

HB 1772 HD 2

Measure Title: RELATING TO ORAL HEALTH.

Report Title: Oral Health; Dental Benefits; Medicaid and QUEST Integration Enrollees; Appropriation (\$)

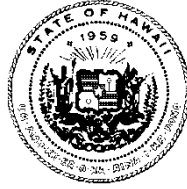
Description: Appropriates funds to the department of human services to restore basic adult dental benefits to medicaid and QUEST integration enrollees. (HB1772 HD2)

Companion:

Package: None

Current Referral: HMS/CPH, WAM

Introducer(s): MORIKAWA, CREAGAN, EVANS, ING, JOHANSON, KAWAKAMI, KOBAYASHI, LOWEN, MIZUNO, SAIKI, TAKUMI, DeCoite, Hashem, Nakashima, Onishi, Oshiro



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

March 17, 2016

TO: The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection, & Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **HB 1772 HD2 - RELATING TO ORAL HEALTH**
Hearing: Thursday, March 17, 2016; 1:35p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to testify on this bill and provides comments.

PURPOSE: The purpose of this bill is to appropriate funds to the DHS to restore basic adult dental benefits to Medicaid and QUEST Integration enrollees.

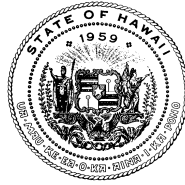
The DHS appreciates and supports the restoration of a basic oral health benefit for adult Medicaid and QUEST Integration enrollees. We agree that currently oral health in the state is a public health crisis, and that the restoration of a basic adult dental benefit would help address that crisis. The current limited benefit of extractions and emergency-only coverage does not support the goals of whole person care. Lack of access to preventive oral health care has a negative impact on a person's health, especially for individuals with chronic diseases such as coronary disease and diabetes, and for pregnant women and their newborns as a mother's oral health directly impacts her baby.

The DHS estimates that the \$4,800,000 appropriation would re-establish basic adult dental benefits - up to \$500 per person per benefit year and also provide medically needed dentures up to \$500 each for upper and lower dentures. It is estimated that for the

approximately 200,000 adults, the cost will be \$12,464,103 of combined state and federal funds, of which \$4,799,926 would be general funds. This amount has been included in the Governor's executive supplemental budget.

The DHS respectfully requests that the Legislature support the funding priority for adult dental services included in the Governor's Executive Budget.

Thank you for the opportunity to testify on this measure.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

WRITTEN TESTIMONY ONLY

**Testimony COMMENTING on HB 1772, HD2
RELATING TO ORAL HEALTH**

SENATOR SUZANNE CHUN OAKLAND CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

AND

SENATOR ROSALYN H. BAKER CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: March 17, 2016

Room Number: 016

1 **Fiscal Implications:** HB1772, HD2 proposes adding a general fund appropriation for fiscal year
2 2016-2017 to the Department of Human Services budget to restore basic adult dental benefits to
3 Medicaid and QUEST integration enrollees.

4 **Department Testimony:** The Department of Health is providing comment on HB1772, HD2
5 Relating To Oral Health.

6 The U.S. Surgeon General 2000 report “Oral Health in America,” characterizes good oral
7 health as a prerequisite for people’s general health and quality of life. Oral health affects people
8 both physically and psychologically. It influences how they grow, enjoy life, look, speak, chew,
9 taste food, and socialize. Poor oral health brings negative effects to both children and adults in
10 all settings – home, school, work and social activities. Oral diseases, such as dental caries and
11 periodontal (gum) disease are important public health issues because they are common and have
12 high socioeconomic costs.

13 More recent research has shown poor oral health can be an indicator for chronic disease
14 with possible links between periodontal disease and cardiovascular disease, respiratory disease,
15 diabetes, and poor pregnancy outcomes. Fortunately, most oral diseases can be prevented.

1 The Department of Health 2015 “Hawaii Oral Health: Key Findings” report presents data
2 indicating the need for basic preventive and treatment dental services for all Hawaii residents
3 including adults. As described in the bill introduction, the 2012 data shows low-income adults
4 less likely to visit a dentist each year and are more likely to suffer from tooth loss than high
5 income adults (Hawaii Behavioral Risk Factor Surveillance System).

