



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of H.B. 1671
RELATING TO HEALTH

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date, Time and Room Number: 02/13/26 9:00 am; CR 329 & Videoconference

1 **Fiscal Implications:** None

2 **Department Position:** The Department of Health (“Department”) supports this measure.

3 **Department Testimony:** The Family Health Services Division (FHSD) provides the following
4 testimony on behalf of the Department.

5 Allowing trained dental hygienists to place interim therapeutic restorations in public health
6 settings under a licensed dentist’s general supervision is a cost-effective way to reach at-risk
7 children and adults in the community. This evidence-based approach helps treat early-stage
8 tooth decay and prevent more serious dental problems.

9 Taking proactive steps to strengthen community-based oral health programs improves access
10 to preventive care and early treatment, reducing the prevalence of advanced tooth decay
11 among Hawai’i residents. This helps keep children and adults healthier by reducing serious
12 dental issues.

13 **Offered Amendments:** None

14 Thank you for the opportunity to testify on this measure.

Testimony of the Hawaii Board of Dentistry

**Before the
House Committee on Health
Friday, February 13, 2026
9:00 a.m.
Conference Room 329 & Via Videoconference**

**On the following measure:
H.B. 1671, RELATING TO Health**

Chair Takayama and Members of the Committee:

My name is Adrian Stinando, and I am the Executive Officer for the Hawaii Board of Dentistry (Board). The Board supports this measure and offers the following comments.

At this time, the Board has not taken a formal position on this measure. The following comments are offered to highlight potential areas for consideration and implementation.

The purpose of H.B. 1671 is to expand and clarify the scope of practice for dental hygienists by permitting them, under certain conditions, to place interim therapeutic restorations (ITRs). The Board recognizes the intent of this bill and the potential benefit of improving access to care, particularly in underserved or public health settings.

The Board agrees that dental hygienists possess foundational training and clinical skills that can be further developed to competently place interim restorations. However, several regulatory and implementation issues warrant consideration. Currently, placing interim sedative restorations is beyond the scope of practice established in Chapter 447, Hawaii Revised Statutes, and Administrative Rules Chapter 16-79, which govern allowable dental hygiene duties. Accordingly, statutory amendments and/or rulemaking would be necessary to authorize and regulate this expanded function.

The Board emphasizes the importance of appropriate training, dentist supervision, and certification to ensure patient safety and maintain professional standards. Implementation would require updates to the dental hygiene curriculum at Hawai'i's educational institutions, training for instructors, and the development of standardized coursework and examination protocols before this procedure is introduced

into practice. Existing online or public health-focused training modules could supplement this process; however, the supervising or public health dentist should remain responsible for providing case-specific instruction and selecting appropriate materials.

The Board further stresses that an initial diagnosis must always be performed by a licensed dentist, who determines the need for an interim restoration. Because dental hygienists are not trained or licensed to diagnose caries or perform high-speed cavity preparations, placement of ITRs should be limited to clearly defined circumstances with explicit diagnostic oversight. The use of hand instruments, such as spoon excavators, should be confined to superficial removal of debris and decayed material in a manner that avoids pulp exposure or irreversible harm.

Finally, the Board recommends considering whether this expanded duty should require an additional certification under the dental hygiene license, similar to the existing certification process for local infiltration and block anesthesia. Establishing clear parameters for supervision, training hours, and ongoing competency verification would help protect patients and ensure that the intent of this bill is carried out safely and effectively.

The Board recognizes the potential of this measure to enhance access and flexibility in dental service delivery. However, successful implementation will depend on coordinated rulemaking, appropriate educational preparation, and continued Board oversight to maintain public protection and professional accountability.

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



KŌKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

2239 N. SCHOOL STREET ♦ HONOLULU, HAWAII 96819 ♦ TEL: 808-791-9400 ♦ FAX: 808-848-0979 ♦ www.kkv

To: House Committee on Health

Hearing Date/Time: Friday, February 13, 2026, 9:00 AM

Re: HB 1671

Dear Chair, Vice Chair, and committee members,

Thank you for the opportunity to **testify in support** on HB 1671 relating to the placement of interim therapeutic restorations by dental hygienists.

Many Hawai'i residents lack sufficient access to traditional dental clinics and rely on community-based care options in public health settings. There is also a growing health professional shortage, particularly in rural areas and the neighbor islands, making accessing a dentist even more difficult to treat oral diseases such as cavities. This bill seeks to expand the scope of dental hygienists in the community to increase access to oral health services (Kohli et al., 2022; Steward et al., 2024) that can stabilize cavities until patients are able to be seen by a dentist.

