another state or a province of Canada that has licensing requirements substantially equal to those in effect in Indiana on the date of application and has practiced dentistry for at least 2 of the three 3 years preceding the date of application. "Practice of dentistry" means that the applicant has actively engaged in clinical patient contact for at least an average of 20 hours per week for 2 years. A maximum of 1 year of the 2 year requirement may have been in postdoctoral training in a program approved by the board.

Continuing Education Hours or Courses Required

Applicants are required to submit proof of 20 hours of continuing dental education taken in the previous 2 years. No more than 2 hours of training in basic life support shall count toward this requirement.

Establishment of New Practice Required

Not specified

State Dental Board

Indiana State Board of Dentistry
317-234-2054

Website Link for Indiana

Dentist by Reciprocity:

<https://www.in.gov/pia/professions/dentistry-home/dentistry-licensing-information/#>

Dental Licensure Dashboard US States & Territories

This page was updated February 3, 2025

Initial Licensure
RequirementsCE & Renewal
RequirementsLicensure by
CredentialsSpecialty
Licensure

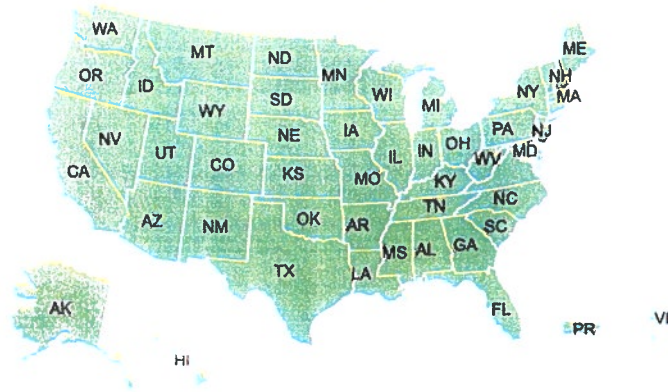
Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Maine



Maine

JCNDE National Board Exam(s) Required

Yes or NDEB of Canada

Graduation from a CODA-accredited Education Program Required

Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination
- CITA manikin or patient-based examination
- CRDTS patient-based examination
- SRTA patient-based examination
- WREB manikin or patient-based examination
- California State Board Examination
- Texas State Board Examination

State Jurisprudence Exam Required

Yes

Licensure by Credentials/Endorsement Experience Required

A dentist who is licensed in good standing at the time of application to the board under the laws of another state or a Canadian province may qualify for licensure by submitting evidence to the board that the applicant has held a substantially equivalent, valid license for at least 3 consecutive years immediately preceding the application to the board at the level of licensure applied for in the state.

Continuing Education Hours or Courses Required

Not specified

Establishment of New Practice Required

Not specified

State Dental Board

Maine Board of Dental Practice
207-287-3333

Website Link for Maine

Dentist License Application (by Endorsement):

<https://www.maine.gov/dental/licensure/license-types.html>

Dental Licensure Dashboard US States & Territories

This page was updated February 3, 2025

Initial Licensure
RequirementsCE & Renewal
RequirementsLicensure by
CredentialsSpecialty
Licensure

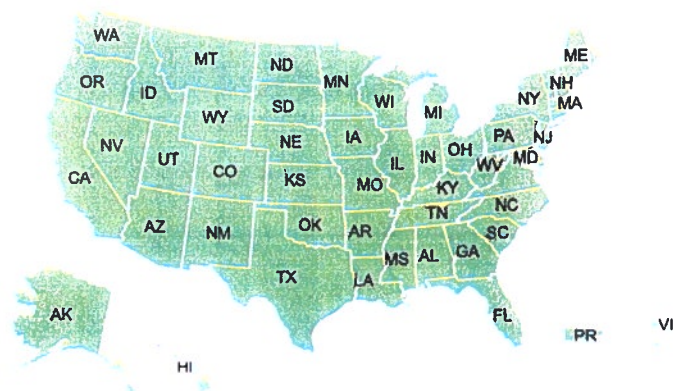
Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Michigan



Website Link for Michigan

Dentistry Licensing Guide (Dentist - by Endorsement):

https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27533-

Michigan

JCNDE National Board Exam(s) Required

Yes

This requirement is waived for persons who graduated from an accredited school before 1950.

Graduation from a CODA-accredited Education Program Required

Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination
- CITA manikin or patient-based examination
- CRDTS manikin or patient-based examination
- SRTA manikin or patient-based examination
- WREB manikin or patient-based examination
- NDEB of Canada

Note: The licensure examination requirement is waived for individuals who were licensed initially in another state and who were not required to complete any regional examination as part of the initial licensing process as confirmed by the state in which the initial license was awarded.

