

JAN 17 2020

A BILL FOR AN ACT

RELATING TO MEDICAID BENEFITS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that oral disease is a
2 significant health problem among many Hawaii residents,
3 affecting their overall health and well-being. Since 2010,
4 Hawaii has received a failing grade of "F" in three oral health
5 report cards published by the Pew Center of the States due to
6 multiple policy and systems issues in the State that has left
7 the oral health of Hawaii's families and children in a state
8 that is worse than the rest of the nation.

9 Access to regular oral healthcare varies greatly across the
10 State, with rural and neighbor island residents and persons with
11 low-income families experiencing greater access issues.
12 Currently, approximately 180,000 adult medicaid beneficiaries
13 are not getting the benefit of early oral disease detection and
14 treatment for better overall health. Lack of access to dental
15 coverage and oral healthcare is a health and social justice
16 issue that disproportionately affects the poor, children, the
17 elderly, and racial and ethnic minority groups.



1 In 2009, the State of Hawaii terminated all preventative
2 and restorative dental care services for adult medicaid
3 recipients and replaced it with emergency room services that are
4 limited to pain relief, injuries, trauma, and tooth removal and
5 extraction. Nationally, studies have shown that reducing or
6 eliminating medicaid adult dental benefits has led to
7 significant increases in dental-related emergency room visits
8 and associated costs. In 2012 alone, Hawaii medicaid paid
9 \$4,800,000 for 1,691 adults for emergency room visits for
10 preventable oral health problems, according to the department of
11 health's Hawaii Oral Health: Key Findings report.

12 In Hawaii, a disproportionate number of adult medicaid
13 beneficiaries ages twenty-one and older utilize emergency dental
14 services. While they are twenty-five per cent of Hawaii's
15 population, they represent fifty-six per cent of all emergency
16 dental services. Just over 3,000 emergency room visits for
17 acute oral health conditions occurred in 2016, totaling over
18 \$17,000,000 in direct costs, a cost that has more than doubled
19 since 2007. Data also indicated that rural residents of the
20 State, primarily from the north shore of Oahu and the islands of



1 Kauai and Hawaii, were more likely than urban residents to go to
2 the emergency room for dental problems.

3 The lack of preventative and restorative dentistry services
4 for adult medicaid beneficiaries increases potential health care
5 complications and costs for individuals living with diabetes,
6 including an increased incidence of gum disease, increased
7 difficulty controlling diabetes and an increased likelihood of
8 coronary artery disease. These complications can all lead to
9 increased disability and death. For diabetic medicaid
10 beneficiaries, increased access to dental care could result in a
11 cost savings between \$118,000 and \$1,700,000 for diabetic
12 medical care for all beneficiaries, according to 2019 estimates
13 by the Healthy Policy Institute of the American Dental
14 Association.

15 For pregnant adult medicaid beneficiaries, ensuring good
16 oral health during pregnancy may reduce pregnancy complications
17 such as pre-eclampsia, giving birth too soon, or having low
18 birth-weight babies. The average cost of services for the birth
19 of a healthy newborn is approximately \$5,000. In contrast, the
20 cost of services for a premature or underweight newborn can
21 range from \$200,000 to \$2,000,000.



1 Poor oral health is clinically proven to have serious
2 adverse impact on overall health and well-being. It is linked
3 to an array of acute and chronic health conditions including
4 heart disease, diabetes, stroke, depression, low birth weight,
5 and premature birth among others. Tooth decay is almost
6 completely preventable. However, preventive services, early
7 diagnosis, and interventions that can halt or slow the
8 progression of most oral diseases is currently unavailable to
9 adult medicaid beneficiaries in the State. Problems that could
10 have been addressed early, or even prevented, continue to
11 progress, leading to poor health outcomes and lower quality of
12 life.

13 Dental care coverage is positively associated with access
14 to and utilization of oral healthcare. Research indicates that
15 children and adults with dental coverage are significantly more
16 likely to seek and use regular dental services than those who
17 are uninsured.

18 Individuals enrolled in medicaid have an increased
19 likelihood of disparities in health care outcomes based on
20 income. The prevalence of dental disease and tooth loss is
21 disproportionately high among low-income populations.



1 Insufficient coverage or access to care often further
2 disadvantages medicaid recipients, driving poor health outcomes
3 and higher costs.

4 Expanded adult dental benefits can have tremendous positive
5 impacts on state medicaid populations. It has been shown that
6 individuals with dental benefits are forty-two per cent more
7 likely to have a dental checkup within the year than individuals
8 who do not have coverage. Parents who receive dental care are
9 also more likely to take their children to the dentist as well.

10 Medicaid provides federal funds for health care coverage to
11 eligible individuals with low incomes, including children and
12 their parents, pregnant women, the elderly, and persons with
13 disabilities. The federal government will match up to fifty per
14 cent of a state's investment in reinstating preventative and
15 restorative dental benefits for adult medicaid beneficiaries.

16 Although comprehensive dental coverage is mandatory for
17 children enrolled in medicaid, dental benefits for medicaid-
18 eligible adults are optional. Currently, thirty-four states
19 offer comprehensive or limited preventive and restorative
20 benefits to adults on medicaid.



1 Adding expanded dental services benefits for the State's
2 adult medicaid enrollees will reduce the number of acute oral
3 health-related emergency room visits and improve these
4 individuals' chronic disease risks and overall health status.
5 Current estimates on costs of restoring expanded benefits to
6 adult medicaid recipients in Hawaii that will provide a range of
7 preventive and restorative benefits for recipients to help
8 maintain and improve their oral health are being developed by
9 the department of human services MedQuest division.

10 It has been over a decade since the State removed all but
11 emergency medicaid adult dental benefits. The legislature finds
12 that it is in the best interest of the State and its residents
13 to expand access to care by restoring dental benefits to adult
14 medicaid enrollees. Accordingly, the purpose of this Act is to
15 appropriate funds to restore diagnostic, preventive, and
16 restorative dental benefits to adult medicaid enrollees.

17 SECTION 2. There is appropriated out of the general
18 revenues of the State of Hawaii the sum of \$7,000,000 or so much
19 thereof as may be necessary for fiscal year 2020-2021 to restore
20 diagnostic, preventive, and restorative dental benefits to adult
21 medicaid enrollees; provided that the department of human



1 services shall obtain the maximum federal matching funds
2 available for this expenditure.

3 The sums appropriated shall be expended by the department
4 of human services for the purposes of this Act.

5 SECTION 3. This Act shall take effect on July 1, 2020.

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INTRODUCED BY:

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S.B. NO. 2459

Report Title:

Adult Dental Benefits; Medicaid; Appropriation

Description:

Makes an appropriation to restore certain adult dental benefits to medicaid enrollees. Requires maximization of federal matching funds.

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