

Senate Human Services Committee
Wednesday, March 3, 2021 2:30 pm
Sakakawea Room, State Capitol
HB 1151 – Opposition
Relating to Telehealth and Practice of Dentistry

Re: Testimony in **opposition to HB 1151** for the Senate Human Services Committee

Chairman Lee and Members of the Senate Human Services Committee,

Good afternoon, my name is Marcus Tanabe. I am an Oral Surgeon who lives and practices in Grand Forks and currently serves on the North Dakota Board of Dental Examiners. I wish to write in opposition of H.B. 1151.

As a member of the Board of Dental Examiners and a practicing oral surgeon, I recognize the value of telehealth as a basic instrument in the diagnostic process. However, much like an ER physician, I would not base my diagnosis and treatment solely off of what I can see through a computer screen. The field of dentistry relies on a multimodal approach to being able to appropriately diagnose any issue. The use of x-rays along with physically palpating an area of concern with both one's own hand as well as instruments are critical to a proper diagnosis. I have had experience with an inappropriate diagnosis when using vision alone.

As a chief resident in Oral Surgery in Detroit, our intern, a licensed dentist, presented a patient who had a left-side midface swelling, his upper teeth were broken off, and he had failing dentition. He reported further that the patient had teeth removed and that swelling had been drained one week prior, yet the swelling persisted. Upon an exam where I was able to use my physical hands to palpate the area, I was able to feel that the "swelling" was not simply a swelling but a mass. The patient went on to have a CT and blood draw and it was determined that this mass was, in fact, Non-Hodgkin's Lymphoma. Had we not been able to physically lay hands on this area in the patient's mouth we would have potentially treated with antibiotics and this lymphoma would have gone undiagnosed and subsequently untreated. This is one of many examples that I can provide that shows that telehealth is very limited in its ability to provide much useful data for a complete dental diagnosis of a patient.

In resolution HB 1151, it states that we must uphold a standard of care, yet in no way can it be stated that a telehealth visit alone would be equivalent to in-person exam. I would consider the

image rendered by one of these devices to best serve providing a preliminary survey warranting further investigation by a trained professional.

In addition, Chairman Lee and members of this committee, I was appalled by the language of this resolution which states that after a diagnosis is provided by this limited modality for dentistry, that the subsequent treatment could be rendered by "someone deemed appropriate." The wording in this resolution must be an oversight as the Dental Practice Act does not allow for anyone to be able to practice dentistry other than someone who has been trained at an accredited institution and licensed to practice dentistry by the Board of Dentistry.

Lastly, the issue of narcotic prescribing based on telehealth is short-sighted. There are a number of issues related to the prescribing of narcotics even in a limited capacity. The DEA clearly outlines the appropriate use of narcotic medications in relation to Telehealth.

Thank you for your time when considering the importance of not approving HB 1151.

Telehealth is a useful tool that needs to be regulated. It is important to understand the inherent limitations of this modality as it specifically relates to the field of dentistry. As much as we would like this technology to help access-to-care issues like it has in the medical field it does not fit as well for dentistry.

If you have any more questions or would like to speak further about this resolution, please do not hesitate to contact me.

Sincerely
Dr. Marcus B Tanabe DDS
Member of the North Dakota Board of Examiners