Currently, dental hygienists in public health settings are able to provide preventive oral care (cleanings, dental sealants, and fluoride) and refer patients to a dentist for fillings and other treatment needs. However, because of provider shortages in the community, many people are unable to see the dentist in a timely matter. Many community clinics in Hawaii report waitlists of 6-12 months for basic non-emergent dental care. While waiting for care, these cavities often become larger, eventually leading to pain, swelling, expensive dental care, and costly emergency room visits. Interim therapeutic restorations (ITR) are temporary fillings that can be placed by dental hygienists to stabilize the tooth until the patients are able to be seen by the dentist for definitive care. The ITR procedure is simple and does not require the use of needles or drilling. ITR involves removal of early cavities using hand instruments (no drills) and repairing the tooth with an adhesive restorative material (e.g., Glass Ionomer Cement). However, hygienists in Hawaii are currently not able to do that, despite research suggesting that dental hygienists performing ITRs under the supervision of a dentist in public health settings has minimal to no adverse effects and increases access to care. (Glassman et al., 2013; Kohli et. al, 2022).

ITR is supported by national organizations and hygienists are currently allowed to place them in multiple states. The American Academy of Pediatric Dentistry recognizes ITR as a beneficial temporary technique and supports the use of ITR to restore and prevent the progression of dental cavities in children, individuals with special health care needs, and situations in which traditional restoration is not feasible (American Academy of Pediatric Dentistry, 2024, pp. 6). Nine states, including California, New Mexico, and Maine, currently allow qualified dental hygienists to place interim therapeutic restorations.

We are asking you to amend the Hawai'i Dental Practice Act to allow trained, qualified dental hygienists to place interim therapeutic restorations (ITR) under the general supervision of a dentist in public health settings, such as schools, nursing care facilities, and other community-based settings. This will expand access to care, prevent conditions like cavities from getting worse, and reduce the need for more costly treatment down the road.

Thank you for you time to testify in support of this bill.

David Derauf, MD, MPH
Chief Executive Officer
Kokua Kalihi Valley Comprehensive Family Services

Providing Medical & Dental Services, Health Education, Family Planning, Perinatal, WIC and Social Services to
Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.



Hawaii Dental Association

Time/Date: 9:00 AM, February 13, 2026
Location: State Capitol Room 329
Committee: House Committee on Health
Re: HB 1671, Relating to Health

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the committee,

The Hawaii Dental Association is submitting comments on HB 1671, which allows a licensed dental hygienist to place interim therapeutic restorations in public health settings under the general supervision of licensed dentist.

We appreciate the opportunity to participate in the Legislature's ongoing discussion regarding oral health policy in Hawai'i. As the statewide professional organization representing dentists who deliver care across urban, rural, and neighbor island communities, HDA recognizes the seriousness of the oral health challenges described in the bill, including persistent rates of tooth decay, disparities in access to care, and the resulting impacts on overall health and health care costs. These issues affect families, communities, and providers alike, and underscore the importance of thoughtful, evidence-informed approaches to improving oral health outcomes statewide.

The findings cited in this measure highlight longstanding concerns related to increased needs for preventive care, particularly for lower-income populations, residents of neighbor islands, and particularly rural communities. Reports such as Hawaii Smiles and analyses by national organizations have documented gaps in prevention efforts and inequities that continue to shape oral health outcomes for children and adults in Hawai'i. HDA believes that addressing early intervention, prevention, and appropriate use of the oral health workforce are critical components of any broader strategy to reduce avoidable dental disease and reliance on emergency departments for preventable conditions.

As policymakers consider the proposed use of interim therapeutic restoration and the role of dental hygienists in public health settings, the Hawaii Dental Association respectfully offers itself as a resource to the Legislature. Our members bring practical experience in clinical care delivery, workforce collaboration, and community-based programs, and we believe that ongoing dialogue among stakeholders is essential to crafting policies that are safe, effective, and responsive to Hawai'i's unique needs. We look forward to contributing our expertise as

discussions continue and as the Legislature evaluates potential approaches to strengthening oral health prevention and treatment across the state.

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

Mahalo for the opportunity to testify on HB 1671.