State Jurisprudence Exam Required

No

Licensure by Credentials/Endorsement Experience Required

Dentist licensed in another state in the U.S. or Canada and has been practicing for a minimum of 5 years immediately preceding the application for licensure in Michigan.

Applicants for licensure by endorsement must have held a license as a dentist in good standing in another state for 1 year prior to applying for licensure.

Continuing Education Hours or Courses Required

- Individuals seeking licensure must have completed training in identifying victims of human trafficking that meets the standards in Administrative Rule 338.11123 prior to being issued a license. The training must only be completed one time.
- Individuals seeking licensure must have completed at least 2 hours of implicit bias training within the five years immediately preceding issuance of the license.
- Individuals seeking a controlled substance license or who is licensed to prescribe or dispense controlled substances must have completed a 1-time training in opioids and controlled substances awareness that meets the standards established in Administrative Rule 338.3135 prior to being issued a license.

Establishment of New Practice Required

Not specified

State Dental Board

Michigan Board of Dentistry

617-241-0100



Dental Licensure Dashboard

US States & Territories

This page was updated February 3, 2025

Initial Licensure Requirements

CE & Renewal Requirements

Licensure by Credentials

Specialty Licensure



Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Minnesota

Minnesota

JCNDE National Board Exam(s) Required
Yes or NDEB of Canada

Graduation from a CODA-accredited Education Program Required
Yes

- Licensure Exams/Pathways Accepted**
- CDCA (formerly NERB) manikin or patient-based examination
 - CITA manikin or patient-based examination
 - CRDTS manikin or patient-based examination
 - SRTA manikin or patient-based examination
 - WREB manikin or patient-based examination
 - NDEB of Canada
 - PGY-1

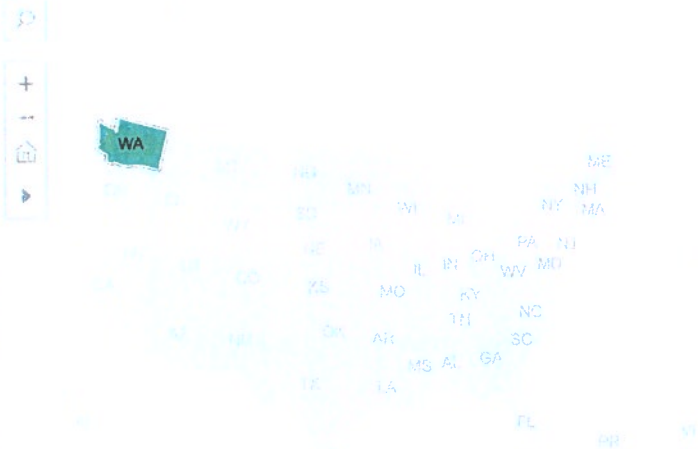
State Jurisprudence Exam Required
Yes

Licensure by Credentials/Endorsement Experience Required
An applicant for licensure as a dentist must have been in active practice in another state, Canadian province, or U.S. government service for at least 2,000 hours within 36 months prior to the board receiving a completed application and must submit at least 3 references from other practicing dentists.

Continuing Education Hours or Courses Required
An applicant shall provide adequate documentation of attained professional development or CE for the 60 months preceding the date of application.

Establishment of New Practice Required
Not specified

State Dental Board
Minnesota Board of Dentistry
612-617-2250



Website Link for Minnesota

Dentist Licensure by Credentials Application:
<https://mn.gov/boards/dentistry/new-applicant/>



This page was updated February 3, 2025



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

New York

New York State Board for Dentistry
518-474-3817, ext. 550

Dentist Applicants Licensed in Another Jurisdiction (Endorsement):
<https://www.op.nysed.gov/professions/dentists/license-requirements>

Dental Licensure Dashboard US States & Territories

This page was updated February 3, 2025

Initial Licensure
Requirements

CE & Renewal
Requirements

Licensure by
Credentials

Specialty
Licensure



Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Pennsylvania

Pennsylvania

JCNDE National Board Exam(s) Required

Yes

Graduation from a CODA-accredited Education Program Required

Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination
- CITA manikin or patient-based examination
- CRDTS manikin or patient-based examination
- SRTA manikin or patient-based examination
- WREB manikin or patient-based examination

State Jurisprudence Exam Required

Yes

Licensure by Credentials/Endorsement Experience Required

Dentists who are currently licensed or certified in another state or territory or in Canada may be granted licensure and certification by criteria approval in Pennsylvania if the credentials submitted meet the requirements of the Board. Licensure and certification by criteria approval will be granted only to applicants whose licensing boards confirm that they reciprocate with the Commonwealth. An applicant shall cause the licensing authority of each state where the applicant has practiced to submit to the Board a letter of good standing. The Board may grant a personal interview to resolve questions concerning an applicant's qualifications.

