

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 18, 2019

TO: The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services and Homelessness

The Honorable Representative John M. Mizuno, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 467 SB1– MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL
BENEFITS TO MEDICAID ENROLLEES**

Hearing: Wednesday, March 20, 2019 10:00 a.m.
Conference Room 329, State Capitol

DEPARTMENT’S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure, and offers comments.

PURPOSE: The purpose of the bill is to appropriate funds to DHS to restore diagnostic, preventive, and restorative adult dental benefits to adult Medicaid enrollees. Requires DHS to obtain the maximum federal matching funds available for the expenditure. Appropriates \$100,000 for FY 2019-2020 and that same amount for FY 2020-2021.

DHS appreciates and supports the restoration of a basic oral health benefit for adult Medicaid and QUEST Integration recipients. The current limited benefit of emergency-only coverage does not support the goals of whole person care. Additionally the inability of recipients to access preventive oral health care can have a negative impact on a person’s health, especially for individuals with chronic diseases, pregnant women and the health of their newborns.

In the 2018 legislature, DHS estimated that to provide the benefit, it would take at least six months before it could be implemented, and that there would be a gradual ramp up of utilization of the benefit. We had estimated about \$4,700,000 in general funds and \$7,056,720 in federal funds for fiscal year 2020 for restoration of adult dental benefits. As more people use the benefits in future years, our estimates were that \$17,000,000 in general funds and about \$25,500,000 in federal funds for a total of \$42,500,000 would be needed. We are currently researching how other Medicaid programs have restored their adult dental benefits, and the costs of doing so. However, we have not completed our analyses at this time to be able to provide any updated estimates of utilization or costs.

We appreciate that the legislature appropriated \$100,000 for each fiscal year of the biennium. However, as noted, this is far short of what is estimated to be needed to restore the benefit to provide services to the adult Medicaid population for any length of time even if benefits were scaled substantially back. We also caution that a whole person dental program cannot be sustained with savings, which this appropriation would require.

We respectfully request that any appropriation not supplant funding priorities identified in the Executive Budget.

Thank you for the opportunity to provide comments on this measure.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMAMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

March 20, 2019

The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services and Homelessness
and
The Honorable Representative John M. Mizuno, Chair
House Committee on Health
Thirtieth Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Representative San Buenaventura, Representative Mizuno, and Members of the Committee:

SUBJECT: SB 467 SD1 – Relating to Making an Appropriation to Restore Basic Adult Dental Benefits to Medicaid Enrollees

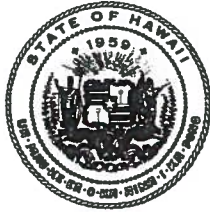
The State Council on Developmental Disabilities (DD) **STRONGLY SUPPORTS SB 467 SD1**. The bill makes an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees. Requires federal matching funds.

The Council emphasizes 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 of, affects all aspects (emotional, psychological, and social) of our lives. Numerous individuals can share their experience of having a tooth or teeth extracted or acquiring serious health problems because necessary dental services were not available due to 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 enrollees

Thank you for the opportunity to submit testimony in **strong support of SB 467 SD1**.

Sincerely,

Daintry Bartoldus
Executive Administrator



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Ala Moana Boulevard, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 586-8162 (TTY)

March 20, 2019

TESTIMONY TO THE HOUSE COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS

Senate Bill 467, SD1 – Making an Appropriation to Restore Adult Dental Benefits to
Medicaid Enrollees

The Disability and Communication Access Board (DCAB) supports Senate Bill 467, SD1 – Making an Appropriation to Restore Adult Dental Benefits to Medicaid Enrollees. The purpose of this bill is to make an appropriation to the Department of Human Services to restore basic adult dental benefits to Medicaid enrollees. According to the Mayo Clinic, studies have shown that the mouth is teeming with bacteria and without proper oral hygiene, such as brushing and flossing, the bacteria may lead to oral infections, tooth decay, and gum disease.

Providing access to dental care for adult Medicaid enrollees would do a great deal to help in the prevention of severe gum disease and other health conditions that may be linked to poor oral health such as endocarditis, cardiovascular disease or premature birth and birth weight. Certain other health conditions may also affect oral health including diabetes, HIV/AIDS, osteoporosis causing weakened bones in the jaw, or Alzheimer's disease. Access to basic adult dental benefits for Medicaid enrollees would assist in improved general health care. A major portion of Medicaid enrollees are individuals with disabilities.

We defer to the Department of Human Services regarding the appropriation necessary to restore basic adult dental health benefits to this population.

Thank you for the opportunity to testify.

Respectfully submitted,

FRANCINE WAI
Executive Director



**Testimony to the House Committee on Human Services and Homelessness
Wednesday, March 20, 2019; 10:00 a.m.
State Capitol, Conference Room 211**

RE: COMMENTING ON SENATE BILL NO. 0467, SENATE DRAFT 1, MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES.

Chair San Buenaventura, Vice Chair Nakamura, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **COMMENTS** on Senate Bill No. 0467, Senate Draft 1, MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES.

The bill, as received by your Committee, would appropriate \$100,000 of general funds for fiscal year 2019-2020, and the same amount for fiscal year 2020-2021, to restore preventative and restorative adult dental benefits to medicaid enrollees. The bill would also require the Department of Human Services (DHS) to obtain the maximum federal matching funds available for this expenditure, and take effect on July 1, 2020.

Over the past seven legislative sessions, the HPCA has urged the Legislature to appropriate additional funds to HMS401 for the reinstatement of adult dental Medicaid coverage, without success. As such, during the 2018 Regular Session, we offered an alternative solution for your consideration. Last year, we believed additional funds for fiscal year 2018-2019 were not necessary because it was our contention that there were sufficient resources within HMS401 to reinstate this essential benefit immediately.

Our position has not changed and we continue to assert that there are sufficient resources in HMS401 to reinstate the benefit immediately.

Based on our review of the Ige Administration's disclosures, it would appear that there are sufficient funds to reinstate this benefit immediately. Also, because this is the reinstatement of a pre-existing benefit, and that no additional statutory authorization is needed for DHS to reinstate the benefit, any subsequent change in resources for this benefit could be incorporated into the "base" budget so that future adjustments could be made citing "changes in utilization" as DHS did this year.

Testimony on Senate Bill No. 0467, Senate Draft 1
Wednesday, March 20, 2019; 10:00 a.m.
Page 2

Furthermore, because of the scale of the appropriations in HMS401, DHS has more options at its disposal to ensure that funds are available for this benefit.

If the Legislature continues to find merit in DHS' plea for additional resources for the reinstatement of this benefit, we offer for your consideration this -- deny DHS's request to reduce the budget for fiscal year 2019-2020 in Line Item HMS401 by \$16,511,000 in general funds. This amount is more than what the Administration requested in all means of financing last year for the reinstatement of the benefit.

If DHS believes it needs even more funding the following year, they can request it in the Supplemental Budget. However, at that time, DHS will need to reconcile their projected increases with the actual amounts spent and any variance with the previously budgeted amounts.

Furthermore, to ensure that the \$16 million is used for the reinstatement of adult dental Medicaid coverage, we further suggest that proviso language be added to this bill. It should be noted, however, that because this language would be contained in a stand-alone bill rather than the budget bill, if enacted, one could argue that it would have to be treated as law.

