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**Ways and Means Subcommittee on Health and Environment (KDHE/KHPA)
February 16, 2011**

Madam Chair and members of the Committee, thank you for the opportunity to talk with you today about the KHPA and KDHE 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

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. The Legislature also appropriated funding to create a Medicaid dental benefit for pregnant women, but that funding was eliminated before the service could be created.

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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.

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.

Emergency Room Use

When people experience severe dental pain and cannot pay for dental services, they often resort to emergency rooms. Last week I heard from Dr. Harry Goodman, the Director of the Maryland Office of Oral Health. He told me, "It must be emphasized that for a state Medicaid program to spend \$500+/visit for a dental 'procedure' where essentially no real treatment is rendered (and likely to be repeated since nothing outside of meds generally is rendered in an ER for dental) is big compared to spending considerably less per patient *per year* to receive real treatment, whether it be preventive or restorative in nature."

A few states have conducted such studies. Last spring the Journal of Public Health Dentistry reported that a year-long study of five major hospital systems in the Minneapolis-St. Paul area revealed that patients made more than 10,000 emergency room visits for dental problems, such as toothaches or abscesses, at a total cost of more than \$4.7 million.

The Washington State Hospital Association conducted a study as well. Their report showed that between January 2008 and June 2009, some 9,538 ER visits by Medicaid patients experiencing dental emergencies cost nearly \$5 million. With better access to regular dental care, we could cut those visits – and their attendant costs – substantially.

We are working with the Kansas Hospital Association to determine the extent to which Kansans are visiting emergency rooms with dental pain.



Cost of Lack of Access to a Payment Source

I had the chance to meet William Waterhouse at the 2011 Kansas Mission of Mercy to have all his teeth extracted. He is on Medicaid and Medicare and hasn't had access to dental services since he was 21. 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.

We ask that the Committee review the cost effectiveness of providing a Medicaid adult dental benefit, as well as the health benefits, through an Interim Study.

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