Continuing Education Hours or Courses Required

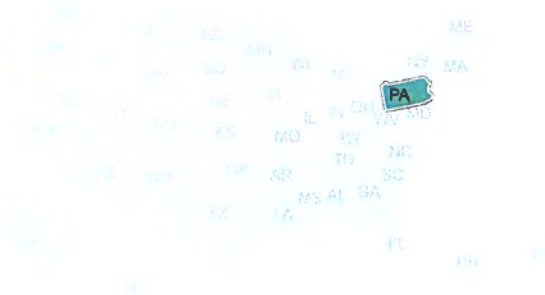
Not specified

Establishment of New Practice Required

Not specified

State Dental Board

Pennsylvania State Board of Dentistry
717-783-7162



Website Link for Pennsylvania

Dentist Licensure by Criteria Approval:

<https://www.pa.gov/agencies/dos/department-and-offices/bpoa/boards-commissio>



Dental Licensure Dashboard US States & Territories

This page was updated February 3, 2025

Initial Licensure
RequirementsCE & Renewal
RequirementsLicensure by
CredentialsSpecialty
Licensure

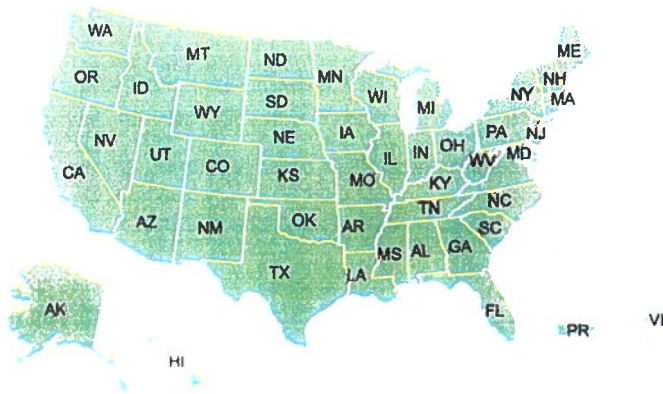
Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Vermont



Vermont

JCNDE National Board Exam(s) Required

No

Graduation from a CODA-accredited Education Program Required

Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination
- CITA manikin or patient-based examination
- CRDTS manikin or patient-based examination
- SRTA manikin or patient-based examination
- WREB manikin or patient-based examination

State Jurisprudence Exam Required

Yes

Licensure by Credentials/Endorsement Experience Required

The Board may issue a license to an applicant who is currently licensed in good standing to practice dentistry in any jurisdiction of the U.S. or Canada and has been in practice full time of at least 1,200 hours per year for a minimum of five years before the application. For purposes of determining active practice the Board may include periods of dental practice within the military service, teaching in an accredited dental school, accredited dental residency programs, and residency programs in American Dental Association recognized board specialties may be considered.

Continuing Education Hours or Courses Required

Not specified

Establishment of New Practice Required

Not specified

State Dental Board

Vermont Board of Dental Examiners
802-828-2390

Website Link for Vermont

Dentist Application by Endorsement:

<https://sos.vermont.gov/dental-examiners/forms-instructions/>



Dental Licensure Dashboard US States & Territories

This page was updated February 3, 2025

Initial Licensure
Requirements

CE & Renewal
Requirements

Licensure by
Credentials

Specialty
Licensure



Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below.

Select a State

Washington



Website Link for Washington

Dentist licensed in another U.S. state or territory:

<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewRenewor>

Washington

JCNDE National Board Exam(s) Required

Yes or NDEB of Canada

Graduation from a CODA-accredited Education Program Required

Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination; periodontal exam is required
- CITA manikin or patient-based examination
- CRDTS manikin or patient-based examination
- SRTA manikin or patient-based examination; periodontal exam is required
- WREB manikin or patient-based examination; prosthodontics exam is required
- DLOSCE
- NDEB of Canada
- PGY-1

State Jurisprudence Exam Required

Yes

Licensure by Credentials/Endorsement Experience Required

Dentist must hold a valid license in another U.S. state or territory and must be currently engaged in the practice of dentistry by demonstrating one of the following:

Serving as a dentist in the U.S. federal service; Employed by a dental school; In a dental residency program; or Practicing dentistry for a minimum of 20 hours per week for the 4 consecutive years preceding application.

Continuing Education Hours or Courses Required

Not specified

Establishment of New Practice Required

Not specified

State Dental Board

Dental Quality Assurance Commission
360-236-4700

[Renew](#)[SmileCon](#)[Store](#)[DENTPIN](#)[Join](#)[Account Login](#)[Licensure](#)[Licensure by credentials](#)[Licensure for international dentists](#)[Student licensure](#)

Dental licensure maps

Find information about initial licensure, licensure by credentials, CE and renewal requirements, and specialty licensure for each state and territory.