We also propose a new SECTION be added to the bill as follows:

"SECTION. . Of the appropriations for health care payments (HMS401), \$16,511,000 in general funds or so much thereof as may be necessary for fiscal year 2019-2020, shall be expended only for the restoration of adult dental benefits which include preventative and restorative oral health services."

In closing, we greatly appreciate this opportunity to share our MANAO with you today.

Should you have any questions, please do not hesitate to contact us.

SB-467-SD-1

Submitted on: 3/15/2019 2:02:51 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

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

Comments:



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Joy A. San Buenaventura, Chair
The Honorable Nadine K. Nakamura, Vice Chair
Members, Committee on Human Services and Homelessness

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health

From:  Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: March 15, 2019

Hrg: House Committee on Human Services and Homelessness and Committee on Health Joint Hearing; Wednesday, March 20, 2019 at 10:00 AM in Room 329

Re: Support for S.B. 467, S.D. 1 Making an Appropriation to Restore Adult Dental Benefits to Medicaid Enrollees

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support for S.B. 467, S.D. 1 which would make an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees and requires federal matching funds. Through our dental clinic, Queen's is able to provide full-service dental care for patients on an outpatient and inpatient basis. These services are provided to patients who may have limited options or no other options for their dental care, complex oral facial pathology, medically fragile health, and/or special needs. For Fiscal Year 2017, 60% of the patients served at the Dental Clinic were Medicaid eligible.

The Dental Clinic is home to Hawai'i'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 their ability to pay. Thank you for your time and attention to this important issue.

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.

SB-467-SD-1

Submitted on: 3/15/2019 5:42:11 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

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

Comments:

HAWAII SELF-ADVOCACY ADVISORY COUNCIL

One Vision - One Voice

Supporting Advocacy, Independence and Choice

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March 20, 2019

The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services and Homelessness

And

The Honorable Representative John M. Mizuno, Chair
House Committee on Health

Thirtieth Legislature

State Capitol

State of Hawai'i

Honolulu, Hawai'i 96813

Dear Representative San Buenaventura, Representative Mizuno, and Members of the Committee:

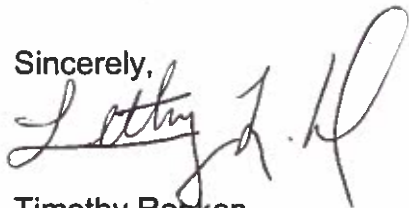
SUBJECT: SB 467 SD1 – Relating to Making an Appropriation to Restore Basic Adult Dental Benefits to Medicaid Enrollees

The Hawaii Self Advocacy Advisory Council **STRONGLY SUPPORTS SB 467 SD1**. The bill makes an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees. Requires federal matching funds.

My name is Timothy Renken and I am the President of the Hawaii Self Advocacy Advisory Council, otherwise known as SAAC. We have over 200 members statewide. Our members represent individuals with disabilities and we are in strong support to restore basic adult dental benefits to Medicaid enrollees. Without basic dental, we are forced to wait until we are in pain and there is an emergency before Medicaid will pay for dental. By then, they will only pull our teeth. Several of my peers have ended up in the emergency room for this and had to be sedated to have their teeth pulled, costing Medicaid over a thousand dollars. This is much more expensive than basic dental. Please restore basic dental benefits.

Thank you for this opportunity to submit testimony in **strong support of SB 467 SD1**.

Sincerely,



Timothy Renken
President



March 17, 2019

**Testimony in Support of SB 467 SD1
MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES**

The Hawaii State Rural Health Association (HSRHA) respectfully submits written testimony in support of SB 467 SD1.

As a non-profit rural health association, our mission is to advocate for access to comprehensive healthcare that includes dental health, primary care and behavioral health, as an integral part of a person's overall health and wellness. Quite often, our neighbor island rural communities struggle to obtain equitable access to timely dental care.

Adults with dental disease often face challenges that impair their productivity and well-being. They suffer in pain, and may have to take time off from work because they have a toothache or other serious oral health issues. Left untreated, tooth decay and gum disease are linked to serious health problems, including premature births in pregnant women and chronic conditions like heart disease, diabetes, and stroke.

The Hawaii State Rural Health Association's Board of Directors strongly supports this bill to restore adult dental benefits to Medicaid enrollees as a crucial first step to improve oral health amongst our most vulnerable populations. Improving access to dental care, in addition to investing in oral health prevention pays off in the long term. All residents in Hawaii should be able to receive culturally appropriate and timely healthcare where they reside.

Hawaii State Rural Health Association
4442 Hardy Street, Suite 205
Lihue, HI 96766
email: hsrhacoordinator@gmail.com
website: hawaiistateruralhealth.org

Established in 1994, the Hawaii State Rural Health Association (HSRHA) is a 501(C) 3 non-profit organization dedicated to addressing rural health needs across our island state.

~ Working Together To Promote Healthy Rural Communities ~

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March 17, 2019

To: Representative San Buenaventura, Chair, Representative Mizuno, Chair, and Members of the House Committee on Human Services and Housing and House Committee on Health

From: Nancy Partika, Disparities Director, Oral Health for All Hawaii

Subject: Strong **Support: SB 467, SD1**, MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES

Hearing: March 20, 2019 in Room #329

Aloha Chair San Buenaventura, Chair Mizuno, and Members of the House Committee on Human Services and Housing and House Committee on Health;

I am Nancy Partika, Disparities Director for *Oral Health For All Hawaii*, which is a project of the Hawaii Children's Action Network, established in 2018 to support & engage communities with oral health disparities by encouraging grassroots leadership and advocacy & sparking changes in oral health disparities via community-driven initiatives.

Hawaii has struggled for decades with oral health disparities and problems accessing care for its most needy. The 2009 abolishment of full adult dental benefits under State Medicaid and the problems that resulted from adults receiving emergency-only care since then has spiraled, while the State continues to pay out millions per year in acute oral health emergency room care statewide that does not provide adequate oral health care or support to our at-risk populations.

According to the recent 2017-18 Hawaii State Dept. of Health study, 56% of all ER visits made statewide were Medicaid and/or Medicare recipients, and the costs in 2016 for these 3,000 total visits were a staggering \$17 million dollars. Fiscally, it seems logical that these millions of dollars that could be potentially saved via fewer ER visits and instead wisely utilize a portion of those expended state dollars to pay upfront for preventative and restorative dental care benefits for adult Medicaid recipients.

Also recently issued is a fiscal analysis from The American Dental Association's Health Policy Institute on *Estimating the Cost of Introducing a Medicaid Adult Dental Benefit in Hawaii-2019* (see attached full report). Their findings were that the estimated total cost of providing a limited Medicaid adult dental benefit in Hawaii would be between \$17 million

and \$24 million total, with the State share of the cost projected to be \$6 million to \$8 million per year. Instead of delaying the reinstatement of adult dental benefits to study the issue for the next year, why not fund a pilot program now that provides all adults on Medicaid with limited benefits that address their preventive and restorative dental care needs? If this were instituted, policymakers would have 2 full years of reportable actual fiscal and programmatic data on meeting the dental needs of Medicaid recipients before the next biennium budget is determined, rather than more projections and delays.