To: Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Loy, Vice Chair
House Committee on Health

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Director of Public Policy
Maria Rallojay, Public Policy Specialist

Hearing: Friday, February 12, 2026, 9:00AM Conference Room 329

RE: **HB1671 Relating to Health**

AlohaCare appreciates the opportunity to provide testimony in **support of HB1671**. This measure would allow a licensed dental hygienist to place interim therapeutic restorations (ITR) in public health settings under the general supervision of a licensed dentist.

AlohaCare is a community-rooted, non-profit health plan founded by Hawai'i's Community Health Centers and the Queen Emma Clinics. We serve over 66,000 Medicaid and Medicaid-Medicare dual-eligible residents on all islands. Since 1994, AlohaCare has partnered with providers, government entities, and community-based organizations to meet the evolving needs of our safety net community as Hawai'i's only health plan focused solely on Medicaid-eligible individuals. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for equitable access to quality, whole-person care for all.

AlohaCare believes that oral health is an essential part of a person's overall health and quality of life. In 2022, after years of advocacy by the Hawai'i Oral Health Coalition (HOHC), the Legislature restored the adult dental benefit for Med-QUEST starting in 2023. As a member of HOHC, AlohaCare is grateful for this important step forward. However, coverage is not the same as access. Hawai'i continues to face a persistent shortage of dental providers for Medicaid beneficiaries. This gap is felt most acutely by our rural and neighbor island communities where many residents lack sufficient access to traditional dental clinics and rely on community-based care options in public health settings. Unfortunately, options for delivering preventive services, such as ITR, are limited in these settings.

Amending the Hawai'i Dental Practice Act to allow trained, qualified dental hygienist to place ITR under the general supervision of a dentist in public health settings, such as schools, nursing care facilities, and other community-based settings will expand access to care, prevent conditions like cavities from getting worse, and reduce the need for more costly treatment down the road.



As of February 2026, at least nine states allow dental hygienists to perform ITR, which reflects a growing shift towards workforce strategies to expand access, especially for rural communities (Kohli et al., 2022; Steward et al., 2024). As such, we support this measure as this would enhance the capacity of the dental team, strengthen community dental services, and increase access to early treatment and prevention.

Mahalo for this opportunity to testify in **support** of **HB1671**.



HAWAII ORAL HEALTH COALITION

Date: February 10, 2026

To: The Honorable Representative Gregg Takayama, Chair
The Honorable Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Members of the House Committee on Health

Re: Support for HB 1671, Relating to Health

Hrg: February 13, 2026 at 9:00 AM - Conference Room 329

The Hawai'i Oral Health Coalition, a program of the Hawai'i Public Health Institute¹, is in strong support of HB 1671, which allows a licensed dental hygienist to place interim therapeutic restorations in public health settings under the general supervision of a licensed dentist.

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 improving access 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.

Impact of Poor Oral Health in Hawai'i

Oral health is essential to the overall physical, psychological, social, and economic well-being of Hawai'i's residents. Yet, our residents suffer from poor oral health.²

- Hawai'i has been known to have among the highest prevalence of dental decay in children and adults compared to other states.
- Low-income families, intellectually and developmentally disabled residents, kūpuna, Native Hawaiian and Pacific Islander populations, and neighbor island residents are disproportionately impacted by poor oral health.
- Lack of an in-state dental school, geographic isolation, lack of community water fluoridation, and societal inequities are significant contributors to our poor oral health status.

¹ Hawai'i Public Health Institute (HIPHI) is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

² Family Health Services Division, Hawai'i Department of Health. (2015). *Hawaii Oral Health: Key Findings*.
https://health.hawaii.gov/about/files/2013/06/Key_Findings_wC.pdf

Closing the Service Gap Would Increase Dental Care Access

Many Hawai'i residents lack sufficient access to traditional dental clinics and rely on community-based care options in public health settings. Unfortunately, options for delivering preventive services, such as interim therapeutic restorations (ITR), are limited in these settings. In many cases, we don't have enough dentists to carry out these services in the community. This bill seeks to amend the Hawai'i Dental Practice Act to allow trained, qualified dental hygienists to place ITR under the general supervision of a dentist in public health settings, such as schools, nursing care facilities, and other community-based settings. Allowing dental hygienists to place ITR in public health settings will help fill this gap by expanding access to care, preventing conditions, like cavities, from getting worse, and reducing the need for more costly and urgent treatment down the road.

