



Board of Directors

Bonnie Branson, RDH, PhD
UMKC School of Dentistry

Karen Finstad
Delta Dental of KS Foundation

Heidi Foster
Rawlins County Dental Clinic

Ron Gaches, JD
KS Dental Hygienists' Assn.

Catherine Gray
Child Care Aware of KS

Bill Hammond
USD 443

Cathy Harding, MA
KS Association for the
Medically Underserved

Mark Herzog, DDS

Barbara Langner
Kansas Health
Policy Authority

Jose Lopez, DDS

Denise Maseman, RDH, MS
WSU School of
Dental Hygiene

Rich Oberbeck
Henry Schein Dental

Jill Quigley

Kevin Robertson, MPA, CAE
KS Dental Assn.

Douglas Stuckey
Community Health Center of SEK

Marlou Wegener
Blue Cross and
Blue Shield of KS

Katherine Weno, DDS, JD
KDHE, Bureau of Oral Health

**Public Health & Welfare Committee
February 16, 2011**

Madam Chair and members of the Committee, thank you for the opportunity to talk with you today about SB 132. 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. A variety of approaches to all three types of access must be present in order for all 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.

SB 132 addresses the payment source and provider access issues; therefore, Oral Health Kansas supports this bill.

Medicaid dental coverage

The first section of the bill creates a dental benefit for all people eligible for the Kansas Medicaid program. Currently children are eligible for dental services under Medicaid and HealthWave, but their eligibility ends when they turn 21.

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.

Losing dental services at a young age has serious consequences for people. I had the chance to meet William Waterhouse three weeks ago at the 2011 Kansas Mission of Mercy. He was there to have all his teeth extracted. He is on Medicaid and Medicare and hasn't had access to dental services since he was 21. I didn't ask his age, but he couldn't be much older than his early thirties. As William told me, "Once you get one bad tooth, if you don't get that taken care of, it cause them all to go bad." He said he was hopeful he could get fitted for dentures after he healed up.

800 SW Jackson, Suite 1120
Topeka, KS 66612

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

www.oralhealthkansas.org

Frequently when people have dental pain, but do not have a way to pay for dental services, they end up in the emergency room. The only thing emergency rooms can do is help alleviate the pain. People may get temporary relief, but it comes at a high cost – both in the cost of emergency room services and in the human cost of not fixing the medical problem associated with the dental pain.

There are studies on the cost of emergency room usage for dental pain in several states, including recent studies in Minnesota, Washington and California. Oral Health Kansas is working with the Kansas Hospital Association to begin to determine that cost in Kansas.

We support any efforts to implement an adult dental benefit in the Kansas Medicaid program. We believe it will not only save money in emergency room visits, but improve the overall health of people on Medicaid.

Section 5 of SB 132 also creates a commission to explore barriers dental participation in Kansas Medicaid. Given our organization's dedication to improving Medicaid's dental services and to a collaborative approach to policymaking, we also support this provision.

Dental Hygiene services for schoolchildren

Last fall Oral Health Kansas helped convene a group of stakeholders, including dentists, hygienists, and a school administrator, to review the Extended Care Permit law, KSA 65-1456. The stakeholder group concluded the Extended Care Permit (ECP) law is a tremendous asset in creating access to dental hygiene services to underserved populations in Kansas. One key barrier the group noted was that the children who are eligible to be seen by ECP hygienists in schools are not always able to see the ECP hygienists.

KSA 65-1456 (f) specifies that ECP hygienists may provide services to children who are on the free or reduced lunch program. We have learned that many school districts are uncomfortable sharing this list with ECP hygienists who request it. The primary reason seems to be concern over stigmatizing the students who are on free or reduced school lunches.

In one remarkable school district, all of the children in the district who do not have a dental home are able to be seen by an ECP hygienist. The Galena School District worked with their local community health center to set up a system at enrollment for parents to allow their children to be seen by the ECP hygienist. As a result, all of the children who did not have a dental home now are able to receive services from the ECP hygienist at the school each year.

The language on page 4 of SB 132 would ensure all Kansas school children who have not had a routine dental visit in the last year are able to see an ECP hygienist, with parental permission. The language in this section was developed by this stakeholder group as a way to expand access to dental hygiene services to all schoolchildren in the state.

Extended Care Permit III

Oral Health Kansas recognizes the need to expand and strengthen the dental workforce in Kansas. We believe access to both a provider and a payment source need to be strengthened in order to ensure all Kansans have access to good oral health care. Our board supports the efforts being undertaken to address workforce issue through SB 132 and HB 2280/SB 192. HB 2280/SB 192 creates a new Registered

Dental Practitioner, which is considered to be a midlevel professional with a scope of practice between a dental hygienist and a dentist. Oral Health Kansas is dedicated to collaboration; as such, we encourage the parties working on dental workforce models to collaborate on a model that works best to meet the oral health needs of all Kansans.

UMKC School of Dentistry

Oral Health Kansas has worked with the Kansas Dental Association on the proposal in section 8 to require Kansas students who benefit from our state's agreement with UMKC for in-state tuition to practice dentistry in Kansas for at least four years after graduation. We believe this is one very concrete approach to increasing the number of dentists in our state every year.

We learned this week that there are complicating factors to requiring Kansas dental school graduates to practice in Kansas. We are sympathetic to those factors and stand ready to work with all the parties to determine if there is another way to address the issue.

Currently there is no tracking mechanism to determine whether Kansas students graduating from the UMKC School of Dentistry come back to practice in Kansas. Creating such a mechanism sounds simple, but is not. It is something we believe needs to be explored.

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