

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
April 06, 2022

The Honorable Representative Sylvia Luke, Chair
House Committee on Finance
The Thirty-First Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Representative Luke and Committee Members:

SUBJECT: SB1294 SD2 HD1 Relating to Medicaid Benefits

The Hawaii State Council on Developmental Disabilities **STRONGLY SUPPORTS SB1294 SD2 HD1** which appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

The Council cannot emphasize the importance of dental care services that include preventive, restorative, prosthetic, and emergency services for people with intellectual and 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 severe health problems because necessary dental services were not available because of the termination of the Medicaid adult dental benefit coverage in 2008. Compounding these issues is the limited number of dentists on the Neighbor Islands who are available and willing to serve Medicaid enrollees.

Not only does lack of preventative oral care affect one's overall health. It profoundly impacts these individuals' abilities to obtain gainful employment. It is hard to have self-confidence during an interview when you are missing teeth or have poor dental care. Many individuals with intellectual and or developmental disabilities are already at a disadvantage within our current job market; our population does not need poor dental care to add to this issue.

April 06, 2022

Page 2 of 2

We as a Council are specifically advocating for option 2 (page 3, line 6). Due to the lack of dental services over the years many individuals have gone without dental coverage for far too long and may have sever medical needs. To take care of our vulnerable population option 2 is the minimum option to be considered.

Thank you for the opportunity to submit testimony in **strong support of SB1294 SD2 HD1.**

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus

Executive Administrator



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Finance
Wednesday, April 6, 2022 at 2:45 p.m.

By

Jerris Hedges, MD, Dean and
Lee Buenconsejo-Lum, MD, FAAFP
Associate Dean for Academic Affairs & DIO, UH JABSOM
John A. Burns School of Medicine

And

Michael Bruno, PhD
Provost
University of Hawai'i at Mānoa

SB 1294 SD2 HD1 – RELATING TO MEDICAID BENEFITS

Chair Luke, Vice Chair Yamashita, and members of the committee:

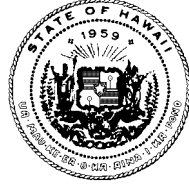
Thank you for the opportunity to present testimony today. The John A. Burns School of Medicine (JABSOM) **supports SB 1294 SD2 HD1** which appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

Oral disease is a significant health problem for many Hawai'i residents, affecting their overall health and well-being. 223,438 adult Medicaid recipients have no diagnostic, preventive, or restorative dental coverage. In 2009, the State terminated all preventive and restorative dental care services for adult Medicaid recipients and reduced coverage to emergency-only care that is limited to pain relief, injuries, trauma, and tooth removal and extraction. The lack of preventive and restorative dentistry services for adult Medicaid beneficiaries increases potential health care complications for persons with co-existing chronic diseases, such as diabetes and heart disease. Poor oral health, combined with co-existing conditions like these, have been shown to lead to increased disability and death.

In Hawai'i, a disproportionate number of adult Medicaid enrollees ages twenty-one to forty-four use the emergency department for emergency dental services. Between 2016-2020, 29,536 adults aged 21 and older visited the emergency department with a dental-related diagnosis, and forty-nine percent (49%) of emergency department visits with a principal dental-related diagnosis were Medicaid recipients. On average during 2016-2020, Medicaid enrollees made two thousand seven hundred emergency department visits per year for acute oral health conditions, totaling \$21,700,000 in charges for outpatient emergency services only. Native Hawaiians and Pacific Islanders were disproportionately represented in emergency department visits for dental-related diagnoses.

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

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

April 5, 2022

TO: The Honorable Sylvia Luke, Chair
Committee on Finance

FROM: Cathy Betts, Director

SUBJECT: **SB 1294 SD2 HD1– RELATING TO MEDICAID BENEFITS.**

HEARING: April 6, 2022, 2:45 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of this measure to fund the restoration of adult dental benefits for the Medicaid program. However, we respectfully request that the Legislature consider adding the appropriation to the executive budget. As noted in STAND. COM. REP. NO. 2036, the Governor's budget priorities include funding to restore a basic adult dental benefit of preventive, diagnostic, and some restorative dental services.

PURPOSE: The purpose of this measure is to appropriate funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees. Effective 7/1/2060. (HD1) The SD1 amended the measure by:

- (1) Replacing the purpose section with the updated language for Senate Bill No. 2401, Regular Session of 2022;
- (2) Clarifying that the funds appropriated by this measure are for the purpose of reinstating coverage of the basic package of diagnostic, preventive, and restorative dental benefits for adult Medicaid enrollees;
- (3) Inserting an appropriation amount of \$10,195,082;
- (4) Inserting an effective date of December 31, 2050, to allow further discussion on whether the funding in the Executive Supplemental Budget for fiscal year 2022-2023

for the Department of Human Services (HMS 401) to reinstate certain adult dental benefits will be appropriated or authorized; and
(5) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

The SD2 amended the measure by blanking out the appropriation of \$10,195,082.

The HD1 changed the effective date to July 1, 2060, to encourage further discussion; and made a technical, nonsubstantive amendment for the purposes of clarity, consistency, and style.

The Department supports the restoration of a basic oral health benefits for adult Medicaid and QUEST Integration beneficiaries. The current limited benefit of emergency-only coverage does not support the goals of whole-person care. Lack of access to 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. For these reasons, the executive budget includes \$10,195,082 (\$3,466,328 A funds/\$6,728,754 N funds) to restore dental services for adult Medicaid beneficiaries. This amount is the equivalent of Option 1: Limited dental benefit focused only on prevention and oral disease control (e.g., dental procedures such as diagnostics (x-rays), cleanings, and fillings).

As background, in 2020, DHS Med-QUEST Division (MQD) with the Health Policy Institute of the American Dental Association (HPI ADA) released a study that updated cost estimates for the restoration of the adult dental benefit. MQD identified three coverage options, ranging from a basic dental coverage to a comprehensive option, which is also referenced in this bill.