6 Also concerning, 2009-2011 data shows less than half of pregnant women (41%) see a
7 dentist although national health recommendations state dental visits are safe and important to
8 prevent dental problems for mothers and their developing babies. Low-income pregnant women
9 and those on Medicaid/QUEST health insurance have the lowest estimates for dental visits
10 (Pregnancy Risk Assessment Monitoring System).

11 Nationally, several states have shown a lack of regular dental care drives up health care
12 costs by examining emergency department data. Without access to preventive and treatment
13 services, many residents seek care at hospital emergency departments for dental problems
14 although dental services are not available there. In 2012, there were more than 3,000 emergency
15 department (ED) visits by children and adults in Hawaii for preventable dental problems,
16 representing more than \$8.5 million dollars in hospital charges. The average charge per ED visit
17 was \$2,854.09. Since 2006, the number of preventable ED visits for dental problems increased
18 by 67%, significantly higher than the national average.

19 Hawaii’s oral health disease rates are exacerbated due to the state’s limited access to
20 community water fluoridation (CWF), the most effective and affordable preventive measure.
21 Hawaii continues to have the lowest rate of CWF in the U.S.; 11% compared to 75% nationally.

22 The “Hawaii Oral Health: Key Findings” report identified eight strategies to improve oral
23 health and includes expanding Medicaid dental services for adults beyond the limited benefits for
24 emergency and palliative care. A copy of the report can be found at:
25 http://health.hawaii.gov/about/files/2013/06/Key_Findings_wC.pdf

26 Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 17, 2016

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services
and

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection,
and Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senator Chun Oakland, Senator Baker, and Members of the Committees:

SUBJECT: HB 1772 HD2 – Relating to Oral Health

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 1772 HD2**. The bill appropriates funds to the Department of Human Services to restore basic adult dental benefits to Medicaid and QUEST integration enrollees.

The Council is especially pleased with the proposed strategy on Page 3, lines 4-6, to expand Medicaid dental services for adults to include preventive and treatment services. This provision would directly benefit adults with DD in providing oral health services that includes preventive, restorative, and prosthetic services.

The Council cannot emphasize enough the importance of dental care services that include preventive, restorative, prosthetic, and emergency services for people with DD. We are all aware of how oral health, or the lack thereof, affects all aspects (emotional, psychological, and social) of our lives. Numerous individuals can share with you their experience of having a tooth or teeth extracted or acquiring serious health problems because necessary dental services were not available because of the termination of the Medicaid adult dental benefit coverage in 1996. Compounding the challenges is the limited number of dentists on the Neighbor Islands who are available and willing to serve Medicaid and QUEST integration enrollees

The Honorable Suzanne Chun Oakland
The Honorable Rosalyn H. Baker
Page 2
March 17, 2016

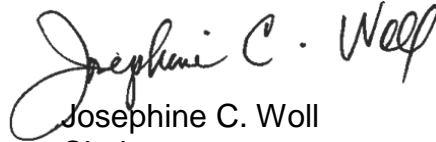
We applaud the Legislature's initiative in restoring basic adult dental benefits to Medicaid and QUEST-integrated enrollees through HB 1772 HD2.

Thank you for the opportunity to submit testimony in **support of HB 1772 HD2.**

Sincerely,



Waynette K.Y. Cabral, MSW
Executive Administrator



Josephine C. Woll
Chair

From: mailinglist@capitol.hawaii.gov
To: [HMS Testimony](#)
Cc: cvasconcellos@hanahealth.org
Subject: Submitted testimony for HB1772 on Mar 17, 2016 13:35PM
Date: Monday, March 14, 2016 2:30:12 PM

HB1772

Submitted on: 3/14/2016

Testimony for HMS/CPH on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Cheryl Vasconcellos	Hana Health	Support	No

