



March 30, 2016

Sen. Jill Tokuda, Chair
Sen. Donovan Dela Cruz, Vice Chair
Members of the Committee on Ways & Means

Re: HB No. 1772, HD2, SD1 Oral Health; Dental Benefits; Medicaid and QUEST Integration Enrollees; Appropriation

DentaQuest appreciates the opportunity to provide written testimony on House Bill No. 1772, HD2, SD1 (HB 1772), to appropriate funding for basic adult dental coverage in the state's Medicaid and QUEST programs. DentaQuest strongly supports this legislation and its goal to promote oral health for all in Hawaii. This bill will help to dramatically improve access to care and reduce health disparities.

DentaQuest had the honor of serving the children of Hawaii as a subcontractor for the Medicaid QUEST dental program between 2012 and 2015. We continue to build partnerships with the Hawaii health and advocacy community by working with Hawaii nonprofits like Helping Hands Hawaii and Aloha Medical Mission. Like DentaQuest, these organizations work to improve health outcomes and to build stronger communities.

DentaQuest is the second largest dental benefits company and the largest Medicaid and CHIP dental benefits administrator in the country. Nationwide, we work with seven state agencies, partner with 100 health plans, and offer plans on ten health insurance exchanges to provide dental benefits to more than 24 million beneficiaries. Along with the DentaQuest Foundation, DentaQuest Institute, and DentaQuest Care Group, our organization is committed to improving the oral health of all.

As HB 1772 notes, Hawaii struggles to ensure optimal oral health for low-income Hawaii residents. Based on 2014 HEDIS measures, which are one of the most widely used set of health care performance measurement in the U.S. – Hawaii ranked 33rd for the percentage of Medicaid-eligible children receiving preventive dental care. The state's Department of Health noted that in 2012, only 52 percent of low-income individuals saw a dentist compared to 82 percent for higher-income individuals. These inequities are not unique to Hawaii. Poor access to dental care is a systemic issue facing our nation.

Dental caries—a preventable condition—is the most common chronic disease among children. Adults do not fare much better: according to a National Institute of Health (NIH) study, 92 percent of adults 20-64 years of age have had dental caries at one point and 5 percent of adults have no teeth left at all. If left unchecked, preventable dental disease can lead to increased health care spending – through complex procedures, expensive pain medications or emergency department treatments. Funding Medicaid adult dental benefits is critical to improve the health of Hawaii's most vulnerable.

DentaQuest submits testimony today in support of HB 1772 for a number of reasons:

(1) *Medicaid adult dental coverage can lead to increased access to care for adults and their children.* According to a Delta Dental Oral Health Report in 2010, individuals with dental coverage are 42 percent more likely to have a dental checkup within a year than individuals without coverage. Similarly, research from Oral Health Colorado shows that when adults have coverage, their children are more likely to receive care too. Medicaid adult dental benefits are a critical piece to ensuring that individuals and their children receive appropriate dental care.

(2) *Reducing or eliminating Medicaid adult dental benefits has led to significant increases in dental emergency department visits and associated costs in some states.*

Several states have shown increases in emergency department costs when Medicaid adult dental benefits are cut. California eliminated Medicaid dental benefits for adults in 2009. Over the course of the next few years, emergency room visits for oral health problems increased by 1,800 per year, leading to \$1.3 million in increased emergency room expenditures. Oregon's emergency room costs for oral health services doubled when the state cut Medicaid dental benefits, while Maryland saw a 12 percent spike in costs.

When people seek care for oral health issues in the emergency department, providers typically treat patients' pain—offering temporary relief when preventive and restorative care is needed to stop decay and eliminate disease. Medicaid adult dental benefits will not simply increase access to care, but can decrease costs and improve the quality of care as well.

(3) *Ensuring low-income adults have access to comprehensive dental coverage can improve employability, decrease work days lost due to dental-related illnesses, and help to reduce health disparities.*

The lack of dental care for Medicaid populations can create further economic barriers. Oral health is linked to employability and lost work days from untreated conditions, both of which are incredible obstacles for low-income families. Among adults, 164 million work hours are lost each year due to dental-related illnesses.

Oral health conditions already affect lower socioeconomic populations and racial minorities at disproportionate levels. The Hawaii State Department of Health's 2015 report, *Hawaii Oral Health Key Findings*, showed that if a child's family is beneath the federal poverty level (FPL), they are twice as likely to have had a dental problem in the past six months compared to children in families four times above the FPL. Low-income adults in Hawaii (<\$15,000) are also more likely to have permanent tooth loss compared to high-income adults (>\$75,000)—51 percent vs. 32 percent.

(4) *Oral health care can enable better holistic treatment of patients with chronic conditions.*

According to a 2014 study by the American Journal of Preventive Medicine, treatment of gum disease can lead to better health management—as evidenced by lower healthcare costs and fewer hospitalizations—among people with common health conditions, such as type 2 diabetes and heart disease. Oral health treatments have the potential to improve the overall health of these populations and reduce costs related to their chronic conditions. As we move towards a more integrated health care system, oral health cannot be left behind.

With these important issues in mind, we strongly urge the Hawaii legislature to support funding for Medicaid and QUEST adult dental benefits. If there are any questions, we are always available as a resource.

Sincerely,

Lawless Barrientos
Director, Government Relations

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OF MAUI



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Senate Committee Ways and Means

The Hon. Jill N. Takuda, Chair

The Hon. Senator Donovan M. Dela Cruz, Vice-Chair

Testimony in Support of HB1772, HD2

Relating to Oral Health

Submitted by Dana Alonzo-Howeth, CEO

March 30, 2016, 9:00 a.m. Room 211

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 the passage of HB1772 HD2.

Thank you.