

WRITTEN TESTIMONY ONLY

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

**Testimony COMMENTING on HB1772
RELATING TO ORAL HEALTH**

REPRESENTATIVE DEE MORIKAWA, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES

Hearing Date: February 2, 2016 Room Number: 329

1 **Fiscal Implications:** HB1772 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:
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.

16 The Department of Health 2015 “Hawaii Oral Health: Key Findings” report presents data
17 indicating the need for basic preventive and treatment dental services for all Hawaii residents
18 including adults. As described in the bill introduction, the 2012 data shows low-income adults

1 less likely to visit a dentist each year and are more likely to suffer from tooth loss than high
2 income adults (Hawaii Behavioral Risk Factor Surveillance System).

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

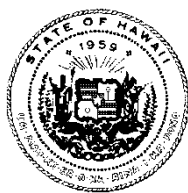
8 Nationally, several states have shown a lack of regular dental care drives up health care
9 costs by examining emergency department data. Without access to preventive and treatment
10 services, many residents seek care at hospital emergency departments for dental problems
11 although dental services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

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

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

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

DAVID Y. IGE
GOVERNOR



RACHAEL WONG, DrPH
DIRECTOR

PANKAJ BHANOT
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

February 2, 2016

TO: The Honorable Dee Morikawa, Chair
House Committee on Human Services

FROM: Rachael Wong, DrPH, Director

SUBJECT: **HB 1772 RELATING TO ORAL HEALTH**

HEARING: Tuesday, February 02, 2016, 9:00 a.m.
Conference Room 329, 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 for emergencies 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
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 2, 2016

The Honorable Dee Morikawa, Chair
House Committee on Human Services
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Morikawa and Members of the Committee:

SUBJECT: HB 1772 – Relating to Oral Health

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 1772**. 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.

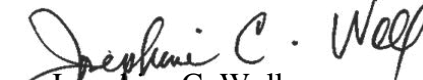
The Council cannot emphasize enough the importance of dental care services that include preventive, restorative, prosthetic, and emergency services for people with DD. We are all aware of how oral health, or the lack thereof, affects all aspects (emotional, psychological, and social) of our lives. Numerous 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

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

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

Sincerely,


Waynette K.Y. Cabral, MSW
Executive Administrator


Josephine C. Woll
Chair



HPCCA

HAWAII PRIMARY CARE ASSOCIATION

House Committee on Human Services
The Hon. Dee Morikawa, Chair
The Hon. Bertrand Kobayashi, Vice-Chair

Testimony on House Bill 1772
Relating to Oral Health
Submitted by Robert Hirokawa, CEO
February 2, 2016, 9:00 a.m., Room 329

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, strongly supports House Bill 1772, 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 HPCA, 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 and thank you for the opportunity to testify.



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

February 2, 2016

COMMITTEE ON HUMAN SERVICES

Rep. Dee Morikawa, Chair

Rep. Bertrand Kobayashi, Vice Chair

Testimony in Support of HB 1772
Relating to Oral Health
Tuesday, February 2, 2016, 9:00 A.M., Room 239

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

WAIKIKI HEALTH

MEDICAL & DENTAL • PREVENTIVE CARE • SOCIAL SERVICES

277 Ohua Avenue • Honolulu, Hawaii 96815

TO: The Hon. Dee Morikawa, Chair
The Hon. Bertrand Kobayashi, Vice Chair
House Committee on Human Services

FROM: Sheila Beckham, CEO 

RE: Testimony on HB 1772: Relating to Oral Health

DATE: February 2, 2016
Rm 329; 9 am

Waikiki Health strongly supports HB 1772 which appropriates funds for the restoration of basic adult dental benefits to Medicaid patients.

In 2012, 51% of low income adults lost teeth due to dental disease compared with only 32% of those at higher income brackets. Adults with Medicaid have been unable to receive preventive dental services since 2009, resulting in a dramatic increase in emergency room use for dental problems. The greatest impact from the lack of Medicaid dental coverage is seen among our patients with HIV/AIDS. HIV severely impacts the integrity of the teeth and gums, often resulting in oral infection and loss of dentition. For persons with HIV, the result is decayed and missing teeth, making it hard to eat. Without food, HIV medication is not absorbed adequately resulting in decline in overall health.

It is imperative that we recognize that that the body's systems are inter-related. In order to achieve quality of life and robust health, oral health should be restored and not eliminated as a means of balancing the budget.