Option 1. Limited dental benefit focused only on prevention and oral disease control (dental procedures such as diagnostics (x-rays), cleanings, and fillings).

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).

Option 3. Comprehensive coverage that includes most dental procedures with some limits.

Since the study's release in 2020, the number of adult beneficiaries has increased substantially.

Accordingly, the costs of each option were also updated:

	Option 1 (SB1294 SD2 & Gov recommended)	Option 2	Option 3
Total Cost	10,195,082	25,952,297	47,384,075
Federal Funds	6,728,754	17,128,516	31,273,490
State Funds	3,466,328	8,823,781	16,110,586

Lastly, if an appropriation is forthcoming, we respectfully request that the Legislature consider adding the appropriation to the executive budget. Including an appropriation via this measure would only be a one-time appropriation which would not support the necessary continuity of an adult dental program.

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

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEE ON FINANCE
ON
SENATE BILL NO. 1294, S.D. 2, H.D. 1

April 6, 2022
2:45 p.m.
Room 308 and Videoconference

RELATING TO MEDICAID BENEFITS

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 1294, S.D. 2, H.D. 1, appropriates an unspecified amount of general funds in FY 23 to the Department of Human Services to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

B&F notes that the FY 23 Executive Supplemental Budget already includes \$3,466,328 in general funds and \$6,728,754 in federal funds in HMS 401's budget in FY 23 to restore certain adult dental benefits.

B&F also notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and

- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

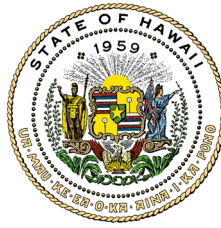
- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH



CAROLINE CADIRAO
DIRECTOR

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STATE OF HAWAII
EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831

**Testimony in SUPPORT of SB1294 SD2, HD1
Relating to Medicaid Benefits**

COMMITTEE ON FINANCE
REPRESENTATIVE SYLVIA LUKE, CHAIR
REPRESENTATIVE KYLE T. YAMASHITA, VICE CHAIR

Testimony of Caroline Cadirao
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing Date: April 6, 2022
2:45 PM

Room Number: 308
Via Videoconference

- 1 **EOA's Position:** The Executive Office on Aging (EOA), an attached agency to the Department
2 of Health, supports SB1294 SD2, HD1 Relating to Medicaid Benefits.
- 3 **Fiscal Implications:** This measure appropriates an unspecified amount of funds for FY 2022-
4 2023 to be expended by the Department of Human Services to restore the basic package of
5 diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.
- 6 **Purpose and Justification:** The purpose of this bill is to expand access of care by restoring
7 dental benefits to adult Medicaid enrollees. In 2009, the State eliminated all adult dental benefits
8 to Medicaid clients except emergency dental. Since then, EOA's long-term care disability
9 specialist, Mr. Philip Ana, has received calls from the disability and aging community looking
10 for assistance for necessary dental work. Often, the dental work required surgery and
11 replacement of dentures. In the meantime, the individual had difficulty eating. Mr. Ana looks for
12 free or low-cost services and a willing provider. While the individual may be able to find a dental

- 1 provider who is willing to volunteer their time, the cost of testing and materials is not free.
- 2 Restoring dental benefits to Medicaid enrollees is definitely needed. Poor oral health, combined
- 3 with co-existing chronic diseases, have been shown to lead to increased disability and death.
- 4 **Recommendation:** EOA supports this measure provided that its enactment does not reduce or
- 5 replace priorities with the Administration's budget request.
- 6 Thank you for the opportunity to testify.



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facebook.com/AARPHawaii

**The State Legislature
The House Committee on Finance
Wednesday, April 6, 2022
2:45 p.m.**

TO: The Honorable Sylvia Luke, Chair

RE: Support for S.B. 1294 S.D.2, H.D. 1 Relating to Medicaid Benefits

Aloha Chair Luke 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 over 140,000 members in Hawai'i.

AARP strongly supports S.B. 1294 S.D.2, H.D. 1 which appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

- According to an issue paper on improving dental coverage for older adults, (Henry J. Kaiser Family Foundation, July 2021), nearly one half of the Medicare population (47%) or 24 million beneficiaries 65 years and older, do not have dental coverage.
- Almost half of all Medicare beneficiaries did not have a dental visit within the past year (47%), with higher rates among those who have low incomes (73%), or who are in fair or poor health (63%), as of 2018.
- Average out-of-pocket spending on dental services among Medicare beneficiaries who had any dental service was \$874 in 2018. One in five Medicare beneficiaries (20%) who used dental services spent more than \$1,000 out-of-pocket on dental care.

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. 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 of costly medical care and emergency room visits.

Thank you very much for the opportunity to **support S.B. 1294 S.D.2., H.D.1.**

Sincerely,

A handwritten signature in black ink that reads "Keali'i S. Lopez".

Keali'i S. López
State Director



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

April 4, 2021

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Kyle T. Yamashita, Vice Chair

Testimony in Support of SB 1294, SD2, HD1
Restoration of Full Adult Dental Medicaid Benefits

Wednesday April 6 2022, 2:45 PM
CR 308 & Videoconference.

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.

HLH believes that the committee should restore the adult dental benefit to its full capacity and that includes what the program covered in 2009 including restorative services (crowns, dentures, partials, fillings, root canals) along with preventive services (screenings, cleanings, treatments). Without the full range of dental benefits patients will not get the necessary care to maintain their oral health which affects the entire health of the patient.

Treating patient in the emergency room for dental care is not financially prudent nor does it address the dental health of the patient as they will still need a dentist upon discharge to manage their long-term treatment. Covering preventive and restorative services are vital to the overall health of the patient.

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. Therefore, it is necessary to include restorative services.

