ORAL HEALTH KANSAS
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Testimony for Senate Ways and Means Subcommittee on Health

Co-Chairs Denning and McGinn and Members of the Committee,

My name is Tanya Dorf Brunner, and I am the Executive Director at Oral Health Kansas, Inc. We are the state-wide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public, so Kansans know that all mouths matter. Thank you for the opportunity to discuss the Kansas Department of Health and Environment (KDHE) budget.

Medicaid Dental Rates

First, thank you for recommending and supporting a rate increase for Medicaid dental services last year. The 2019 rate increase was the first since 2001, and it was an important milestone for Kansans. The $3 million all funds increase went into effect August 1. There was no change in dental provider enrollment in KanCare from July through December 2019. This is good news in that we know that the increase was successful in preventing dentists from dropping from Medicaid. But in order to make a difference in establishing a provider network that is sufficient to meet the dental needs of KanCare beneficiaries more needs to be done.

This year we introduced a bill, SB 349, which is aimed at doing more. It's called the Kansas Oral Health Improvement Act. It addresses the issue of the rate increase, along with some other important oral health policy issues. In the bill, we ask for an increase in Medicaid dental rates at a level that is 60% of the reimbursement rates paid by the state employee health plan.

One family in Kansas City recently told us their story about finding dentists who serve people enrolled in Medicaid:

> "My son and daughter needed teeth removed by an oral surgeon. The only places available that take the insurance are in Lawrence and Olathe, these are 30-45 minute drive from our house and we have to go to 2-3 appointments each. This is a significant strain on us to spend so much time and gas getting to and from all of these appointments. Closer options would make it so more people could get to their needed appointments."

A key issue for Medicaid is having a sufficient number of providers willing to participate. The ADA's Health Policy Institute published a research brief in 2016 that said, "Numerous studies illustrate a statistically significant positive relationship between Medicaid reimbursement rates and dental care utilization among publicly insured children 5-7 as well as dentist participation in Medicaid."[1] The Committee heeded this last year with the recommendation for a rate increase, and we ask that you repeat that commitment this year with an additional increase of another $3 million all funds.

