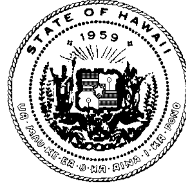
DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

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

February 24, 2020

TO: The Honorable Representative, Sylvia Luke, Chair
House Committee on Finance

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 2249 HD1– RELATING TO MEDICAID BENEFITS**

Hearing: Tuesday, February 25, 2020 12:30 p.m.
Conference Room 308, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure, and offers comments. We respectfully request that the passage does not replace or adversely impact the Governor's budget priorities.

PURPOSE: The purpose of the bill is to appropriate funds to DHS to restore diagnostic, preventive, and restorative adult dental benefits to adult Medicaid beneficiaries.

DHS appreciates and supports the restoration of a basic oral health benefit for adult Medicaid and QUEST Integration beneficiaries. The current limited benefit of emergency-only coverage does not support the goals of whole person care. Additionally, the inability of beneficiaries 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.

The bill appropriates $7,000,000 general funds to restore diagnostic, preventive, and restorative dental benefits for adult beneficiaries. Over the last year, DHS Med-QUEST Division (MQD) has worked with the Health Policy Institute of the American Dental Association (HPI ADA) to update our cost estimates for the restoration of the adult dental benefit. Additionally, MQD did a national scan on various alternative options to the full

restoration of the benefit that could be considered and have lower costs. MQD identified three tiers of coverage options, ranging from a basic dental coverage to a comprehensive option. HPI ADA and MQD provided preliminary estimates to the Committees on Health and Human Services and Homelessness. The report has now been finalized with some changes to the estimated costs for restoring each of the options. They are provided below:

- **Option 1. Limited dental benefit** focused only on prevention and oral disease control (dental procedures such as diagnostics (x-rays), cleanings, and fillings). Estimated total cost: $9.7M ($3M state funds; $6.7M federal funds).
- **Option 2. Basic Dental benefit** focused on oral disease control and some restoration of chewing functions (diagnostics, cleanings, fillings, some root canals, some crowns, and some dentures). Estimated total cost: $23.5M ($7.3M state funds; $16.2 federal fund).
- **Option 3. Comprehensive coverage** that includes most dental procedures with some limits. Estimated total cost: $41M ($13M state funds; $29M federal funds).

The $7M appropriation would be nearly sufficient to cover Option 2, which while not a full restoration, would be a positive step toward whole person health. However, if a lower cost option would be more feasible, Option 1 is considerably less at $3 million.

The national environmental scan also confirmed that some states offer different tiers of benefits to different sub-populations. The cost estimates provided by HPI ADA are further broken down by specific sub-populations of Age, Blind and Disabled eligibility groups and Pregnant Women. If further breakdown of the options by targeted population would be of interest, those estimates can be provided.

Additionally, HPI ADA provided estimated future medical cost savings that may occur under each option. Those were not included in the estimates above, as the savings would only accrue two to three years after the implementation of the adult dental benefit.

Lastly, if an appropriation is forthcoming, the Legislature should consider adding the appropriation to the executive budget as a one-time appropriation will not support the necessary continuity of an adult dental program.

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

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

February 25, 2020

The Honorable Representative Sylvia Luke, Chair
House Committee on Health
Thirtieth Legislature
State Capitol
State of Hawaiʻi
Honolulu, Hawaiʻi 96813

Dear Representative Luke and Members of the Committees:

SUBJECT: HB 2249 HD1 – Relating to Medicaid Benefits

The State Council on Developmental Disabilities (DD) **STRONGLY SUPPORTS HB 2249 HD1.** The bill makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

The Council cannot emphasize enough the importance of dental care services that include preventive, restorative, prosthetic, and emergency services for people with Developmental Disabilities. 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 respectfully request that Option 2 from the final fiscal analysis report, released February 20, 2020, be considered. According to the report, the projected State versus Federal costs for restoring adult dental benefits is estimated to be $23.5M ($7.3M state funds; $16.2 federal funds). Option 2 would provide Basic Dental Benefits focused on oral disease control and some restoration of chewing functions (diagnostics, cleanings, fillings, some root canals, some crowns, and some dentures).

Thank you for the opportunity to submit testimony in **strong support of HB 2249 HD1.**

Sincerely,

Daintry Bartoldus
Executive Administrator

HB-2249-HD-1
Submitted on: 2/21/2020 8:27:56 PM
Testimony for FIN on 2/25/2020 12:30:00 PM

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

Comments:

Responsible parents teach their children to brush their teeth so that they won't get cavities or have other oral health issues. Yet, we have a government policy which says that we will not pay to have your teeth cleaned or your cavities filled - however, if your teeth are rotting and about to fall out then we will pay to have it extracted. That seems completely contrary to common sense; basic health principles, and how most of us try to act in our own lives. It is hard to believe that we have allowed that to continue as our policy for so many years and we really hope the Legislature and the Department of Human Services will finally change that.

UNIVERSITY OF HAWAIʻI SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Finance
Tuesday, February 25, 2020 at 12:30 p.m.
By
Jerris Hedges, MD, MS, MMM
Professor & Dean
John A. Burns School of Medicine;
Mary G. Boland, DrPH, RN, Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai'i at Mānoa;
And
Michael Bruno, PhD
Provost
University of Hawaiʻi at Mānoa

HB 2249 HD1 – RELATING TO MEDICAID BENEFITS

Chair Luke, Vice-Chair Cullen, and members of the committee:

HB 2249 HD1 appropriates funds to restore diagnostic, preventive and restorative dental benefits to adult Medicaid enrollees. The John A. Burns School of Medicine (JABSOM) and the School of Nursing and Dental Hygeine support HB 2249 HD1.

For over a decade the only covered Medicaid benefit with respect to oral health has been for emergency adult dental procedures. Oral disease is a significant health problem among many Hawaiʻi residents, which in turn affects their overall health and wellbeing. Since 2010, Hawaiʻi has received a grade of “F” in three oral health report cards published by the Pew Center of the States.

Lack of access to dental coverage and oral healthcare is a health and social justice issue that disproportionately affects the poor, children, elderly, as well as racial, ethnic and minority groups. Studies have shown that reducing or eliminating Medicaid adult dental benefits leads to significant increases in dental-related emergency room visits and associated costs. Similarly, the lack of preventative and restorative dental coverage for Medicaid beneficiaries increases potential healthcare complications and costs for individuals living with diabetes, including an increased incidence of gum disease, increased difficulty controlling diabetes and an increased likelihood of coronary artery disease. These complications lead to increased disability and death. For diabetic Medicaid beneficiaries, increased access to dental care could result in an annual cost savings between $118,000 and $1,700,000 according to estimates by the Healthy Policy Institute of the American Dental Association.

Funding dental benefits for adults enrolled in Medicaid will enable those beneficiaries to access dental healthcare. This in turn enhances the overall health and wellness for many in our communities.

Thank you for the opportunity to provide testimony on this matter.

1132 Bishop Street, #1920 | Honolulu, HI 96813
1-866-295-7282 | Fax: 808-537-2288 | TTY: 1-877-434-7598
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facebook.com/AARPHawaii

HOUSE OF REPRESENTATIVES
Committee on Finance
Tuesday, February 25, 2020
12:30 p.m.
Conference Room 308

To: Representative Sylvia Luke, Chair

Re: H.B. 2249 HD1 Relating to Medicaid Benefits

Dear Chair Luke, Vice-Chair Cullen, and Members of the Committee,

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a membership organization of people age fifty and over, with nearly 145,000 members in Hawai'i. AARP advocates for issues that matter to Hawai'i families, including the high cost of long-term care; access to affordable, quality health care for all generations; and serving as a reliable information source on issues critical to people over the age of fifty.

H.B. 2249 HD1 appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees, provided that the Department of Human Services shall obtain the maximum federal matching funds available for this expenditure.

AARP strongly supports H.B. 2249 HD1.

According to an issue paper on improving dental coverage for older adults, (Henry J. Kaiser Family Foundation, September 2019), nearly two-thirds of the Medicare population (37 million beneficiaries 65 years and older) have no dental coverage at all. This includes older adults of all incomes. Cost concerns and lack of dental coverage contribute to many older adults foregoing routine and other dental procedures. Inadequate dental care can exacerbate chronic medical conditions such as diabetes and heart conditions, and lead to preventable complications that sometimes result in costly emergency room visits. A recent study identified $2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period. (Center for Health Care Strategies, Inc.: Fact Sheet, September 2019) The study further states that low-income adults suffer a disproportionate share of dental disease. Adults who are disabled, homebound, or institutionalized have an even greater risk of dental diseases. Many of them would be Medicaid recipients.

Broadening the dental benefit to the adult Medicaid enrollee will greatly improve their overall health and reduce the risk for costly medical care and emergency room visits.

Thank you for the opportunity to testify in support of H.B. 2249 HD1.

Hawaii

Dental Hygienists' Association

Testimony in Support of RE: HB2249 HD1

February 23, 2020

Dear Chair Luke, Vice Chair Cullen and Respected Members of the Committee on Finance:

The Hawaii Dental Hygienists' Association (HDHA) strongly **SUPPORTS HB2249 HD1**. 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 HB2249 HD1** 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. We hope Hawaii's expanding workforce of Dental Hygienists' can and will be utilized to the fullest to treat this underserved population once this measure is passed.

Thank you for your consideration.

P.O. Box 23313 ♦ Honolulu, HI 96823 ♦ www.hdha.net

HAWAII APPLESEED
CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawaiʻi Appleseed Center for Law & Economic Justice
In Support of HB 2249 HD1 – Relating to Medicaid Benefits
House Committee on Finance
Tuesday, February 25, 2020, 12:30 PM, in conference room 308

Dear Chair Luke and Mizuno, Vice Chair Cullen, and members of the Committees:

Thank you for the opportunity to provide testimony in **SUPPORT of HB 2249 HD1**, which would appropriate funds to restore certain adult dental benefits to Medicaid enrollees.

We echo the legislature's finding that, "Lack of access to dental coverage and oral healthcare is a health and social justice issue that disproportionately affects the poor, children, the elderly, and racial and ethnic minority groups… Individuals enrolled in medicaid have an increased likelihood of disparities in health care outcomes based on income. The prevalence of dental disease and tooth loss is disproportionately high among low-income populations. Insufficient coverage or access to care often further disadvantages medicaid recipients, driving poor health outcomes and higher costs."

An investment of $7 million, as proposed in this bill, to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees will likely more than pay for itself by reducing costs due to emergency room visits for dental problems, health and birth complications due to poor oral health, and other acute and chronic health conditions that are linked to oral disease.

We appreciate your consideration of this testimony, and we urge you to pass this bill.

To: The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
Members, Committee on Finance

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems
Date: February 22, 2020
Hrg: House Committee on Finance Hearing; Tuesday, February 25, 2020 at 12:30 P.M. in room 308

Re: **Support for HB2249 HD1, Relating to Medicaid Benefits**

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 of HB2249 HD1, relating to Medicaid benefits. The proposed bill would appropriate funds restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees, provided DHS obtains maximum federal matching funds available. 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.

The Dental Clinic served over 5,000 patients in FY2017 and nearly 6,000 in FY2018. Since FY2014, on average half of all patients served at the Dental Clinic are under Medicaid, uninsured or self-pay.

Queen's is committed to providing quality care to Native Hawaiians and all the people of Hawaii, regardless of their ability to pay, and we support restoring adult dental benefits to Medicaid enrollees. Thank you for your time and attention to this important issue.

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone 808-691-5900

DELTA DENTAL

HDS
Hawaii Dental Service

Date: February 24, 2020

To: The Honorable Sylvia Luke
Chair, House Committee on Finance

The Honorable Ty J.K. Cullen
Vice Chair, House Committee on Finance

From: Mark H. Yamakawa, President & CEO

Re: Strong Support for HB2249
Making an Appropriation to Restore Certain Adult Dental Benefits to Medicaid Enrollees

As Hawaii's largest dental benefits provider, Hawaii Dental Service (HDS) strongly supports HB2249, which would appropriate funds to the Hawaii Department of Human Services to restore basic diagnostic, preventive, and restorative dental benefits for adult Medicaid enrollees.

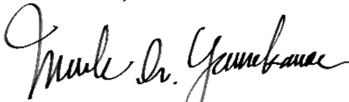
Oral health is an important component of an individual's overall physical, psychological, social, and economic health and wellbeing. Providing needed dental benefits for Hawaii's adult Medicaid population will not only provide access to quality preventive and restorative dental care, but also help to improve overall health. This ultimately will improve individual lives and lower healthcare costs for the state.

Good oral health is a foundation of good overall health. Due to drastic cuts to adult dental benefits since 2009, Hawaii has seen emergency room visits overutilized for unmet oral health needs, costing millions of dollars in unnecessary expenses. There were reported just over 3,000 emergency room 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.

Having strong teeth and healthy gums allows us to eat for proper nutrition and enjoy speech and communication that are essential for work and socialization. A lack of access to oral health care results in productivity loss from absenteeism as well as underemployment or unemployment, causing adverse economic impacts for individuals and our community.

We respectfully urge the Committee to thoughtfully consider restoration of full adult dental benefits for adult Medicaid enrollees to improve quality of life in our state. Thank you for the opportunity to offer testimony on this bill.

Mahalo,



Mark H. Yamakawa
President and CEO

HB-2249-HD-1
Submitted on: 2/22/2020 4:29:00 PM
Testimony for FIN on 2/25/2020 12:30:00 PM

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

Comments:

Hana Health fully supports reinstatement of adult dental benefits. The importance of this measure to the residents of the remote Hana District can not be over stated. Too many have gone too long without needed dental care. Please improve access for the most vulnerable of our residents. Thank you.

