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**Ways and Means Subcommittee on SRS
February 9, 2011**

Chairwoman McGinn 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 1100 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.

Access to a provider

The Legislature implemented an Extended Care Permit (ECP) for dental hygienists in 2003. Through this law, eligible hygienists are able to provide dental hygiene services for populations who have difficulty in going to a dental office. ECP Hygienists are able to provide services in schools, nursing homes, CDDOs, and Head Starts, among others. While the ECP law has allowed unprecedented outreach to underserved populations, it has not been as effective as it could be.

One key example is the services that are allowed to be provided in school settings. The law states that ECP Hygienists may see children who are eligible for Medicaid or free and reduced school lunch. In many cases, schools are hesitant to provide the list of eligible children to the ECP Hygienist, for fear of stigmatizing the children.

Throughout the fall, Oral Health Kansas helped convene a committee to explore the barriers to effective ECP practice. One of the recommendations of that committee is to modify the law to allow ECP Hygienists to see any child in school who has not had a routine dental visit in the last year, with parental permission. With this change in the ECP law, ECP Hygienists would be able to do far more to address the basic oral hygiene needs of schoolchildren across the state.

Another priority for Oral Health Kansas is modifying the agreement Kansas has with the University of Missouri at Kansas City School of Dentistry. The agreement we have allows approximately 20 Kansas students per year to attend the dental school with in-state tuition. This benefit is equal to about \$30,000 per year. While this agreement has been invaluable in creating an avenue for Kansans to become dentists, it could be strengthened to do more.

We believe the agreement needs to include a requirement that a Kansas student who benefits from the in-state tuition must practice in Kansas for the number of years he received the in-state tuition. In most cases, this means dental school graduates will practice in Kansas for at least four years after graduation.

Willingness to access services

For as many years as most of us can remember, oral health has taken a back seat to overall health in terms of our shared and individual priorities. Dental insurance is considered an optional benefit, and many people do not recognize the connection between oral health and overall health. To that end, Oral Health Kansas engages in a variety of projects increase people's awareness of the importance of taking good care of their teeth. In the past few years we have worked on oral health awareness projects with Area Agencies on Aging, nursing homes, CDDOs, Head Starts, and even the Boys and Girls Clubs. Through these projects we are able to raise awareness for people that all mouths indeed matter.

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



William Waterhouse, Wichita

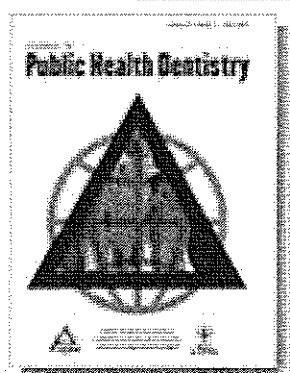
I had the chance to meet William Waterhouse at the 2011 Kansas Mission of Mercy to have all his teeth extracted. He is on Medicaid and Medicare and hasn't had access to dental services since he was 21. As William told me, "Once you get one bad tooth, if you don't get that taken care of, it cause them all to go bad." He said he was hopeful he could get fitted for dentures after he healed up.

http://www.youtube.com/watch?v=w6z0kJ7Pp1E&feature=player_embedded#

Mary, Douglas County:

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.

"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."



E. Davis, A. Deinard, and E. Maiga, "Doctor, My Tooth Hurts: The Costs of Incomplete Dental Care in the Emergency Room," *Journal of Public Health Dentistry* (Spring 2010): 1-6.

Ashley, Douglas County:

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.

Max, Franklin County:

Max needs dentures. The dentist requires \$2,700 up front before he will make the dentures. Because he has received a back payment from Social Security, he has the money to get his teeth. Without this happenstance, he would continue with his current bad teeth because he could not afford dentures or dental visits.



Washington State Hospital Association

Between January 2008 and June 2009, dental emergencies accounted for 23,459 emergency room visits in Washington, and \$12,474, 190 in expenditures. With better access to regular dental care, we could cut those visits – and their attendant costs – substantially.

Emergency Room Use

*Developed by WSHA's Health Information Program
October 2010*

Washington's Medicaid program also stands to save significantly. Between January 2008 and June 2009, some 9,538 ER visits by Medicaid patients experiencing dental emergencies cost nearly \$5 million.