The ADA attempts to keep all maps current based on available information from state dental boards, clinical testing agencies and state dental associations. The ADA is aware that changes may be in process across the states, but only official documented changes are reflected on the maps.

Individuals seeking information on dental licensure requirements are strongly urged to consult with the respective state board of dentistry in addition to using the maps below. Definitions and explanations of licensure pathways and abbreviations (e.g., ADEX, CIF exams, PGY1, OSCE) used on the map can be found on the [Licensure for Dental Students page](#).

From the green Dental Licensure Dashboard below select one of the following maps:

- **Initial Licensure Requirements**
- **CE & Renewal Requirements**
- **Licensure by Credentials**
- **Specialty Licensure**


Dental Licensure Dashboard
US States & Territories
This page was updated February 3, 2025

Initial Licensure Requirements


CE & Renewal Requirements

Licensure by Credentials


Specialty Licensure



Licensure by Credentials Requirements



Instructions: To view state-by-state requirements for licensure by credentials, select a state from the dropdown box or click a state on the map below



Wisconsin

JCNDE National Board Exam(s) Required
Yes or NDEB of Canada

Graduation from a CODA-accredited Education Program Required
Yes

Licensure Exams/Pathways Accepted

- CDCA (formerly NERB) manikin or patient-based examination
- CITA manikin or patient-based examination
- CRDTS manikin or patient-based examination
- SRTA manikin or patient-based examination
- WREB manikin or patient-based examination
- NDEB of Canada

State Jurisprudence Exam Required
Yes

Licensure by Credentials/Endorsement Experience Required
The Board may grant a license as a dentist to an applicant who holds a valid license in good standing issued by the proper authorities of any other jurisdiction of the U.S. or Canada and submission of evidence satisfactory to the Board. Wisconsin does not have a set number of years or hours of practice that are required.

Continuing Education Hours or Courses Required
Not specified

Establishment of New Practice Required
Not specified

State Dental Board
Wisconsin Dentistry Examining Board
608-266-2112

Website Link for Wisconsin
Application for Dental License (by Endorsement):
<https://dsps.wi.gov/Pages/Professions/Dentist/Default.aspx>

https://public.tableau.com/views/ADAVersion-DentalLicensurebyState/...splay_overlay=yes&:display_count=yes&:language=en-US&:loadOrderID=0

Page 1 of 2



SB-481

Submitted on: 2/6/2025 5:14:42 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Derek H Ichimura	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB481 to allow unlicensed graduates of a Canadian dental school to receive a CSL without some independent assessment of competency. I also oppose the repeal of the safeguards currently in place to receive a CSL. Competency is the baseline standards of a profession to insure that the public is not harmed. Unfortunately within any population of graduates some will fail to achieve this level of skill. Removing the safeguards currently in place is not a reasonable way to allow these graduates to treat members of our community. IF a graduate failed a licensing exam, would you feel comfortable having that person treat you or one of your family members? There are better solutions to increasing the pool of dental providers, but this is surely not one of them.

SB-481

Submitted on: 2/6/2025 4:22:27 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Robert Baysa	Individual	Oppose	Written Testimony Only

Comments:

I oppose to SB481.

Dr Robert A. Baysa

SB-481

Submitted on: 2/6/2025 8:18:15 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Russell P. Kim	Individual	Support	Written Testimony Only

Comments:

Aloha,

I am in support of SB 481. Having volunteered out in the houseless community, there are many times we don't have enough dentist to provide care. This bill will help to support the need for better oral health for our most vulnerable residents.

Mahalo

SB-481

Submitted on: 2/5/2025 9:19:54 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Nancy S Partika	Individual	Support	Written Testimony Only

Comments:

I fully support SB 481, along with any suggested edits that the Hawaii Dental Hui provides in their testimony.

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Chester Naka, and I am a licensed dentist practicing in Honolulu. I am testifying **in opposition** to SB481.

Patient safety is the foundation of quality healthcare. Every individual who seeks medical or dental care trusts that their provider will uphold the highest standards to prevent harm and ensure effective treatment. Without a strong commitment to safety, this trust is broken, and the well-being of our communities is put at risk.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Ensuring high standards in dental care is crucial. SB481 removes vital protections that uphold patient safety. I respectfully request that the committee reject this bill.

Thank you for the opportunity to testify.

Chester Naka, DDS
96814

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Neil Nunokawa, and I am a licensed dentist practicing in Wailuku. I am testifying **in opposition** to SB481.