HB-2249-HD-1
Submitted on: 2/22/2020 11:33:05 AM
Testimony for FIN on 2/25/2020 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Doris Segal Matsunaga	Save Medicaid Hawaii	Support	No

Comments:

HIPHI Board

Michael Robinson, MBA, MA
Chair
Hawaii Pacific Health

JoAnn Tsark, MPH
Secretary
John A. Burns School of Medicine, Native Hawaiian Research Office

Kilikina Mahi, MBA
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Forrest Batz, PharmD
Retired, Daniel K. Inouye College of Pharmacy

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Kamehameha Schools

Keawe'aimoku Kaholokula, PhD
John A. Burns School of Medicine, Department of Native Hawaiian Health

Mark Levin, JD
William S. Richardson School of Law

Bryan Mih, MD, MPH
John A. Burns School of Medicine, Department of Pediatrics

Rachel Novotny, PhD, RDN, LD
University of Hawaii at Manoa, College of Tropical Agriculture and Human Resources

Garret Sugai
Kaiser Permanente

Catherine Taschner, JD
McCorriston Miller Mukai MacKinnon LLP

Date: February 24, 2020

To: Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair
Members of the Finance Committee

Re: Strong Support HB2249, HD1, Relating to Medicaid Benefits

Hrg: February 25, 2020 at 12:30 PM at Conference Room 308

The Hawaiʻi Public Health Institute[i] is in **Strong support of HB2249, HD1,** which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

HB2249, HD1, appropriates funds to the DHS to restore basic diagnostic, preventive, and restorative adult dental benefits to adult Medicaid enrollees. In a survey conducted by Ward Research for HIPHI[ii], 9 in 10 registered Hawaii voters (89%) 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 cards released by The Pew Center for the States. Unfortunately, drastic cuts in 2009 eliminated comprehensive benefits for Medicaid enrollees and reduced coverage to emergency only (extraction and pain management). Hawaiʻi has suffered the consequences:

- 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.
- In 2016, 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 just over $17,000,000 compared to $4,000,000 in 2006. Over half of all dental ER visits were residents on Neighbor Islands and 66% were Medicaid beneficiaries.

- An estimated 79% of ER dental visits could be diverted to community settings, saving about 48% of the cost of each visit.
- Significant disparities exist State-wide with rural and low-income families experiencing higher ER utilization rates for dental issues. For example, overall population rates of ER utilization for oral health in 2016 were 82.2 per 10,000 in the Kau primary service care area compared to 5.0 per 10,000 in the Mililani primary care service area.

Oral health is a crucial part of overall physical, psychological, social, and economic wellbeing. Adults with poor oral health often struggle to manage chronic co-conditions such as diabetes. Researchers have linked poor oral health with cardiovascular disease, stroke and bacterial pneumonia. Pregnant women with poor oral health are at an increased risk of delivering preterm and/or low-birth-weight infants. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

The Hawaiʻi Public Health Institute defers to the State Department of Human Services on the cost estimates to restore basic adult dental benefits to all adult Medicaid enrollees. The fiscal analysis by MedQuest-DHS and the Health Policy Institute of the American Dental Association, entitled, "*Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Hawaii Research Brief*" includes three potential dental coverage options. Of the three identified options, option 2 and option 3 appear to provide the most needed services of our adult Medicaid enrollees and will significantly improve dental care access. 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 the opportunity to testify. We strongly support HB2249, HD1, and respectfully ask you to pass this measure as is out of committee.

Mahalo,

Nicole Nakashima, D.D.S., M.P.H.
Oral Health and Policy Coordinator

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i The Hawaiʻi 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=808 registered Hawaii voters (maximum sampling error of +/-3.3%) conducted between December 11, 2019-January 27, 2020. A copy of the results are available upon request.

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

February 25, 2020
12:30 p.m.
Conference Room 308

To: The Honorable Chair Sylvia Luke
The Honorable Vice Chair Ty J.K. Cullen
House Committee on Finance

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

Re: HB 2249 HD1, Relating to Medicaid Benefits; **In Support**

‘Ohana Health Plan offers our **support** of HB 2249 HD1, which appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees, provided DHS obtains maximum federal matching funds available.

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.

Since January 2019, ‘Ohana Health Plan has offered—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 has invested 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 diagnostic, preventive and restorative dental benefits to adult Medicaid enrollees would be relatively small in comparison to the downstream cost savings to the entire healthcare system.

We strongly urge the passage of HB2249 HD1. Thank you for the opportunity to submit testimony on this measure.

Hawaiʻi Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Representative Luke, Chair
Representative Cullen, Vice Chair
House Committee on Finance

Re: HB 2249 HD1- adult dental benefits
Hawaiʻi State Capitol, Room 308
12:30PM, 2/25/2020

Chair Luke, Vice Chair Cullen, and committee members,

On behalf of Hawaii Children's Action Network Speaks!, we are writing to support in STRONG support HB 2249 HD1, relating to adult dental benefits.

Hawaii's children have some of the worst oral health outcomes in the country. Our third graders have the highest prevalence of tooth decay and 7 out of 10 third graders are impacted by tooth decay. We believe oral health is a family issue and that if parents have access to dental prevention services, their whole family will benefit. We know that dental health has a direct impact into overall health and therefore, should be a priority. Our most vulnerable families had this benefit previously and we believe it should be restored.

For these reasons, HCAN Speaks! respectfully requests the Committee to support this measure.

Thank you,

Kathleen Algire
Director, Public Policy and Research

850 Richards Street, Suite 201 • Honolulu, HI 96813 • 808-531-5502www.Hawaiʻi-can.org • info@Hawaiʻi-can.org

Date: February, 24, 2020

To: The Honorable Representative Sylvia Luke,
Chair House Committee on Finance

Re: Strong Support for HB2249 HD1 Making an Appropriation to Restore Certain Adult Dental Benefits to Medicaid Enrollees

Hrg: Tuesday, February 25, 2020 at 12:30 PM at Conference Room 308

The Hawai‘i Oral Health Coalition is in **Strong Support of HB2249, HD1,** which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

The Hawai‘i Oral Health Coalition (HOHC) is community driven and led with fiscal sponsorship from the Hawaii Public Health Institute. Its members represent all Hawai‘i islands and diverse sectors across the State. We are engaged citizens, community leaders, public policy advocates, outreach workers, administrators, data analysts, educators, program directors, nurses, doctors, dental hygienists, and dentists to name a few. The mission of the Hawai'i Oral Health Coalition is to improve the overall health and wellbeing of all Hawai'i residents by increasing access and equity in oral health care through collaborative partnerships, advocacy, and education.

HB2249 HD1 appropriates funds to the DHS to restore basic diagnostic, preventive, and restorative adult dental benefits to adult Medicaid enrollees. In a survey conducted by Ward Research for HIPHI[i], 9 in 10 registered Hawaii voters (89%) 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 cards released by The Pew Center for the States. Unfortunately, drastic cuts in 2009 eliminated comprehensive benefits for Medicaid enrollees and reduced coverage to emergency only (extraction and pain management). Hawai‘i has suffered the consequences:

- 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.
- In 2016, 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 just over $17,000,000 compared to $4,000,000 in 2006. Over half of all dental ER visits were residents on Neighbor Islands and 66% were Medicaid beneficiaries.
- An estimated 79% of ER dental visits could be diverted to community settings, saving about 48% of the cost of each visit.

- Significant disparities exist State-wide with rural and low-income families experiencing higher ER utilization rates for dental issues. For example, overall population rates of ER utilization for oral health in 2016 were 82.2 per 10,000 in the Kau primary service care area compared to 5.0 per 10,000 in the Mililani primary care service area.

Oral health is a crucial part of overall physical, psychological, social, and economic wellbeing. Adults with poor oral health often struggle to manage chronic co-conditions such as diabetes. Researchers have linked poor oral health with cardiovascular disease, stroke and bacterial pneumonia. Pregnant women with poor oral health are at an increased risk of delivering preterm and/or low-birth-weight infants. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

The HOHC has been working collaboratively with MedQuest-DHS and the Health Policy Institute of the American Dental Association for the past 8 months to gain a more specific fiscal analysis for Legislative consideration about the costs versus cost-savings in reinstating preventive and restorative dental benefits for adults on Medicaid. The fiscal analysis, entitled, "*Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Hawaii Research Brief",* identifies three coverage options. Of the three identified options, it appears that Option 2 provides most needed services to all of our adults on Medicaid while remaining cost-effective. Option 2. Basic Dental benefit focused on oral disease control and some restoration of chewing functions (diagnostics, cleanings, fillings, some root canals, some crowns, and some dentures). Estimated total cost: $23.5M ($7.3 million state funds; $16.2 million federal funds). What is important to note that this fiscal analysis also projects that over time, additional medical care cost savings estimates range from $1.9 million per year to $5.3 million, due to health status improvements in co-occurring health conditions such as diabetes, heart disease, pregnancy, and fewer ER visits for services.

We **strongly support** the restoration of these benefits.

Thank you for the opportunity to provide testimony.

Mahalo,

Anthony S Kim, DMD

Anthony S. Kim, DMD
Hawaiʻi Oral Health Coalition Chair

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[i] Findings from a Ward Research Study commissioned by the Hawaii Public Health Institute that summarizes findings from a phone survey among n=808 registered Hawaii voters (maximum sampling error of +/-3.3%) conducted between December 11, 2019-January 27, 2020. A copy of the results are available upon request.

HB-2249-HD-1
Submitted on: 2/24/2020 11:11:46 AM
Testimony for FIN on 2/25/2020 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jessanie Marques	Kau Rural Health Community Association, Inc.	Support	No

Comments:

Testimony to SUPPORT of H.B. 2249,

RELATING TO MEDICAID BENEFITS.

Hearing Date: Tuesday, 02-25-20 12:30PM

Aloha Committee Chair, and committee members,

I strongly SUPPORT this bill HB2249 HD1.

There's real potential for billions in savings for the system (and thousands for individuals) by promoting dental care. These findings, resulting from an analysis of medical, economics and epidemiology research, are based on a simple biological truth: The health of our mouths affects the health of our bodies.

A healthy mouth often mirrors internal health; a diseased mouth can reveal, and complicate internal illness. When oral health worsens, medical health worsens and costs escalate. By improving oral health, savings can be realized:

—If 60 percent of diabetes patients better managed their gum disease, savings could equal about $39 billion per year, or about $1,845 per diabetic individual.

—If 40 percent of pregnant women better managed their gum disease: about $7 billion, or nearly $1,050 per pregnancy.

—If 50 percent of dental-related emergency visits were handled in a community setting: around $826 million, or $385 per one of these visits.

The health care system, like the body, is in fact a system: When you strengthen one part, the burden on the whole lightens. When patients with systemic illnesses treat their gum disease, their medical outlook improves and treatment costs go down. When people receive regular dental care, they avoid expensive interventions during late stages of oral disease.

Please, PASS this vital dental healthcare bill,

Brian Murphy, Director

PATIENTS WITHOUT TIME

95 Mahalani Street, Room 21, Wailuku, HI 96793
Phone: 808-244-4647, Fax: 808-242-6676

Date: February 24, 2020

To: The Honorable Sylvia Luke, Chair House of Representatives Committee on Finance

Re: HB2249 Relating to Medicaid Benefits

Hrg: Tuesday, February 25, 2020 at 12:30 pm at Capitol Conference Room 308

My name is Emi Eno Orikasa and I am the Oral Health Director at Hui No Ke Ola Pono, the Native Hawaiian Health Center on Maui. Hui No Ke Ola Pono focuses on health enhancement and disease prevention through programs on nutrition, health management and health care referrals for the community of Maui in a culturally caring manner.

Hui No Ke Ola Pono is in strong support of HB2249 which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

Significant gaps exist in the oral health of Native Hawaiians, in part due to the lack of preventive and comprehensive dental benefits for adult Medicaid beneficiaries. Despite having a sliding-scale discount for dental services, many of our patients are still unable to afford even basic, preventive dental care. Thus, patients are delaying or avoiding preventive dental treatment, leading to more severe dental problems, and seeking care only when they have an emergency.

In 2016, 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 just over $17, 000,000 compared to $4.000.000 in 2006. Over half of all dental ER visits were residents on Neighbor Islands and 66% were Medicaid beneficiaries.

Oral health is a crucial part of overall physical, psychological, social, and economic wellbeing. Many of our adult patients are also afflicted with co-morbidities such as diabetes and cardiovascular disease, making preventive care essential in helping to managing these conditions. Pregnant women with poor oral health are at an increased risk of delivering preterm and/or low-birth-weight infants. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

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

We strongly support the restoration of these benefits.

Mahalo for the opportunity to provide testimony.

Josh Frost - President • Patrick Shea - Treasurer • Kristin Hamada
Nelson Ho • Summer Starr

Tuesday, February 25, 2020

Relating to Medicaid Benefits
Testifying in Support with amendment

Aloha Chair and members of the committee,

The Pono Hawaiʻi Initiative (PHI) **support with amendment HB2249, HD1 Relating to Medicaid Benefits**, which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

Dental benefits are necessary for a wide range of reasons (physical, emotional and economical). Having dental benefits can help reduce emergency room visits, reduce complications for diabetics and pregnant women. Poor oral health has been clinically proven to have adverse impacts on an array of acute and chronic health conditions leading to poor health outcomes and a lower quality of life.

Having access to dental coverage means more dental visits and a greater chance of preventing dental issues before they start. Currently comprehensive dental coverage is mandatory for children enrolled in Medicaid but benefits for adults is optional. Dental benefits should be apart of basic care received under Medicaid.

For all these reasons, we urge you to move this bill forward with a clean effective date.

Mahalo for the opportunity,
Gary Hooser
Executive Director
Pono Hawaiʻi Initiative

HOʻŌLA LĀHUI HAWAIʻI
P.O. Box 3990; Līhuʻe, Hawaiʻi
Phone: 808.240.0100 Fax: 808.246.9551

February 24, 2020

COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Ty J.K. Cullen, Vice Chair

Testimony in Support of HB 2249, HD1

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

Tuesday February 25, 2020—12:30pm Conference Room 308

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 full benefits to those most in need.

Respectfully,

David Peters
Chief Executive Officer

ALOHACARE

February 25, 2020
12:30 pm
Conference Room 308

To: The Honorable Rep. Sylvia Luke, Chair
The Honorable Rep. Ty J.K. Cullen, Vice Chair
Committee on Finance

From: Paula Arcena, Executive Vice President, External Affair

Re: HB2249, HD1 Relating to Medicaid Benefits

AlohaCare is pleased to submit this testimony in **strong support** of HB2249, HD1, making an appropriation to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees, provided DHS obtains maximum federal matching funds available.