Comments: Hana Health strongly supports HB1772. Restoration of basic adult dental services for the neediest of our population is the right thing to do. Poor dental health contributes to a host of other serious and expensive medical conditions. Please help us care for our most vulnerable patients. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [HMS Testimony](#)
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for HB1772 on Mar 17, 2016 13:35PM*
Date: Monday, March 14, 2016 8:38:33 PM

HB1772

Submitted on: 3/14/2016

Testimony for HMS/CPH on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Hawaii Assoc. of Professional Nurses	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HMS Testimony](#)
Cc: louis@hawaiidisabilityrights.org
Subject: *Submitted testimony for HB1772 on Mar 17, 2016 13:35PM*
Date: Monday, March 14, 2016 6:44:00 PM

HB1772

Submitted on: 3/14/2016

Testimony for HMS/CPH on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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HPCOA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Human Services

The Hon. Suzanne Chun Oakland, Chair

The Hon. Gil Riviere, Vice-Chair

Senate Committee on Commerce, Consumer Protection, and Health

The Hon. Rosalyn H. Baker, Chair

The Hon. Michelle N. Kidani, Vice-Chair

Testimony on House Bill 1772, HD2

Relating to Oral Health

Submitted by Robert Hirokawa, CEO

March 17, 2016, 1:35 pm, Room 016

The Hawaii Primary Care Association (HPCOA), which represents the federally qualified community health centers in Hawaii, strongly supports House Bill 1772 HD2, which appropriates funds for the restoration of basic adult dental benefits to Medicaid patients.

In 2015, the Department of Health released a report entitled Hawaii Oral Health: Key Findings. In it, it was revealed that Hawaii has an enormous shortfall in the area of dental benefits, citing that:

- From 2009-2011, only 41% of pregnant women, 29% of pregnant low-income women, and 27% of women in Medicaid or QUEST visited a dentist during their pregnancy.
- In 2012, 52% of low-income adults saw a dentist as compared to 82% of higher income adults.
- In that same year, 51% of low-income adults lost teeth due to dental disease, while only 32% of high-income adults did.
- From 2006 to 2012, there was a 67% increase in emergency room visits for dental problems, accounting for a \$4.5M increase, bringing total expenditures for such visits alone to \$8.5M.

Further, the Department outlined a number of measures that could greatly improve the oral health of Hawaii's residents. Foremost among them was the continued support and expansion of preventive dental care to low-income populations, best achieved through the restoration of adult dental services in Medicaid.

This issue is of special importance to the HPCOA, as all fourteen community health centers provide dental services. In the time frame from 2007 – 2014, the number of patients receiving dental care increased over 100%, rising from nearly 20,000 patients to over 42,000. As 57% of patients at community health centers are enrolled in either Medicaid or CHIP programs, this bill will provide much needed funding for services to the most needy in the state.

Additionally, the HPCA is a staunch believer in the social determinants of health, those economic and social conditions that influence an individual and a community's health status. This bill will provide additional benefits to both individuals and the community as a whole by making it easier for individuals to obtain employment, reduce absenteeism to school or work, and improve social standing.

For these reasons we strongly support House Bill 1772 HD2 and thank you for the opportunity to testify.



March 17, 2016 at 1:35 PM
Conference Room 016

Senate Committee on Human Services
Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Suzanne Chun Oakland
Vice Chair Gil Riviere

Chair Rosalyn H. Baker
Vice Chair Michelle N. Kidani

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: Testimony in Support
HB 1772 HD 2, Relating to Oral Health

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 180 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

We would like to thank the committees for the opportunity to testify in **support** of HB 1772 HD 2. This legislation would restore basic adult dental benefits to Medicaid patients. Having and maintaining good oral health enables individuals to live healthier, more productive lives. A recent report released by the Department of Health titled *Hawaii Oral Health: Key Findings* reveals that there are disparities in access to basic and routine dental treatment for underserved individuals. According to the report, low-income residents in the state were more likely to have dental problems and less likely to seek care to resolve those issues than their counterparts. Restoring the dental benefit in the Medicaid program will help to increase access to needed preventive and dental services that can help to bridge this gap in care.