This is the one of the most important bills 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 Peltus

David Peters
Chief Executive Officer



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

April 6, 2022
2:45 p.m.

Via Videoconference and Conference Room 308

To: The Honorable Chair Sylvia Luke
The Honorable Vice Chair Kyle T. Yamashita
House Committee on Finance

From: 'Ohana Health Plan
Rachel Wilkinson, Government Relations Manager

Re: SB1294 SD2 HD1, Relating to Medicaid Benefits; **In Support**

'Ohana Health Plan is pleased to offer our strong **support** of SB1294 SD2 HD1, which appropriates funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

'Ohana Health Plan is a wholly owned subsidiary of Centene Corporation, a leading multi-national healthcare enterprise committed to helping people live healthier lives. Since 2008, 'Ohana Health Plan has provided government-sponsored managed care services to families—from keiki to kupuna—and individuals with complex medical needs primarily through QUEST Integration (Medicaid), Medicare Advantage and Medicare Prescription Drug Plans across the state.

Poor oral health is one of the most important issues facing our state, particularly with the Medicaid population. In 2009, drastic budget cuts were made and essential dental services for Medicaid enrollees were reduced to emergency-only extractions and pain management. To date, Hawaii is one of only 13 states that provide emergency dental care only. And while oral health can often be overlooked, there is a clear correlation between oral health and overall health.

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 SB1294 SD2 HD1 and ask that you consider:

1. Funding the Option 2 coverage to better address the oral health needs of this population and
2. Please include the funding in the state budget.

Thank you for the opportunity to submit testimony on this measure.



April 4, 2022

The Honorable Sylvia Luke, Chair
The Honorable Kyle T. Yamashita, Vice Chair
House Committee on Finance

Re: SB 1294, SD2, HD1 – Relating to Medicaid Benefits

Dear Chair Luke, Vice Chair Yamashita, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1294, SD2, HD1, which appropriates funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult medicaid enrollees. Effective 7/1/2060.

HMSA supports access to dental coverage and oral health care for our members. We believe that preventive and restorative dentistry services are important as they can decrease potential health care complications for individuals living with chronic diseases, such as heart disease and diabetes.

Thank you for the opportunity to testify in support of SB 1294, SD2, HD1.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



TESTIMONY IN SUPPORT OF SB 1294 SD2 HD1

TO: Chair Luke, Vice-Chair Yamashita, & Members – House Committee on Finance
FROM: Trisha Kajimura
Deputy Director - Community
DATE: April 6, 2022 at 2:45 PM

Hawai'i Health & Harm Reduction Center (HHRC) **supports** SB 1294 SD2 HD1, which appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

HHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many of our program participants are adult Medicaid enrollees, some of whom are living with HIV. As the new chapter of the Life Foundation, HHRC has provided case management and other services to individuals living with HIV since the Life Foundation first opened in 1983.

The elimination of diagnostic, preventive and restorative dental services for adults on Medicaid in 2009 caused a major gap in health care for our clients that we have been fighting an uphill battle to help them with ever since. Dental care is a major part of health care that everyone needs access to. The consequences of inadequate dental care for the medically vulnerable can be very harmful. Our Medicaid enrolled clients frequently request financial assistance for dental care and it has been impossible for us to pay for all of the services they need. Inadequate dental care leads to preventable pain, suffering, stigma and illness. Our Medicaid enrolled clients are faced with extraction as the only option to treat a toothache. Then they have no treatment options for their missing tooth, which in addition to the health problem, causes social and employment discrimination. This gap in health care has been devastating and it needs to be addressed.

Please prioritize this restoration of essential health services in Hawai'i. Thank you for the opportunity to testify on this measure.

SB-1294-HD-1

Submitted on: 4/4/2022 4:55:04 PM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

Strong support.



April 4, 2022

The Honorable Sylvia Luke, Chair
The Honorable Kyle T. Yamashita, Vice Chair
House Committee on Finance

Senate Bill 1294 SD2 HD1 – Relating to Medicaid Benefits

Dear Chair Luke, Vice Chair Yamashita, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 1294 SD2 HD1. HAHP is a statewide partnership that unifies Hawaii’s health plans to improve the health of Hawaii’s communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP believes that preventive and restorative dental care improves health care outcomes, especially for those living with chronic disease such as diabetes and heart disease. HAHP supports the legislature’s intent to restore funding for adult dental care benefits for the Medicaid population.

Thank you for allowing us to testify expressing our **support** for SB 1294 SD2 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |
UHA Health Insurance | UnitedHealthcare

SB-1294-HD-1

Submitted on: 4/4/2022 10:05:21 PM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Alan B Burdick	Progressive Democrats of Hawaii	Support	Written Testimony Only

Comments:

Progressive Democrats of Hawaii strongly support SB 1294. It was a huge fiscal and moral mistake for the State to terminate diagnostic and preventative dental services for Medicaid patients twelve years ago. And the State should have restored those services a long time ago.

People have been suffering physically and socially from lack of dental services, being forced to wait in pain until their condition became so extreme to need to go to the Emergency Room. This terrible situation must be stopped. This is not Aloha.

Ideally, these services should be incorporated into the general Executive budget, HB 1600. If not, please move forward with this excellent bill - SB 1294. Mahalo!

Alan Burdick, co-chair, Progressive Democrats of Hawaii.



To: The Honorable Sylvia Luke, Chair
The Honorable Kyle T. Yamashita, Vice Chair
Members of the Committee on Finance

Re: **SB 1294 SD2 HD 1 – RELATING TO MEDICAID BENEFITS**

Hearing: **Wednesday, April 6, 2022, 2:45 p.m., Conference Room 308 & via
Videoconference**

Position: Strong support.

Aloha Chair Luke, Vice Chair Yamashita and Members of the Committee on Finance:

The Health Committee of the Democratic Party of Hawai'i strongly supports SB 1294 SD 2 HD1. This bill would appropriate funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees. This bill has an effective date of 7/1/2060.