Interim Therapeutic Restoration Restores and Prevents Cavity Progression

The ITR procedure involves the removal of early cavities using hand instruments and repairing the tooth with an adhesive restorative material. The American Academy of Pediatric Dentistry recognizes ITR as a beneficial provisional technique and supports the use of ITR to restore and prevent the progression of dental cavities in children, individuals with special health care needs, and situations in which traditional restoration is not feasible.

Proven Successes Nationwide

Currently, dental hygienists in Hawai'i are not permitted to perform ITR under any defined supervision level or authorization type. At least nine (9) states currently allow dental hygienists to place ITR with approved professional training and supervisory oversight, including California, Kansas, and Oregon. Current research shows allowing dental hygienists to perform ITR in public health settings increases access to preventive oral health services, particularly among Medicaid-eligible populations, with virtually no adverse effects.^{3, 4}

This proposed measure is an effective approach that will improve the efficiency and impact of existing community oral health efforts and support increased access to oral health services among our vulnerable communities. For these reasons, we respectfully ask you to pass HB 1671. Thank you for the opportunity to testify.

Mahalo,



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

³ Glassman, P., Subar, P., & Budenz, A. W. (2013). Managing caries in virtual dental homes using interim therapeutic restorations. *Journal of the California Dental Association*, 41(10), 744-752.

⁴ Kohli, R., Clemens, J., Mann, L., Newton, M., Glassman, P., & Schwarz, E. (2022). Training dental hygienists to place interim therapeutic restorations in a school-based teledentistry program: Oregon's virtual dental home. *Journal of public health dentistry*, 82(2), 229-238. <https://doi.org/10.1111/jphd.12465>



February 11, 2026

Testimony in Support of HB1671, Relating to Health

House Committee on Health

February 13, 2026

9:00 AM

Conference Room 329

Aloha Chair Representative Gregg Takayama, Vice Chair Representative Sue L. Keohokapu-Lee Loy, and Committee Members:

Hawaii Dental Service (HDS) strongly supports HB1671. Amending the Hawai'i Dental Practice Act to allow trained, qualified registered dental hygienists to place interim therapeutic restorations (ITR) under the general supervision of a dentist in public health settings, such as schools, long-term care facilities, and other community-based settings will expand access to care, prevent conditions like cavities from getting worse, and reduce the need for more costly treatment down the road.

Interim Therapeutic Restorations

An Interim Therapeutic Restoration (ITR) is a minimally invasive, temporary dental filling used to halt the progression of tooth decay. ITRs are placed without local anesthesia and using hand instruments, rather than drills. It acts as a provisional barrier to prevent further decay until permanent, comprehensive care can be provided by a dentist.

Registered Dental Hygienists and ITRs

In a public health setting such as schools and nursing homes, it is more cost-effective to have a dental hygienist providing oral screenings or care on site rather than a dentist. Dental hygienists are a critical part of the dental care team but are limited in the care they are allowed to provide. Allowing dental hygienists to provide ITRs under the guidance of a dentist helps extend limited resources while maintaining access to preventive and interim care especially for vulnerable populations, particularly Medicaid beneficiaries, kupuna and individuals with special health needs. This approach helps extend limited resources while maintaining access to preventive and interim care.

Other States Allow Hygienists to Provide ITRs

At least nine states currently allow dental hygienists to place ITRs with approved training and supervisory oversight. Collectively, these models demonstrate that allowing trained dental hygienists to place ITRs is a well-established, evidence-based workforce strategy that expands preventive oral health services without compromising quality or safety.

For these reasons, HDS respectfully urges you to support HB1671. Thank you for the opportunity to testify.

Mahalo,

Dr. Diane S.L. Paloma
President & CEO
Hawaii Dental Service



February 12, 2026

To: The Honorable Representative Gregg Takayama, Chair
The Honorable Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Members of the Committee on Health

From: Christen Coloma, RDH, BSDH, Hawaii Dental Hygienists' Association President

Hearing: Friday, February 13, 2026 at 9:00AM, Conference Room 329 and Videoconference

Re: HB1671, Relating to Health

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Committee Members:

The Hawaii Dental Hygienists' Association (HDHA) **supports HB1671**, which would allow a licensed dental hygienist to place interim therapeutic restorations in public health settings under the general supervision of licensed dentist.