The health and safety of patients should always be the top priority in any medical or dental setting. Patients place their well-being in the hands of professionals with the expectation that they will receive competent and ethical care. Any compromise in safety can have lasting consequences on public trust and health outcomes.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

The quality of dental care in Hawaii depends on maintaining strong licensing standards. SB481 weakens these safeguards, and for this reason, I ask the committee to vote against it.

Thank you for the opportunity to testify.

Neil Nunokawa, DDS
96793

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Emi Orikasa, and I am a licensed dentist practicing in Wailuku. I am testifying **in opposition** to SB481.

Ensuring patient safety is not just an ethical obligation—it is a fundamental expectation in healthcare. Every decision made in a clinical setting should prioritize the well-being of the patient, minimizing risks and ensuring the best possible outcomes. When safety is neglected, the consequences can be severe.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Patient safety should never be compromised. By removing necessary requirements for CSL applicants, SB481 introduces risks to public health. I urge this committee to oppose it.

Thank you for the opportunity to testify.

Emi Orikasa, DDS
96793

Testimony in Opposition to SB481
Relating to Community Service Licenses

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is John Morioka, and I am a licensed dentist practicing in Aina Haina. I am testifying **in opposition** to SB481.

Quality healthcare begins and ends with patient safety. Patients deserve to receive treatment in an environment that prioritizes their health and well-being, free from preventable harm. The standards we uphold today determine the confidence patients have in seeking care tomorrow.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

The proposed changes in SB481 significantly lower the bar for dental licensure in Hawaii, putting patients at risk. I respectfully ask the committee to reject this bill.

Thank you for the opportunity to testify.

John Morioka, DDS
96821

Testimony in Opposition to SB481
Relating to Community Service Licenses

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is David Lum, and I am a licensed dentist practicing in Mililani. I am testifying **in opposition** to SB481.

Patients should feel assured that their safety is the top priority. Every aspect of care should be centered around minimizing risk and improving health. Without a firm commitment to safety, oral healthcare loses its integrity.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Hawaii must uphold its high dental care standards. Weakening CSL requirements as proposed in SB481 is a step in the wrong direction. I urge the committee to vote against this bill.

Thank you for the opportunity to testify.

David Lum, DDS
96789

Testimony in Opposition to SB481
Relating to Community Service Licenses

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Dayton Lum, and I am a licensed dentist practicing in Pearl City. I am testifying **in opposition** to SB481.

In any healthcare setting, patient safety is non-negotiable. It requires vigilance, adherence to best practices, and a commitment to continuous improvement. Patients trust that their providers are looking out for their well-being, and it is our duty to honor that trust by ensuring the safest possible care.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

This legislation jeopardizes public health by allowing inadequately vetted practitioners to treat patients. I strongly oppose SB481 and ask the committee to do the same.

Thank you for the opportunity to testify.

Dayton Lum, DDS
96782

Testimony in Opposition to SB481
Relating to Community Service Licenses

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Lili Horton, and I am a licensed dentist practicing in Honolulu and Moanalua. I am testifying **in opposition** to SB481.

Patient safety is the cornerstone of public health. When people seek medical or dental treatment, they expect that they will receive care that is not only effective but also delivered with their best interests in mind. Ensuring a safe treatment environment protects not only individuals but the broader community.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Dental professionals are held to rigorous standards for a reason—patient safety. SB481 removes these essential checks. I respectfully urge the committee to oppose it.

Thank you for the opportunity to testify.

Lili Horton, DMD
96813

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Cally Adams, and I am a licensed dentist practicing in Kihei. I am testifying **in opposition** to SB481.

Trust is the foundation of the provider-patient relationship, and that trust is built on a commitment to safety. Patients must feel confident that their healthcare provider will take every necessary precaution to avoid unnecessary risks and prioritize their well-being. Anything less undermines the integrity of the healthcare system.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

A strong dental workforce requires accountability and demonstrated competency. SB481 undermines this by eliminating key protections. Please reject this bill.

Thank you for the opportunity to testify.

Cally Adams, DDS
96753

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Taiga Hashimoto, and I am a licensed dentist practicing in Honolulu. I am testifying **in opposition** to SB481.

Every patient who walks into a healthcare facility deserves to feel safe. Patient safety is not just about preventing mistakes—it's about creating a system of care that protects individuals from harm at every level. Without it, the quality and trustworthiness of healthcare deteriorate.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Maintaining strict licensing standards is essential for safe, high-quality dental care. SB481 weakens these standards, and I urge the committee to vote against it.

Thank you for the opportunity to testify.

Taiga Hashimoto, DDS
96826

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Steve Wilhite, and I am a licensed dentist practicing in Honolulu. I am testifying **in opposition** to SB481.