In support of the bill, I am attaching a copy of the Health Policy Institute (HPI) of the American Dental Association analysis. The analysis projects 2020 costs and cost-benefits of restoring a Hawaii Medicaid adult dental benefit for three different benefit levels. The analysis was performed using Hawaii Medicaid data provided by the Hawaii Med-QUEST division, which oversees the Hawaii Medicaid program.

We urge you to consider restoring some level of dental benefits for adult Medicaid beneficiaries in order to improve health outcomes and decrease costs over the long-term. As stated in the HPI analysis, "...investing in a comprehensive dental benefit for Medicaid-enrolled adults will, in the long term, lead to reductions in medical costs financed by Medicaid. In Hawaii, more than one in three low-income adults indicate that the condition of their mouth and teeth affects their ability to interview for a job,[11] suggesting that Medicaid dental coverage could have economic benefits as well."

Without dental coverage, 180,000 adults in the Hawaii Medicaid program do not receive the benefit of early oral health detection and treatment. Instead, adults with Medicaid are covered for emergency dental coverage only. 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.

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. It's been over 10 years since adults in Hawai`i's Medicaid program have had dental coverage.

ALOHACARE

Clinical studies show that without proper dental care pregnant mothers are at higher risk for having 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 has covered 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 is a non-profit health plan founded in 1994 by Hawai`i Community Health Centers (CHCs) to provide high-quality health care services to Hawai`i's medically underserved populations and to ensure that communities have a voice in how their needs are served. We are the only community governed health plan in the state of Hawaii. Currently, AlohaCare is the second largest QUEST Integration plan statewide. 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.

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HPI Health Policy Institute
ADA American Dental Association®

Research Brief

Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Hawaii

Authors: Marko Vujicic, Ph.D.; Ranjani R. Starr, Ph.D., M.P.H.; Dan F. Fujii, D.D.S., M.P.H.; Rebecca Starkel Weninger, Ph.D.; Brittany Harrison, M.A.

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

Who We Are

HPI's interdisciplinary team of health economists, statisticians, and analysts has extensive expertise in health systems policy research. HPI staff routinely collaborates with researchers in academia and policy think tanks.

Contact Us

Contact the Health Policy Institute for more information on products and services at **hpi@ada.org** or call 312.440.2928.

Key Messages

- *We estimate the additional net cost of implementing an adult Medicaid dental benefit in Hawaii, including additional dental care costs and reduced medical care costs. We do this for three different levels of dental benefits.*
- *We estimate the additional net cost on a per-enrollee per-month basis to be $3.32, $8.45,and $15.37 for the three different levels of dental benefits.*
- *We estimate the additional net cost for Oahu and for neighboring islands separately and for all adults; aged, blind, and disabled; and pregnant women.*

Introduction

Medicaid provides health insurance coverage for some of the nation's most vulnerable populations, including children, low-income adults, pregnant women, the elderly and individuals with disabilities.[1] While states have great flexibility in how they administer their Medicaid programs, all states are required to comply with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.[2] The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 that are enrolled in Medicaid, including dental care services.

However, there is no corresponding dental care requirement for adult Medicaid beneficiaries. Instead, adult dental benefits are an optional benefit for Medicaid programs. According to the most recent analysis, Hawaii is one of 16 states that provide either no coverage or emergency dental services.[3] There are 19 states that provide comprehensive adult dental coverage and another 16 that provide limited adult dental coverage.

Evidence shows that providing adult dental benefits through Medicaid has a significant impact on access to and utilization of dental care among low-income adults.[4] Providing comprehensive dental benefits to Medicaid-enrolled adults has shown to reduce costly

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emergency department (ED) visits for dental conditions.[5,6]

Recent analysis suggests that providing dental care to pregnant women can lead to health care cost savings. Furthermore, extending dental coverage to patients with chronic conditions such as diabetes and heart disease can lead to savings in other areas of health care spending.[7,8,9,10] Thus, investing in a comprehensive dental benefit for Medicaid-enrolled adults will, in the long term, lead to reductions in medical costs financed by Medicaid. In Hawaii, more than one in three low-income adults indicate that the condition of their mouth and teeth affects their ability to interview for a job,[11] suggesting that Medicaid dental coverage could have economic benefits as well.

In this research brief, we estimate the cost of introducing a comprehensive adult dental benefit in the Medicaid program in Hawaii with three possible levels of coverage. Option 1 covers a basic package of diagnostic, preventive and restorative services. Option 2 covers the basic package plus core prosthodontic services. Option 3 is a further expansion to a more robust set of prosthodontic services. All three options cover periodontal services. We estimate potential medical care cost savings attributable to a reduction in ED visits for dental conditions and reduced medical care costs among Medicaid beneficiaries with diabetes and coronary artery disease (CAD) as well as pregnant women.

Results

The estimated additional, incremental net cost of providing Medicaid adult dental benefits in Hawaii is $7.8 million per year under Option 1, $19.9 million per year under Option 2, and $36.2 million per year under Option 3 (Appendix 1 Table 1). This translates to an additional $3.32, $8.45, and $15.37 per enrollee per month in spending, respectively.

These estimates include additional spending on dental care as well as anticipated reductions in medical care costs. Additional dental care costs alone (assuming medical care cost reductions do not come to pass) are estimated to be $9.7 million per year under Option 1, $23.5 million under Option 2, and $41.5 million under Option 3.

Additional medical care cost savings estimates range from $1.9 million per year to $5.3 million. In general, the largest offsetting medical cost reductions are for pregnant women. In several scenarios we estimate that the additional dental care costs are fully offset by reduced medical care costs. In such cases, the dental benefit "pays for itself."

Adding the additional net cost of implementing a comprehensive dental benefit to current spending levels gives an estimate of the total resources needed to fund dental benefits for adults in Hawaii. On a per enrollee per month basis, we estimate this to be $5.62, $10.62, and $17.41 for Option 1, Option 2, and Option 3, respectively.

These estimates are for total additional net spending and do not account for cost sharing between the federal and state government.

Appendix 2 Tables 2, 3, and 4 summarize more detailed modeling results for Options 1, 2, and 3 and break out the results separately for Oahu and neighboring islands.

Based on our modeling approach, our results should be interpreted as "steady state" estimates. In other words, they should not be interpreted as year one

costs, but rather medium- to long-term (e.g., 2 to 5 year horizon). Dental are utilization is likely to increase gradually when a dental benefit is introduced and medical care cost reductions, including reduced emergency department visits for dental conditions, take time to accrue.

Discussion

In this research brief, we estimate the cost of introducing a comprehensive Medicaid adult dental benefit in Hawaii. This analysis required making several key assumptions that, although guided by the best available evidence and data, are still assumptions and subject to uncertainty. Nevertheless, we feel we have incorporated the best available evidence and data to guide our modeling.

This analysis is meant to assist policy makers in Hawaii in assessing the fiscal impact of introducing a comprehensive adult dental benefit into the state Medicaid program.

The Health Policy Institute is happy to work with policymakers in Hawaii on further research related to the dental care sector, including evaluating the impact of expanded dental benefits in Medicaid.

Data & Methods

To obtain data for our analyses, we submitted a data request to Hawaii MedQuest and received the data in February 2019. Data used for analysis include Medicaid enrollment, current dental spending, percent of Medicaid enrollees with a dental visit, numbers of Medicaid enrollees with a dental-related emergency department visit, current emergency department spending for dental care services, number of Medicaid enrollees diagnosed with diabetes and coronary artery disease, and number of pregnant women who are covered by Medicaid.

We previously developed a methodology for estimating the cost of introducing a Medicaid adult dental benefit in a particular state.[12] We modified this methodology to be specific to Hawaii and refined estimates to account for the specific plan design options being considered in Hawaii. We also accounted for estimated medical care cost savings.

Officials in Hawaii indicated that Wyoming, Illinois and Minnesota are states where the adult dental benefit in Medicaid corresponds, respectively, to Option 1, Option 2, and Option 3 being considered in Hawaii. Appendix 3 Table 5 lists the dental procedures that would be covered under each of the three options in Hawaii. We reached out to the Medicaid offices in these three states to request detailed data on their dental Medicaid program. Upon further analysis, the benefit package in Illinois is closer to Option 1.

We first estimate the percent of adults enrolled in Medicaid who would use dental care services if a dental benefit is introduced. In 2018, 8.3 percent of adults enrolled in Medicaid in Hawaii had a dental visit. For Oahu and the neighboring islands, it was 7.6 percent and 9.6 percent, respectively. We have these utilization data for each subgroup, including pregnant women and aged, blind, and disabled (ABD). We also have enrollment data separately for subgroups.

Across states that provide comprehensive dental benefits to adults in Medicaid for which we have data, the average dental care use rate is 25 percent.[10] In Wyoming, it is 16 percent; in Illinois, it is 17 percent; and in Minnesota, it is 33 percent (the highest value).

Taking these data points into consideration, if adult dental benefits were introduced in the Hawaii

Medicaid program, we assumed dental care use would increase by 7 percent points, 15 percentage points, and 23 percentage points under Option 1, Option 2, and Option 3, respectively. We assumed dental care use rates will increase by the same percentage point for all sub-populations according to medical condition (e.g., those with diabetes, coronary artery disease, and pregnant women).

Next, we estimated what average annual dental spending among adult Medicaid enrollees would be under a Medicaid dental benefit. The average annual dental spending per adult patient across states with extensive adult dental benefits in Medicaid was $556[12] in 2012 or $608 in 2018 dollars. In Wyoming, Illinois and Minnesota, it was $259, $225 and $388, respectively in 2018. We adjusted these values to account for differences in Medicaid reimbursement levels across states. We assumed that Medicaid will reimburse dental care providers for services to adults at the same level as services to children in Hawaii. However, fee schedules are different in every state. Our analysis of current Medicaid fee-for-service reimbursement rates for dental care services in all states shows that Medicaid reimbursement rates in Hawaii (for child dental care services) are very similar to those in Illinois, much higher than those in Minnesota, lower than those in Wyoming, and similar to the average across states. After adjusting for fee differences, the annual per patient dental spending ranges from $196 to $660 in the three states in "Hawaii Medicaid dollar terms." Currently in Hawaii, average annual dental spending per Medicaid enrolled adult patient who accesses dental care services is $300. In our view, this is a lower bound for what dental spending per patient would be once a comprehensive dental benefit is introduced. In our view, it is more realistic to expect increases in spending per patient; thus, we choose $660 as our upper limit under Option 3, with $540 for Option 2, and $420 for Option 1. To adjust for higher fees in the Hawaii Medicaid program for neighboring islands for most procedures, we increased these amounts by 35 percent, the current average fee difference. Thus, for neighboring islands we assumed spending per patient will be $890 under Option 3, $730 under Option 2, and $567 under Option 1.

We modeled costs separately for all adults, ABD adults, and pregnant women. These subgroups have slightly different dental care use rates as well as different spending levels. We took all of this into consideration in our model. But we assumed the impact of introducing adult dental benefits will be the same for each of the subgroups. In other words, the increase in dental care use in percentage point terms is the same for all subgroups and is independent of medical condition. We modeled additional costs derived from existing dental care patients spending an increased amount on dental care once the adult dental benefit is introduced in Medicaid. We did this by applying the increased per patient spending level to the existing volume of dental patients pre-reform.

We modeled costs for Oahu and neighboring islands separately. We have enrollment data specific to Oahu and neighboring islands, and we also have separate data on dental care use, dental spending, emergency room use and spending, and prevalence of medical conditions.

In summary, the total additional dental expenditure of implementing an expanded Medicaid adult dental benefit was estimated using the following formula:

*New Expenditure = Enrollment * Change in Utilization Rate * Dental Spending per User*

+

*Increase in Dental Spending per User*Number of Existing Dental Care Patients*

We modeled offsetting medical care cost savings. It is important to note that it is unlikely that these cost savings occur immediately. The best available evidence suggests that medical cost savings start to appear as early as year two.[8] Our model is not dynamic. Thus, it is best viewed as what is likely to occur in "steady state", not one year or even two years after adult dental benefits are introduced. It is possible to model costs over time, but given policy makers were interested more in gaining estimates for Oahu versus neighboring islands as well as three different benefit options, we made trade-offs to make the modeling manageable.

In 2018, there were 839 dental-related ED visits in Oahu and 832 in neighboring islands among adults that were paid for by Medicaid. For our purposes, we define dental emergencies as ICD-10 codes K00 - K08 and T18.0. The average cost per person per year for these ED visits was $512 in Oahu and $486 in neighboring islands.

The available evidence suggests that up to 78 percent of ED visits for dental conditions nationwide could be diverted to a dentist office or other ambulatory setting.[9] A recent study found a 14 percent reduction in dental-related ED visits one year after expanding adult dental benefits in Medicaid via Medicaid expansion under the Affordable Care Act.[13] Data from one state (Missouri) showed a 9 percent reduction in dental-related ED visits one year after introducing dental benefits to adults in Medicaid. By year two, the reduction was 18 percent and 63 percent by year three.[14]

Based on these studies, our model assumed a 50 percent reduction in ED visits for dental conditions after introducing an adult dental benefit in Medicaid.

In 2018, 15 percent of adults enrolled in Medicaid in Oahu and 9 percent in neighboring islands were diagnosed with diabetes. For our purposes, we defined this as having at least one diabetes-related diagnosis in the year (ICD-10 codes: E08 - E13, O24.1, O24.3, O24.9, Z79.4, Z79.84). We assumed that adults with diabetes will behave similarly in terms of their dental care seeking behavior when a dental benefit for adults is introduced into Medicaid. In other words, their dental care utilization rate will increase by the same amount as adult beneficiaries in general. Based on the available evidence, estimated medical cost savings are between $900[7] and $2,400[8] per year per patient with diabetes receiving periodontal treatment. We believe the most accurate estimate is toward the lower end of this range, thus we assumed a medical care cost reduction of $900 per year for each new dental patient who has diabetes in "steady state."