We appreciate the legislature's intent to increase access to oral health care for at-risk populations in underserved communities. This bill aligns closely with the HDHA's mission statement, "To advance the art and science of dental hygiene by ensuring access to quality healthcare, and to increase awareness of the cost-effective benefits of prevention through promoting the highest dental hygiene standards for education, licensure, practice, and research". The key barriers that Hawaii residents face, especially on neighbor islands, include geographic limitations in rural areas affecting travel/transportation challenges and financial burdens for low-income families that result in untreated dental conditions due to inadequate access to dental services. This bill will expand scope of practice and empower Hawaii registered dental hygienists to provide quality preventive care to improve oral health outcomes of families, increase oral health care services, and enhance the overall effectiveness of dental teams in public health settings.

Mahalo for the opportunity to testify on behalf of HDHA in **support of HB1671**.

Feb. 13, 2026 9 a.m.
Hawaii State Capitol
Conference Room 329 and Videoconference

To: House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

From: Grassroot Institute of Hawaii
Ted Kefalas, Director of Strategic Campaigns

TESTIMONY IN SUPPORT OF HB1671 — RELATING TO HEALTH

Aloha chair, vice chair and other committee members,

The Grassroot Institute of Hawaii **supports** [HB1671](#), which would allow licensed dental hygienists to place interim therapeutic restorations under the general supervision of a licensed dentist.

Hawaii continues to suffer from healthcare shortages and a lack of access to care, especially for vulnerable populations. This bill would help address that issue by expanding the scope of practice for dental hygienists.

Research shows that strict state scope-of-practice restrictions for dental hygienists are associated with higher preventable dental emergency visits.¹

Increasing the scope of practice for dental hygienists could improve outcomes and alleviate the burdens caused by lack of access to care.

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii

¹ Marvellous A. Akinlotan, et al., "[Dental hygienists' scope of practice regulations and preventable non-traumatic dental emergency department visits: A cross-sectional study of 10 U.S. states.](#)" Community Dentistry and Oral Epidemiology, March 5, 2022.

HB-1671

Submitted on: 2/10/2026 7:20:21 PM

Testimony for HLT on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leimomi Kiyono	Individual	Support	Written Testimony Only

Comments:

Allowing licensed dental hygienists to place interim therapeutic restorations in public health settings under the general supervision of a dentist is a proven way to expand access to care, especially in rural and underserved communities.

Rural areas often face significant shortages of dentists, leading to delayed treatment and worsening oral health conditions. Dental hygienists frequently serve patients in schools, community clinics, and mobile programs, and are well positioned to provide interim therapeutic restorations that stop decay, relieve pain, and prevent infection until a dentist can provide definitive care.

This approach improves access without compromising safety, makes better use of the oral health workforce, and allows dentists to focus on more complex procedures. Most importantly, it delivers timely, preventive care to patients who might otherwise go without treatment.

This is a practical, cost-effective policy that supports oral health equity and strengthens public health care delivery in rural communities.

HB-1671

Submitted on: 2/11/2026 8:30:54 AM

Testimony for HLT on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Emma Waters	Individual	Support	Written Testimony Only

Comments:

Writing in strong support of this bill that will help expand access to needed dental procedures.
Mahalo.

HB-1671

Submitted on: 2/12/2026 12:09:28 AM

Testimony for HLT on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
An Vo	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee.

My name is An and I'm a public health student on O'ahu. I'm testifying in strong support of HB1671.

Many Hawai'i residents lack sufficient access to traditional dental clinics and rely on community-based care options in public health settings. Unfortunately, options for delivering preventive services, such as interim therapeutic restorations (ITR), are limited in these settings. In many cases, there are not enough dentists to carry out these services in the community. Please pass this bill to allow dental hygienists to place ITR in public health settings, which will expand access to care, prevent conditions, like cavities, from getting worse, and reduce the need for more costly treatment down the road.

Please support HB1671.

Mahalo nui loa,
An
Honolulu, HI

HB-1671

Submitted on: 2/12/2026 4:08:46 AM

Testimony for HLT on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Gerraine Hignite	Individual	Support	Written Testimony Only

Comments:

I am in support of HB1671.

Date: February 12, 2026

To: The Honorable Representative Gregg Takayama, Chair
The Honorable Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Members of the Committee on Health

Aloha:

I am writing in **strong support of HB 1671**: Permitting licensed dental hygienists to place interim therapeutic restorations in public health settings under the general supervision of a licensed dentist.