We ask for your support and thank you for the opportunity to testify.

www.waikikihealth.org

Hawaii State Legislature
State House of Representatives
Committee on Human Services

Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Human Services

Tuesday, February 2, 2016, 9:00 p.m. Room 329
House Bill 1772 Relating to Oral Health

Honorable Chair Dee Morikawa, Vice Chair Bertrand Kobayashi and
members of the House Committee on Human Services,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association and its 960 member dentists. I appreciate the opportunity to testify in support of HB 1772 Relating to Oral Health. The bill before you today would seek to restore dental services to adults on Medicaid. For decades, the HDA has supported the need for coverage for adults for dental services under Medicaid.

It has been nearly a decade since this service was available in the State and the HDA urges this committee to pass this important legislation to assist our most needy citizens.

Testimony on House Bill 1772 Relating to Oral Health

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

February 2, 2016, 9:00 a.m., Room 329

House Committee on Human Services

The Hon. Dee Morikawa, Chair

The Hon. Bertrand Kobayashi, Vice-Chair

Testimony in support of the restoration of adult Medicaid dental benefits.

Dental Case Studies from the Waimanalo Health Center Dental Clinic

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.

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?



WAIMĀNALO
HEALTH CENTER

41-1347 Kalaniana'ole Highway
Waimānalo, Hawai'i, 96795-1247

Anthony S. Kim, DMD
Dental Director

Direct: (808) 954-7137 | Main: (808) 259-7948 | Fax: (808) 954-7144

From : Curtis J. Kropar, Executive Director - Hawaiian Hope
Date : February 1st, 2016

Position : Comment and Support

Aloha !

My name is Curtis Kropar and I am the Executive Director of HawaiianHope.org . Hawaiian Hope is a technology based non profit organization and we work extensively with the low income and houseless population, both as clients and as volunteers for our organization.

This testimony is submitted on multiple bills in session that refer to "dental services" for low income, homeless, poor and vulnerable adults.

These bills refer to "dental services" but none of the bills defines what those services are. "Dental Services" needs to be clearly defined in these bills. Why ?

Did you know that Quest does not cover even the most basic fillings for Adults ?

http://ccmchawaii.com/dental_program/

Quest only offers "dental services" as "emergency care" which means that poor people's **ONLY** option for "dental care" is to pull the tooth out. It does not cover even the most basic of fillings, or cleaning.

Quoted:

"Adult dental services are limited to "emergency care". Emergency care is limited to extractions and control of pain or infection related to the teeth. Restorative treatment such as fillings, root canals, dentures, and cleanings are not covered by Medicaid."

To offer dental services as "extractions only" for adults, can only be interpreted to say that low income and poor people simply do not need their teeth.

It was proven here.

There was a study recently and it found that poor people have 8 (1/4) fewer teeth than people with money.

<http://www.bbc.com/news/uk-england-30095576>

The Impact of lack of proper dental treatment is real.

I personally was quoted \$1,500 to repair a broken tooth. That amount represents over 4 months of groceries and food to me and is cost prohibitive to even remotely consider. As our organization works with houseless and low income people daily, I know many people with similar encounters. Fix the tooth = \$350 - \$800, or pull the tooth = \$50
Dental care for the poor becomes a simple question of economics. What can i afford ? Fix a tooth or buy groceries ?

The conclusion is that poor people can't afford to keep their teeth.

Please restore proper dental treatment in the states medical plan and define that treatment **in this bill** to "include fillings, root canals, dentures, cleanings and other basic dental care."

Having teeth should not be reserved to only those with money.

Thank you.

Curtis J. Kropar, Executive Director – HawaiianHope.org



January 31, 2016

TESTIMONY: Written only

To: Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair
Members of the House Committee on Human Services

From: **Hawaii Public Health Association**

Subject: **SUPPORT – HB 1772 RELATING TO Oral Health**

Hearing: February 02, 2016 at 9:00am in State Capitol, Room 329

The Hawaii Public Health Association (HPHA) is an association of over 600 community members, public health professionals, and organizations statewide dedicated to improving public health. HPHA also serves as a voice for public health professionals and as a repository for information about public health in the Pacific.

HPHA **supports the passage of HB 1772** which appropriates funds to the Department of Human Services to restore basic adult dental benefits to Medicaid and QUEST integration enrollees.

Hawaii has one of the worst rates of oral health for children and adults alike in the U.S. The August 2015 DOH report, *“Hawaii Oral Health: Key Findings”*, reported that there are significant oral health disparities in Hawaii’s low-income residents, versus higher income residents, who are less likely to seek dental care, report more loss of teeth, over-use emergency room visits for oral health emergencies, and have lower overall dental health status. Good oral health is essential for optimal overall health, and poor dental health has been linked to higher rates of diabetes, cardiovascular disease, and sepsis as well as premature infants of pregnant women.