Currently there are 17 states offering comprehensive adult oral health benefits (with expanded services offered), 17 states that offer limited (averaging \$500-\$1,000 person/year) adult oral health benefits, with 14 states (Hawaii included) offering emergency-only adult oral health benefits and 3 states that offer no adult oral health benefits. By adding a limited dental services benefit, Hawaii's 190,000 adults on Medicaid are projected to experience fewer oral health-related ER visits, with improvements to their chronic disease risks and overall health status. Broader Medicaid dental benefits for adults would not only support individual health and well-being among Hawaii's most vulnerable adults, but could also improve their employment prospects and the overall socio-economic strength of our communities.

There has been clear policy-level messaging regarding the desired budget priorities and lower priority given to other pressing issues this fiscal year. The State, however, is already paying in ER costs for Medicaid dental services to the tune of almost \$10 million a year. If we even commit to investing a portion of that amount (\$6-8 million dollars) in basic preventive and restoration adult dental services, we can finally begin to reduce the high costs of inappropriate ER care, along with needless pain and suffering, employment-related disability, co-related health status and self-image, not to mention helping to address opioid use relating to chronic dental pain.

We in the community fully understand and support the need to address multiple issues and crises at the Legislative level; however the issue of inadequate coverage of adults on Medicaid for dental health is now a chronic decade-long problem in need of immediate attention. Improving oral health for adults and their families in Medicaid has widespread public and private support statewide, and, as the oral health needs grow, the voices for change to a more humane and responsive policy towards adults' on Medicaid increases. Waiting for yet another year to study this chronic issue in hopes of improved fiscal situation only exacerbates the costs and problems we continue to see and experience in adult oral health throughout our state.

Your pro-active attention to the need for funding adult dental benefits for Medicaid recipients is respectfully appreciated—Mahalo for this opportunity to testify on this important fiscal policy bill.

Estimating the Cost of Introducing a Medicaid Adult Dental Benefit in Hawaii

Cassandra Yarbrough, M.P.P.

Background

Previous analysis estimated the cost of implementing an extensive Medicaid adult dental benefit in states that provide either emergency-only or no dental benefits to their adult Medicaid population.¹ The American Dental Association Health Policy Institute (HPI) worked with Ms. Nancy Partika, Disparities Director for Oral Health For All Hawaii to estimate the cost of introducing a Medicaid adult dental benefit in Hawaii. We estimate the cost of introducing both a limited and extensive Medicaid adult dental benefit in Hawaii under varying reimbursement and utilization assumptions. We also explore potential cost savings attributable to a reduction in dental emergency department (ED) visits and decreased health care costs among diabetic patients who receive dental services.

Results

The estimated total cost of providing a limited Medicaid adult dental benefit in Hawaii is between \$17 million and \$24 million. The state share of this cost is between \$6 million and \$8 million. Comparatively, the estimated total cost of providing an extensive Medicaid adult dental benefit in Hawaii is between \$31 million and \$45 million. The state share of this cost is between \$10 million and \$15 million. See Table 1 for more details on these estimates.

Table 1: Estimated Increase in State Medicaid Expenditure from Implementing a Medicaid Adult Dental Benefit

Scenario	Limited			Extensive		
	Total Adult Dental Spend	Federal Share 66.0%	State Share 34.0%	Total Adult Dental Spend	Federal Share 66.0%	State Share 34.0%
1	\$23,744,727.22	\$15,677,755	\$8,066,972	\$45,246,618	\$29,874,650	\$15,371,968
2	\$17,944,682	\$11,848,202	\$6,096,480	\$31,370,989	\$20,713,091	\$10,657,898

Potential savings from reduced ED use for dental conditions among Medicaid adult enrollees are estimated to be \$1,008,993 per year. Potential savings from reduced medical costs among Medicaid-enrolled adult diabetics resulting from increased access to dental care are estimated to be \$118,014 to \$1,675,798.80 per year. See Data & Methods section for more details on these estimates.

Data & Methods

In earlier analysis, we estimated the cost of introducing a Medicaid adult dental benefit in 22 states that did not provide any dental benefits beyond emergency procedures.² We use the methodology from our earlier brief, updated with more current data, to estimate the cost associated with implementing both a limited and an extensive Medicaid adult dental benefit in the state of Hawaii.

We estimated the number of adults enrolled in Hawaii’s Medicaid program as of November 2018 by using figures provided by CMS.³ CMS provides figures for total Medicaid and CHIP enrollment (331,537 individuals), and total child Medicaid and CHIP enrollment (140,574). We subtracted total child Medicaid and CHIP enrollment from total Medicaid and CHIP enrollment to estimate the number of adults enrolled in Hawaii’s Medicaid program. As of November 2018, there were approximately 190,963 adults enrolled in Hawaii’s Medicaid program.

We created two scenarios for our modeling. The two scenarios have different assumptions for adult dental care utilization and dental expenditure per dental care user depending on the benefit level: limited or extensive. We also vary the level of reimbursement to dental care providers. Scenarios are summarized in Table 2.

Table 2: Assumptions for Alternative Medicaid Adult Dental Benefit Expenditure Scenarios

Assumptions	Limited Medicaid Adult Dental Benefit		Extensive Medicaid Adult Dental Benefit	
	Scenario 1	Scenario 2	Scenario 1	Scenario 2
Percentage of Medicaid adults with a dental visit	Average across states that provide a limited adult dental benefit in Medicaid (2012 MEPS): 22.21%		Average across states that provide an extensive adult dental benefit in Medicaid (2012 MEPS): 27.37%	
Dental expenditure per year per Medicaid dental care user	Average dental expenditure per Medicaid-enrolled individual with a dental visit in states that provide a limited adult dental benefit in Medicaid (2012 MEPS): \$398.58		Average dental expenditure per Medicaid-enrolled individual with a dental visit in states that provide an extensive adult dental benefit in Medicaid (2012 MEPS): \$556.91	
Medicaid reimbursement rate for adult dental care services.	60% of typical private dental benefits plan charges (2013 HPI)	41.6% of typical private dental benefits plan charges (2016 rate for child dental care services)	60% of typical private dental benefits plan charges (2013 HPI)	41.6% of typical private dental benefits plan charges (2016 rate for child dental care services)

To estimate dental care utilization among Medicaid adults, we used the average dental care utilization rate among Medicaid-enrolled adults in states that currently provide either limited or extensive Medicaid adult dental benefits. We estimated this utilization rate using 2012 data from the Medical Expenditure Panel Survey (MEPS). These data were provided via personal correspondence from Dr. Richard Manski at the University of Maryland in January 2015. We requested Dr. Manski calculate the percentage of Medicaid adults ages 21 through 64 with a dental visit in the past 12 months. Dr. Manski calculated Medicaid dental utilization rates for four groups of states based on the level of dental benefits covered by the state’s Medicaid program: Extensive or Limited. States were grouped based on the level of dental

benefits covered by the Medicaid program in 2012 (see Table 3 for state groupings and category definitions).

Table 3: State Medicaid Adult Dental Benefit Groupings, Limited and Extensive

	Category	
	Limited	Extensive
Definition	A benefit that covers 100 or fewer dental procedures and has an expenditure cap at or below \$1,000 per user per year.	A benefit that covers 100 or more dental procedures and has an expenditure cap at or above \$1,000 per user per year.
States	AR, DC, IN, KY, LA, MA, MI, MN, NE, NJ, PA, SD, VA, VT, WY	AK, CT, IA, NM, NY, NC, ND, OH, OR, RI, WI

We used the average utilization rate across states with a limited benefit in our cost estimate for adding a limited dental benefit, and the average utilization rate across states with an extensive benefit in our cost estimate for adding an extensive dental benefit. Dental visits that took place in an emergency department were not included. The average percentage of Medicaid adults with a dental visit in a year across limited states in 2012 was 22.2 percent. The average percentage of Medicaid adults with a dental visit in a year across extensive states in 2012 was 27.4 percent.