Adult dental care is a critical service for our vulnerable populations of 400,000 residents who rely on Medicaid for their health insurance, especially Native Hawaiians and Pacific Islanders who are disproportionately represented in emergency room visits for dental-related diagnoses.

In 2009, during the massive budget cuts to state programs, routine adult dental care was dropped from Medicaid and never restored; coverage was instead reduced to emergency-only care, limited to pain relief, injuries, trauma, and tooth extraction.

The lack of preventive and restorative dentistry services for adult Medicaid beneficiaries increases potential health care complications for persons with co-existing chronic disease, like diabetes and heart disease; thus, poor oral health, and co-existing conditions have been shown to lead to increased disability and death.



April 6, 2022

Page 2

Per a 2021 study by the Hawaii Oral Health Coalition with the University of Hawaii's John A. Burns School of Medicine, between 2016 and 2020, 29,536 adults visited the ER with a dental-related diagnosis at a cost of \$54.37 million, of which \$21.7 million was paid by Medicaid; this was a high cost and burden on emergency rooms, and an even greater societal cost causing much human suffering.

Since 2010, Hawaii has received a failing grade of "F" in three oral health report cards by the Pew Center due to multiple policy and systems issues that have left the real health of Hawaii's families and children worse than the rest of the nation.

A disproportionate number of Medicaid enrollees ages 21 to 44 years use the ER for emergency dental services; however adult Medicaid beneficiaries represent only 25% of Hawaii's population but represent 47% of all dental services provided by emergency rooms.

In February 2020, the American Dental Association's Health Policy Institute and Hawaii DHS's MedQuest division found a medical care cost savings of \$1.9 million to \$5.3 million per year attributable to a reduction in ER visits for dental conditions and reduced medical care costs among beneficiaries with diabetes, coronary artery disease, and pregnancy.

Medicaid coverage for dental benefits should be reinstated to cover diagnostic, preventive, restorative services.

The Health Committee of the Democratic Party of Hawaii urges the restoration of Medicaid's dental services as soon as possible and humbly requests that SB 1294 SD2 HD1 be passed out of your Committee.

Mahalo nui loa,

Melodie Aduja, Chair

Stephen Kemble, M.D.

Marion Poirier, R.N., Vice Chair

Alan Burdick, Esq., Treasurer

Charley Ice

Dennis Miller

and Members of the Health Committee of the Democratic Party of Hawaii



AMERICANS FOR DEMOCRATIC ACTION

OFFICERS	DIRECTORS	MAILING ADDRESS		
John Bickel, President	Melodie Aduja	Jan Lubin	Bill South	P.O. Box 23404
Alan Burdick, Vice President	Keola Akana	John Miller	Zahava Zaidoff	Honolulu
Dave Nagajji, Treasurer	Juliet Begley	Jenny Nomura		Hawaii 96823
Doug Pyle, Secretary	Stephanie Fitzpatrick	Stephen O'Harrow		

April 5, 2022

TO: Chair Luke and Members of the Finance Committee

RE: SB 1294 SD2 Relating to Medicaid Benefits

Support for a Hearing on April 6

Americans for Democratic Action is an organization founded in the 1950s by leading supporters of the New Deal and led by Patsy Mink in the 1970s. We are devoted to the promotion of progressive public policies.

Americans for Democratic Action Hawaii supports this bill as it would restore Medicaid dental benefits. We believe this will save money in the long run and eliminate unnecessary pain and suffering. From the Hawaii Public Health Institute we find the following information:

Drastic cuts in 2009 eliminated essential dental services for Medicaid enrollees and reduced coverage to emergency only (extraction and pain management). Hawai'i has continued to suffer the consequences:

- Recent data show that between 2016 and 2020 there was a total of 29,536 ER visits with a dental related diagnosis among adults aged 21 years and older.
 - 67% (19,691) of these visits had a principal dental diagnosis as the reason they visited the ER.
- In that same time period, Medicaid claims constituted 45% of the cumulative total charges for the ER visits with a principal dental-related diagnosis, about \$12.3 million.
- This does not include the total charges for secondary dental-related diagnoses.
- Higher rates of ER visits with a dental-related diagnosis were found for Hawai'i County and Kaua'i County.
- A large portion of Medicaid claims for ER visits with a principal diagnosis between 2016 and 2020 were submitted for Native Hawaiians/Part Native Hawaiian (about 31%, or 2,991) patients.
- An average of 10% of patients who visited ER for principal dental-related conditions revisited the ER at least twice in the same year.

Thank you for your consideration.

Sincerely,

John Bickel, President



Hawai'i
Children's Action Network Speaks!
Building a unified voice for Hawai'i's children

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

Re: **SB 1294 SD2- Relating to Medicaid benefits**
2:45 PM, April 6, 2022

Chair Luke, Vice Chair Yamashita, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to **testify in strong support of Senate Bill 1294 SD2 HD1**, relating to Medicaid benefits. We believe that basic coverage is too minimal and will not be sufficient to adequately address the significant needs of adult Medicaid patients, due to 12 years of no preventive and restorative coverage. We request that the amount inserted into the bill reflect a comprehensive benefit.

Since 2009, we have treated oral health like a luxury instead of a need. It is costly to both individuals and the state. Extending dental coverage to patients with chronic health conditions like diabetes and heart disease can lead to cost savings in related areas of health care spending. It's estimated additional medical care cost savings range from \$1.9 million to \$5.3 million.

This is a multi-generation issue. Hawai'i'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. Oral health habits are a family issue and if parents have access to dental prevention services, the whole family will benefit. Our most vulnerable families had this benefit previously and we believe it should be restored.