I am in support of the initiative brought forward from the Hawaii Oral Health Coalition to increase opportunities for dental hygienists to improve the oral health for individuals that they serve. There are many dental health professionals in Hawaii that are working toward creative and innovative ways to reach the citizens of Hawaii in alternative settings to make a positive impact on overall oral health. This bill creates a pathway for dental hygienists to utilize the ability to provide interim therapeutic restorations as part of their dental teams collaborate public health outreach efforts.

Mahalo for your consideration:

Anne Hvizdak
Retired Dental Hygienist
Hawaii Oral Health Coalition Member
Hawaii Dental Hygienists' Association Member
669 Aewa St.
Eleele, HI 96705
Hvizdak11@gmail.com



Hawaii Legislature: HB 1671 Testimony of Dr. Paul Glassman: in Support

LATE

Testimony Submitted by:

Paul Glassman DDS, MA, MBA
Professor and Associate Dean for Research and Community Engagement
College of Dental Medicine
California Northstate University
2200 X Street, Sacramento, CA 95818
Paul.Glassman@cnsu.edu

Interim Therapeutic Restorations Background

The term “Interim Therapeutic Restoration” is the term developed by the American Academy of Pediatric Dentistry in its *Policy on Interim Therapeutic Restorations (ITR)*.¹ As described in that document, this term is used to describe the technique referred to more broadly in the literature as Atraumatic Restorative Technique (ATR). The new term, ITR, is used to emphasize the provisional nature of the restoration. However, research and experience indicate that, if done in correct circumstances, there is not any difference in how long these restorations can last compared to more conventional restorations.

The technique for placement of an ITR does not require the use of local anesthesia or drilling on the tooth making this technique ideal for use by dental hygienists in community settings.

California Pilot Project and Experience with Interim Therapeutic Restorations

In California, a state approved pilot project was conducted from 2010 to 2013 that tested the ability of dental hygienists to place ITRs under general supervision of dentists in a Health Workforce Pilot Project (HWPP) authorized by the California Office of Statewide Planning and Development (OSHPD).² The HWPP Program allows organizations to test, demonstrate, and evaluate new or expanded roles for healthcare professionals, or new healthcare delivery alternatives before changes in licensing laws are made by the Legislature. HWPP #172 tested the ability of dental hygienists to place Interim Therapeutic Restorations (ITR) after receiving

1. American Academy of Pediatric Dentistry. Policy on Interim Therapeutic Restorations (ITR). Revised 2022. https://www.aapd.org/media/Policies_Guidelines/P_ITR.pdf. Accessed February 12, 2026.

2. California Office of Statewide Planning and Development. Health Workforce Pilot Project Program. <https://hcai.ca.gov/wp-content/uploads/2023/06/HWPP-Index-of-Applications.pdf>. Accessed February 12, 2026.

instructions to do so by a dentist without the dentist being present when the restoration is placed. In the demonstration, dental hygienists placed over 1000 ITRs. There were no adverse outcomes reported from any of these placements. The demonstration led to the adoption of legislation, AB1174 (2014). That legislation incorporated this duty into the scope-of-practice of dental hygienists who can now perform this duty after completing an approved course and being certified in this duty.

Additional data from the California HWPP demonstrated that, when placement of ITRs was added to the duties that could be performed by dental hygienists in community settings, they were able to keep the majority of children they worked with healthy at school or pre-school without the need for a trip to a dental office. This is a tremendous advance in the ability to intervene early in the disease process and keep children from experiencing the many negative consequences of neglected dental disease.

The ITR technique is now being taught in California dental hygiene education programs and continuing education programs for dental hygienists and is being widely adopted in California.

Advantages for Hawaii in Adding Interim Therapeutic Restorations to the Scope of Practice of Dental Hygienists

The same benefits that are being realized in California with the adoption of interim therapeutic restorations being placed by dental hygienists can be realized in Hawaii. This could lead to far fewer children living with cavities, having trouble paying attention and learning in school, needing complicated reparative procedures, or in some cases needing hospitalization and general anesthesia for advanced dental disease.

AB 1671 contains adequate requirements for training and certification of hygienists for this technique. Adoption of this bill will improve the health of children in Hawaii as well as save the state significant amounts of money that is currently spent on late-stage repair and consequences of dental disease.

I would be happy to provide further information about the adoption and use of ITRs by dental hygienists in California if requested to do so.

I strongly support AB 1671 and urge its adoption.



Paul Glassman Paul Glassman DDS, MA, MBA