Addressing dental issues early is also beneficial for the health care system, since many individuals turn to emergency room care to seek treatment. According to the department's report, there were more than 3,000 emergency room visits due to preventable dental problems in 2012. Expanding access to and encouraging the use of preventive dental treatments and oral health services could help to lower the number of visits, saving the system from costly treatments. Thank you for your consideration of this matter.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice,
American Association for Homecare and Council of State Home Care Associations



HO'OLA LĀHUI HAWAI'I
P.O. Box 3990; Līhu'e, Hawai'i
Phone: 808.240.0100 Fax: 808.246.9551

March 14, 2016

COMMITTEE ON HUMAN SERVICES

Senator Suzanne Chun Oakland, Chair

Senator Gil Riviere, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Michelle N. Kidani, Vice Chair

Testimony in Support of HB 1772, HD2

Relating to Oral Health

Thursday, March 17, 2016, 1:35 P.M., Room 016

Ho`ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this bill to restore adult dental benefits for those on Medicaid.

We are encouraged that there are dental funds in this bill to restore to the adult dental benefit. It is very important that oral health be at the forefront of health care as many dental problems lead to more serious health deficits and basic dental is not just for cosmetic effect.

It is vital to support the dental benefit restoration to Medicaid for those who are most in need. Prevention will save millions in restorative care services in the long term.

Respectfully Requested,

David Peters
Chief Executive Officer



KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

**2239 N. SCHOOL STREET ◆ HONOLULU, HAWAII 96819 ◆ TEL: 808-791-9400 ◆ FAX:
808-848-0979 ◆ www.kkv.net**

Testimony on House Bill 1772 HD2

Submitted by David Derauf MD MPH
Kokua Kalihi Valley

March 17, 2016

Dear Members of the House Committees on Health and Human Services,

Thank you for the opportunity to testify on behalf of HB1772.

Frankly, it is inconceivable to me that just because through historical accident the mouth was separated from the body, we should tolerate a system in which someone can get emergency care for a paper cut but not be able seek care for serious conditions in one of the most important organs in the body, the mouth! The scientific evidence is clear that the mouth as an organ is critical to our health and well-being. We now know that it affects our hearts, our kidneys, and the ability of pregnant women to have healthy babies. We also know that untreated oral conditions can be the source of pain, disability and loss of employment. Moreover, they can and DO lead to both acute and chronic health conditions requiring expensive treatments in the Emergency room and hospital.

One such patient of mine is a 50 year old woman with chronic mental illness. She had severe oral infections with chronic pain and an inability to chew and swallow properly. Her weight dropped month by month. She made frequent Emergency room visits. Eventually all of her teeth were removed and she required expensive nutritional supplements. This need not have been the case. Adult Dental Medicaid would have allowed her conditions to be treated expeditiously and compassionately! We could have saved money AND done the right thing!

It is long past the time for Hawaii to do the right thing and restore adult dental services to Medicaid recipients. Please think of the thousands of lives you will improve through this measure!

Thank you for your support for the many thousands of Medicaid recipients whose health will benefit from this bill.

David D Derauf MD MPH

From: mailinglist@capitol.hawaii.gov
To: [HMS Testimony](#)
Cc: dshaw@lanaicommunityhealthcenter.org
Subject: Submitted testimony for HB1772 on Mar 17, 2016 13:35PM
Date: Monday, March 14, 2016 7:06:45 PM

HB1772

Submitted on: 3/14/2016

Testimony for HMS/CPH on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Diana Shaw	Lanai Community Health Center	Support	No

Comments: Dental is critical to health and wellness - in both children and adults. To minimize health costs, this bill should be passed.