Oral health is health and reinstating these benefits is a cost-effective, person-centered approach to making our communities healthier. **For these reasons, HCAN Speaks! respectfully requests the Committee to support this measure.**

Thank you,

Kathleen Algire
Director of Early Learning and Health Policy





**Testimony to the House Committee on Finance
Wednesday, April 6, 2022; 2:45 p.m.
State Capitol, Conference Room 308
Via Videoconference**

RE: SENATE BILL NO. 1294, HOUSE DRAFT 1, RELATING TO MEDICAID BENEFITS.

Chair Luke, Vice Chair Yamashita, 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 **SUPPORTS** the reinstatement of dental benefits to adult Medicaid enrollees at federally qualified health centers (FQHCs).

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

The bill, as received by your Committee, would appropriate an unspecified amounts of general funds for fiscal year 2022-2023, respectively, to restore diagnostic, preventative, and restorative dental benefits to adult Medicaid enrollees.

The bill would take effect on July 1, 2060.

Since 2008, the HPCA has consistently urged the reinstatement of this essential benefit. At that time, the Legislature faced enormous fiscal challenges that forced your predecessors to make many difficult decisions. The elimination of adult dental Medicaid benefits was just one of many painful cuts that needed to be made for the good of all. As the economy rebounded, most of the programs cut were reorganized and many were reinstated to ensure that the needs of our citizens are met. Yet, adult dental Medicaid was never returned..

To ensure seamless transition should the Legislature agree to provide the state's portion for the reinstatement of the benefit, the benefit should appropriately be integrated into the State Medicaid Plan. The State would also need to show a continual funding source for this additional benefit.

Testimony on Senate Bill No. 1294, House Draft 1
Wednesday, April 6, 2022; 2:45 p.m.
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We note that the approval of a "stand alone" bill such as this vehicle would only provide a one-time appropriation for this purpose.

To ensure that the benefit would be eligible for federal match, it would need to be incorporated into the State budget. We note that according to the Budget-in-Brief submitted by the Governor in his Supplemental Budget request, that document contains a provision that indicates that funds for this expanded benefit is indeed contained in the proposed budget bill under Line Item HMS-401. Specifically, the Administration requests \$3,466,328 in general funds and \$6,728,754 in federal funds to "restore and expand. . . adult dental benefits". (See, 2023 Budget in Brief, pp. 744-745.).

We further note that as part of the Administration's Executive Budget request to the 2017 Hawaii State Legislature, DHS requested \$4,704,480 in general funds and \$7,056,720 in federal funds for fiscal year 2018, and \$9,408,960 in general funds and \$14,113,440 in federal funds for fiscal year 2019 for "the restoration of the adult dental benefits. (See, 2018 Budget in Brief, pages 1056-1059.).

In the purpose clause, three options were offered to address the need for dental benefits for Medicaid recipients:

- OPTION 1. Basic package of diagnostic, preventative, and restorative services;
- OPTION 2. Basic package plus core prosthodontic services; and
- OPTION 3. A further expansion to a more robust set of prosthodontic services.

These packages of benefits, and the costs associated, were published by the American Dental Association's Health Policy Institute, in a report dated February 2020. (See, https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpibrief_0220_1.pdf)

The HPCA asserts that the prolonged damage caused to the oral health of adult dental Medicaid recipients from fourteen (14) years of neglect and apathy by the State will necessitate significant resources to remediate this population. After all, what good are x-rays and cleanings if you don't provide the necessary resources to adequately treat these patients?

The HPCA further proclaims that the State has a moral obligation to provide the most robust package of benefits possible for this underprivileged and underserved population. At the very minimum, until such time as the oral health conditions of Hawaii's adult Medicaid population is stabilized, the benefit package should be at the OPTION 3 level.

Testimony on Senate Bill No. 1294, House Draft 1
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In sum, the HPCA asks this Committee approve an increase to Line Item HMS-401 in House Bill No. 1600, and that the amount of the increase be equal to the OPTION 3 level of benefits recommended in the American Dental Association's report dated February 2020.

As a postscript, the House Committee on Finance reported out House Bill No. 1600, House Draft 1, on February 14, 2022. According to the worksheets for House Bill No. 1600, House Draft 1, the House appropriated \$1 for the reinstatement of adult dental Medicaid benefits. (See, attached budget worksheet for HMS401.)

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@hawaiiipca.net.

PROGRAM APPROPRIATIONS

ITEM NO.	PROG. ID	PROGRAM	EXPENDING AGENCY	APPROPRIATIONS			
				FISCAL YEAR 2021-2022	M O F	FISCAL YEAR 2022-2023	M O F
			HMS	720,000N			720,000N
			HMS	14,300,000V			14,300,000V
				<u>10,800,000V</u>			<u>10,800,000V</u>
			HMS	2,366,839P			2,366,839P
							<u>OP</u>
17.	HMS605	COMMUNITY-BASED RESIDENTIAL SUPPORT					
	OPERATING		HMS	17,810,955A			17,810,955A
18.	HMS401	HEALTH CARE PAYMENTS					
	OPERATING		HMS	982,477,598A			982,477,598A
							<u>993,036,474A</u>
			HMS	1,376,660B			1,376,660B
			HMS	1,803,909,546N			1,803,909,546N
			HMS	6,781,921U			6,781,921U
			HMS	13,474,795P			13,474,795P
19.	HMS236	CASE MANAGEMENT FOR SELF-SUFFICIENCY					
	OPERATING		HMS	289.63*			289.63*
			HMS	15,952,885A			15,952,885A
							<u>16,750,036A</u>
				228.37*			228.37*
			HMS	25,977,079N			25,977,079N
							<u>25,893,369N</u>
			HMS	30,237P			30,237P
20.	HMS238	DISABILITY DETERMINATION					
	OPERATING		HMS	50.00*			50.00*
			HMS	8,290,218N			8,348,886N
							<u>8,859,927N</u>
21.	ATG500	CHILD SUPPORT ENFORCEMENT SERVICES					
	OPERATING		ATG	70.72*			70.72*
				0.34#			0.34#
			ATG	4,701,166A			4,701,166A
			ATG	2,231,224T			2,231,224T
				137.28*			137.28*
				0.66#			0.66#
			ATG	15,880,241P			15,880,241P
22.	HMS237	EMPLOYMENT AND TRAINING					
	OPERATING		HMS	469,505A			469,505A