In 2018, 4 percent of adults enrolled in Medicaid in Oahu and 3 percent in neighboring islands were diagnosed with some form of coronary artery disease. For our purposes, we define this as having at least one CAD-related diagnosis in the year (ICD-10 codes: I20 - I25). We assumed that adults with coronary artery disease will behave similarly in terms of their dental care seeking behavior when a dental benefit for adults is introduced into Medicaid. In other words, their dental care utilization rate will increase by the same amount as adult beneficiaries in general. Based on the available evidence, estimated medical cost savings are $1,090 per year per patient with CAD receiving periodontal treatment.[8]

In 2018, there were 5,416 pregnant women enrolled in Medicaid at some point in the year in Oahu and 3,273 in neighboring islands. At any given point in time, enrollment of pregnant women is 1,941 for Oahu and 1,136 in neighboring islands. We assumed that pregnant women will behave similarly in terms of their dental care seeking behavior when a dental benefit for adults is introduced into Medicaid. In other words, their dental care utilization rate will increase by the same amount as adult beneficiaries in general. Based on the available evidence, the estimated medical cost savings are between $1,500 (second pregnancy) and $2,400 (first pregnancy) per year per pregnant woman receiving periodontal treatement.[8] For our modeling, we choose the low end of this range and assume a medical cost reduction of $1,500 per year per pregnant women.

We assumed that 60 percent of adult Medicaid enrollees in Hawaii have some form of periodontal disease and are in need of periodontal treatment. This estimate is based on the most recent national data on the prevalence of periodontal disease among low-income adults in the United States.[15] We know of no source of such data at the state level.

Our analysis estimates total additional costs for the program and does not account for cost sharing under the Federal Medicaid Assistance Program (FMAP).

There are numerous limitations to our analysis, which have been outlined in our original modeling work.[12] For example, the medical care cost savings estimates are subject to a high degree of uncertainty. This is partly because the evidence base is still relatively weak on exactly how much medical costs decline when patients with chronic conditions like diabetes have increased access to dental care. Still, we have taken a very conservative approach to modeling medical care cost savings, taking the lower end of the estimates from the research. We assumed medical are cost savings for ABD adults will accrue to the Medicaid budget, when in fact some portion will accrue to Medicare due to dual eligibility. We assumed that Medicaid enrollees with diabetes and cardiovascular disease will use dental care at the same rate as the adult Medicaid-enrolled population.

The nature of the Medicaid adult dental benefit being proposed in Hawaii adds another layer of challenges because it does not mirror exactly the situation in states three states we drew on and is modeled separately for sub-populations of enrollees. We have drawn on the best available data and we feel our approach represents a reasonable approach. Still, it is subject to uncertainty.

Appendix 1

Table 1: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii

Option		Oahu All Adults	Oahu ABD	Oahu Pregnant Women	Neighboring Islands All Adults	Neighboring Islands ABD	Neighboring Islands Pregnant Women	Total All Adults
Option 1	Dental care costs	$4,790,199	$1,374,598	$72,343	$4,942,233	$1,134,073	$65,373	$9,732,432
	Per enrollee per month	$3.31	$3.58	$3.11	$5.45	$5.79	$4.80	$4.13
	Medical care cost savings	$1,248,072	$603,398	$130,975	$657,463	$247,778	$77,783	$1,905,535
	Per enrollee per month	$0.86	$1.57	$5.62	$0.73	$1.26	$5.71	$0.81
	Total net cost	**$3,542,127**	**$771,199**	**($58,632)**	**$4,284,770**	**$886,295**	**($12,410)**	**$7,826,897**
	Per enrollee per month	$2.45	$2.01	($2.52)	$4.73	$4.52	($0.91)	$3.32
Option 2	Dental care costs	$12,113,183	$3,372,241	$183,312	$11,394,329	$2,578,228	$155,144	$23,507,513
	Per enrollee per month	$8.36	$8.78	$7.87	$12.58	$13.16	$11.38	$9.98
	Medical care cost savings	$2,428,824	$1,243,536	$275,859	$1,177,526	$489,893	$162,782	$3,606,350
	Per enrollee per month	$1.68	$3.24	$11.84	$1.30	$2.50	$11.94	$1.53
	Total net cost	**$9,684,359**	**$2,128,705**	**($92,548)**	**$10,216,804**	**$2,088,335**	**($7,638)**	**$19,901,163**
	Per enrollee per month	$6.69	$5.55	($3.97)	$11.28	$10.66	($0.56)	$8.45
Option 3	Dental care costs	$21,753,492	$5,968,821	$330,048	$19,741,866	$4,431,244	$273,564	$41,495,359
	Per enrollee per month	$15.02	$15.55	$14.17	$21.79	$22.62	$20.07	$17.62
	Medical care cost savings	$3,609,576	$1,883,675	$420,744	$1,697,588	$732,008	$247,780	$5,307,165
	Per enrollee per month	$2.49	$4.91	$18.06	$1.87	$3.74	$18.18	$2.25
	Total net cost	**$18,143,916**	**$4,085,146**	**($90,696)**	**$18,044,278**	**$3,699,236**	**$25,784**	**$36,188,194**
	Per enrollee per month	$12.53	$10.64	($3.89)	$19.91	$18.88	$1.89	$15.37

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Appendix 2

Table 2: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii, Option 1

	Oahu			Neighboring Islands		
	All Adults	**ABD**	**Pregnant Women**	**All Adults**	**ABD**	**Pregnant Women**
Medicaid Enrollment, Adults	120,694	31,986	1,941	75,509	16,324	1,136
Dental care utilization rate, baseline	7.6%	8.8%	4.3%	9.6%	11.4%	5.7%
Dental care utilization rate, post reform	14.6%	15.8%	11.3%	16.6%	18.4%	12.7%
Additional enrollees with a dental visit	8,449	2,239	136	5,286	1,143	80
Average dental care costs per year per dental patient	$420	$420	$420	$567	$567	$567
Additional costs for new dental patients	$3,548,404	$940,477	$57,065	$2,996,952	$647,900	$45,088
Additional costs for existing dental patients	$1,241,795	$434,121	$15,277	$1,945,281	$486,173	$20,285
Estimated total additional dental care costs	**$4,790,199**	**$1,374,598**	**$72,343**	**$4,942,233**	**$1,134,073**	**$65,373**
Per enrollee per month	**$3.31**	**$3.58**	**$3.11**	**$5.45**	**$5.79**	**$4.80**
Estimated reduction in medical care cost for those with…						
Diabetes	$684,335	$399,031	$4,402	$266,008	$133,248	$2,742
Coronary artery disease	$226,540	$161,090	$89	$117,479	$78,603	$64
Pregnancy	$122,283	$0	$122,283	$71,568	$0	$71,568
Emergency department visits for dental conditions	$214,914	$43,277	$4,201	$202,408	$35,927	$3,410
Estimated total medical care cost savings	**$1,248,072**	**$603,398**	**$130,975**	**$657,463**	**$247,778**	**$77,783**
Per enrollee per month	**$0.86**	**$1.57**	**$5.62**	**$0.73**	**$1.26**	**$5.71**
Net cost of adult dental benefit	**$3,542,127**	**$771,199**	**($58,632)**	**$4,284,770**	**$886,295**	**($12,410)**
Per enrollee per month	**$2.45**	**$2.01**	**($2.52)**	**$4.73**	**$4.52**	**($0.91)**

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Table 3: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii, Option 2

	Oahu			Neighboring Islands		
	All Adults	ABD	Pregnant Women	All Adults	ABD	Pregnant Women
Medicaid Enrollment, Adults	120,694	31,986	1,941	75,509	16,324	1,136
Dental care utilization rate, baseline	7.6%	8.8%	4.3%	9.6%	11.4%	5.7%
Dental care utilization rate, post reform	22.6%	23.8%	19.3%	24.6%	26.4%	20.7%
Additional enrollees with a dental visit	18,104	4,798	291	11,326	2,449	170
Average dental care costs per year per dental patient	$540	$540	$540	$730	$730	$730
Additional costs for new dental patients	$9,776,214	$2,595,907	$157,803	$8,268,236	$1,787,478	$124,392
Additional costs for existing dental patients	$2,336,969	$776,334	$25,508	$3,126,094	$790,750	$30,752
Estimated total additional dental care costs	**$12,113,183**	**$3,372,241**	**$183,312**	**$11,394,329**	**$2,578,228**	**$155,144**
Per enrollee per month	**$8.36**	**$8.78**	**$7.87**	**$12.58**	**$13.16**	**$11.38**
Estimated reduction in medical care cost for those with…						
Diabetes	$1,466,432	$855,066	$9,433	$570,017	$285,531	$5,876
Coronary artery disease	$485,443	$345,193	$190	$251,740	$168,435	$136
Pregnancy	$262,035	$0	$262,035	$153,360	$0	$153,360
Emergency department visits for dental conditions	$214,914	$43,277	$4,201	$202,408	$35,927	$3,410
Estimated total medical care cost savings	**$2,428,824**	**$1,243,536**	**$275,859**	**$1,177,526**	**$489,893**	**$162,782**
Per enrollee per month	**$1.68**	**$3.24**	**$11.84**	**$1.30**	**$2.50**	**$11.94**
Net cost of adult dental benefit	**$9,684,359**	**$2,128,705**	**($92,548)**	**$10,216,804**	**$2,088,335**	**($7,638)**
Per enrollee per month	**$6.69**	**$5.55**	**($3.97)**	**$11.28**	**$10.66**	**($0.56)**

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Table 4: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii, Option 3

	Oahu			Neighboring Islands		
	All Adults	**ABD**	**Pregnant Women**	**All Adults**	**ABD**	**Pregnant Women**
Medicaid Enrollment, Adults	120,694	31,986	1,941	75,509	16,324	1,136
Dental care utilization rate, baseline	7.6%	8.8%	4.3%	9.6%	11.4%	5.7%
Dental care utilization rate, post reform	30.6%	31.8%	27.3%	32.6%	34.4%	28.7%
Additional enrollees with a dental visit	27,760	7,357	446	17,367	3,755	261
Average dental care costs per year per dental patient	$660	$660	$660	$890	$890	$890
Additional costs for new dental patients	$18,321,349	$4,855,930	$294,644	$15,456,692	$3,341,523	$232,539
Additional costs for existing dental patients	$3,432,143	$1,112,890	$35,404	$4,285,174	$1,089,721	$41,025
Estimated total additional dental care costs	**$21,753,492**	**$5,968,821**	**$330,048**	**$19,741,866**	**$4,431,244**	**$273,564**
Per enrollee per month	$15.02	$15.55	$14.17	$21.79	$22.62	$20.07
Estimated reduction in medical care cost for those with…						
Diabetes	$2,248,529	$1,311,101	$14,464	$874,026	$437,814	$9,009
Coronary artery disease	$744,346	$529,296	$292	$386,002	$258,267	$209
Pregnancy	$401,787	$0	$401,787	$235,152	$0	$235,152
Emergency department visits for dental conditions	$214,914	$43,277	$4,201	$202,408	$35,927	$3,410
Estimated total medical care cost savings	**$3,609,576**	**$1,883,675**	**$420,744**	**$1,697,588**	**$732,008**	**$247,780**
Per enrollee per month	**$2.49**	**$4.91**	**$18.06**	**$1.87**	**$3.74**	**$18.18**
Net cost of adult dental benefit	**$18,143,916**	**$4,085,146**	**($90,696)**	**$18,044,278**	**$3,699,236**	**$25,784**
Per enrollee per month	**$12.53**	**$10.64**	**($3.89)**	**$19.91**	**$18.88**	**$1.89**

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Appendix 3

Table 5: Summary of Dental Services Covered Under Option 1, Option 2, and Option 3

CDT	Procedure	Option 1	Option 2	Option 3
D0120	Periodic Oral Evaluation	x	x	x
D0140	Limited Oral Evaluation - Problem Focused	x	x	x
D0145	Oral Evaluation for a patient under 3 years of age	x	x	x
D0150	Comprehensive Oral Evaluation	x	x	x
D0210	Intraoral - Complete Series	x	x	x
D0220	Intraoral - Periapical First Radiographic Image	x	x	x
D0230	Intraoral - Periapical Each Additional Radiographic Image	x	x	x
D0240	Intraoral - Occlusal Radiographic Image	x	x	x
D0270	Bitewing - Single Radiographic Image	x	x	x
D0272	Bitewings - Two Radiographic Images	x	x	x
D0274	Bitewings - Four Radiographic Images	x	x	x
D0330	Panoramic Radiographic Image	x	x	x
D0364	Cone Beam CT with limited field of view- less than one whole jaw	x	x	x
D0365	Cone beam CT with field of view of one full dental arch-mandible	x	x	x
D0366	Cone beam CT with field of view of one full dental arch - maxilla	x	x	x
D0367	Cone Beam CT - Field of View of Both Jaws	x	x	x
D1110	Prophylaxis - Adult	x	x	x
D1206	Topical Application of Fluoride Varnish	x	x	x
D2140	Amalgam - One Surface - Permanent	x	x	x
D2150	Amalgam - Two Surfaces - Permanent	x	x	x
D2160	Amalqam - Three Surfaces - Permanent	x	x	x
D2161	Amalaam - Four or More Surfaces - Permanent	x	x	x
D2330	Resin - One Surface, Anterior - Permanent	x	x	x
D2331	Resin - Two Surfaces, Anterior - Permanent	x	x	x
D2332	Resin - Three Surfaces, Anterior - Permanent	x	x	x
D2335	Resin - Four or More Surfaces/Incisal Angle, Anterior - Permanent	x	x	x
D2391	Resin - One Surface, Posterior - Permanent	x	x	x
D2392	Resin - Two Surfaces, Posterior - Permanent	x	x	x
D2393	Resin - Three Surfaces, Posterior - Permanent	x	x	x
D2394	Resin - Four or More Surfaces, Posterior - Permanent	x	x	x
D2910	Re-cement/Re-bond PartialCoveraae Restoration	x	x	x
D2920	Re-cement/Re-bond Crown	x	x	x
D2931	Prefabricated Stainless Steel Crown - Permanent		x	x
D2950	Core Buildup, Including Anv Pins		x	x
D2951	Pin Retention - Per Tooth, In Addition to Restoration		x	x
D2952	Post and Core In Addition to Crown, Indirectly Fabricated		x	x