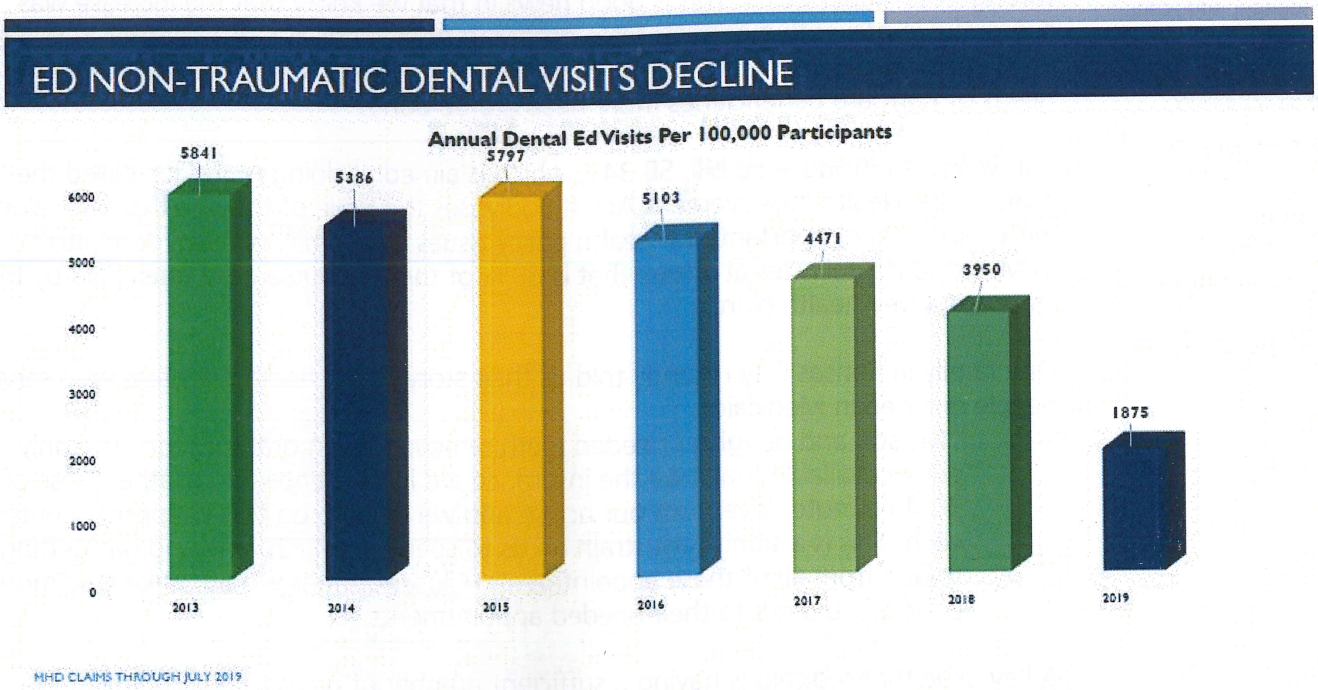
Adult Dental Benefits

The Kansas Oral Health Improvement Act addresses challenges that many Kansans face in maintaining good oral health, as well as begins to rebuild a sound oral health infrastructure in Kansas. Another issue our proposal addresses is dental services for adults enrolled in Medicaid.

Poor oral health is connected to higher risks for diabetes, heart disease and stroke, complications in pregnancy and childbirth, adverse mental health outcomes and other conditions, all of which are painful for individuals and costly to the state to treat. When left untreated, infections, cancers and other diseases that start in the mouth can spread throughout the body, causing serious and permanent health issues and, in some cases, death. Additionally, research shows that the average cost of treating patients with numerous different chronic diseases is lower when a Medicaid program includes oral health coverage.

Most oral diseases are almost entirely preventable. Covering dental benefits, including preventive and restorative services, is integral to improving health and ensuring that Kansans get the care they need in the most appropriate and cost-effective setting. The KanCare MCOs all offer some adult dental benefits as a part of their value-added benefits packages. These are among the most popular value-added benefits. According to KanCare's Executive Summary from November 2019, a total of 4778 adults enrolled in KanCare received preventive and restorative dental services through these value-added benefits.[2] There is a demand for adult dental services in the Kansas Medicaid program. Other states are taking the lead to establish adult dental benefits in their Medicaid program:

- The Missouri legislature restored Medicaid adult dental services a few years ago, and the services started in January 2016. According to Missouri State Dental Director Dr. John Dane, January 2018 shows a 44% decrease in non-traumatic dental visits to emergency departments for Medicaid beneficiaries compared to January 2015 based on total ED visits. Dr. Dane shared the following chart with the Missouri Oral Health Caucus last month.[3]



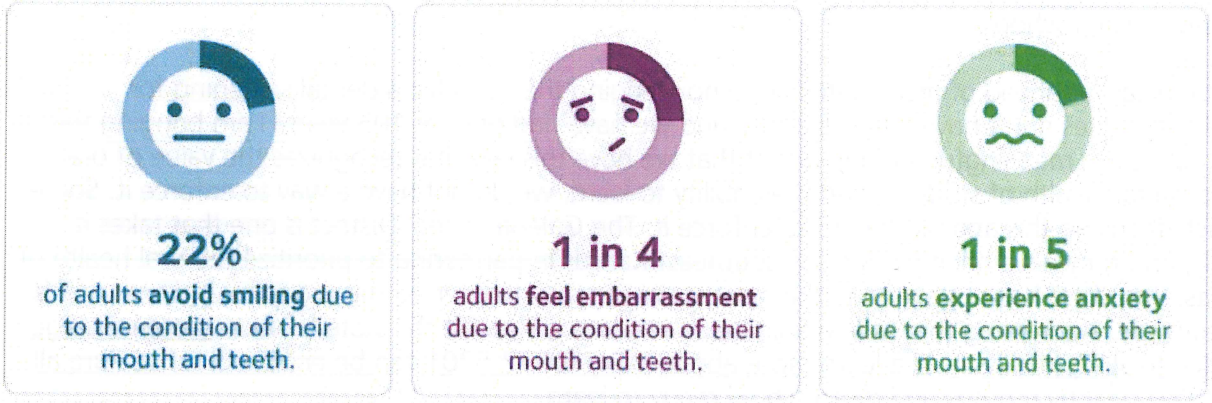
- Last year the New Hampshire legislature passed a bill to establish adult dental benefits. The bill passed with strong bipartisan support in the House and unanimously in the Senate. It will go into effect in 2021 after a working group develops comprehensive adult dental benefits for incorporation into a value-based care platform.[4]

- In 2018 the Maryland legislature approved a pilot project to establish adult dental benefits. According to our counterparts at the Maryland Dental Action Coalition, in the first seven months of the pilot implementation over 4,000 people have utilized the services. "Unofficial" feedback on outcomes notes that communications between provider and patients is resulting in better diabetes management.

A Goddard parent recently told us:

> "My son is 20 and has Autism. His oral health is not good. He is very sensory sensitive and brushing his teeth is extremely difficult. We have found dental care but now his Medicaid no longer covers his needs. He need sedation for most work. We are having to pay cash for his dental care. So far the cost has been several thousand dollars in the first year with no coverage. I am a single parent who is legal guardian. This has created great financial hardship. He currently has income around $600 per month so he does not have money to cover these things. It was covered completely as a child but now that he is an adult there is nothing."