PROGRAM ID:
PROGRAM STRUCTURE NO:
PROGRAM TITLE:

HMS-401
06020305
HEALTH CARE PAYMENTS

**EXECUTIVE SUPPLEMENTAL BUDGET
(IN DOLLARS)**

REPORT: S61-A

PROGRAM COSTS	FY 2022		FY 2023		BIENNIUM TOTALS		PERCENT CHANGE		
	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN			
OTH CURRENT EXPENSES	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46
TOTAL OPERATING COST	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46
BY MEANS OF FINANCING									
GENERAL FUND	982,477,598		982,477,598	982,477,598	15,864,124	998,341,722	1,964,955,196	1,980,819,320	
SPECIAL FUND	1,376,660		1,376,660	1,376,660		1,376,660	2,753,320	2,753,320	
FEDERAL FUNDS	1,803,909,546		1,803,909,546	1,803,909,546	10,177,219	1,814,086,765	3,607,819,092	3,617,996,311	
OTHER FEDERAL FUNDS	13,474,795		13,474,795	13,474,795		13,474,795	26,949,590	26,949,590	
INTERDEPT. TRANSF	6,781,921		6,781,921	6,781,921		6,781,921	13,563,842	13,563,842	
TOTAL PERM POSITIONS									
TOTAL TEMP POSITIONS									
TOTAL PROGRAM COST	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46

Narrative for Supplemental Budget Requests

FY 2023

Program ID: HMS 401

Program Structure Level: 06 02 03 05

Program Title: HEALTH CARE PAYMENTS

A. Program Objective

To ensure that qualified low-income and disabled individuals and families are provided appropriate health or long-term care services that meet their needs.

B. Description of Request

1. Request to add \$9,948,756 in general funds to reallocate funds for Home and Community-based Services (HCBS).
2. Request to add \$2,449,040 in general funds and \$3,448,465 in federal funds to extend coverage of post-partum benefits.
3. Request to add \$3,466,328 in general funds and \$6,728,754 in federal funds to restore and expand of adult dental benefits.

C. Reasons for Request

1. Section 9817 of the American Rescue Plan Act (ARPA) provides states with a temporary 10-percentage point increase to the Federal Medical Assistance Percentage (FMAP) for certain Medicaid expenditures for HCBS from April 1, 2021 to March 31, 2022. States must use this additional funding to supplement and not supplant HCBS spending to enhance, expand, or strengthen HCBS through March 31, 2024. This request accounts for the savings accrued from the 10-percentage point FMAP increase on HCBS expenditures during the current fiscal year and preserves the ability to spend these additional funds per federal requirements in the future fiscal years.

2. ARPA Section 9812 gives states the option to extend Medicaid post-partum coverage from 2 months post-partum to 12 months post-partum, beginning on April 1, 2022, for a period of 5 years. This request will provide extended coverage of post-partum benefits for women who would not otherwise be eligible for coverage under the low-income adult category after 2 months post-partum.

3. This request provides Medicaid-enrolled adults a basic dental benefit, including diagnostic, preventive, and restorative services. Hawaii is 1 of 16 states that provide no dental coverage or emergency dental services only. Providing comprehensive dental benefits to Medicaid-enrolled adults has been shown to reduce costly emergency department visits for dental conditions, result in health care savings for people with chronic conditions, and positively impact an enrollee's ability to successfully interview for a job.

D. Significant Changes to Measures of Effectiveness and Program Size

The COVID-19 pandemic has had a tremendous negative effect on Hawaii's local economy, resulting in a significant increase in Medicaid enrollment. In addition, the continuous coverage requirement in the Families First Coronavirus Relief Act prevents the disenrollment of any current Medicaid enrollees, except for a few limited reasons.

Program ID: HMS401 HEALTH CARE PAYMENTS
 Structure #: 060203050000
 Subject Committee: HHH HEALTH, HUMAN SERVICES, & HOMELESSNESS

SEQ #	EXPLANATION	FY 2022			FY 2023		
		Perm	Temp	Amt	Perm	Temp	Amt
		0.00	0.00	982,477,598 A	0.00	0.00	982,477,598 A
		0.00	0.00	1,376,660 B	0.00	0.00	1,376,660 B
		0.00	0.00	1,803,909,546 N	0.00	0.00	1,803,909,546 N
		0.00	0.00	6,781,921 U	0.00	0.00	6,781,921 U
		0.00	0.00	13,474,795 P	0.00	0.00	13,474,795 P
	BASE APPROPRIATIONS	0.00	0.00	2,808,020,520	0.00	0.00	2,808,020,520

- 1

OBJECTIVE: TO ENSURE THAT QUALIFIED LOW-INCOME AND
 DISABLED INDIVIDUALS AND FAMILIES ARE PROVIDED
 HEALTH CARE SERVICES, INCLUDING MEDICAL, DENTAL,
 HOSPITAL, NURSING HOME, HOME AND COMMUNITY-BASED,
 AND OTHER PROFESSIONAL SERVICES, EITHER THROUGH A
 FEE-FOR-SERVICES OR QUEST-MANAGED CARE PROGRAM.

