

**Testimony before the House Social Services Budget Committee
Regarding the Kansas Health Policy Authority Budget**

February 5, 2007

Chairman Bethell and Members of the Subcommittee:

Thank you for the opportunity to provide testimony to you this afternoon regarding the Medicaid portion of the Kansas Health Policy Authority (KHPA) budget. My name is Teresa Schwab, and I am the Executive Director of Oral Health Kansas, the statewide oral health coalition. The coalition was established a little over three years ago to respond to critical oral health issues in the state. In that time, the coalition has been built to approximately 160 members representing a wide array of stakeholders, including Head Start, elder care organizations, health foundations, dental insurers, safety net clinics, educational institutions, advocacy organizations, professional associations, as well as private dentists and hygienists and other clinicians.

As you are all well aware, Medicaid provides health insurance coverage for the most vulnerable Kansans—those with disabilities, mental illness, frail elderly, highly impoverished and pregnant women living in poverty. Currently, most adults receiving Medicaid do not have access to dental coverage, except in emergency situations that threaten the health of the person. Last session, the Legislature passed dental coverage for individuals eligible for Home and Community Based Services (HCBS) waivers for physical and developmental disabilities and traumatic brain injury, which was a definite step in the right direction.

At the request of the Kansas Department on Aging (KDOA), the Governor included \$1.3 million state general fund (SGF) to provide coverage for adults receiving services through the HCBS/FE (frail elderly) waiver, which will include coverage for dentures. It is our understanding that this was the number one request made by KDOA stakeholders and is a high priority of the Department. Oral Health Kansas fully supports KDOA and the Governor's recommendation to provide dental coverage to the frail elderly.

Even after the inclusion of the frail elderly, however, there will remain a portion of the Medicaid population that will still not have access to dental coverage. Primarily, this population includes pregnant women and individuals with severe and persistent mental illness. The KHPA did include this as a priority in the enhancement package they offered to the Governor, but it was not included in the Governor's budget.

Safety net clinics across the state have nearly quadrupled dental capacity in the last three years, increasing the number of dentists from 5 in 2003 to 21 in 2006 and have concentrated their efforts on creating regional “Dental Hubs” that utilize both dentists and Extended Care Permit (ECP) dental hygienists that can offer preventive services out in the community, including schools and nursing homes. Their ability to continue to offer and grow these services is directly related to their ability to receive compensation for the services they provide. Currently, dental care for adults in the safety net system is covered by other funding sources, including reimbursement for children’s care, private grants and limited out-of-pocket dollars paid by the patients themselves; however, most individuals eligible for Medicaid do not have the resources to pay for dental services on their own. In fact, thousands of Kansans have been forced to take advantage of free dental care provided through the Kansas Missions of Mercy that have been offered throughout the state over the last few years. The most recent clinic took place just this last week in Topeka, where hundreds of Kansans braved bitterly cold temperatures to receive dental care, which is an indication of how desperately these individuals need dental services.

Recent research has demonstrated links between oral disease and diabetes, heart disease/stroke, pre-term and low birth-weight births. In addition, cancer in the oral cavity or pharynx account for nearly 2.4% of all cancers. If caught early, an individual’s five year survival rate can improve by as much as 29%. The economic implications of oral disease can be dramatic. Adults and newborns suffering from these conditions can cause significant additional dollars in treatment costs, not to mention those adults who are forced to seek care in emergency rooms, which is a much more cost-intensive form of service delivery for otherwise preventable dental health issues. In addition to direct costs to the healthcare system and to individual health and well-being, other indirect costs exist as well. Individuals with poor oral health often miss work due to dental disease, and many employers are less likely to hire individuals whose appearance is affected by dental disease or disorders.

In addition to requesting your support for the Governor’s recommendation to include \$1.3 million SGF to cover dental care for the frail elderly, Oral Health Kansas respectfully requests your consideration to include an additional \$2.2 million SGF to cover those Medicaid-eligible adults who will remain without dental coverage, primarily pregnant women and those with severe and persistent mental illness.

I would be happy to stand for questions.

Respectfully submitted,
Teresa Schwab, LMSW
Executive Director