There are also significant oral health disparities in Hawaii related to education, health insurance, and geographic location status. Children whose parents are on Medicaid are covered for preventive and treatment services, but their parents may not seek or access dental services, if the adult family members are not covered. Adults on Medicaid who are shown to be at greater risk and are more in need of oral health services are currently receiving emergency-only dental services, which are more invasive, painful and risky, more costly, and are a lower standard of care for oral health than our general population is receiving.

The DOH report specifically recommends as a key strategy based on these findings that, Medicaid services be expanded for ALL adults in Hawaii beyond the current coverage for emergencies only, to include preventative and treatment services. We ask that you provide the



policy support and resources to ensure appropriate standards of dental care for our adult Medicaid population.

Respectfully submitted,

Hoce Kalkas, MPH
HPHA Legislative and Government Relations Committee Chair



KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

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

House Committee on Human Services
The Hon. Dee Morikawa, Chair
The Hon. Bertrand Kobayashi, Vice-Chair

Testimony on House Bill 1772

Submitted by David Derauf MD MPH
Kokua Kalihi Valley

February 2, 2016, 9:00 a.m., Room 329

Dear Members of the House Committee on 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 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!

It is long past the time for Hawaii to do the right thing and restore adult dental services to Medicaid recipients.

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

David D Derauf MD MPH

Providing Medical & Dental Services, Health Education, Family Planning, Perinatal, WIC and Social
Services to

Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.



TO: Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice-Chair
HOUSE COMMITTEE ON HUMAN SERVICES

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

Date: Tuesday, February 2, 2016
9:00am, Conference Room 329

RE: Support for HB 1772 Relating to Oral Health

The Waimānalo Health Center strongly supports HB 1772, 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 Thank you for the opportunity to provide testimony.

Edward Thompson, III

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 27, 2016 7:53 PM
To: HUS testimony
Cc: dylanarm@hawaii.edu
Subject: Submitted testimony for HB1772 on Feb 2, 2016 09:00AM

HB1772

Submitted on: 1/27/2016

Testimony for HUS on Feb 2, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan Armstrong	Individual	Support	No

Comments: Oral health is human health. Oral disease is implicated in heart disease. Both the human body and science do not share the arbitrary distinctions of the insurance industry.

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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Edward Thompson, III

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 27, 2016 1:45 PM
To: HUS testimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB1772 on Feb 2, 2016 09:00AM*

HB1772

Submitted on: 1/27/2016

Testimony for HUS on Feb 2, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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kobayashi2-Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 31, 2016 7:50 PM
To: HUS testimony
Cc: adamcfeely@gmail.com
Subject: *Submitted testimony for HB1772 on Feb 2, 2016 09:00AM*

HB1772

Submitted on: 1/31/2016

Testimony for HUS on Feb 2, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
ada mceely	Individual	Support	No

Comments:

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kobayashi2-Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 31, 2016 7:38 PM
To: HUS testimony
Cc: aprilmira123@gmail.com
Subject: Submitted testimony for HB1772 on Feb 2, 2016 09:00AM

HB1772

Submitted on: 1/31/2016

Testimony for HUS on Feb 2, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
April Mira	Individual	Support	No

Comments: dental insurance is very important

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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THE QUEEN'S HEALTH SYSTEMS

LATE

To: The Honorable Representative Dee Morikawa, Chair,
The Honorable Representative Bertrand Kobayashi, Vice Chair
Members, House of Representatives Committee on Human Services

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

Date: February 1, 2016

Hrg: House of Representatives Committee on Human Services; Tuesday, February 2, 2016 at
9:00 AM in Room 329

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

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

Edward Thompson, III

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 1:59 AM
To: HUS testimony
Cc: starmer@hawaii.edu
Subject: *Submitted testimony for HB1772 on Feb 2, 2016 09:00AM*



HB1772

Submitted on: 2/2/2016

Testimony for HUS on Feb 2, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kaelan	Individual	Support	No

Comments:

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LATE

February 1, 2016

TO: Committee on Human Services
Rep. Dee Morikawa, Chair
Rep. Bertrand Kobayashi, Vice Chair

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

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

The Waianae Coast Comprehensive Health Center strongly supports HB 1772: 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.

LATE

DentaQuest

February 2, 2016

Dee Morikawa, Chair
House Committee on Human Services
House District 16
Hawaii State Capitol, Room 442

Bertrand Kobayashi, Vice Chair
House Committee on Human Services
House District 19
Hawaii State Capitol, Room 403

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

DentaQuest appreciates the opportunity to provide written testimony on House Bill No. 1772 (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