100-001	SUPPLEMENTAL REQUEST: ADD FUNDS FOR HEALTH CARE PAYMENTS (HMS401/PE). ***** HOUSE CONCURS.						9,948,756 A
	DETAIL OF GOVERNOR'S REQUEST: MISCELLANEOUS CURRENT EXPENSES (9,948,756)						

Program ID: HMS401 HEALTH CARE PAYMENTS
 Structure #: 060203050000
 Subject Committee: HHH HEALTH, HUMAN SERVICES, & HOMELESSNESS

SEQ #	E X P L A N A T I O N	Perm	FY 2022 Temp	Amt	Perm	FY 2023 Temp	Amt
101-001	SUPPLEMENTAL REQUEST: ADD FUNDS FOR HEALTH CARE PAYMENTS (HMS401/PE). ***** HOUSE DOES NOT CONCUR. BREAKOUT AS FOLLOWS: MISCELLANEOUS CURRENT EXPENSES (1A) ***** DETAIL OF GOVERNOR'S REQUEST: MISCELLANEOUS CURRENT EXPENSES (2,449,040A/3,448,465N)						1 A
102-001	SUPPLEMENTAL REQUEST: ADD FUNDS FOR HEALTH CARE PAYMENTS (HMS401/PE). ***** HOUSE DOES NOT CONCUR. BREAKOUT AS FOLLOWS: ADULT DENTAL BENEFIT (1A) ***** DETAIL OF GOVERNOR'S REQUEST: ADULT DENTAL BENEFIT (3,466,328A/6,728,754N)						1 A

Program ID: HMS401 HEALTH CARE PAYMENTS
 Structure #: 060203050000
 Subject Committee: HHH HEALTH, HUMAN SERVICES, & HOMELESSNESS

SEQ #	EXPLANATION	FY 2022		FY 2023	
		Perm	Temp	Perm	Temp
		Amt		Amt	
1000-001	HOUSE ADJUSTMENT:				610,118 A
	ADD FUNDS FOR HEALTH CARE PAYMENTS (HMS401/).				

	DETAIL OF HOUSE ADJUSTMENT:				
	FAMILY PLANNING SERVICES (610,118)				

TOTAL BUDGET CHANGES

10,558,876 A

BUDGET TOTALS

0.00	982,477,598	0.00	993,036,474	A
0.00	1,376,660	0.00	1,376,660	B
0.00	1,803,909,546	0.00	1,803,909,546	N
0.00	6,781,921	0.00	6,781,921	U
0.00	13,474,795	0.00	13,474,795	P

Testimony on Senate Bill 1294 SD2 HD1
Relating to Medicaid Benefits

Submitted by Dr. Steven Pine, DDS., Dental Director, West Hawaii Community Health
Center

April 5, 2022

I, Dr. Steven Pine, DDS, currently work as the Dental Director at West Hawaii Community Health Center, (WHCHC) and I strongly support Senate Bill 1294 which appropriates funds for the restoration of adult dental benefits to Medicaid patients.

At WHCHC we believe that oral health indicates much more than simply healthy teeth, as the mouth can be both a cause and a window to individual and population health and well-being. Oral health is critical to general health and well-being as the mouth is the gateway to the rest of the body, providing clues about overall health. It is sometimes the first place where signs and symptoms of other diseases are noticed. Causes of poor oral health are complex and access to dental care for adults is crucial for overall health and well-being. However, adults in West Hawaii are less likely to see a dentist than adults on average for the state. 35.6% of West Hawaii adults have had no dental care compared to the state rate of 29%. In addition, higher rates of ER visits with a dental-related diagnosis were found for both Hawaii County and Kauai County in 21–44-year-old patients.

Between 2016 and 2020, Medicaid recipients averaged 2,700 emergency room visits per year for acute oral health conditions, totaling \$21,700,000 in charges for outpatient emergency room services alone. Neighbor island ERS on Hawaii island and Kauai have higher rates of ER use for acute dental conditions.

Limited coverage under option 1 would be capped per recipient and may only cover an annual exam, fluoride treatment, bi-annual cleanings, one set of bite wings radiographs per year and one non-emergency tooth extraction or filling per year. As a provider who treats patients, the dental needs of these patients far exceed this basic requirement.

The difference in State funding would be \$8,823,781 in state funds for option 2, versus \$3,466,328 in state funds for option 1. Federal funding from would provide the remainder of the costs of the benefits under the Federal Medicaid Assistance Percentage (FMAP).

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 cost-occurring acute and chronic diseases.

Research shows that adults who receive Medicaid frequently go without comprehensive oral treatment due to high treatment costs which must be paid for out-of-pocket (Hawaii

Oral Health: Key Findings, 2015). A recent CDC report shows that the cost of treatment or lack of insurance was the main reason 42% of adults, 18-64 years of age, went without a dental visit for an oral health problem in the past 6 months

Consistent with national statistics that demonstrate disparity in dental care for the low-income vs high income adults, a recent survey on Hawaii Oral Health noted there are substantial dental health disparities in Hawaii. Adults with low income are more likely to have dental problems and less likely to see a dentist each year.

WHCHC provides care to the most under-served people in our community who have the most complicated health needs. Individuals with a range of chronic conditions are more susceptible to oral disease. Oral disease can also exacerbate chronic disease symptoms.

By passing this bill you will improve oral health outcomes for the most disadvantaged adults in our community. Providing adult dental services for those living in poverty will serve the public in the following ways:

- Reduce costs associated with emergency department visits for preventable oral health problems.
- Improve pregnancy outcomes for low- income women.
- Improve self-esteem, employability, decrease absenteeism, and improve mental health of disadvantaged adults.
- Improve chronic health condition for underserved and disadvantaged adults.
- Improve access to dental services for adults living in poverty.

For these reasons I strongly support **SB 1294 option 2**. Thank you for the opportunity to testify.