D2954	Prefabricated Post and Core In Addition to Crown		x	x
D3310	Endodontic therapy- Anterior			x
D3320	Endodontic therapy- Bicuspid			
D3330	Endodontic Theraov - Molar		x	x
D4341	Periodontal Scalina/Root Planina (4 or More Teeth per Quad)	x	x	x
D4342	Periodontal Scaling/Root Planing (1-3 Teeth)	x	x	x
D4355	Full Mouth Debridement	x	x	x
D4910	Periodontal Maintenance	x	x	x
D7111	Extraction, coronal remnants-deciduous tooth	x	x	x
D7140	Extraction, Erupted Tooth/Exposed Root - Permanent	x	x	x
D7140	Extraction, Erupted Tooth/Exposed Root - Primary	x	x	x
D7210	Surqical Removal of Erupted Tooth	x	x	x
D7220	Removal of Impacted Tooth - Soft Tissue	x	x	x
D7230	Removal of Impacted Tooth - Partially Bony	x	x	x
D7240	Removal of Impacted Tooth - Completely Bony	x	x	x
D7241	Removal of Impacted Tooth - Completely Bony, Complicated	x	x	x
D7250	Suraical Removal of Residual Tooth Roots	x	x	x
D7260	Oroanral Fistula Closure	x	x	x
D7270	Tooth Reimplantation/Stabilization of Evusled/Displaced Tooth	x	x	x
D7280	Suraical Access of an Unerupted Tooth	x	x	x
D7282	Mobilization of Erupted/Malpositioned Tooth to Aid Eruption	x	x	x
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	x	x	x
D7285	Biopsy of Oral Tissue - Hard (Bone, tooth)	x	x	x
D7286	Biopsy of Oral Tissue - Soft	x	x	x
D7310	Alveoloplasty with Extractions (4 or More Teeth per Quad)	x	x	x
D7311	Alveoloplasty with Extractions (1-3 Teeth)	x	x	x
D7320	Alveoloplasty without Extractions (4 or More Teeth per Quad)	x	x	x
D7321	Alveoloolasty without Extractions (1-3 Teeth)	x	x	x
D7410	Excision of Beniqn Lesion up to 1.25 cm	x	x	x
D7411	Excision of Benign Lesion greater than 1.25 cm	x	x	x
D7510	Incision and Drainaqe of Abscess, Intraoral	x	x	x
D7970	Excision of Hvperplastic Tissue - Per Arch	x	x	x
D7971	Excision of Pericoronal Gingiva	x	x	x
D9110	Palliative (Emerqencv) Treatment of Dental Pain	x	x	x
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	x	x	x
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 minutes	x	x	x
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute increment	x	x	x
D9310	Consultation - DiaQnostic Service	x	x	x
D9420	Hospital/Ambulatory Surqical Center Call	x	x	x
D9440	Office Visit - After ReQularly Scheduled Office Hours	x	x	x
D9995	Teledentistrv-svnchronous; real-time encounter	x	x	x

D9996	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review.	x	x	x
D5110	Complete Denture - Maxillarv		x	x
D5120	Complete Denture - Mandibular		x	x
D5130	Immediate Denture - Maxillary		x	x
D5140	Immediate Denture - Mandibular		x	x
D5213	Maxillary Partial Denture- Cast Metal Base			x
D5214	Mandibular Partial Denture- Cast Metal Base			x
D5410	Adiust Complete Denture - Maxillary		x	x
D5411	Adjust Complete Denture - Mandibular		x	x
D5421	Adjust Partial Denture - Maxillary		x	x
D5422	Adjust Partial Denture - Mandibular		x	x
D5511	Repair Broken Complete Denture Base, Mandibular		x	x
D5512	Repair Broken Complete Denture Base, Maxillary		x	x
D5520	Replace Missina/Broken tooth - Complete Denture		x	x
D5611	Repair broken partial denture base- mandibular		x	x
D5612	Repair broken partial denture base- maxillary		x	x
D5640	Replace Broken Teeth - Per Tooth		x	x
D5650	Add Tooth to Existina Partial Denture		x	x
D5660	Add Clasp to Existina Partial Denture		x	x
D5710	Rebase Complete Maxillary Denture		x	x
D5711	Rebase Complete Mandibular Denture		x	x
D5720	Rebase Maxillary Partial Denture		x	x
D5721	Rebase Mandibular Partial Denture		x	x
D5730	Reline Complete Maxillary Denture (Chairside)		x	x
D5731	Reline Complete Mandibular Denture (Chairside)		x	x
D5740	Reline Maxillary Partial Denture (Chairside)		x	x
D5741	Reline Mandibular Partial Denture (Chairside)		x	x
D5750	Reline Complete Maxillary Denture (Laboratory)		x	x
D5751	Reline Complete Mandibular Denture (Laboratory)		x	x
D5760	Reline Complete Maxillary Partial Denture (Laboratory)		x	x
D5761	Reline Complete Mandibular Partial Denture (Laboratory)		x	x
D2740	Crown - Porcelain Ceramic Substrate			x
D2750	Crown - Porcelain Fused to Hiah Noble Metal			x
D2751	Crown - Porcelain Fused to Predominantly Base Metal			x
D2752	Crown - Porcelain Fused to Noble Metal			x
D2790	Crown - Full Cast Hiah Noble Metal			x
D2791	Crown - Full Cast Predominantly Base Metal			x
D2792	Crown - Full Cast Noble Metal			x
D3310	Endodontic Therapv - Anterior			x
D5211	Maxillary Partial Denture - Resin Base			x
D5212	Mandibular Partial Denture - Resin Base			x

D5213	Maxillary Partial Denture - Cast Metal Base			x
D5214	Mandibular Partial Denture - Cast Metal Base			x
D5621	Repair Cast Framework - mandibular			x
D5622	Repair Cast Framework - maxillary			x
D5630	Repair or Replace Broken Retentive Clasping Materials - per tooth			x
D5820	Maxillary Interim Partial Denture		x	
D5821	Mandibular Interim Partial Denture		x	

Acknowledgments

We thank Dr. Mona Van Kanegan of the Division of Oral Health of the Illinois Department of Public Health, Dr. Linda Mayten of the Minnesota Department of Human Services, and Stacey Chazin of the American Network of Oral Health Coalitions for their quick turnaround time in providing data needed for our analysis, as well as Steve Geierman of the Council on Access, Prevention, and Interprofessional Relations at the American Dental Association for his assistance with making these contacts. Specific to Hawaii, we thank Nancy Partika of the Hawaii Coalition for Oral Health for proving input and Anming Tan of the MedQuest Division of the Hawaii Department of Human Services for providing necessary data in timely a manner and for input on methodology throughout our collaboration on this study.

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CATHOLIC CHARITIES HAWAIʻI

TESTIMONY IN SUPPORT OF HB 2249 HD1: Relating to Medicaid Benefits

TO: Representative Sylvia Luke, Chair, Representative Ty J.K. Cullen, Vice Chair; and Members, Committee on Finance

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawaiʻi

Hearing: Tuesday, 2/25/20; 12:30 PM; CR 308

Chair Luke, Vice Chair Cullen, and Members, Committee on Finance:

Thank you for the opportunity to provide testimony **in support** of HB 2249 HD1, which makes an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees. I am Rob Van Tassell, with Catholic Charities Hawaiʻi.

Catholic Charities Hawai`i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai`i 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 Hawai`i. Access to dental care is an important social justice issue for CCH.

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, costing the state 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 our Legislative Liaison, Betty Lou Larson, at bettylou.larson@catholiccharitieshawaii.org or (808) 373-0356, if you have any questions.

Testimony to the House Committee on Finance
Tuesday, February 25, 2020; 12:30 p.m.
State Capitol, Conference Room 308

RE: HOUSE BILL NO. 2249, HOUSE DRAFT 1, RELATING TO MEDICAID BENEFITS.

Chair Luke, Vice Chair Cullen, 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 offers the following **COMMENTS** on Senate Bill No. 2249, RELATING TO MEDICAID BENEFITS.

The bill, as received by your Committee, would appropriate $7,000,000, in general funds for fiscal year 2020-2021, to restore diagnostic, preventative, and restorative dental benefits to adult Medicaid enrollees, provided that the Department of Human Services (DHS) obtain the maximum federal matching funds available for this expenditure. The bill would also take effect on December 31, 2059.

Over the past eight years, HPCA has advocated for the reinstatement of preventative and restorative dental benefits for adult Medicaid recipients. Since 2018, we clarified our position in light of serious questions on the availability of funds for the Medicaid Program. It is our position that there are sufficient funds within HMS401 to reinstate this essential benefit immediately.

By reference, we reassert our position on this issue as a matter of public record:

- Testimony to the House Joint Committee on Human Services and Homelessness, and Health, Friday, February 7, 2020; 9:15 a.m.; State Capitol, Conf. Room 329, on House Bill No. 2249;

- Testimony to the House Committee on Human Services and Homelessness, Friday, February 7, 2020; 9:00 a.m.; State Capitol, Conf. Room 329, on House Bill No. 2546;

- Testimony to the Senate Joint Committee on Commerce, Consumer Protection, and Health and Human Services, Wednesday, February 5, 2020; 2:45 p.m.; State Capitol, Conf. Room 016, on Senate Bill No. 2459;

- Testimony to the House Joint Committee on Human Services and Homelessness and Health, Friday, March 22, 2019; 9:00 a.m.; State Capitol, Conf. Room 329, on House Concurrent Resolution No. 145 and House Resolution No. 134;

- Testimony to the House Committee on Human Services and Homelessness; Wednesday, March 20, 2019; 10:00 a.m.; State Capitol, Conf. Room 211, on Senate Bill No. 0467, Senate Draft 1;

- Testimony to the House Committee on Human Services and Homelessness; Wednesday, March 20, 2019; 8:45 a.m.; State Capitol, Conf. Room 329, on Senate Bill No. 0474, Senate Draft 2;

- Testimony to the Senate Committee on Human Services, Monday, March 11, 2019, 2:45 p.m.; State Capitol, Conf. Room 016, on House Bill No. 1554, House Draft 2;

- Testimony to the Senate Committee on Ways and Means; Thursday, February 28, 2019; 10:30 a.m.; State Capitol, Conf. Room 211, on Senate Bill No. 0474, Senate Draft 1;

- Testimony to the Senate Committee on Ways and Means, Friday, February 28, 2019; 10:05 a.m.; State Capitol, Conf. Room 211, on Senate Bill No. 0279, Senate Draft 1;

- Testimony to the House Committee on Finance, Monday, February 25, 2019; 2:30 p.m.; State Capitol, Conf. Room 329, on House Bill No. 1554, House Draft 1;

- Testimony to the House Committee on Human Services and Homelessness, Friday, February 8, 2019; 10:30 a.m.; State Capitol, Conf. Room 329, on House Bill No. 1554;

- Testimony to the Senate Committee on Ways and Means, Friday, February 22, 2019; 10:00 a.m.; State Capitol, Conf. Room 211, on Senate Bill No. 0126.

- Testimony to the Senate Committee on Ways and Means, Friday, February 22, 2019, 10:00 a.m.; State Capitol, Conf. Room 211, on House Bill No. 0002, House Draft 1;

- Testimony to the Senate Committee on Human Services, Friday, February 8, 2019; 3:00 p.m.; State Capitol, Conf. Room 016, on Senate Bill No. 0467;

- Testimony to the House Committee on Human Services and Homelessness; Friday, February 8, 2019; 10:30 a.m.; State Capitol, Conf. Room 329, on House Bill No. 1554;

- Testimony to the Senate Committee on Human Services, Monday, January 28, 2019; 2:45 p.m.; State Capitol, Conf. Room 016, on Senate Bill No. 0279;

- Testimony to the Senate Committee on Ways and Means; Thursday, March 22, 2018; 9:30 a.m.; State Capitol, Conf. Room 211, on House Bill No. 1900, House Draft 1;

- Testimony to the House Committee on Health and Human Services; Thursday, March 8, 2018; 9:30 a.m.; State Capitol, Conf. Room 312, on House Concurrent Resolution No. 023 and House Resolution No. 019; and

- Testimony to the House Committee on Health and Human Services; Friday, February 9, 2018; 8:30 a.m.; State Capitol, Conf.. Room 329, on House Bill No. 2152.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiipca.net.

HB-2249-HD-1
Submitted on: 2/23/2020 6:12:47 PM
Testimony for FIN on 2/25/2020 12:30:00 PM

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

Comments:

Aloha Chair Representative Sylia Luke, Vice Chair Representative Ty J.K. Cullen, and Committee members,

My name is Cyd L. Hoffeld and I **strongly support HB2249.** I am the health promotions manager for a large network of community health centers on Hawai'i Island. The majority of our health centers provide dental services for our patients many of whom live in low socioeconomic communities and would greatly benefit from the appropriation of funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

As a healthcare professional, I have seen the deep impact that full access to dental care has on a persons whole body, mind, and spirit. When our patients have the option to access diagnostic services, have their teeth cleaned every six months, and are able to obtain restorative dental benefits instead of only having the choice to extract their teeth it can make all the difference for their physical and emotional wellbeing and overall health.

For those of us who are fortunate enough to have careers that provide dental coverage as part of our employment package, we are blessed. Let's extend that blessing with compassionate action to those who would greatly benefit by having it too because everyone deserves the dignity of having healthy teeth to eat, speak, obtain a job or retain employment, and to feel confident enough to simply share a smile.

Please **strongly support SB 2459**.

Mahalo for the opportunity to testify in **strong support** of this bill.

Date: February 22, 2020

To: The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
Members of the House Committee on Finance

Re: **Strong Support for HB2249 HD1**, Relating to Medicaid Benefits

Hrg: February 25, 2020 at 12:30 PM in Capitol Room 308

Aloha House Committee on Finance,

As a community member, educator and health professional, I am writing in **strong support of HB2249 HD1**, which appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees, provided DHS obtains maximum federal matching funds available.

Oral health is crucial to a person's physical, psychological, social and economic health and wellbeing. Poor oral health makes it much more difficult and expensive to effectively manage chronic health conditions, including diabetes and heart disease. Missing or broken teeth create social barriers for adults to find and maintain gainful employment in our service-based economy.

