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Social Services Budget Committee

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Chairman Crum and members of the Committee, thank you for the opportunity to talk with you today about the Department on Aging Budget. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide 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. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

We see three types of barriers to accessing oral health in our state: access to a payment source; access to a provider; and willingness to access services. All three types of access must be present in order for people to have adequate access to oral health care. With our partners in the oral health field, we are working to address each of these through a variety of means.

Access to a payment source

A few years ago the Legislature authorized a dental benefit for people who are on the Medicaid Home and Community-Based Services waivers. Through this benefit thousands of Kansans had access to basic dental services, including cleanings, root canals, and basic fillings, but thousands more were left out of the benefit, including people who reside in nursing homes. Funding for the waiver dental services was eliminated in budget cuts last year.

The Department on Aging is to be commended for keeping dental services at least minimally available on the Frail Elderly waiver through a crisis exception request process. Because of this crisis exception process, many seniors who have urgent and life-threatening dental problems have been able to receive the services they need. The agency has demonstrated its commitment to the importance of dental health to overall health with the crisis exception, and we extend our thanks to the agency for their commitment.

Oral Health Kansas is advocating for implementation of a full dental benefit for all people eligible for Medicaid. We believe all people deserve access to a way to pay for routine dental services, rather than being forced to suffer through dental pain and risk disease. The FE waiver dental benefit was a tremendous asset for people on the waiver, but it was not available for people who live in nursing homes. As Medicare does not include a dental benefit, Kansas seniors who qualify for both Medicaid and Medicare have no access to dental services at all.

800 SW Jackson, Suite 1120
Topeka, KS 66612

785.235.6039 (phone)
785.233.5564 (fax)
ohks@oralhealthkansas.org

www.oralhealthkansas.org

Research shows that people who receive routine dental services are able to better manage oral health problems that could lead to more serious and costly health problems, including pneumonia, strokes, and heart conditions. Investing in routine, preventive dental services can help reduce future health costs.

Impact of Loss of Services

Following the loss of dental benefits for Kansans on the Medicaid Home and Community-Based Services (HCBS) waivers, a waiver participant contacted the Oral Health Kansas office. She has diabetes and is struggling with major dental problems:

“My social worker suggested the program (dental care through the HCBS waivers) to me when it was still available. The only dentist we could find that accepted Medicaid was in Topeka. This was in the winter and the roads were icy and there was quite a bit of snow. Also transportation from Washington County was hard to get. So I was going to wait until the roads were good and there was supposed to be a new medical transport system available. Well the new Kansas medical transport, MTM, doesn't come up this far and then they cut the program. I have no back teeth and now one of my front teeth just fell out, no bleeding or anything. I was hoping to get some dentures as I am diabetic and shouldn't eat a lot of carbohydrates. But salads and fresh fruit are out with no back teeth. Also I am on oxygen so it is hard to travel far. My social worker put me on the list for donated dental services, but their list is pretty long.”

Emergency Room Use

When people experience severe dental pain and do not have a way to afford dental services, they often resort to emergency rooms. As hospitals do not employ dentists, the result of these visits typically is pain medication, but not elimination of the source of the dental pain.

A few states have conducted studies of the extent to which emergency rooms are being used by people experiencing dental pain. Studies in Minnesota, Washington and California have been released in the last two years. Both the Minnesota and Washington studies showed that 10,000 emergency room visits for dental problems occurred at a total cost of around \$5 million. With better access to regular dental care, we could cut those visits – and their attendant costs – substantially.

We are beginning to work with the Kansas Hospital Association to try to determine the extent to which Kansans are visiting emergency rooms with dental problems, as well as the cost of those visits.

Oral Health Kansas recognizes the budget challenges for FY 2012. Therefore, we ask for an interim study on the cost effectiveness of providing a Medicaid adult dental benefit, as well as the health benefits.

Thank you for your time today. I am happy to stand for any questions.