

Testimony before the Senate Public Health & Welfare Committee

SB 530

March 3, 2004

Provided by: Teresa Schwab, Executive Director
Oral Health Kansas, Inc.

Chairman Wagle and Members of the Committee:

Thank you for the opportunity to provide testimony to you today in support of SB 530, a bill that would require certain non-fluoridated communities to fluoridate their water systems. My name is Teresa Schwab, and I am the Executive Director of Oral Health Kansas, Inc.

Oral Health Kansas is a newly established coalition of over 130 organizations and individuals who are committed to improving the oral health status of all Kansans. With support from major contributors, the coalition's advocacy, public education and awareness efforts focus on prevention, access to oral health care, oral health leadership, oral health status and developing an oral health work force.

Treatment costs for dental decay can be substantial. Because decay disproportionately affects low-income children, the cost burden often falls on the state's Medicaid program. In a 1996 Louisiana study of water fluoridation and Medicaid costs, the results showed that Medicaid-eligible children living in non-fluoridated communities were **three times more likely** than Medicaid-eligible children in fluoridated communities to receive dental treatment in a hospital operating room, and **the cost of treatment was approximately twice as high.**

The high cost for treatment of dental disease of individuals living in non-fluoridated communities has also been observed here in Kansas.

Hospitals in Sedgwick County report over **3,000 emergency room visits occur each year due to primary dental need.** In addition, 2003 county dental surveillance studies showed that among Wichita public school children, **47% had decay in primary and/or permanent teeth. Of those children, 20% had decay so bad that they required emergency care** (meaning numerous, large areas of decay and/or abscesses).

In a study released in 2000, the Kansas Health Institute concluded that in Wichita alone, **caries rates would be reduced by approximately 20%**, a conservative estimate according to the study, if the city implemented community water fluoridation. This decrease would represent an approximate **cost savings of more than \$2.9 million** in the number of decayed teeth and fillings avoided in children.

All individuals of low socioeconomic status have a disproportionate burden of dental decay. In Kansas, the Medicaid program does not cover comprehensive dental care for adults, so dental need in this population must be paid for out-of-pocket, ignored, or the burden shifted to already over-stressed safety net clinics or emergency rooms.

The Centers for Disease Control endorse water fluoridation as especially beneficial to this population of individuals, especially because they have less access to dental care services and other more costly sources of fluoride.

American Association of Public Health Dentistry offers the following facts about fluoride:

- Fluoridation is the least expensive and most effective way to reduce tooth decay.
- Fluoridation benefits children and adults when they drink fluoridated water and consume foods and beverages prepared with it.
- Fluoridation is safe.
- Fluoridation provides benefits that continue for a lifetime.
- Fluoridation reduces the need for dental treatment and its costs.

Once again, thank you for the opportunity to provide you with this testimony today. I would be happy to stand for questions.

Respectfully submitted,
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