Hawaiʻi's Medicaid adult dental benefits were drastically cut in 2009. Since then, rather than accessing less expensive, *preventative* oral health care, adult's covered under Medicaid have had to seek *emergency* care for serious oral health problems in our overburdened hospital emergency rooms.

Emergency room care is far more expensive, and addresses oral health problems only after they have a significant negative health and quality-of-life impact, than preventative oral health care.

Each year the State of Hawaiʻi spends millions more on emergency dental treatment for adults with serious oral health conditions than it would cost to provide preventative dental care to all adults covered under Medicaid. Spending less on preventive dental care would also reduce needless pain and suffering among adult Medicaid enrollees by preventing oral health problems before they become serious and debilitating.

By not providing preventative adult dental care, Hawaiʻi also misses out on matching federal funds available to offset the cost of preventative oral health care for adult Medicaid recipients.

HB2249 HD1 offers a common sense approach to ensuring appropriate and timely oral health care for adults covered by Medicaid, saving the State of Hawaiʻi and taxpayers money and reducing the burden on our over-stretched hospital emergency departments.

I **strongly support HB2249 HD1** and respectfully ask you to pass this bill out of

committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Kea‘au, HI

HB-2249-HD-1
Submitted on: 2/22/2020 8:31:12 AM
Testimony for FIN on 2/25/2020 12:30:00 PM

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

Comments:

Speaker Saiki,

I wish to reiterate my personal support for HB2249 HD1.

The purpose of this measure is to address the lack of access to dental coverage and oral health care needs in the State by appropriating funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees; provided that the Department of Human Services obtains maximum federal matching funds available for this expenditure.

This expenditure with appropriate federal matching support will enhance the overall health of adults in Hawaii.

Jerris Hedges, MD

Professor & Dean

University of Hawaii - John A. Burns School of Medicine

Bill: **HB2249, HD1, Relating to Medicaid**

Hearing Date &Time: **Tuesday, Feb. 25, 2020, 12:30pm**

Committees: **House Committee on FINANCE**

Testifier: **Nancy Partika, RN, MPH**

Aloha Chair Luke, Vice-Chair Cullen, and Members of the House Committee on Finance:

My name is Nancy Partika, and I am a member of the Hawaii Oral Health Coalition, having worked to identify and address oral health disparities in Hawaii for the past 4 years.

Hawaii has visibly struggled for decades with oral health disparities and problems accessing care for its most needy. The 2009 abolishment of adult dental benefits under Medicaid and the problems that resulted from adults receiving nothing other than emergency-only care since then has spiraled, while the State continues to pay out millions per year in acute oral health emergency room care and for other health-related services statewide that does not provide adequate oral health care or support to our at-risk populations such as those on Medicaid.

According to a 2017-18 DOH study, 66% of all ER visits made statewide were Medicaid and/or Medicare recipients, and the costs in 2016 for these 3,000 total visits cost 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 dollars to pay upfront for preventative and restorative dental care benefits for Medicaid recipients.

Poor oral health is already proven to be linked to an array of acute and chronic health conditions, including: heart disease, diabetes, stroke, depression, low birth weight and premature birth. Researchers have mapped linkages from chronic dental pain to end-stage renal disease, liver transplants, opioid-related emergency department visits, and opioid-related crime. These co-conditions are made worse by having poor oral heath, and the care of the oral health of chronically ill or pregnant can be another significant potential area for return on investment. We are now recognizing that not intervening in oral health conditions early and preventively will cost much more later on in unintended direct and indirect costs.

Currently there are 34 states offering adult Medicaid recipients preventive and restorative adult oral health benefits. Many options exist as to how Hawaii could address the need for greater oral health benefits by expanding services covered that are preventive and restorative, rather than emergency-only care.

By adding a comprehensive or limited dental services benefit, Hawaii's adults on Medicaid are expected 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 the employment status and socio-economic strength of our communities.

We are pleased to note that the MQD-DHS has received the final fiscal analysis from the Health Policy Institute of the American Dental Association for 2020 projected costs and cost-benefits of restoring Hawaii adult dental benefits. Of the three identified options, it appears that Option 2 provides most needed services to all of our adults on Medicaid while remaining cost-effective. **Option 2. Basic Dental benefit** focused on oral disease control and some restoration of chewing functions (diagnostics, cleanings, fillings, some root canals, some crowns, and some dentures). Estimated total cost: $23.5M ($7.3 million state funds; $16.2 million federal funds).

What is important to note that this fiscal analysis also projects that over time, additional medical care cost savings estimates range from $1.9 million per year to $5.3 million, due to health status improvements in co-occurring health conditions such as diabetes, heart disease, pregnancy, and fewer ER visits for services Your strong support for this bill is respectfully requested—Mahalo for this opportunity to testify.

HPI Health Policy Institute

ADA American Dental Association®

Research Brief

Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Hawaii

Authors: Marko Vujicic, Ph.D.; Ranjani R. Starr, Ph.D., M.P.H.; Dan F. Fujii, D.D.S., M.P.H.; Rebecca Starkel Weninger, Ph.D.; Brittany Harrison, M.A.

Key Messages

- *We estimate the additional net cost of implementing an adult Medicaid dental benefit in Hawaii, including additional dental care costs and reduced medical care costs. We do this for three different levels of dental benefits.*
- *We estimate the additional net cost on a per-enrollee per-month basis to be $3.32, $8.45,and $15.37 for the three different levels of dental benefits.*
- *We estimate the additional net cost for Oahu and for neighboring islands separately and for all adults; aged, blind, and disabled; and pregnant women.*

Introduction

Medicaid provides health insurance coverage for some of the nation's most vulnerable populations, including children, low-income adults, pregnant women, the elderly and individuals with disabilities.[1] While states have great flexibility in how they administer their Medicaid programs, all states are required to comply with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.[2] The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 that are enrolled in Medicaid, including dental care services.

However, there is no corresponding dental care requirement for adult Medicaid beneficiaries. Instead, adult dental benefits are an optional benefit for Medicaid programs. According to the most recent analysis, Hawaii is one of 16 states that provide either no coverage or emergency dental services.[3] There are 19 states that provide comprehensive adult dental coverage and another 16 that provide limited adult dental coverage.

Evidence shows that providing adult dental benefits through Medicaid has a significant impact on access to and utilization of dental care among low-income adults.[4] Providing comprehensive dental benefits to Medicaid-enrolled adults has shown to reduce costly

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

Who We Are

HPI's interdisciplinary team of health economists, statisticians, and analysts has extensive expertise in health systems policy research. HPI staff routinely collaborates with researchers in academia and policy think tanks.

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emergency department (ED) visits for dental conditions.[5,6]

Recent analysis suggests that providing dental care to pregnant women can lead to health care cost savings. Furthermore, extending dental coverage to patients with chronic conditions such as diabetes and heart disease can lead to savings in other areas of health care spending.[7,8,9,10] Thus, investing in a comprehensive dental benefit for Medicaid-enrolled adults will, in the long term, lead to reductions in medical costs financed by Medicaid. In Hawaii, more than one in three low-income adults indicate that the condition of their mouth and teeth affects their ability to interview for a job,[11] suggesting that Medicaid dental coverage could have economic benefits as well.

In this research brief, we estimate the cost of introducing a comprehensive adult dental benefit in the Medicaid program in Hawaii with three possible levels of coverage. Option 1 covers a basic package of diagnostic, preventive and restorative services. Option 2 covers the basic package plus core prosthodontic services. Option 3 is a further expansion to a more robust set of prosthodontic services. All three options cover periodontal services. We estimate potential medical care cost savings attributable to a reduction in ED visits for dental conditions and reduced medical care costs among Medicaid beneficiaries with diabetes and coronary artery disease (CAD) as well as pregnant women.

Results

The estimated additional, incremental net cost of providing Medicaid adult dental benefits in Hawaii is $7.8 million per year under Option 1, $19.9 million per year under Option 2, and $36.2 million per year under Option 3 (Appendix 1 Table 1). This translates to an additional $3.32, $8.45, and $15.37 per enrollee per month in spending, respectively.

These estimates include additional spending on dental care as well as anticipated reductions in medical care costs. Additional dental care costs alone (assuming medical care cost reductions do not come to pass) are estimated to be $9.7 million per year under Option 1, $23.5 million under Option 2, and $41.5 million under Option 3.

Additional medical care cost savings estimates range from $1.9 million per year to $5.3 million. In general, the largest offsetting medical cost reductions are for pregnant women. In several scenarios we estimate that the additional dental care costs are fully offset by reduced medical care costs. In such cases, the dental benefit "pays for itself."

Adding the additional net cost of implementing a comprehensive dental benefit to current spending levels gives an estimate of the total resources needed to fund dental benefits for adults in Hawaii. On a per enrollee per month basis, we estimate this to be $5.62, $10.62, and $17.41 for Option 1, Option 2, and Option 3, respectively.

These estimates are for total additional net spending and do not account for cost sharing between the federal and state government.

Appendix 2 Tables 2, 3, and 4 summarize more detailed modeling results for Options 1, 2, and 3 and break out the results separately for Oahu and neighboring islands.

Based on our modeling approach, our results should be interpreted as "steady state" estimates. In other words, they should not be interpreted as year one

costs, but rather medium- to long-term (e.g., 2 to 5 year horizon). Dental are utilization is likely to increase gradually when a dental benefit is introduced and medical care cost reductions, including reduced emergency department visits for dental conditions, take time to accrue.

Discussion

In this research brief, we estimate the cost of introducing a comprehensive Medicaid adult dental benefit in Hawaii. This analysis required making several key assumptions that, although guided by the best available evidence and data, are still assumptions and subject to uncertainty. Nevertheless, we feel we have incorporated the best available evidence and data to guide our modeling.

This analysis is meant to assist policy makers in Hawaii in assessing the fiscal impact of introducing a comprehensive adult dental benefit into the state Medicaid program.

The Health Policy Institute is happy to work with policymakers in Hawaii on further research related to the dental care sector, including evaluating the impact of expanded dental benefits in Medicaid.

Data & Methods

To obtain data for our analyses, we submitted a data request to Hawaii MedQuest and received the data in February 2019. Data used for analysis include Medicaid enrollment, current dental spending, percent of Medicaid enrollees with a dental visit, numbers of Medicaid enrollees with a dental-related emergency department visit, current emergency department spending for dental care services, number of Medicaid enrollees diagnosed with diabetes and coronary artery disease, and number of pregnant women who are covered by Medicaid.

We previously developed a methodology for estimating the cost of introducing a Medicaid adult dental benefit in a particular state.[12] We modified this methodology to be specific to Hawaii and refined estimates to account for the specific plan design options being considered in Hawaii. We also accounted for estimated medical care cost savings.

Officials in Hawaii indicated that Wyoming, Illinois and Minnesota are states where the adult dental benefit in Medicaid corresponds, respectively, to Option 1, Option 2, and Option 3 being considered in Hawaii. Appendix 3 Table 5 lists the dental procedures that would be covered under each of the three options in Hawaii. We reached out to the Medicaid offices in these three states to request detailed data on their dental Medicaid program. Upon further analysis, the benefit package in Illinois is closer to Option 1.

We first estimate the percent of adults enrolled in Medicaid who would use dental care services if a dental benefit is introduced. In 2018, 8.3 percent of adults enrolled in Medicaid in Hawaii had a dental visit. For Oahu and the neighboring islands, it was 7.6 percent and 9.6 percent, respectively. We have these utilization data for each subgroup, including pregnant women and aged, blind, and disabled (ABD). We also have enrollment data separately for subgroups.

Across states that provide comprehensive dental benefits to adults in Medicaid for which we have data, the average dental care use rate is 25 percent.[10] In Wyoming, it is 16 percent; in Illinois, it is 17 percent; and in Minnesota, it is 33 percent (the highest value).

Taking these data points into consideration, if adult dental benefits were introduced in the Hawaii

Medicaid program, we assumed dental care use would increase by 7 percent points, 15 percentage points, and 23 percentage points under Option 1, Option 2, and Option 3, respectively. We assumed dental care use rates will increase by the same percentage point for all sub-populations according to medical condition (e.g., those with diabetes, coronary artery disease, and pregnant women).

Next, we estimated what average annual dental spending among adult Medicaid enrollees would be under a Medicaid dental benefit. The average annual dental spending per adult patient across states with extensive adult dental benefits in Medicaid was $556[12] in 2012 or $608 in 2018 dollars. In Wyoming, Illinois and Minnesota, it was $259, $225 and $388, respectively in 2018. We adjusted these values to account for differences in Medicaid reimbursement levels across states. We assumed that Medicaid will reimburse dental care providers for services to adults at the same level as services to children in Hawaii. However, fee schedules are different in every state. Our analysis of current Medicaid fee-for-service reimbursement rates for dental care services in all states shows that Medicaid reimbursement rates in Hawaii (for child dental care services) are very similar to those in Illinois, much higher than those in Minnesota, lower than those in Wyoming, and similar to the average across states. After adjusting for fee differences, the annual per patient dental spending ranges from $196 to $660 in the three states in "Hawaii Medicaid dollar terms." Currently in Hawaii, average annual dental spending per Medicaid enrolled adult patient who accesses dental care services is $300. In our view, this is a lower bound for what dental spending per patient would be once a comprehensive dental benefit is introduced. In our view, it is more realistic to expect increases in spending per patient; thus, we choose $660 as our upper limit under Option 3, with $540 for Option 2, and $420 for Option 1. To adjust for higher fees in the Hawaii Medicaid program for neighboring islands for most procedures, we increased these amounts by 35 percent, the current average fee difference. Thus, for neighboring islands we assumed spending per patient will be $890 under Option 3, $730 under Option 2, and $567 under Option 1.

We modeled costs separately for all adults, ABD adults, and pregnant women. These subgroups have slightly different dental care use rates as well as different spending levels. We took all of this into consideration in our model. But we assumed the impact of introducing adult dental benefits will be the same for each of the subgroups. In other words, the increase in dental care use in percentage point terms is the same for all subgroups and is independent of medical condition. We modeled additional costs derived from existing dental care patients spending an increased amount on dental care once the adult dental benefit is introduced in Medicaid. We did this by applying the increased per patient spending level to the existing volume of dental patients pre-reform.