Our estimate for dental expenditure per user per year among dental care users is also based on an analysis of MEPS data from 2012. Specifically, we used average total dental expenditure among Medicaid-enrolled adults with a dental visit in the past year, averaged across states that provided either a limited or an extensive adult dental benefit in Medicaid. The 2012 MEPS data yield an average expenditure level of \$398.58 per dental care user per year in states with a limited adult dental benefit in Medicaid. The 2012 MEPS data yield an average expenditure level of \$556.91 per dental care user per year in states with an extensive adult dental benefit in Medicaid. Dr. Richard Manski provided this analysis through personal correspondence in July 2015.

We adjusted these dental expenditure estimates in two ways. First, we set reimbursement for adult Medicaid dental services at the same level as child dental services in Hawaii. For this assumption, we use 2016 child dental care services reimbursement rates in Hawaii that were previously calculated by the Health Policy Institute.⁴ Second, we set reimbursement for adult Medicaid dental services at 60 percent of typical private dental benefits plan charges.

In summary, to calculate the total incremental expenditure of implementing a Medicaid adult dental benefit, we used the following formula:

$$\text{Expenditure} = \text{Enrollment} * \text{Utilization Rate} * \text{Spending per User} * \text{Reimbursement Rate Adjustment}$$

All estimates were inflated to 2018 dollars using the CPI-U.⁵

To determine the potential federal and state shares of this estimated expenditure, we used the most recent medical assistance expenditure cost-sharing data available from CMS from the Medicaid Budget and Expenditure System/State Children's Health Insurance Program Budget and Expenditure System for the quarter ending September 30, 2017, posted November 2018.⁶ This report includes spending for expansion-eligible populations and reports both total Medicaid spending and total federal share of Medicaid spending. Using these data, we approximated the percentage of federal versus state spending and applied these percentages to estimate the cost to the federal government and to Hawaii of implementing a Medicaid adult dental benefit.

Potential Emergency Department Savings

To estimate potential emergency department savings we analyzed 2016 emergency department data from the Hawaii State Department of Health.⁷ In 2016, there were 1,176 ED visits among the Medicaid population in Hawaii where a dental condition was the principle diagnosis (hereinafter referred to as dental-ED visit). Approximately 86 percent of dental-ED visits among the entire Hawaii population were for adults ages 18 through 64 in 2016; thus, we estimate that 1,011 of Medicaid dental-ED visits are for adults. Based on prior analysis, we assume that 78.7 percent of these visits could be diverted to a local dental office (795.9).⁸ Total cost of ED visits in 2016 where a dental condition was the primary diagnosis totaled \$2.6 million. For simplicity, we will average this total across visits (2,051 total), yielding an average cost per visit of \$1,267.67. Multiplied by 795.9 adult visits that could be diverted to dental offices yields a total potential savings in ED costs of approximately \$1.009 million.

Potential Savings Due to Reduced Medical Care Costs among Diabetics with Increased Access to Dental Care

To estimate potential savings due to reduced medical care costs among diabetics with increased access to dental care we drew on data from the Centers for Disease Control and Prevention (CDC), as well as savings estimates from prior analysis. According to the CDC, 10.3 percent of Medicaid-enrolled adults in Hawaii have diabetes.⁹ Using Medicaid enrollment numbers from CMS, there were approximately 19,669 Medicaid-enrolled adults in Hawaii with diabetes as of November 2018. We estimate that 15 percent of these adults had a dental visit prior to Medicaid adult dental benefits being implemented based on an estimate provided by Dr. Richard Manski through personal correspondence in May 2016. Dental care use increases by 20 percent when an adult dental benefit is introduced.¹⁰ Thus, we estimate that an additional 3 percent of Medicaid-enrolled adults with diabetes will visit a dentist following the implementation of an adult Medicaid dental benefit ($1.15 \times 20\% = 3\%$). Medical cost savings from diabetic adults visiting the dentist for periodontal treatment range from \$200¹¹ to \$2,840 per year.¹² Thus, total number of diabetic Medicaid adult enrollees visiting the dentist would be $19,669 \times 3\% = 590.07$. This may

result in a range of cost savings between \$118,014.00 (\$200 x 590.07) and \$1,675,798.80 (\$2,840 x 590.07).

¹ Yarbrough C, Vujicic M, Nasseh K. Estimating the cost of introducing a Medicaid adult dental benefit in 22 states. Health Policy Institute Research Brief. American Dental Association. March 2016. Available from:

https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0316_1.pdf?la=en. Accessed February 21, 2019.

² Yarbrough C, Vujicic M, Nasseh K. Estimating the cost of introducing a Medicaid adult dental benefit in 22 states. Health Policy Institute Research Brief. American Dental Association. March 2016. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0316_1.ashx.

Accessed July 18, 2016.

³ CMS. November 2018 Medicaid & CHIP Enrollment Data Highlights. February 7, 2019. Available from: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>. Accessed February 21, 2019.

⁴ Gupta N, Yarbrough C, Vujicic M, Blatz A, Harrison B. Medicaid fee-for-service reimbursement rates for child and adult dental care services for all states, 2016. Health Policy Institute Research Brief. American Dental Association. April 2017. Available from:

http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf.

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⁵ Bureau of Labor Statistics, Consumer Price Index-All Consumers. Available from:

<https://data.bls.gov/cgi-bin/cpicalc.pl>. Accessed February 21, 2019.

⁶ CMS. Medicaid CMS-64 New Adult Group Expenditures Data Collected through MBES: July 1, 2017-September 30, 2017 New Adult Group Expenditures. Posted November 2018. Available from:

<https://www.medicaid.gov/medicaid/finance/state-expenditure-reporting/expenditure-reports/index.html>.

Accessed February 21, 2019.

⁷ Hayes, D. Increased Use of the Emergency Room for Oral Health Conditions? PowerPoint Presentation. November 2018. Received via personal correspondence with Ms. Nancy Partika in February 2019.

⁸ Wall T, Nasseh K, Vujicic M. Majority of dental-related emergency department visits lack urgency and can be diverted to dental offices. Health Policy Institute Research Brief. American Dental Association. August 2014. Available from:

http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0814_1.ashx.

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⁹ Li D, Chinn CC, Fernandes R, Wang CM, Smith MD, Ozaki RR. Risk of Diabetes Mellitus Among Medicaid Beneficiaries in Hawaii. *Prev Chronic Dis* 2017; 14:170095. Available from:

<https://doi.org/10.5888/pcd14.170095>. Accessed February 21, 2019.

¹⁰ Singhal A, Caplan D, Jones M, et. Al. Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs. *Health Affairs*. 2015;34(5):749-756.

¹¹ Nasseh K, Vujicic M, Glick M. The relationship between periodontal interventions and healthcare costs and utilization. Evidence from an integrated dental, medical, and pharmacy commercial claims database. *Health Econ*. 2017;26:519-527. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/hec.3316>.

Accessed February 21, 2019.

¹² Jeffcoat M, et al. Impact of periodontal therapy on general health. *American Journal of Preventive Medicine*. June 2014; 47(2): 166-174. [https://www.ajpmonline.org/article/S0749-3797\(14\)00153-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(14)00153-6/fulltext).