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**COMMUNITY
CLINIC
OF MAUI**



Where Aloha is more than just a wordSM

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Lahaina, HI 96761

Senate Committee on Human Services

The Hon. Suzanne Chun Oakland, Chair
The Hon. Gil Riviere, Vice-Chair

Senate Committee on Commerce, Consumer Protection and Health

The Hon. Rosalyn H. Baker, Chair,
The Hon. Michelle N. Kidani, Vice-Chair

Testimony in Support of HB1772, HD2

Relating to Oral Health

Submitted by Dana Alonzo-Howeth, CEO

March 16, 2016

My name is Dana Alonzo-Howeth, and I am the Chief Executive Officer of Community Clinic of Maui, Inc., now doing business as Mālama I Ke Ola Health Center. We are one of two Federally Qualified Health Centers on the island of Maui and serve the entire of island of Maui with the exception of the Hana and Haiku areas which are served by the Hana Community Health Center.

On behalf of our Health Center and those we serve, we strongly support House Bill 1772 HD2, which appropriates funds for the restoration of basic adult dental benefits to Medicaid patients.

In 2015, the Department of Health released a report entitled Hawaii Oral Health: Key Findings. In it, it was revealed that Hawaii has an enormous shortfall in the area of dental benefits for the underserved.

In 2000, United States Surgeon General David Satcher, M.D., Ph.D., published the first Surgeon General's Report on Oral Health in America. According to the report, oral and dental diseases are widespread in the United States and are considered "silent epidemics" that are progressive and cumulative, and become more complex over time. The Surgeon General's Report referred to the mouth as a mirror of health and disease occurring in the rest of the body in part because a thorough oral examination can detect signs of numerous general health problems, such as nutritional deficiencies, systemic diseases, microbial infections, immune disorders, injuries, and some cancers. In addition, there is mounting evidence that oral health complications not only reflect general health conditions but also exacerbate them. For example, periodontal disease may be associated with adverse pregnancy outcomes, respiratory disease, cardiovascular disease, coronary heart disease, and diabetes. The social impact, including high rates of missed school and work days due to chronic oral disease, the stigma associated with poor dental conditions, the general wellness and health risks associated with chronic oral infection and the public and private expense of dental disease are equally impactful.

Startling statistics reveal that tooth decay is the most common chronic illness among school-aged children and about 1 in 4 children and 1 in 4 adolescents and non-elderly adults have untreated tooth decay. The rate among low-income children, adolescents and adults is twice that for those with more income. With more than 17% of Hawaii's children, adolescents and adults living in poverty, it's no wonder so many suffer disproportionately from dental disease due to their low-income status. Furthermore, Hawaii continues to exhibit among the highest rates of dental caries in the nation and the Federal Health Resources and Services Administration has deemed all of Maui County as a Dental Health Professional Shortage Area (HPSA).

In the time frame from 2007-2014, the number of patients receiving dental care from Hawaii's Health Centers increased over 100%, rising from nearly 20,000 patients to over 42,000. As nearly 72% of patients enrolled at our health centers are either on Medicaid or CHIP, this bill will provide much needed funding for services to the most needy throughout our State.

Ultimately, this bill will provide additional benefits to both individuals and the community as a whole by making it easier for individuals to obtain employment, reduce absenteeism to school or work, and improve social standing.

For these reasons we urge you to support HB1772 HD2.

Thank you.



949 Kamokila Boulevard, 3rd Floor, Suite 350, Kapolei, HI 96707
808.675.7300 | www.ohanahealthplan.com

March 17, 2016

To: The Honorable Chair Suzanne Chun Oakland
Senate Committee on Human Services

The Honorable Chair Rosalyn Baker
Senate Committee on Commerce, Consumer Protection, and Health

From: 'Ohana Health Plan
Wendy Morriarty, State President

Re: HB 1772, HD2, Relating to Oral Health; **In Support**
March 17, 2016; Conference Room 016

'Ohana Health Plan ('Ohana) is a member of the WellCare Health Plans, Inc.'s ("WellCare") family of companies and provides healthcare for Hawai'i residents statewide. Since 2009, 'Ohana has utilized WellCare's national experience to develop a Hawai'i -specific care model that addresses local members' healthcare and health coordination needs. By focusing on the state's Medicaid and Medicare population, 'Ohana serves Hawaii's most vulnerable residents: low-income, elderly, disabled, and individuals with complex medical issues. Our mission is to help our members' lead better, healthier lives.