We modeled costs for Oahu and neighboring islands separately. We have enrollment data specific to Oahu and neighboring islands, and we also have separate data on dental care use, dental spending, emergency room use and spending, and prevalence of medical conditions.

In summary, the total additional dental expenditure of implementing an expanded Medicaid adult dental benefit was estimated using the following formula:

*New Expenditure = Enrollment * Change in Utilization Rate * Dental Spending per User*

+

*Increase in Dental Spending per User*Number of Existing Dental Care Patients*

We modeled offsetting medical care cost savings. It is important to note that it is unlikely that these cost savings occur immediately. The best available evidence suggests that medical cost savings start to appear as early as year two.[8] Our model is not dynamic. Thus, it is best viewed as what is likely to occur in "steady state", not one year or even two years after adult dental benefits are introduced. It is possible to model costs over time, but given policy makers were interested more in gaining estimates for Oahu versus neighboring islands as well as three different benefit options, we made trade-offs to make the modeling manageable.

In 2018, there were 839 dental-related ED visits in Oahu and 832 in neighboring islands among adults that were paid for by Medicaid. For our purposes, we define dental emergencies as ICD-10 codes K00 - K08 and T18.0. The average cost per person per year for these ED visits was $512 in Oahu and $486 in neighboring islands.

The available evidence suggests that up to 78 percent of ED visits for dental conditions nationwide could be diverted to a dentist office or other ambulatory setting.[9] A recent study found a 14 percent reduction in dental-related ED visits one year after expanding adult dental benefits in Medicaid via Medicaid expansion under the Affordable Care Act.[13] Data from one state (Missouri) showed a 9 percent reduction in dental-related ED visits one year after introducing dental benefits to adults in Medicaid. By year two, the reduction was 18 percent and 63 percent by year three.[14]

Based on these studies, our model assumed a 50 percent reduction in ED visits for dental conditions after introducing an adult dental benefit in Medicaid.

In 2018, 15 percent of adults enrolled in Medicaid in Oahu and 9 percent in neighboring islands were diagnosed with diabetes. For our purposes, we defined this as having at least one diabetes-related diagnosis in the year (ICD-10 codes: E08 - E13, O24.1, O24.3, O24.9, Z79.4, Z79.84). We assumed that adults with diabetes will behave similarly in terms of their dental care seeking behavior when a dental benefit for adults is introduced into Medicaid. In other words, their dental care utilization rate will increase by the same amount as adult beneficiaries in general. Based on the available evidence, estimated medical cost savings are between $900[7] and $2,400[8] per year per patient with diabetes receiving periodontal treatment. We believe the most accurate estimate is toward the lower end of this range, thus we assumed a medical care cost reduction of $900 per year for each new dental patient who has diabetes in "steady state."

In 2018, 4 percent of adults enrolled in Medicaid in Oahu and 3 percent in neighboring islands were diagnosed with some form of coronary artery disease. For our purposes, we define this as having at least one CAD-related diagnosis in the year (ICD-10 codes: I20 - I25). We assumed that adults with coronary artery disease will behave similarly in terms of their dental care seeking behavior when a dental benefit for adults is introduced into Medicaid. In other words, their dental care utilization rate will increase by the same amount as adult beneficiaries in general. Based on the available evidence, estimated medical cost savings are $1,090 per year per patient with CAD receiving periodontal treatment.[8]

In 2018, there were 5,416 pregnant women enrolled in Medicaid at some point in the year in Oahu and 3,273 in neighboring islands. At any given point in time, enrollment of pregnant women is 1,941 for Oahu and 1,136 in neighboring islands. We assumed that pregnant women will behave similarly in terms of their dental care seeking behavior when a dental benefit for adults is introduced into Medicaid. In other words, their dental care utilization rate will increase by the same amount as adult beneficiaries in general. Based on the available evidence, the estimated medical cost savings are between $1,500 (second pregnancy) and $2,400 (first pregnancy) per year per pregnant woman receiving periodontal treatement.[8] For our modeling, we choose the low end of this range and assume a medical cost reduction of $1,500 per year per pregnant women.

We assumed that 60 percent of adult Medicaid enrollees in Hawaii have some form of periodontal disease and are in need of periodontal treatment. This estimate is based on the most recent national data on the prevalence of periodontal disease among low-income adults in the United States.[15] We know of no source of such data at the state level.

Our analysis estimates total additional costs for the program and does not account for cost sharing under the Federal Medicaid Assistance Program (FMAP).

There are numerous limitations to our analysis, which have been outlined in our original modeling work.[12] For example, the medical care cost savings estimates are subject to a high degree of uncertainty. This is partly because the evidence base is still relatively weak on exactly how much medical costs decline when patients with chronic conditions like diabetes have increased access to dental care. Still, we have taken a very conservative approach to modeling medical care cost savings, taking the lower end of the estimates from the research. We assumed medical are cost savings for ABD adults will accrue to the Medicaid budget, when in fact some portion will accrue to Medicare due to dual eligibility. We assumed that Medicaid enrollees with diabetes and cardiovascular disease will use dental care at the same rate as the adult Medicaid-enrolled population.

The nature of the Medicaid adult dental benefit being proposed in Hawaii adds another layer of challenges because it does not mirror exactly the situation in states three states we drew on and is modeled separately for sub-populations of enrollees. We have drawn on the best available data and we feel our approach represents a reasonable approach. Still, it is subject to uncertainty.

Appendix 1

Table 1: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii

Option		Oahu All Adults	Oahu ABD	Oahu Pregnant Women	Neighboring Islands All Adults	Neighboring Islands ABD	Neighboring Islands Pregnant Women	Total All Adults
Option 1	Dental care costs	$4,790,199	$1,374,598	$72,343	$4,942,233	$1,134,073	$65,373	$9,732,432
	Per enrollee per month	$3.31	$3.58	$3.11	$5.45	$5.79	$4.80	$4.13
	Medical care cost savings	$1,248,072	$603,398	$130,975	$657,463	$247,778	$77,783	$1,905,535
	Per enrollee per month	$0.86	$1.57	$5.62	$0.73	$1.26	$5.71	$0.81
	Total net cost	**$3,542,127**	**$771,199**	**($58,632)**	**$4,284,770**	**$886,295**	**($12,410)**	**$7,826,897**
	Per enrollee per month	$2.45	$2.01	($2.52)	$4.73	$4.52	($0.91)	$3.32
Option 2	Dental care costs	$12,113,183	$3,372,241	$183,312	$11,394,329	$2,578,228	$155,144	$23,507,513
	Per enrollee per month	$8.36	$8.78	$7.87	$12.58	$13.16	$11.38	$9.98
	Medical care cost savings	$2,428,824	$1,243,536	$275,859	$1,177,526	$489,893	$162,782	$3,606,350
	Per enrollee per month	$1.68	$3.24	$11.84	$1.30	$2.50	$11.94	$1.53
	Total net cost	**$9,684,359**	**$2,128,705**	**($92,548)**	**$10,216,804**	**$2,088,335**	**($7,638)**	**$19,901,163**
	Per enrollee per month	$6.69	$5.55	($3.97)	$11.28	$10.66	($0.56)	$8.45
Option 3	Dental care costs	$21,753,492	$5,968,821	$330,048	$19,741,866	$4,431,244	$273,564	$41,495,359
	Per enrollee per month	$15.02	$15.55	$14.17	$21.79	$22.62	$20.07	$17.62
	Medical care cost savings	$3,609,576	$1,883,675	$420,744	$1,697,588	$732,008	$247,780	$5,307,165
	Per enrollee per month	$2.49	$4.91	$18.06	$1.87	$3.74	$18.18	$2.25
	Total net cost	**$18,143,916**	**$4,085,146**	**($90,696)**	**$18,044,278**	**$3,699,236**	**$25,784**	**$36,188,194**
	Per enrollee per month	$12.53	$10.64	($3.89)	$19.91	$18.88	$1.89	$15.37

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Appendix 2

Table 2: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii, Option 1

	Oahu			Neighboring Islands		
	All Adults	ABD	Pregnant Women	All Adults	ABD	Pregnant Women
Medicaid Enrollment, Adults	120,694	31,986	1,941	75,509	16,324	1,136
Dental care utilization rate, baseline	7.6%	8.8%	4.3%	9.6%	11.4%	5.7%
Dental care utilization rate, post reform	14.6%	15.8%	11.3%	16.6%	18.4%	12.7%
Additional enrollees with a dental visit	8,449	2,239	136	5,286	1,143	80
Average dental care costs per year per dental patient	$420	$420	$420	$567	$567	$567
Additional costs for new dental patients	$3,548,404	$940,477	$57,065	$2,996,952	$647,900	$45,088
Additional costs for existing dental patients	$1,241,795	$434,121	$15,277	$1,945,281	$486,173	$20,285
Estimated total additional dental care costs	**$4,790,199**	**$1,374,598**	**$72,343**	**$4,942,233**	**$1,134,073**	**$65,373**
Per enrollee per month	**$3.31**	**$3.58**	**$3.11**	**$5.45**	**$5.79**	**$4.80**
Estimated reduction in medical care cost for those with…						
Diabetes	$684,335	$399,031	$4,402	$266,008	$133,248	$2,742
Coronary artery disease	$226,540	$161,090	$89	$117,479	$78,603	$64
Pregnancy	$122,283	$0	$122,283	$71,568	$0	$71,568
Emergency department visits for dental conditions	$214,914	$43,277	$4,201	$202,408	$35,927	$3,410
Estimated total medical care cost savings	**$1,248,072**	**$603,398**	**$130,975**	**$657,463**	**$247,778**	**$77,783**
Per enrollee per month	**$0.86**	**$1.57**	**$5.62**	**$0.73**	**$1.26**	**$5.71**
Net cost of adult dental benefit	**$3,542,127**	**$771,199**	**($58,632)**	**$4,284,770**	**$886,295**	**($12,410)**
Per enrollee per month	**$2.45**	**$2.01**	**($2.52)**	**$4.73**	**$4.52**	**($0.91)**

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Table 3: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii, Option 2

	Oahu			Neighboring Islands		
	All Adults	ABD	Pregnant Women	All Adults	ABD	Pregnant Women
Medicaid Enrollment, Adults	120,694	31,986	1,941	75,509	16,324	1,136
Dental care utilization rate, baseline	7.6%	8.8%	4.3%	9.6%	11.4%	5.7%
Dental care utilization rate, post reform	22.6%	23.8%	19.3%	24.6%	26.4%	20.7%
Additional enrollees with a dental visit	18,104	4,798	291	11,326	2,449	170
Average dental care costs per year per dental patient	$540	$540	$540	$730	$730	$730
Additional costs for new dental patients	$9,776,214	$2,595,907	$157,803	$8,268,236	$1,787,478	$124,392
Additional costs for existing dental patients	$2,336,969	$776,334	$25,508	$3,126,094	$790,750	$30,752
Estimated total additional dental care costs	**$12,113,183**	**$3,372,241**	**$183,312**	**$11,394,329**	**$2,578,228**	**$155,144**
Per enrollee per month	**$8.36**	**$8.78**	**$7.87**	**$12.58**	**$13.16**	**$11.38**
Estimated reduction in medical care cost for those with…						
Diabetes	$1,466,432	$855,066	$9,433	$570,017	$285,531	$5,876
Coronary artery disease	$485,443	$345,193	$190	$251,740	$168,435	$136
Pregnancy	$262,035	$0	$262,035	$153,360	$0	$153,360
Emergency department visits for dental conditions	$214,914	$43,277	$4,201	$202,408	$35,927	$3,410
Estimated total medical care cost savings	**$2,428,824**	**$1,243,536**	**$275,859**	**$1,177,526**	**$489,893**	**$162,782**
Per enrollee per month	**$1.68**	**$3.24**	**$11.84**	**$1.30**	**$2.50**	**$11.94**
Net cost of adult dental benefit	**$9,684,359**	**$2,128,705**	**($92,548)**	**$10,216,804**	**$2,088,335**	**($7,638)**
Per enrollee per month	**$6.69**	**$5.55**	**($3.97)**	**$11.28**	**$10.66**	**($0.56)**

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Table 4: Estimated Cost of Adding a Comprehensive Dental Benefit in Medicaid in Hawaii, Option 3

	Oahu			Neighboring Islands		
	All Adults	**ABD**	**Pregnant Women**	**All Adults**	**ABD**	**Pregnant Women**
Medicaid Enrollment, Adults	120,694	31,986	1,941	75,509	16,324	1,136
Dental care utilization rate, baseline	7.6%	8.8%	4.3%	9.6%	11.4%	5.7%
Dental care utilization rate, post reform	30.6%	31.8%	27.3%	32.6%	34.4%	28.7%
Additional enrollees with a dental visit	27,760	7,357	446	17,367	3,755	261
Average dental care costs per year per dental patient	$660	$660	$660	$890	$890	$890
Additional costs for new dental patients	$18,321,349	$4,855,930	$294,644	$15,456,692	$3,341,523	$232,539
Additional costs for existing dental patients	$3,432,143	$1,112,890	$35,404	$4,285,174	$1,089,721	$41,025
Estimated total additional dental care costs	**$21,753,492**	**$5,968,821**	**$330,048**	**$19,741,866**	**$4,431,244**	**$273,564**
Per enrollee per month	$15.02	$15.55	$14.17	$21.79	$22.62	$20.07
Estimated reduction in medical care cost for those with…						
Diabetes	$2,248,529	$1,311,101	$14,464	$874,026	$437,814	$9,009
Coronary artery disease	$744,346	$529,296	$292	$386,002	$258,267	$209
Pregnancy	$401,787	$0	$401,787	$235,152	$0	$235,152
Emergency department visits for dental conditions	$214,914	$43,277	$4,201	$202,408	$35,927	$3,410
Estimated total medical care cost savings	**$3,609,576**	**$1,883,675**	**$420,744**	**$1,697,588**	**$732,008**	**$247,780**
Per enrollee per month	**$2.49**	**$4.91**	**$18.06**	**$1.87**	**$3.74**	**$18.18**
Net cost of adult dental benefit	**$18,143,916**	**$4,085,146**	**($90,696)**	**$18,044,278**	**$3,699,236**	**$25,784**
Per enrollee per month	**$12.53**	**$10.64**	**($3.89)**	**$19.91**	**$18.88**	**$1.89**

Note: See Data & Methods section for detailed methodology, including modeling assumptions. Based on analysis of data from the Health Policy Institute and data provided by the MedQuest Division of the Hawaii Department of Human Services.