Accessed February 21, 2019.

March 17, 2019

To: Rep. Joy A. San Buenaventura
Chair Rep. John M. Mizuno, Chair
House Committees on Human Services and Homelessness/Health

From: Laura Nevitt, Director of Public Policy
Hawaii Children's Action Network

Re: **S.B. 467– MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES**
Hawaii State Capitol, Room 329 , March 20, 2019, 10:00 AM

HCAN is committed to improving lives and being a strong voice advocating for Hawai'i's children. We write in support of S.B. 467 which makes an appropriation to the department of human services to restore adult dental benefits to medicaid enrollees. Requires federal matching funds.

It is widely acknowledged that the behavior of parents, and in particular mothers, affects their children's health

Oral health has an important role in the general well-being of individuals. Since oral health behaviors can affect the oral health, attempting to construct good oral health behaviors can affect the general health of individuals. Indeed, the adoption of good oral health habits in childhood often takes place with parents, especially with mothers.

The foundation for healthy permanent teeth in children and teenagers is laid during the first years of life. Poor diet, poor habits of food intake and inadequate toothbrushing habits during the first 2 years of life have been shown in several studies to be related to tooth decay in children. The development of caries in primary teeth further increases the risk of developing caries in permanent teeth.

Therefore it is essential to establish a proper oral hygiene routine early in life to help ensure the development of strong and healthy teeth. **Parents, as consistent role models, are key for setting a daily routine and to making their children understand the importance of oral hygiene.** Toothbrushing should be presented as a habit and an integral part of the daily hygiene routine. Children are very sensitive to social stimuli such as praise and affection, and learn best by imitating their parents. Physiological and mental development affects the oral care of children.

Therefore, making sure that adults have access to dental benefits, helps improve the oral health of our keiki.

For these reasons, HCAN respectfully requests that the committee pass S.B. 467

HCAN is committed to building a unified voice advocating for Hawaii's children by improving their safety, health, and education.



HIPHI Board

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John A. Burns School of
Medicine, Native Hawaiian
Research Office

En Young, MBA
Sansei, Lanai

Date: March 18, 2019

To: Representative Joy San Buenaventura, Chair
Representative Nadine Nakamura, Vice Chair
Members of the Human Services and Homelessness Committee
Representative John Mizuno, Chair
Representative Bert Kobayashi, Vice Chair
Members of the Health Committee

Re: Strong Support for SB467, SD1 Making an Appropriation to
Restore Adult Dental Benefits to Medicaid Enrollees

Hrg: March 20, 2019 at 10:00am at Conference Room 329

The Hawai'i Public Health Instituteⁱ is in **Strong Support of SB 467** which restores adult dental benefits for Medicaid enrollees.

SB467 appropriates funds to the DHS to restore diagnostic, preventive, and restorative adult dental benefits to Medicaid and QUEST integration enrollees. In a survey conducted by Ward Research for HIPHIⁱⁱ, 9 in 10 registered Hawaii voters (89%) strongly agreed that preventative dental benefits should be included in adult Medicaid coverage.

Oral health in our state is a public health crisis, with Hawaii receiving a failing grade of "F" in three recent oral health report card released by The Pew Center for the States. Restoring adult dental benefits would help to address this crisis. In addition, a 2015 Department of Health report entitled *Hawaii Oral Health: Key Findings* revealed a shortfall in the area of dental benefits, including:

- Only 52% of low-income adults in Hawai'i saw a dentist, compared to 82% of high-income adults.
- 51% of low-income adults lost teeth due to dental disease, compared to only 32% of high-income adults.
- In 2012, there were more than 3,000 emergency room visits due to preventable dental problems, 67% more than in 2006. As a result, aggregate hospital charges for dental emergency visits were \$8,500,000 compared to \$4,000,000 in 2006.

Medicaid does not provide any preventive oral healthcare for adults, only emergency dental (extraction or pain management). Adult

Medicaid enrollees have no coverage for preventive or routine dental care, and this lack of access has a negative impact on one's health, especially for individuals with chronic diseases such as coronary disease and diabetes. In addition, because of the lack of coverage, many low-income adults only seek dental care for acute conditions that have been allowed to reach a crisis stage.

HIPHI defers to the State Department of Human Services on the estimates to restore basic adult dental benefits. We strongly support the restoration of these benefits.

Thank you for the opportunity to provide testimony.

Mahalo,

A handwritten signature in black ink, appearing to read 'Trish'.

Trish La Chica, MPA
Policy and Advocacy Director

ⁱ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱⁱ Findings from a Ward Research Study commissioned by the Hawaii Public Health Institute that summarizes findings from a phone survey among n=812 registered Hawaii voters (maximum sampling error of +/-3.3%) conducted between November 5 to 8, 2018. A copy of the results are available upon request.

SB-467-SD-1

Submitted on: 3/18/2019 1:26:45 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mie Choe	HDHA	Support	No

Comments:



March 20, 2019
10:00am
Conference Room 329

To: The Honorable Rep. Joy A. San Buenaventura, Chair
The Honorable Rep. Nadine K. Nakamura, Vice Chair
Committee on Human Services and Homelessness

The Honorable Rep. John M. Mizuno, Chair
The Honorable Rep. Bertrand Kobayashi, Vice Chair
Committee on Health

From: Paula Arcena, Executive Vice President, External Affairs

Re: SB467, SD1 Making an Appropriation to Restore Adult Dental Benefits to Medicaid Enrollees

AlohaCare is pleased to submit this testimony in **support** of SB467, SD1 which makes an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees; and require federal matching funds.

It's been 10 years since adults in Hawaii's Medicaid program have had dental coverage. Children in Hawaii's Medicaid program currently have comprehensive dental coverage. Senior citizens who are Medicaid eligible have multiple options for dental coverage from Medicare Advantage plans.

With dental coverage, 180,000 adults in the Hawaii Medicaid program would get the benefit of early detection and treatment for oral and overall health. Meanwhile, the state continues to spend significantly on emergency dental care. In 2012 alone, Hawaii Medicaid paid \$4.8 million for 1,691 adults for emergency room visits for preventable oral health problems, according to the Department of Health, Hawaii Oral Health: Key Findings report.

Opportunities to improve the health of the entire body with good oral care are clinically well established. Clinical studies show that without proper dental care pregnant mothers are at higher risk for premature births and underweight babies. Bacteria in the mouth can get into the bloodstream and cause a heart infection called endocarditis. Some mental health medications cause dry mouth, putting people at risk for tooth and gum disease. Diabetes can make people more susceptible to serious gum disease, such as gingivitis or worse, periodontitis.

To encourage AlohaCare members to seek dental care, AlohaCare is voluntarily providing its members with basic dental coverage. Starting January 1, 2019, AlohaCare is covering basic dental services to adult members who rely on Medicaid as their primary health insurance. By absorbing the cost of an annual dental exam, biannual cleanings and fluoride treatment, two bitewing x-rays and one filling or non-emergency extraction, we hope to help adults with Medicaid get into a dentist chair before they have a dental crisis.



AlohaCare
For a healthy Hawaii.

AlohaCare is a local, non-profit health plan founded in 1994 by Hawaii's Community Health Centers. We serve over 70,000 Medicaid and dual-eligible health plan members. We are the third largest health plan in Hawaii. We partner with nearly 3,500 physicians, specialists and providers in the care of our members. We have over 260 employees who work on Oahu, the Big Island, Maui and Kauai.