A commitment to patient safety is what separates high-quality care from substandard treatment. Every procedure, diagnosis, and treatment plan should be guided by the principle of doing no harm. When safety is a priority, patient outcomes improve, and public confidence in healthcare remains strong.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Lowering CSL requirements could have real consequences for patient care. I urge the committee to consider these risks and oppose SB481.

Thank you for the opportunity to testify.

Steve Wilhite, DDS
96813

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is David Sumikawa, and I am a licensed dentist practicing in Honolulu. I am testifying **in opposition** to SB481.

The importance of patient safety cannot be overstated. A single lapse in judgment, oversight, or precaution can lead to serious consequences for individuals and families. Protecting patients requires a continuous commitment to best practices and ethical decision-making.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Dental licensure requirements exist to protect patients, not to be arbitrarily removed. I strongly urge the committee to stand against SB481 and vote to reject it.

Thank you for the opportunity to testify.

David Sumikawa, DDS
96814

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Yongsok Do, and I am a licensed dentist practicing in Ewa Beach. I am testifying **in opposition** to SB481.

Healthcare exists to heal, not harm. Patient safety is the most fundamental principle that ensures medical and dental treatments lead to positive outcomes rather than preventable complications. Without it, we put lives at risk and erode trust in the healthcare system.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

By removing necessary safeguards, SB481 puts Hawaii's patients at risk. I ask this committee to uphold high standards and oppose this bill.

Thank you for the opportunity to testify.

Yongsok Do, DMD
96706

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Jo Ann Chang, and I am a licensed dentist practicing in Honolulu. I am testifying **in opposition** to SB481.

Patient safety is a shared responsibility among all healthcare professionals. It is about more than avoiding mistakes—it is about creating an environment where patients can confidently seek care without fear of unnecessary risks.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

The public expects safe, reliable dental care. SB481 undermines those expectations by loosening CSL regulations. I respectfully ask the committee to reject it.

Thank you for the opportunity to testify.

Jo Ann Chang, DDS
96814

**Testimony in Opposition to SB481
Relating to Community Service Licenses**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Curtis Tom, and I am a licensed dentist practicing in Honolulu. I am testifying **in opposition** to SB481.

Patient safety is not just a goal—it is a necessity that ensures every person receiving care is treated with diligence, caution, and expertise. When safety is prioritized, trust in healthcare remains strong.

SB481 weakens patient safety, removing many of the already minimal safeguards in place for dentists with Community Service Licenses. These safeguards are critical to ensuring patient safety and maintaining the high standards of dental care in Hawaii.

For example, eliminating the requirement for a CSL applicant to have passed a licensing examination means that individuals who have failed critical competency assessments could still practice dentistry under a CSL. This poses a direct risk to patient safety, as individuals who have not demonstrated proficiency in essential dental procedures may be allowed to provide care without adequate oversight.

Patient health and safety must remain our top priority. If passed, SB481 would erode key safeguards and diminish the standard of oral healthcare in Hawaii. I strongly urge the committee to oppose this measure.

Thank you for the opportunity to testify.

Curtis Tom, DDS
96814

Re: bill SB481

To: Chair Joy San Buenaventura

Vice Chair Henry Aquino, and Health and Human Services Committee members,

Date: 02/10/2025

Testimony in Support of the Community Service Dental License Bill

Aloha Honorable Chair San Buenaventura, Vice Chair Senator Aquino and Health Committee Senators,

I stand in support of Bill SB481

As a dental consultant and leader in our Hawaiian FQHC's for 9 years, I am writing in strong support of the proposed bill to amend the issuance of Community Service Dental Licenses (CSDL) in Hawaii. This legislation aims to enhance access to dental care for underserved populations, particularly those who are uninsured, underinsured, or from underrepresented communities like Native Hawaiians, and Pacific Islanders. This initiative addresses a critical gap in our healthcare system, particularly in light of the pressing need for dental services in rural and low-income areas, where many residents are dependent on Federally Qualified Health Centers (FQHCs) for care.

Addressing the Need for Dental Care

As highlighted by recent testimony from the CEO of HDS Insurance, in 2023, only 50% of eligible children and **a mere 11% of eligible adults under the Med-Quest program received dental** care in Hawaii. These numbers underscore the stark shortage of dental providers available to serve Hawaii's most vulnerable residents. As the state moves forward in restoring some dental benefits for Med-Quest recipients, the lack of available providers remains a significant barrier to care. FQHCs, already operating under immense strain, are unable to meet the demand, with the average waiting list for new patients being over 7 months.