'Ohana Health Plan offers our **support** of HB 1772, HD2, which restores basic adult dental benefits to Medicaid and QUEST Integration enrollees.

Poor oral health is one of the most important issues facing our state, particularly with the Medicaid population. While oral health can often be overlooked, there is a clear relationship between preventative dental care and the deterrence of serious medical conditions. The investment to restore basic adult dental benefits for Medicaid enrollees would be relatively small in comparison to the downstream cost savings to the entire healthcare system.

'Ohana Health Plan would welcome the opportunity to help our members receive a vital service that will contribute positively to their overall health and well-being. We strongly urge the passage of HB 1772, HD2.

Thank you for the opportunity to submit testimony on this measure.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Senator Suzanne Chun Oakland, Chair
The Honorable Senator Gil Riviere, Vice Chair
Members, Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair
The Honorable Senator Michelle N. Kidani, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health

From: Paula Yoshioka, Senior Vice President, The Queen's Health Systems

Date: March 15, 2016

Hrg: Senate Committee on Human Services and Committee on Commerce, Consumer Protection, and Health Joint Hearing on Thursday, March 17, 2016 at 1:35 PM in Room 16

Re: **Support for HB 1772, HD 2, Relating to Oral Health**

The Queen's Health Systems (Queen's) would like to express support for the intent of HB 1772, HD 2, relating to oral health.

The Queen's Medical Center, Dental Clinic is home to Hawaii's only accredited hospital-based General Practice Residency Program and provides comprehensive dental services to meet the needs of our community. Queen's is committed to providing quality care to Native Hawaiians and all the people of Hawaii regardless of ability to pay. For fiscal year 2015, 46% of the patients served at the Dental Clinic were Medicaid eligible. Queen's supports the legislative intent of restoring basic adult dental benefits to Medicaid enrollees.

We urge you to support HB 1772, HD 2. Thank you for your time and consideration of this matter.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



March 14, 2016

TO: COMMITTEE ON HUMAN SERVICES
Senator Suzanne Chun Oakland, Chair
Senator Gil Riviere, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

FROM: Richard P. Bettini, President and CEO
Waianae Coast Comprehensive Health Center / 697-3457 or wcchc@wcchc.com

RE: **Support for HB1772 HD2: Relating to Oral Health**

The Waianae Coast Comprehensive Health Center strongly supports HB 1772 HD2: Relating to Oral Health to appropriate funds to the Department of Human Services to restore basic adult dental benefits to Medicaid and QUEST integration enrollees.

This funding support is sorely overdue to address the 44% of the adult population on the Waianae Coast that has not had a dental visit for many years, which is the highest percentage in the state.

It is critical to restore adult dental benefits to address dental health needs and its relationship to other health conditions.

Please consider the importance of this funding to the health and well-being of our adult Medicaid and QUEST integration enrollees.

Mahalo.



TO: Senator Suzanne Chun Oakland, Chair
Senator Gil Riviere, Vice-Chair
COMMITTEE ON HUMAN SERVICES

Senator Rosalyn Baker, Chair
Senator Michelle Kidani, Vice Chair
COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

FR: Mary Oneha, APRN, PhD
Chief Executive Officer, Waimānalo Health Center

Date: Thursday, March 17, 2016
1:35pm, Conference Room 016

RE: Support for HB 1772 HD2 Relating to Oral Health

The Waimānalo Health Center strongly supports HB 1772 HD2, to appropriate funds to restore basic adult dental benefits to Medicaid and QUEST integration enrollees. From 7/1/2014 through 6/30/2015, there were 1,470 uninsured visits to Waimanalo Health Center Dental Clinic and the number of dental emergencies continues to increase each year.

The severity of cases vary within our population and the age groups typically show different disease manifestation (caries vs. periodontal) all with potentially devastating outcomes. Younger adults typically present with early signs of periodontal disease and more obvious, active signs of untreated tooth decay. Early preventable tooth loss is common in our young adult population. As the population goes into their forties and later, periodontal disease becomes more prevalent and devastating.