Thank you for this opportunity to testify.



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

March 20, 2019

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Rep. Joy A. San Buenaventura, Chair
Rep. Nadine K. Nakamura, Vice Chair

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Testimony in Support of SB 467, SD1

MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES.

Wednesday March 20, 2019, 10:00 AM, Conference Room 329

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.

Dental care is vital to the overall health of individuals. Nearly 50% of all adults aged 30 or older have some form of gum disease according to the Centers for Disease Control and Prevention and adult cavities is on the rise. Around 90% of all adults have had a cavity and 1 in 4 adults have untreated cavities.

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

Since 2009 when this benefit was removed, we have witnessed increasing numbers of individuals who are in dire need of care including major decay and infection.

This is the **single most important bill** currently in the legislature to our patients. We strongly encourage the committee to pass this bill and restore benefits to those most in need.

Respectfully Requested,

David Peters
Chief Executive Officer



CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF SB 467, SD1: Making an Appropriation to Restore Adult Dental Benefits to Medicaid Enrollees

TO: Representative Joy San Buenaventura, Chair, Representative John Mizuno, Chair; and Members, Committees on Human Services & Homelessness, and Health

FROM: Betty Lou Larson, Legislative Liaison, Catholic Charities Hawaii

Hearing: **Wednesday, March 20, 2019; 10:00 am; CR 329**

Chair San Buenaventura, Chair Mizuno, and Members, Committees on Human Services and Homelessness, and Health:

Thank you for the opportunity to provide written testimony **in support** of SB 467, SD1 which makes an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees. I am Betty Lou Larson, with Catholic Charities Hawaii.

Catholic Charities Hawaii (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawaii for over 70 years. CCH has programs serving elders, children, families, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawaii.

We support this bill since poor oral health can have a serious impact on peoples' overall health and their ability to live productive lives. We have found a number of kupuna who do not have access to primary dental care. Even with the knowledge that special programs like Kupuna Smiles provides, these seniors cannot afford to see a dentist. It is also of great concern for the homeless who already are at high risk of ill health due to their unstable living situations. Lack of dental care affects a wide range of Hawaii residents since access to regular oral health care varies greatly across the State. **Our rural and neighbor island residents and persons/families with lower incomes have disproportionate access issues.**

In 2009, Hawaii's adult dental benefits were removed. Data shows that this is having a significant impact on our residents. There were over 3,000 ER visits for acute oral health conditions in 2016, totaling over \$17 million in direct costs. Compare this with 1,800 visits to the ER in 2006, with \$4 million in costs. Medicaid beneficiaries constitute over half (53%) of the dental emergencies seen, statewide, in emergency rooms.

Restoring adult dental benefits could cut costs by diverting an estimated 79% of ER dental visits to community settings, with a much lower cost. An emergency seen by a community dentist costs an estimated 48% of the cost of an ER treatment.

Good oral health is important since it can improve the beneficiaries' ability to obtain and maintain employment and engage with others.

We urge your support of this bill to enhance the dental and overall health of Hawaii's residents.

Please contact me at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.





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

March 20, 2019
10:00 a.m.
Conference Room 329

To: The Honorable Chair Joy A. San Buenaventura
The Honorable Vice Chair Nadine K. Nakamura
House Committee on Human Services & Homelessness

The Honorable Chair John M. Mizuno
The Honorable Vice Chair Bertrand Kobayashi
House Committee on Health

From: 'Ohana Health Plan
Rachel Wilkinson, Government Affairs Sr. Manager

Re: SB 467 SD1, Making an Appropriation to Restore Adult Dental Benefits to
Medicaid Enrollees; **In Support**

'Ohana Health Plan ('Ohana) is a member of the WellCare Health Plans, Inc.'s ("WellCare") family of companies and provides healthcare for Hawaii residents statewide. Since 2009, 'Ohana has utilized WellCare's national experience to develop a Hawaii -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 SB 467 SD1, which makes an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees, and requires matching funds.

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.

Starting January 1, 2019, 'Ohana Health Plan is offering—at no cost to our members—basic dental coverage, providing adults who have QUEST Integration coverage with an annual exam, fluoride treatment, a cleaning every six months, one set of bitewing x-rays

per year, and either a non-emergent tooth extraction or filling. By absorbing these costs, 'Ohana Health Plan is investing in the health and overall well-being of our members. We believe maintaining a healthy community means doing the right thing by providing quality dental care to those who need it the most.

According to the Hawaii Department of Health's 2012 *Hawaii Oral Health: Key Findings* report, there were more than 3,000 emergency room visits in Hawaii for preventable dental problems, resulting in \$8.5 million in hospital charges. Studies have shown links between gum disease and higher risks of heart attack, stroke, diabetes and rheumatoid arthritis. Oral health diseases have also been shown to cause low-birth rates and pre-term births for pregnant women.

The state's 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.

We strongly urge the passage of SB 467 SD1. Thank you for the opportunity to submit testimony on this measure.



Testimony in Support of RE: SB 467 SD1

March 18, 2019

Dear Chair San Buenaventura and Respected Members of the Committee on Human Services & Homelessness:

The Hawaii Dental Hygienists' Association (HDHA) strongly **SUPPORTS SB 467 SD1**. The bill appropriates funds to the Department of Human Services to restore basic adult dental benefits to Medicaid and QUEST enrollees. We congratulate you on your initiative to expand Medicaid dental services for adults to include preventive, diagnostic and restorative treatment services. This provision would directly benefit seniors, as well as adults with developmental and physical disabilities in providing necessary oral health services.

HDHA cannot emphasize enough the importance of dental care services that include preventive, restorative, prosthetic, and emergency services for all residents of Hawaii. We are keenly aware of how oral health, or the lack thereof, can affect all aspects (physical, emotional, psychological, and social) of our lives. It is also common knowledge that oral health has a direct correlation to over-all health. The mouth is connected to and shares a circulatory system with the rest of the body. Ignoring or limiting oral care services places Hawaii residents at risk for increased health problems.

As the largest association representing Hawaii's licensed dental hygienists', HDHA strongly **SUPPORTS SB 467 SD1** to address the unnecessary effects of dental disease among Hawaii's people, as well as the phenomenal expense of dental care in emergency room settings.

Thank you for your consideration.



Hawaii Dental Association

To: House Committee on Human Services & Homelessness
House Committee on Health

Time/Date: 10:00 a.m., March 20, 2019

Location: State Capitol Conference Room 329

Re: SB 467, SD 1, Making an Appropriation to Restore Adult Dental Benefits to Medicaid Enrollees

Aloha Chair San Buenaventura and Chair Mizuno, Vice Chair Nakamura and Vice Chair Kobayashi and members of the committees:

The Hawaii Dental Association (HDA) is a statewide professional membership organization representing dentists practicing in Hawaii and licensed by the State of Hawaii Board of Dentistry. HDA members are committed to protecting the oral health and well-being of the people of Hawaii, from keiki to kupuna and everyone in between.

SB 467 makes an appropriation to the department of human services to restore adult dental benefits to Medicaid enrollees. It acknowledges that “lack of access to dental coverage and oral health care is a social justice issue that disproportionately affects the poor, children, the elderly, and racial and ethnic minority groups.”