This bill directly addresses this issue by expanding the pool of qualified dentists who can serve in these underserved settings through the Community Service Dental License. By allowing graduates from Canadian dental schools to qualify for this license and providing an automatic transition to an unrestricted license after 5,000 hours of community service, the bill would significantly increase the number of providers available to care for Hawaii's Med-Quest population.

Increasing Access and Improving Network Adequacy

The proposed bill would help to increase access to dental care by broadening eligibility for the CSDL to include graduates from accredited Canadian dental schools. The need for more dentists in Hawaii is urgent, and this bill would allow us to draw from a larger, highly skilled pool of

dental professionals, especially those from neighboring countries like Canada, whose dental programs are recognized by the American Dental Association Commission on Dental Accreditation (ADA CODA). These internationally trained dentists, who are already practicing in other states, would be able to enter Hawaii's dental workforce more easily, offering much-needed relief to local FQHCs and other safety-net providers.

Furthermore, this bill supports the network adequacy requirements set forth in Hawaii Revised Statutes 431:26-103. By increasing the number of providers, it allows health insurance carriers, including HDS, to fulfill their statutory obligations to ensure access to comprehensive dental care for all eligible Med-Quest beneficiaries, particularly those in rural and isolated areas.

Proven Competency Through Patient Care

One of the most compelling arguments in support of this bill is the demonstration of competency through direct patient care, rather than relying solely on examinations that test on mannequins. The only clinical test US dental students are asked to pass is at the end of their dental school. This test is administered to dental students who have only worked on a limited number of patients. The current licensing requirements place an unnecessary barrier to qualified dentists from practicing in Hawaii, despite the fact that these professionals have already proven their ability to deliver high-quality care in real-world clinical settings. This bill targets successful dentists in the mainland and Canada to help with the underserved while offering an incentive after 5,000 hours of direct patient care in community service settings, these dental professionals have demonstrated their skills and experience in a far more meaningful way than through a simulated examination. Allowing them to transition to an unrestricted dental license after meeting this service requirement provides a practical and effective solution to Hawaii's dental access crisis.

The Benefits to Underserved Communities

This bill's passage would benefit Hawaii's most underserved communities—especially those who rely on FQHCs, mobile dental outreach programs, and rural health clinics. These patients often experience barriers to care such as transportation issues, long wait times, and a lack of available providers. By expanding the pool of eligible dental professionals through this licensing mechanism, we will be able to offer more timely, accessible, and effective care, thus improving the overall health outcomes for thousands of residents.

In conclusion, this bill offers a forward-thinking solution to the pressing issue of limited access to dental care in Hawaii's underserved communities. By expanding the eligibility for the Community Service Dental License and providing a pathway to an unrestricted license, the state will address an urgent need for dental providers while maintaining high standards of patient care. I urge the committee to pass this bill and help ensure that all Med-Quest beneficiaries—regardless of their geographic location or socioeconomic status—can access the dental care they need.

Thank you for your consideration.

Sincerely,
Dr. Don Sand, DDS

Founder/President of the Hawaii Dental Hui
Dental Consultant, FQHC Dental Systems

LATE

SB-481

Submitted on: 2/9/2025 2:33:44 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
mendel sato	Individual	Oppose	Written Testimony Only

Comments:

i opoose this bill.

it undermines the professional licensing process determined by the department of commerce and consumer affairs of the state of hawaii. it disqualifies the the licencing process that ensures public safety, by repealing valid requirements for professional licencsng.

Testimony in Support of SB481
Senate Committee on Health & Human Services
February 9, 2025

Chair, Vice Chair, and Members of the Committee:

I strongly support SB481, which would expand access to dental care for Hawaii's underserved communities by creating sensible pathways for qualified dentists to provide care through community service licenses.

As a pediatric dentist who operated a successful practice for over 20 years before transitioning to focus on public health, I have witnessed firsthand how provider shortages and licensing barriers severely restrict access to care, particularly for our most vulnerable populations. Through my work with the American Dental Association, Hawaii Dental Association, Hawaii Dental Hui, Hawaii Public Health Association, and Hawaii Oral Health Coalition, I see daily how the current restrictions on community service licenses unnecessarily limit our ability to bring qualified providers to areas of critical need.

The reforms proposed in SB481 would make several crucial improvements:

1. Recognizing Canadian dental graduates: The Commission on Dental Accreditation of Canada maintains rigorous standards comparable to U.S. programs. Excluding these qualified professionals serves no public safety purpose while severely limiting our provider pool.
2. Removing arbitrary time limits on licensing examinations: Clinical competency does not expire after five years. Many experienced dentists who could serve our communities are currently excluded by this restriction.
3. Creating a pathway to full licensure through community service: Requiring 5,000 hours of community service before conversion to an unrestricted license ensures providers gain extensive experience serving our local communities while addressing critical care shortages.