Appendix 3

Table 5: Summary of Dental Services Covered Under Option 1, Option 2, and Option 3

CDT	Procedure	Option 1	Option 2	Option 3
D0120	Periodic Oral Evaluation	x	x	x
D0140	Limited Oral Evaluation - Problem Focused	x	x	x
D0145	Oral Evaluation for a patient under 3 years of age	x	x	x
D0150	Comprehensive Oral Evaluation	x	x	x
D0210	Intraoral - Complete Series	x	x	x
D0220	Intraoral - Periapical First Radiographic Image	x	x	x
D0230	Intraoral - Periapical Each Additional Radiographic Image	x	x	x
D0240	Intraoral - Occlusal Radiographic Image	x	x	x
D0270	Bitewing - Single Radiographic Image	x	x	x
D0272	Bitewings - Two Radiographic Images	x	x	x
D0274	Bitewings - Four Radiographic Images	x	x	x
D0330	Panoramic Radiographic Image	x	x	x
D0364	Cone Beam CT with limited field of view- less than one whole jaw	x	x	x
D0365	Cone beam CT with field of view of one full dental arch-mandible	x	x	x
D0366	Cone beam CT with field of view of one full dental arch - maxilla	x	x	x
D0367	Cone Beam CT - Field of View of Both Jaws	x	x	x
D1110	Prophylaxis - Adult	x	x	x
D1206	Topical Application of Fluoride Varnish	x	x	x
D2140	Amalgam - One Surface - Permanent	x	x	x
D2150	Amalgam - Two Surfaces - Permanent	x	x	x
D2160	Amalqam - Three Surfaces - Permanent	x	x	x
D2161	Amalaam - Four or More Surfaces - Permanent	x	x	x
D2330	Resin - One Surface, Anterior - Permanent	x	x	x
D2331	Resin - Two Surfaces, Anterior - Permanent	x	x	x
D2332	Resin - Three Surfaces, Anterior - Permanent	x	x	x
D2335	Resin - Four or More Surfaces/Incisal Angle, Anterior - Permanent	x	x	x
D2391	Resin - One Surface, Posterior - Permanent	x	x	x
D2392	Resin - Two Surfaces, Posterior - Permanent	x	x	x
D2393	Resin - Three Surfaces, Posterior - Permanent	x	x	x
D2394	Resin - Four or More Surfaces, Posterior - Permanent	x	x	x
D2910	Re-cement/Re-bond PartialCoveraae Restoration	x	x	x
D2920	Re-cement/Re-bond Crown	x	x	x
D2931	Prefabricated Stainless Steel Crown - Permanent		x	x
D2950	Core Buildup, Including Anv Pins		x	x
D2951	Pin Retention - Per Tooth, In Addition to Restoration		x	x
D2952	Post and Core In Addition to Crown, Indirectly Fabricated		x	x

D2954	Prefabricated Post and Core In Addition to Crown		x	x
D3310	Endodontic therapy- Anterior			x
D3320	Endodontic therapy- Bicuspid			
D3330	Endodontic Theraov - Molar		x	x
D4341	Periodontal Scalina/Root Planina (4 or More Teeth per Quad)	x	x	x
D4342	Periodontal Scaling/Root Planing (1-3 Teeth)	x	x	x
D4355	Full Mouth Debridement	x	x	x
D4910	Periodontal Maintenance	x	x	x
D7111	Extraction, coronal remnants-deciduous tooth	x	x	x
D7140	Extraction, Erupted Tooth/Exposed Root - Permanent	x	x	x
D7140	Extraction, Erupted Tooth/Exposed Root - Primary	x	x	x
D7210	Surqical Removal of Erupted Tooth	x	x	x
D7220	Removal of Impacted Tooth - Soft Tissue	x	x	x
D7230	Removal of Impacted Tooth - Partially Bony	x	x	x
D7240	Removal of Impacted Tooth - Completely Bony	x	x	x
D7241	Removal of Impacted Tooth - Completely Bony, Complicated	x	x	x
D7250	Suraical Removal of Residual Tooth Roots	x	x	x
D7260	Oroanral Fistula Closure	x	x	x
D7270	Tooth Reimplantation/Stabilization of Evusled/Displaced Tooth	x	x	x
D7280	Suraical Access of an Unerupted Tooth	x	x	x
D7282	Mobilization of Erupted/Malpositioned Tooth to Aid Eruption	x	x	x
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	x	x	x
D7285	Biopsy of Oral Tissue - Hard (Bone, tooth)	x	x	x
D7286	Biopsy of Oral Tissue - Soft	x	x	x
D7310	Alveoloplasty with Extractions (4 or More Teeth per Quad)	x	x	x
D7311	Alveoloplasty with Extractions (1-3 Teeth)	x	x	x
D7320	Alveoloplasty without Extractions (4 or More Teeth per Quad)	x	x	x
D7321	Alveoloolasty without Extractions (1-3 Teeth)	x	x	x
D7410	Excision of Beniqn Lesion up to 1.25 cm	x	x	x
D7411	Excision of Benign Lesion greater than 1.25 cm	x	x	x
D7510	Incision and Drainaqe of Abscess, Intraoral	x	x	x
D7970	Excision of Hvperplastic Tissue - Per Arch	x	x	x
D7971	Excision of Pericoronal Gingiva	x	x	x
D9110	Palliative (Emerqencv) Treatment of Dental Pain	x	x	x
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	x	x	x
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 minutes	x	x	x
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute increment	x	x	x
D9310	Consultation - DiaQnostic Service	x	x	x
D9420	Hospital/Ambulatory Surqical Center Call	x	x	x
D9440	Office Visit - After ReQularly Scheduled Office Hours	x	x	x
D9995	Teledentistrv-svnchronous; real-time encounter	x	x	x

D9996	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review.	x	x	x
D5110	Complete Denture - Maxillarv		x	x
D5120	Complete Denture - Mandibular		x	x
D5130	Immediate Denture - Maxillary		x	x
D5140	Immediate Denture - Mandibular		x	x
D5213	Maxillary Partial Denture- Cast Metal Base			x
D5214	Mandibular Partial Denture- Cast Metal Base			x
D5410	Adiust Complete Denture - Maxillary		x	x
D5411	Adjust Complete Denture - Mandibular		x	x
D5421	Adjust Partial Denture - Maxillary		x	x
D5422	Adjust Partial Denture - Mandibular		x	x
D5511	Repair Broken Complete Denture Base, Mandibular		x	x
D5512	Repair Broken Complete Denture Base, Maxillary		x	x
D5520	Replace Missina/Broken tooth - Complete Denture		x	x
D5611	Repair broken partial denture base- mandibular		x	x
D5612	Repair broken partial denture base- maxillary		x	x
D5640	Replace Broken Teeth - Per Tooth		x	x
D5650	Add Tooth to Existina Partial Denture		x	x
D5660	Add Clasp to Existina Partial Denture		x	x
D5710	Rebase Complete Maxillary Denture		x	x
D5711	Rebase Complete Mandibular Denture		x	x
D5720	Rebase Maxillary Partial Denture		x	x
D5721	Rebase Mandibular Partial Denture		x	x
D5730	Reline Complete Maxillary Denture (Chairside)		x	x
D5731	Reline Complete Mandibular Denture (Chairside)		x	x
D5740	Reline Maxillary Partial Denture (Chairside)		x	x
D5741	Reline Mandibular Partial Denture (Chairside)		x	x
D5750	Reline Complete Maxillary Denture (Laboratory)		x	x
D5751	Reline Complete Mandibular Denture (Laboratory)		x	x
D5760	Reline Complete Maxillary Partial Denture (Laboratory)		x	x
D5761	Reline Complete Mandibular Partial Denture (Laboratory)		x	x
D2740	Crown - Porcelain Ceramic Substrate			x
D2750	Crown - Porcelain Fused to Hiah Noble Metal			x
D2751	Crown - Porcelain Fused to Predominantly Base Metal			x
D2752	Crown - Porcelain Fused to Noble Metal			x
D2790	Crown - Full Cast Hiah Noble Metal			x
D2791	Crown - Full Cast Predominantly Base Metal			x
D2792	Crown - Full Cast Noble Metal			x
D3310	Endodontic Therapv - Anterior			x
D5211	Maxillary Partial Denture - Resin Base			x
D5212	Mandibular Partial Denture - Resin Base			x

D5213	Maxillary Partial Denture - Cast Metal Base			x
D5214	Mandibular Partial Denture - Cast Metal Base			x
D5621	Repair Cast Framework - mandibular			x
D5622	Repair Cast Framework - maxillary			x
D5630	Repair or Replace Broken Retentive Clasping Materials - per tooth			x
D5820	Maxillary Interim Partial Denture		x	
D5821	Mandibular Interim Partial Denture		x	

Acknowledgments

We thank Dr. Mona Van Kanegan of the Division of Oral Health of the Illinois Department of Public Health, Dr. Linda Mayten of the Minnesota Department of Human Services, and Stacey Chazin of the American Network of Oral Health Coalitions for their quick turnaround time in providing data needed for our analysis, as well as Steve Geierman of the Council on Access, Prevention, and Interprofessional Relations at the American Dental Association for his assistance with making these contacts. Specific to Hawaii, we thank Nancy Partika of the Hawaii Coalition for Oral Health for proving input and Anming Tan of the MedQuest Division of the Hawaii Department of Human Services for providing necessary data in timely a manner and for input on methodology throughout our collaboration on this study.

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HB-2249-HD-1
Submitted on: 2/24/2020 6:15:37 AM
Testimony for FIN on 2/25/2020 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Whispering Wind	Individual	Support	No

Comments:

Aloha Lawmakers,

I strongly SUPPORT this bill HB2249 HD1.

There's real potential for billions in savings for the system (and thousands for individuals) by promoting dental care. These findings, resulting from an analysis of medical, economics and epidemiology research, are based on a simple biological truth: The health of our mouths affects the health of our bodies.

A healthy mouth often mirrors internal health; a diseased mouth can reveal, and complicate internal illness. When oral health worsens, medical health worsens and costs escalate. By improving oral health, savings can be realized:

—If 60 percent of diabetes patients better managed their gum disease, savings could equal about $39 billion per year, or about $1,845 per diabetic individual.

—If 40 percent of pregnant women better managed their gum disease: about $7 billion, or nearly $1,050 per pregnancy.

—If 50 percent of dental-related emergency visits were handled in a community setting: around $826 million, or $385 per one of these visits.

The health care system, like the body, is in fact a system: When you strengthen one part, the burden on the whole lightens. When patients with systemic illnesses treat their gum disease, their medical outlook improves and treatment costs go down. When people receive regular dental care, they avoid expensive interventions during late stages of oral disease.

Please, PASS this vital dental healthcare bill.

Mahalo NUI,

Mary Whispering Wind

TESTIMONY FOR HOUSE BILL 2249 HD1
RELATING TO MEDICAID BENEFITS

Date of Hearing:

February 25, 2020

Committee on Finance:

Representative Sylvia Luke, Chair

Representative Ty J.K. Cullen, Vice Chair

February 22, 2020

Dear Committee Chair, Vice Chair, and Members:

My name is Andrew Tseu, I am a dentist that works at a Community Health Center. I am submitting testimony as a Hawaii resident.

I am in strong support of HB 2249, HD1. 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.

To: Hawaii State Legislature – Committee on Finance
Hearing: Date/Time: Tuesday, 02-25-20 12:30PM
Place: Hawaii State Capitol, Room 308
Re: Judith Ann Armstrong is in support of HB 2249 HD1 relating to Medicaid Benefits.

Aloha Chair Sylvia Luke, Vice Chair Ty J.K. Cullen, and Committee members,

I am writing in strong support of HB 2249 HD1. 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 our 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. On our neighbor islands, dental care provided for DoD training purposes (TropicCare) attracts large numbers of residents who cannot afford to pay for the prohibitive costs of their care in dental offices. Our adult dental Medicaid provider system is inadequate to care for the numbers of persons needing care. Needless pain and suffering is common due to our indifference to adults needing care in dental homes.

I strongly urge our legislators to support this important benefit change.

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

HB-2249-HD-1
Submitted on: 2/24/2020 2:18:51 PM
Testimony for FIN on 2/25/2020 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ana Kahoopii	Individual	Support	No

Comments:

I strongly SUPPORT this bill HB2249 HD1.

There’s real potential for millions in savings for the system (and thousands for individuals) by promoting dental care. These findings, resulting from an analysis of medical, economics and epidemiology research, are based on a simple biological truth: The health of our mouths affects the health of our bodies. â€¨

A healthy mouth often mirrors internal health; a diseased mouth can reveal, and complicate internal illness. When oral health worsens, medical health worsens and costs escalate. By improving oral health, savings can be realized: â€¨

—If 60 percent of diabetes patients better managed their gum disease, savings could equal about $39 billion per year, or about $1,845 per diabetic individual.
—If 40 percent of pregnant women better managed their gum disease: about $7 billion, or nearly $1,050 per pregnancy.
—If 50 percent of dental-related emergency visits were handled in a community setting: around $826 million, or $385 per one of these visits. â€¨

The health care system, like the body, is in fact a system: When you strengthen one part, the burden on the whole lightens. When patients with systemic illnesses treat their gum disease, their medical outlook improves and treatment costs go down. When people receive regular dental care, they avoid expensive interventions during late stages of oral disease.

Please, PASS this vital dental healthcare bill,

HB-2249-HD-1
Submitted on: 2/24/2020 2:25:15 PM
Testimony for FIN on 2/25/2020 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Lacques	Individual	Support	No

Comments:

LATE

February 25, 2020

Testimony in Support of HB2249 HD1
MAKING AN APPROPRIATION TO RESTORE CERTAIN ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES

The Hawaii State Rural Health Association (HSRHA) respectfully submits written testimony in strong support of HB2249 HD1.

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
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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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