The ADA's Health Policy Institute published a report called "Oral Health and Well-Being in Kansas." Among other things, it says that 71% of low-income adults cite cost as the major reason they have not accessed dental care. They also shared the following infographics about Kansans' attitudes about their oral health:



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A consumer in Kansas City recently wrote to us to say:

> "I have had bad teeth all my life, i have pulled 2 wisdom teeth on my own, cause i cant afford to go the dentist i've try to get help, but no one will help me, my teeth are falling one by one, i've been in so much pain , still am, i can barley eat, i cant brush my teeth cause they hurt so bad, i constantly have a tooth ach, most of the time i taste poison in my mouth, i do my best to spit it out, i have reached out to some many programs to try to get help, no one will help me, im scared my teeth are gonna be the death of me, i've been so depressed, i don't smile i try not to talk to anybody, anyways that's my story."

We urge the Committee to recommend funding for an adult dental benefit in Medicaid. The estimated cost of the benefit is $5 million all funds. Low-income adults in Kansas are creative and work hard to meet their needs, but when they work low-paying jobs without benefits or are unable to work because of a disability, accessing dental care can be one of the hardest and most unattainable things for them.

State Oral Health Plan

The final issue the Kansas Oral Health Improvement Act addresses is a State Oral Health Plan. One of the most important investments a state public health department can make in oral health is developing and monitoring a State Oral Health Plan.

The World Health Organization defines oral health as "a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing." Poor oral health affects chronic conditions such as heart disease and diabetes. Oral health practitioners and advocates cannot address the underlying oral health issues alone. This is where a State Oral Health Plan comes into play.

Kansas has had three State Oral Health Plans, and the most recent one expired in 2017.[6] These plans demonstrate the steady improvements in oral health, reveal gaps in care and unmet needs, highlight new opportunities, and galvanize stakeholders to work together. A State Oral Health Plan can guide policy

makers, service providers, health workers, advocates, and other stakeholders to work together to improve the oral health outcomes of all Kansans.

We are urging lawmakers to pass a law and fund KDHE at $150,000 SGF to develop a stakeholder-driven oral health plan every five years and monitor and report on its progress at least annually.

School screening law

In 1915, the Kansas Legislature passed a law that required an annual dental screening for schoolchildren.

> **72-5201. Annual free dental inspection; exceptions.** The boards of education of cities of the first and second class and school boards of school districts are hereby required to provide for free dental inspection annually for all children, except those who hold a certificate from a legally qualified dentist showing that this examination has been made within three months last past, attending such schools.

This law put Kansas far ahead of most states in acknowledging the need for a dental screening for schoolkids. Many states don't have a law like this, and we have had one for 105 years! I am bringing this up because, while it is meaningful and important that we have this law that recognizes the value of oral health in the overall health of students and their ability to learn, we do not have a way to enforce it. Some school districts focus on this and work hard to enforce it. The Galena School District is one that takes it very seriously, and they have been pioneers in southeast Kansas in partnering to prioritize the oral health of their students. But KDHE has not ever had the resources necessary to oversee the program and ensure it is enforced statewide. Addressing this issue would be an important step for the state to take. We encourage the committee to study this issue and learn more about how KSA 72-5201 can be enforced and ensure all Kansas kids have healthy mouths and go to school ready to learn.

Thank you for the opportunity to share details about the Kansas Oral Health Improvement Act and the school dental screening law. As the Committee works to guarantee every Kansan is as healthy as possible, please do not hesitate to contact us if Oral Health Kansas can answer questions or otherwise assist the Committee.

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[1] ADA Health Policy Institute, Research Brief, 2016, https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf

[2] KanCare Executive Summary, November 18-19, 2019, https://www.kancare.ks.gov/docs/default-source/policies-and-reports/legislative-testimony/2019/kancare-oversight-executive-summary-11-18-19.pdf?sfvrsn=7ea74f1b_2

[3] "Oral Health in Missouri: Presentation to the Oral Health Caucus of the Missouri Legislature" John Dane, DDS, Dental Director, January 2020

[4] "States to Watch Oral Health in 2020: New Hampshire and the Adult Dental Benefit," Oral Health Matters, DentaQuest, February 2020

[5] ADA Health Policy Institute, Oral Health and Well-Being in Kansas, https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/OralHealthWell-Being-StateFacts/Kansas-Oral-Health-Well-Being.pdf

[6] Kansas Oral Health Plan, 2015-2017, http://kansasoralhealthplan.org/