Through my recent graduate studies at UCSF and Johns Hopkins Bloomberg School of Public Health, I have researched healthcare delivery systems and access barriers. The evidence is clear - restrictive licensing policies disproportionately impact underserved communities while providing no measurable benefit to public safety.

The current system has created a public health crisis:

- Rural communities with no dental providers
- Months-long waitlists for basic dental care
- Preventable dental emergencies overwhelming our ERs
- Children missing school due to dental pain
- Working families unable to find providers accepting their insurance

SB481 offers practical solutions that maintain high standards while removing unnecessary barriers to care. When providers can easily transition from community service to full licensure, they are more likely to establish long-term practices in underserved areas.

I urge you to pass SB481. Our communities cannot afford to wait any longer for improved access to dental care.

Thank you for the opportunity to testify.

Sincerely,
Penelope J. Dodson, DDS MS MPH

LATE

SB-481

Submitted on: 2/10/2025 8:15:42 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Earl Hasegawa	Individual	Oppose	Written Testimony Only

Comments:

I would like to submit testimony in OPPOSITION to SB 481. This bill will only weaken the Community Service License by allowing providers to leave their program and facilities. The possibility of losing 5 of the 15 active CSL providers will have a detrimental effect on the facilities providing those services and those they serve.

LATE

Testimony on Senate Bill 481
Relating to Community Service Licenses
Submitted by Dr. Steven Pine, DDS.
February 8, 2025

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

Re: **Opposition to SB 481**, Relating to Community Service Licenses

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

I appreciate the opportunity to submit testimony in **opposition to SB 481**. As a licensed dentist committed to increasing access to quality oral health care in Hawai'i, I recognize the importance of supporting a strong and diverse dental workforce. However, I believe this bill could weaken existing safeguards designed to ensure that all patients, regardless of their financial status or geographic location, receive high-quality care.

Canadian Graduates Already Qualify for Community Service Licenses

Hawai'i law already allows graduates of dental programs affiliated by the Commission on Dental Accreditation of Canada to apply for a community service license. The Board of Dentistry formally recognized this in 2023, "a diploma or certificate of graduation from a dental college accredited by or that has a reciprocal agreement with the American Dental Association (ADA) Commission on Dental Accreditation (CODA), recognized and approved by the board." Given this existing pathway, the need for the changes proposed in SB 481 is unclear.

Automatic Conversion Undermines the Intent of Community Service Licensure

The current community service licensure model is designed to place providers in settings that serve low-income and rural communities, including federally qualified health centers, Native Hawaiian health systems, and mobile outreach programs. SB 481 proposes an automatic conversion of a community service license to a full dental license after 5,000 hours of service, without additional evaluation.

While I support efforts to recruit and retain providers in underserved areas, this automatic conversion could have unintended consequences. Without a process to ensure continued service in public health settings, licensees could fulfill the minimum requirements and then leave, reducing the long-term stability of dental care in rural and low-income communities. At present, only a handful of community service licenses are active across the neighboring islands. If licensure becomes a short-term steppingstone

rather than a pathway for dedicated community service providers, the communities that need these professionals most may face greater challenges in accessing care.

Pathways to Full Licensure Already Exist

For dentists working under a community service license who wish to obtain full licensure, the current pathway is both clear and achievable. Community health centers and other public health employers are not in the business of restricting providers' career growth. If a staff dentist under a community service license sought to transition to an unrestricted license, I would personally support them in meeting the existing requirements. There is no justification for lowering licensure standards when a reasonable pathway already exists.

Safeguards Help Ensure Quality Care

The requirements established under Act 100 (2023) were carefully designed to balance workforce expansion with appropriate oversight. For example, requiring that applicants have passed national board exams within the last five years and hold an active, unrestricted license in another state helps maintain high standards for competency.

SB 481 does not clarify how the proposed 5,000 hours of service would be tracked or verified, nor does it specify whether the service must involve direct patient care. Without these details, the bill risks lowering the standards for licensure, potentially impacting the quality of care for patients in Hawai'i's most vulnerable communities.

Removing Reciprocal Agreement Language Could Limit Future Applicants

Another concern is the bill's removal of language regarding reciprocal agreements in licensure. Reciprocal agreements ensure alignment with national accreditation standards and provide flexibility for future licensing pathways. Stripping this language could unintentionally limit future qualified applicants or create inconsistencies in how international credentials are evaluated.

For these reasons, I respectfully **oppose SB 481** and urge the committee to maintain the current structure of community service licensure, which balances expanded access to care with essential quality and oversight measures.

Thank you for your time and consideration.

Mahalo,

Steven Pine

Steven C. Pine D.D.S.