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Lawmakers urged to include dental care in reforms

By Jim McLean
KHI News Service

TOPEKA, Jan. 29 — A report prepared for Kansas policymakers says that access to dental care — not general health care — is the biggest unmet need of children and low-income Kansans.

Approximately 47 million Americans lack health insurance, but more than three times that number don't have dental coverage, according to the report written by two analysts from the National Academy for State Health Policy. A decline in employers that offer dental benefits is among the reasons. A 2006 Bureau of Labor Statistics survey of private-sector full- and part-time workers showed that only 46 percent have access to dental insurance through work and only 36 percent take it up.

"Roughly one third of the American public has trouble accessing dental care," said Shelly Gehshan, senior program director for the academy, a nonprofit, non-partisan organization based in Washington, D.C. that works with states on health policy issues.

Gehshan and Andy Snyder, a policy specialist who once directed Wisconsin's Medicaid dental program, were in Kansas early this week talking to legislators about how they might expand access to dental care as they consider broad reforms to the health care system.

Funded by the Oral Health Kansas coalition and the United Methodist Health Ministry Fund, Gehshan and Snyder looked into the extent to which oral health has been a part of health reform efforts in other states. And while some states are doing more than others, generally they found that "no state health reforms have included a comprehensive oral health component."

The 21-point reform plan drafted by the Kansas Health Policy Authority and being considered by legislators this session is no different. It seeks to expand Medicaid dental benefits to pregnant women, but not the remainder of the 110,000 poor adults served by the program.

Gehshan said covering pregnant women is a logical place to start given recent research that has begun to establish a link between oral health infections and pre-term births.

"With pregnant women it is really critical," Gehshan said, noting that eliminating periodontal infections in pregnant women nationally could avoid about 45,500 pre-term births a year, which would reduce neonatal intensive care costs by nearly \$1 billion.

But even providing dental coverage to all adults on Medicaid wouldn't solve the access problem. Only adults who make less than 37 percent of the federal poverty level — \$3,848 for a single adult — are eligible for Medicaid in Kansas. So, many low-income adults would continue to lack coverage. Also, many dentists won't treat Medicaid patients because they say the reimbursement rates are too low and the paperwork demands are too high.

"If you give someone an insurance (Medicaid) card and they still can't get care, then you haven't made very much progress," Snyder said. "In most states, Medicaid is a dirty word in the dental community."

Snyder and Gehshan said creating a private dental insurance product similar to one for state employees and helping low-income Kansas pay the premiums and out-of-pocket costs would be another option. So would a Massachusetts-like connector, which would establish a state-subsidized plan to cover both uninsured Kansans and Medicaid recipients.

Extending comprehensive dental benefits to all Medicaid-eligible adults would cost an estimated \$5.2 million. Snyder and Gehshan didn't compile cost estimates for the other options.

If the state can't afford to provide comprehensive dental benefits to its Medicaid and uninsured populations, it should

invest more in public health programs that have proven effective in reducing the prevalence of oral health disease, Snyder and Gehshan said. Those efforts include the fluoridation of community and rural water supplies and applying protective sealants to schoolchildren's teeth to prevent cavities.

Snyder said that increasing the number of community and rural water districts that fluoridate their water would result in a significant improvement in oral health.

"Right off the top it (fluoridation) reduces the risk of dental disease by 35 percent, you can't really do better than that," he said.

Kansas ranks 33rd among the states in the percent of its public water supplies that are fluoridated, according to the Centers for Disease Control and Prevention. Wichita is among the largest cities in the nation without fluoridated water.

Continued support of efforts to establish dental hubs at safety-net clinics across the state also should be a priority for policymakers, Gehshan and Snyder said. In the past three years 17 clinics have added dental services to the health care they provide low-income Kansans regardless of their ability to pay.

Last year the Legislature and Gov. Kathleen Sebelius approved \$500,000 in state funding to help maintain and expand those dental clinics and five private foundations provided nearly \$2 million. Together the nine clinics that received grants serve 33 counties and more than 900,000 people.

Rep. Bob Bethell, R-Alden, chairman of the House Social Services Budget Committee, said oral health advocates make a compelling case for expanding access to dental care as a part of overall health reform. But he cautioned that many of the reform initiatives and the tobacco tax hike that has been proposed to pay for them face a tough road in the Legislature.

"I just know from my experience in the delivery of health care that oral health is very important," said Bethell, a nursing home administrator.

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