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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 SRS 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. 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

Through the Affordable Care Act and the Children's Health Insurance Program Reauthorization Act, all children in the United States will be guaranteed access to a payment source for dental services. There is no such guarantee for adults. This means our culture has set up a system to allow people to age out of dental services. Further, the Medicare program offers no dental benefit for people who have worked throughout their lives and are now retired.

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.

Oral Health Kansas will advocate 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.

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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

In October 2009 Mary visited the Douglas County Dental Clinic for a lengthy appointment to restore 13 teeth, extract one, and undergo a deep cleaning. It would not have been possible to do any of this without sedation. In addition to the Medicaid waiver covering all the necessary dental treatment, it also covered the sedation. When Mary left the clinic last year, she had been restored to good oral health. Unfortunately, the clinic has not been able to accomplish anything more since the discontinuation of dental services funding to the waiver because sedation is very costly and Mary's family does not have the means to pay for this expense out of pocket.

Ashley has been a patient at the Douglas County Dental Clinic since 2006. She has periodontal disease and is on a three month recall for cleanings. Preventative appointments were covered under the Medicaid waiver twice per year so Ashley could be seen in the clinic twice a year, and the clinic was able to submit claims to Medicaid for these services. Ashley was able to cooperate for preventative appointments but not for restorative. In March of 2009, it was identified at one of her preventative appointments that she had six cavities. The clinic attempted restorations without sedation and were unsuccessful. In June of 2009 the clinic was able to treat Ashley under sedation in the office. They saw Ashley for four additional preventative appointments and at her last appointment in July 2010 she had additional diagnosed decay that needed treatment. The clinic was unable to provide this treatment to Ashley without the waiver dental services because they cannot sedate her, and she is unable to be treated without it.

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.