This bill is a step toward promoting oral health in our community and we support it.

SB-467-SD-1

Submitted on: 3/17/2019 4:30:45 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Lloreta	Individual	Support	No

Comments:

SB-467-SD-1

Submitted on: 3/18/2019 2:40:59 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cyd L. Hoffeld	Individual	Support	No

Comments:

Aloha Legislators,

We all understand the need for adults to be able to access proper and affordable dental services and that is why I support SB467 SD1. In a society where our appearance is so connected to our self-esteem and ability to be employable and hold onto employment it is necessary for our adults to be able to seek affordable dental care on a regular basis and when needed.

Living in Hawaii isn't the easiest thing to do. If we want our citizens to be able to support themselves and their families, we need to assist them in taking care of their teeth in ways that don't affect their ability to pay rent and purchase goods and services. Sometimes being employed doesn't even guarantee dental coverage especially when employers are trying to avoid those extra costs themselves to maximize profits before people.

When we make appropriations to restore adult dental benefits to Medicaid enrollees, we allow those recipients to become more fully engaged as citizens in our communities and state.

Please support SB467 SD1.

Thank you!

Cyd L. Hoffeld

Kalapana on Hawaii Island

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Health

Representative Joy A. San Buenaventura, Chair
Representative Nadine K. Nakamura, Vice Chair
Committee on Human Services & Homelessness

Ryan Ramsey
731 Nunu St.
Kailua, HI 96734

Date: Monday, March 11, 2019

Support for S.B. No. 467, Making an Appropriation to Restore Adult Dental Benefits to Medicaid Enrollees

I am a Master's of Social Work student at the University of Hawaii Manoa and I strongly support S.B. No. 467, Making an Appropriation to Restore Adult Dental Benefits to Medicaid Enrollees, which would make an appropriation to the department of human services to restore adult dental benefits to Medicaid enrollees, and requires federal matching funds.

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. According to an article in the American Journal of Public Health, pain due to oral disease in children results in thousands of hours of missed school every year (Jackson et al., 2011); while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in Hawaii's service-based economy.

As a result of Hawaii's past decade of minimal coverage for dental care, our emergency room have been over utilized for unmet oral health needs to the tune of thousands of visits per year, costing millions of dollars.

In restoring adult dental benefits to Medicaid enrollees, we can have a major positive impact on Medicaid enrollees' lives, and in-turn reduce the overall tax burden generated from emergency room over use. I urge the committees to pass S.B. No. 467. Thank you for this opportunity to testify.

Ryan Ramsey
731 Nunu St.
Kailua, HI 96734

214-454-9548

SB-467-SD-1

Submitted on: 3/15/2019 8:58:29 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cory Harden	Individual	Support	No

Comments:

Aloha legislators,

It is chilling to see how little has changed since the 1990s, when I took part in the effort to get more dental care for people on Medicaid.

Inadequate dental care is penny-wise and pound-foolish--bad teeth often mean bad health, and ultimately more medical expenses.

Mahalo,

Cory Harden, Hilo

SB-467-SD-1

Submitted on: 3/16/2019 9:38:35 AM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
karen oneill	Individual	Support	No

Comments:

Adults with low income need help caring for their dental needs. Please provide funds!

TESTIMONY FOR SENATE BILL 467
MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID
ENROLLEES

Date of Hearing:

March 20, 2019

Committee:

Committee on Human Services & Homelessness

March 16, 2019

Dear Chair Joy A. San Buenaventura, Vice Chair Nadine K. Nakamura, and Committee members:

My name is Andrew Tseu, D.D.S., J.D. and I am submitting testimony as a Hawaii resident. I am writing in strong support of SB 467. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include reinstate basic preventive and restoration benefits.

Hawaii's oral health services has not been given adequate attention and resources necessary to support good oral health care in our state since Medicaid adult dental benefits were drastically cut in 2009.

Oral health is a crucial part of a person's physical, psychological, social and economic health and well-being. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

As a result of our past decade of minimal coverage for dental care, our emergency room have been overutilized for unmet oral health needs to the tune of thousands of visits per year, costing millions of dollars.

As a part of our commitment to improve oral health in Hawaii, we believe that basic coverage of dental services for adults is a critical factor in ensuring access to appropriate and timely oral health care.

Please feel free to contact me at (808) 781-3613 to discuss my testimony further.

Thank you for the opportunity to testify in strong support of this very important health bill.

Best regards,



Andrew Tseu, D.D.S., J.D.

SB-467-SD-1

Submitted on: 3/16/2019 11:53:13 AM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jerris Hedges	Individual	Support	No

Comments:

Aloha,

I wish to note my support for SB467 SD1. This bill will restore adult dental benefits to Medicaid patients.

An unfortunate reality is that poor dental health contributes to early death and disability. Medicaid patients have limited resources to obtain dental health care. Restoring dental benefits to Medicaid patients represents a cost effective approach to limiting overall cost for advancing the health of Medicaid patients.

Jerris Hedges

Dean, John A. Burns School of Medicine

SB-467-SD-1

Submitted on: 3/15/2019 3:10:43 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Roxann Kehus	Individual	Support	No

Comments:

To: Hawaii State House Committee on Health and Human Services
Hearing Date/Time: Wednesday, 03-20-2019 at 10:00am
Place: Hawaii State Capitol, Room 329
Re: Judith Ann Armstrong is in support of SB467

Dear Committee members,

I am writing in **strong support** of SB467 relating to Dental Care for Adult Medicaid enrollees. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include/reinstate basic preventive and restoration benefits.

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

As a result of Hawaii's past decade of minimal coverage for dental care, our emergency room have been overutilized for unmet oral health needs to the tune of thousands of visits per year, costing millions of dollars.

There were reported just over 3,000 emergency room (ER) visits for acute oral health conditions in 2016, totaling over \$17 million in direct costs, compared to 1,800 visits in 2006, with \$4 million in costs. For all dental emergency services that were provided in 2015-16 in Hawaii, 56% were disproportionately Med-QUEST recipients, who represent about 25% of the overall Hawaii population.

An estimated 79% of ER dental visits could be diverted to community settings, saving about 48% of the cost of each visit. (Example: treating a dental emergency might cost \$750 in an ER vs. \$390 in the community setting.)

In FY 2017, for the 234,258 adults who had emergency-only dental coverage, only 17,889 (8%) of them received ANY dental services for the year.

If a state opts to cover adult dental care through Medicaid, the Federal government will match up to 50% of the state's investment.

As a part of our commitment to improve oral health in Hawaii, we believe that basic coverage of dental services for adults is a critical factor in ensuring access to appropriate and timely oral health care.

Thank you for this opportunity to testify in support of this important measure.

Sincerely,
Judith Ann Armstrong
1717 Ala Wai Blvd
Apt 3006
Honolulu, HI 96815

nakamura1 - Nichol

From: Dana Ciacci <ctpiclrdozauim@ujoin.co>
Sent: Monday, March 18, 2019 9:45 AM
To: HSHtestimony
Subject: SUpport SB 467, SD1 - restoring dental to medicaid

From: danaciacci@yahoo.com <Dana Ciacci>

Message:

Aloha Chairwoman San Buenaventura, Chairman Mizuno and members of the Committees on Human Services & Homelessness and Health,

I write in support of S.B. 467 which makes an appropriation to the department of human services to restore adult dental benefits to medicaid enrollees. Requires federal matching funds.