Should the adult population have the luck to survive the onslaught of decay and periodontal disease into their golden years; we see an uptick in caries again as medications and age take a toll on saliva flow. Now, exposed root surfaces and teeth that have been previously filled or crowned are subject to decay that destroys what's left of their dentition. Periodontal disease always remains a threat without proper dental care.

There are many instances of adults negatively affected by lack of regular dental care, instances resulting in bone loss, teeth loss, periodontal disease, and poor nutrition. The availability of resources (basic adult dental benefits) to assist these patients would have more positively impacted their outcomes. **The investment for basic adult services can have a dramatic effect on patient health and future costs. For too long, we have not set an acceptable baseline for adult dental health. The time is now to restore adult dental benefits at a level for positive health outcomes.** The Waimānalo Health Center urges your support of HB 1772 HD2. Thank you for the opportunity to provide testimony.

Testimony on House Bill 1772 Relating to Oral Health

Submitted by Anthony Kim, DMD Dental Director of the Waimanalo Health Center

March 17, 2016

Senate Committee on Human Services

Hon. Senator Suzanne Chun Oakland, Chair

Senate Committee on Commerce Consumer Protection, and Health

Hon. Senator Rosalyn H. Baker, Chair

Testimony in support of the restoration of critical adult Medicaid dental benefits (\$4.8 million dollars)

Dental Case Studies from the Waimanalo Health Center Dental Clinic

The oral health case severity vary within our population and the age groups typically show different disease manifestation (caries vs. periodontal) all with potentially devastating outcomes. Younger adults typically present with early signs of periodontal disease and more obvious, active signs of untreated tooth decay. Early preventable tooth loss is common in our young adult population. As the population goes into their forties and later, periodontal disease becomes more prevalent and devastating.

Should the adult population have the luck to survive the onslaught of decay and periodontal disease into their golden years; we see an uptick in caries again as medications and age take a toll on saliva flow. Now, exposed root surfaces and teeth that have been previously filled or crowned are subject to decay that destroys what's left of their dentition. Periodontal disease always remains a threat without proper dental care.

The following cases are examples from my experiences at the Waimanalo Health Center. There are many more instances of adults negatively affected by lack of regular dental care. If one had to go to the dentist with no insurance, even for regular preventive care, one would understand very quickly how uninsured patients can be adversely affected.

Male, 24 y/o, Native Hawaiian:

This patient presents to us as an emergency walk-in patient, referred from a drug treatment program on the Windward side. He has multiple teeth with decay of varying levels and three molars on his upper left that require removal. This patient has an abscess that is causing swelling in the face and severe pain. After a history and discussion, three upper left molars are removed and the infection drained. The patient is put on antibiotics and non-narcotic pain control. We schedule the follow up appointment to discuss saving the remaining teeth. With no dental coverage to assist with the cost of root canals, crowns, or dentures, the patient is left with the only option to remove a few more teeth that require

root canals, and the placement of very large fillings in teeth which really require crowns. With incomplete teeth on the left, the patient can only chew on the right. The stress placed on the remaining teeth from an incomplete and unbalanced bite will accelerate the loss of the teeth with large fillings. There is also another issue and that is the cost of preventive care. The patient has no money to have regular preventive care completed. The seeds of periodontal disease and additional caries are sown.

Female, 44 y/o, Native Hawaiian:

This patient presents with the complaint of bad breath. Upon closer examination and history, the patient has not been to the dentist in over 10 years. Otherwise the patient has a full dentition with a nice smile and no other complaints. In the last year, the patient has noticed worsening bleeding of the gums, redness of her gums, and bad breath that can't be eliminated with brushing or mouth rinse. The x-rays reveal moderate generalized bone loss with localized severe loss. Multiple back teeth are mobile. Pressing on the gums next to some teeth causes pus to ooze out of the tissue. There is heavy calculus buildup just under the gums. The calculus is stained black due to its lengthy presence in anaerobic conditions. The patient's gums bleed easily and are reddened and swollen. I discuss the option to go to a periodontist (gum specialist) due to severe bone loss on her back molars, but the patient cannot afford any treatment or surgery to save the teeth. Remarkably, there is no pain present except minimal gum irritation. The patient has difficulty accepting the fact that without surgery and immediate intervention, she will lose at least 6 teeth soon. As with all instances of severe periodontal disease, the destruction of bone is irreversible. I begin to discuss the future of her smile and the effects of even basic treatment; gums will recede, teeth will become cold sensitive, loss of teeth due to infection and mobility. The patient cannot believe that her otherwise decay free teeth are being affected by this mostly silent disease. She had tried her best to brush and care for her teeth with proper nutrition. Unfortunately, the calculus buildup that accumulated over time could not be removed with a toothbrush and floss. Left to harbor bacteria and plaque, the calculus begins to cause the inflammation cycle to destroy healthy bone along with the chronic infection. This process is painless and can go unnoticed for years. Due to a lack of resources, the patient will lose multiple teeth and eventually be faced with the difficult decision of replacement of natural teeth with dentures. Dental preventive care would have absolutely protected this patient from periodontal disease and allowed her to keep all of her natural teeth likely for her lifetime.

Female, 68 y/o, Caucasian:

This patient presents with a lower molar that has completely fractured off. After a lifetime of dental coverage and relatively good dental care, this patient has almost every tooth crowned. The patient has not been to the dentist in over five years due to loss of dental insurance. Upon closer examination, the patient is suffering from dry mouth and nearly every crowned tooth has decay on the root surface. It is clear that the patient will lose multiple additional teeth including teeth in the smile zone. The patient has no symptoms as most teeth are also treated with root canals. Faced with the news, the patient is devastated that her beautiful smile will now be wrecked by missing teeth. She has no financial means to retreat the teeth with crowns or bridges. The cost of dentures is also beyond the patient's means. Also the patient is unsure whether she can even tolerate wearing a denture. The patient could be kept out of

a denture with extensive crown and bridge work and adjusting medications affecting her dry mouth. Faced with the options the patient decides to wait until the teeth are lost and not pursue any treatment at this time. This is a case that could have been avoided with regular preventive dental maintenance.

Female, 78 y/o, Native Hawaiian:

This patient presents to us as an emergency referral from an infectious disease specialist at Castle Medical Center. She had been diagnosed and treated by an infectious disease specialist for having a severe shoulder infection that threatened her life and her right arm. The bacterium isolated from the shoulder was determined to be from her oral cavity. The patient has moderate to severe periodontal disease with teeth otherwise free of caries. With no dental coverage, the patient could not afford to pay for extractions at an oral surgeon. The patient opted to apply for Medicaid first due to costs. In the meantime, the infectious disease doctor has had her on a long-term course of antibiotics to prevent recurrence of the infection in her shoulder. The patient presented with enough teeth to form a smile. The patient understood her serious medical condition and the reason for the loss of her teeth. She was still very concerned about replacing her teeth once the surgery was completed. With the support of Medicaid, she completed the dental surgery with an oral surgeon. However, the replacement of her smile is still delayed by the cost of full dentures. She can only eat foods that are liquid or blended. The periodontal disease could have been controlled with regular preventive dental care. The bacterial levels in the oral cavity could have killed this patient.

I strongly feel that the availability of resources to assist each of these patients would have positively impacted the outcomes. While we were able to guide the patients when faced with limited options, it is important to note that the investment for basic adult services can have a dramatic effect on patient health and future costs. For too long, we have not set an acceptable baseline for adult dental health. The State of Hawaii has currently decided that emergency-only adult dental care is the baseline. The time is now to set basic adult dental benefits at a level for positive health outcomes.

I am also concerned about the message we are sending to the keiki and families. How can parents be good stewards of health for their keiki if they have no access to adequate health themselves?

Please consider the full \$4.8 million dollars requested as the federal matching funds are critical to ensure the adequate implementation of the needed basic oral health services.



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