It is widely acknowledged that the behavior of parents, and in particular mothers, affects their children's health.

Oral health has an important role in the general well-being of individuals. Since oral health behaviors can affect the oral health, attempting to construct good oral health behaviors can affect the general health of individuals. Indeed, the adoption of good oral health habits in childhood often takes place with parents, especially with mothers.

The foundation for healthy permanent teeth in children and teenagers is laid during the first years of life. Poor diet, poor habits of food intake and inadequate toothbrushing habits during the first 2 years of life have been shown in several studies to be related to tooth decay in children. The development of caries in primary teeth further increases the risk of developing caries in permanent teeth.

Therefore it is essential to establish a proper oral hygiene routine early in life to help ensure the development of strong and healthy teeth. Parents, as consistent role models, are key for setting a daily routine and to making their children understand the importance of oral hygiene. Toothbrushing should be presented as a habit and an integral part of the daily hygiene routine. Children are very sensitive to social stimuli such as praise and affection, and learn best by imitating their parents. Physiological and mental development affects the oral care of children.

Therefore, making sure that adults have access to dental benefits, helps improve the oral health of our keiki.

For these reasons, I respectfully requests that the committee pass S.B. 467.

Dana Ciacci

Kaneohe

Hawaii

nakamura1 - Nichol

From: Melanie Padgett <htqrndjqbpxvm@ujoin.co>
Sent: Monday, March 18, 2019 9:09 AM
To: HSHtestimony
Subject: SUpport SB 467, SD1 - restoring dental to medicaid

From: melanieandjamie@live.com <Melanie Padgett>

Message:

Dental health should be covered just as any other part of the human body is

Aloha Chairwoman San Buenaventura, Chairman Mizuno and members of the Committees on Human Services & Homelessness and Health,

I write in support of S.B. 467 which makes an appropriation to the department of human services to restore adult dental benefits to medicaid enrollees. Requires federal matching funds.

It is widely acknowledged that the behavior of parents, and in particular mothers, affects their children's health.

Oral health has an important role in the general well-being of individuals. Since oral health behaviors can affect the oral health, attempting to construct good oral health behaviors can affect the general health of individuals. Indeed, the adoption of good oral health habits in childhood often takes place with parents, especially with mothers.

The foundation for healthy permanent teeth in children and teenagers is laid during the first years of life. Poor diet, poor habits of food intake and inadequate toothbrushing habits during the first 2 years of life have been shown in several studies to be related to tooth decay in children. The development of caries in primary teeth further increases the risk of developing caries in permanent teeth.

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Therefore, making sure that adults have access to dental benefits, helps improve the oral health of our keiki.

For these reasons, I respectfully requests that the committee pass S.B. 467.

Melanie Padgett

project specialist

Pukalani

Hawaii

nakamura1 - Nichol

From: Susan Wurtzburg <ivtoopgfvojjamm@ujoin.co>
Sent: Monday, March 18, 2019 2:19 PM
To: HSHtestimony
Subject: Support SB 467, SD1 - restoring dental to medicaid

From: susan.wurtzburg@gmail.com <Susan Wurtzburg>

Message:

Dental health is important for overall health, and it should be included. Hawaii has many families on Medicaid, and this should be included in their plans. The long-term costs are much greater, if people lose teeth, gum health, and results in expensive jaw issues.

Aloha Chairwoman San Buenaventura, Chairman Mizuno and members of the Committees on Human Services & Homelessness and Health,

I write in support of S.B. 467 which makes an appropriation to the department of human services to restore adult dental benefits to medicaid enrollees. Requires federal matching funds.

It is widely acknowledged that the behavior of parents, and in particular mothers, affects their children's health.

Oral health has an important role in the general well-being of individuals. Since oral health behaviors can affect the oral health, attempting to construct good oral health behaviors can affect the general health of individuals. Indeed, the adoption of good oral health habits in childhood often takes place with parents, especially with mothers.

The foundation for healthy permanent teeth in children and teenagers is laid during the first years of life. Poor diet, poor habits of food intake and inadequate toothbrushing habits during the first 2 years of life have been shown in several studies to be related to tooth decay in children. The development of caries in primary teeth further increases the risk of developing caries in permanent teeth.

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Therefore, making sure that adults have access to dental benefits, helps improve the oral health of our keiki.

For these reasons, I respectfully requests that the committee pass S.B. 467.

Susan Wurtzburg

Kailua

Hawaii

nakamura1 - Nichol

From: Jasmine Ka'ahanui <mvegbbtvnevxyd@ujoin.co>
Sent: Monday, March 18, 2019 5:29 PM
To: HSHtestimony
Subject: Support SB 467, SD1 - restoring dental to medicaid

Follow Up Flag: Follow up
Flag Status: Flagged

From: jmweaver98@gmail.com <Jasmine Ka'ahanui>

Message:

Aloha Chairwoman San Buenaventura, Chairman Mizuno and members of the Committees on Human Services & Homelessness and Health,

I write in support of S.B. 467 which makes an appropriation to the department of human services to restore adult dental benefits to medicaid enrollees. Requires federal matching funds.

It is widely acknowledged that the behavior of parents, and in particular mothers, affects their children's health.

Oral health has an important role in the general well-being of individuals. Since oral health behaviors can affect the oral health, attempting to construct good oral health behaviors can affect the general health of individuals. Indeed, the adoption of good oral health habits in childhood often takes place with parents, especially with mothers.

The foundation for healthy permanent teeth in children and teenagers is laid during the first years of life. Poor diet, poor habits of food intake and inadequate toothbrushing habits during the first 2 years of life have been shown in several studies to be related to tooth decay in children. The development of caries in primary teeth further increases the risk of developing caries in permanent teeth.

Therefore it is essential to establish a proper oral hygiene routine early in life to help ensure the development of strong and healthy teeth. Parents, as consistent role models, are key for setting a daily routine and to making their children understand the importance of oral hygiene. Toothbrushing should be presented as a habit and an integral part of the daily hygiene routine. Children are very sensitive to social stimuli such as praise and affection, and learn best by imitating their parents. Physiological and mental development affects the oral care of children.

Therefore, making sure that adults have access to dental benefits, helps improve the oral health of our keiki.

For these reasons, I respectfully requests that the committee pass S.B. 467.

Jasmine Ka'ahanui

Waianae

Hawaii

SB-467-SD-1

Submitted on: 3/19/2019 2:00:34 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Smith	Individual	Support	No

Comments:

Dear Chair San Buenaventura, Chair Mizuno, and members of the Health Committee and Human Services and Homelessness Committee,

My name is Jordan and I am a resident of Honolulu (represented by Senate District 12 and House District 29). Thank you for the opportunity to testify in support of SB467, SD1 which would make an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees and require federal matching funds.

Hawaii needs to be proactive in addressing the overwhelming trips to emergency rooms for preventable dental emergencies and tooth decay. It has proven incredibly costly to taxpayers to continue to only implement emergency dental care for Medicaid patients when cost-benefit analysis studies have shown that proactive dental care can save the state hundreds of thousands of dollars through reinstating adult dental benefits to Medicaid enrollees.

I urge you to pass this measure and continue your promise to represent and fight for all of Hawaii's citizens.

Best,

Jordan

Honolulu, 96817

SB-467-SD-1

Submitted on: 3/19/2019 2:48:21 PM

Testimony for HSH on 3/20/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments:

Support