Steven C. Pine D.D.S., Dental Director
West Hawaii Community Health Center



HAWAI'I ORAL HEALTH COALITION

Date: April 6, 2022

To: The Honorable Representative Sylvia Luke, Chair
The Honorable Representative Kyle T. Yamashita, Vice Chair

Re: Support for SB1294 SD2, HD1 Relating to Medicaid Benefits

Hrg: April 6, 2022 at 2:45pm - Conference Room 308 & via Videoconference

The Hawai'i Oral Health Coalitionⁱ, convened by the Hawai'i Public Health Institute, is in **strong support of SB1294 SD2, HD1**, relating to the reinstatement adult dental benefits to Medicaid enrollees.

SB1294 SD2, HD1 appropriates funds to the DHS to restore basic diagnostic, preventive, and restorative dental coverage to adult Medicaid enrollees. In a 2021 survey conducted by Ward Research for HIPHIⁱⁱ, 9 in 10 registered Hawaii voters (92%) strongly agreed that preventative dental benefits should be included in adult Medicaid coverage. Additionally, 38 health and community organizations have expressed support for the reinstatement of dental coverage.

Oral health is critical to 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.

Unfortunately, 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 Statesⁱⁱⁱ. Drastic cuts in 2009 eliminated essential dental services for Medicaid enrollees and reduced coverage to emergency only (extraction and pain management).

As a consequence of these cuts, many in Hawai'i and across the nation have turned to emergency rooms for oral health care. The ADA reported in 2016 that ER visits nationwide

continued to increase in 2012, costing the US health care system \$1.6 billion per year at an average cost of \$749 per visit^{iv}. In Hawai'i, recent data^v show that between 2016 and 2020 there was a total of 29,536 ER visits with a dental related diagnosis among adults aged 21 years and older, with an average of 10% of patients who visited ER for principal dental-related conditions having revisited the ER at least twice in the same year. Sixty-seven percent (19,691) of these visits had a principal dental diagnosis as the reason they visited the ER. In that same time period, Medicaid claims constituted 45% of the cumulative total charges for the ER visits with a principal dental-related diagnosis, about \$12.3 million. This does not include the total charges for secondary dental-related diagnoses. An estimated 79% of ER dental visits could be diverted to community settings, saving about 48% of the cost of each visit^{vi}.

SB1294 SD2, HD1 is a necessary health equity measure. The lack of coverage for diagnostic, preventative, and restorative dental services has had a disparate impact on Native Hawaiian and Pacific Islander populations, and those on Neighbor Islands, who are at greater risk for poor oral health and limited access to oral health care. Hawai'i County and Kaua'i County saw the state's highest rates of ER visits with a dental-related diagnosis, and a large portion of Medicaid claims for ER visits with a principal diagnosis between 2016 and 2020 were submitted for Native Hawaiians/Part Native Hawaiian (about 31%, or 2,991) patients.

In 2020, the Health Policy Institute of the American Dental Association published a specific fiscal analysis for Legislative consideration about the costs versus cost-savings in reinstating preventive and restorative dental benefits for adults on Medicaid^{vii}. This analysis highlights three funding options for coverage ranging from basic to comprehensive. The federal government does match up to 50% of the state's investment in reinstating diagnostic, preventative and restorative dental coverage for all adult Medicaid recipients and, to date, 34 states do offer limited or comprehensive benefits for its adult Medicaid recipients^{viii}.

In order to adequately address the high needs of this population, due to the lack of access to preventive and restorative care since 2009, adults on Medicaid will require greater coverage than what is presented in Option 1, as detailed in the ADA-HPI analysis. While covering exams, cleanings, and limited restorations is a step in the right direction, patients may continue to seek dental care from emergency departments across the state, or simply defer care due to continued lack of restorative care. We believe a funding amount that reflects at least Option 2 will be more adequate in addressing the needs of this vulnerable population.

We understand that funding for adult Medicaid dental coverage has also been requested in the state budget and prefer this approach to a one-time appropriation in order to encourage sustainable continuity of these services.

We strongly support the reinstatement of diagnostic, preventive, and restorative dental coverage for adults in Hawai'i enrolled in Medicaid and respectfully ask you to support this important issue with careful consideration for what services and strategy will most effectively and sustainably address the oral health needs of this population. Thank you for the opportunity to testify.

Mahalo,



Patrick Donnelly
Statewide Oral Health Coalition Manager
Hawai'i Public Health Institute

ⁱ The Hawai'i Oral Health Coalition 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. 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.

ⁱⁱ Findings from a Ward Research Study commissioned by the Hawai'i Public Health Institute that summarizes findings from a phone survey among n=810 Hawaii registered voters (+/-3.3 margin of error) conducted between October 26 to November 30, 2021. A copy of the results are available upon request.

ⁱⁱⁱ Hawai'i Oral Health: Key Findings, Hawai'i Department of Health. August 2015.

^{iv} Emergency department use for dental conditions continues to increase. Health Policy Institute Research Brief. American Dental Association. April 2015.

^v Lailima Data Alliance Hawai'i inpatient and Outpatient dental ER data (2016-2020). Accessed October 12, 2021.

^{vi, vii} Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Hawai'i, Health Policy Institute Research Brief. American Dental Association. February 2020.

^{viii} Medicaid Adult Dental Benefits Coverage by State, Center for Health Care Strategies, Inc., September 2019.



To: Chair Sylvia Luke
Vice Chair Kyle Yamashita
House Committee on Finance

From: David W. Heywood, Health Plan CEO
UnitedHealthcare Community Plan Hawaii

Re: SB 1294 SD2 HD1, Relating to Medicaid Benefits; **In Support**
April 6, 2022; Conference Room 308

UnitedHealthcare (UHC) serves approximately 59,000 QUEST Integration (Medicaid) and 37,500 Medicare Advantage members in Hawaii. We also provide Medicare Part D, Medicare Supplemental, and other health programs/services in the islands. Our team is comprised of over 400 employees across the islands with offices in Honolulu, Kahului, and Hilo.

UHC **supports** SB 1294 SD2 HD1, which appropriates funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees. Poor oral health is one of the more important issues facing our state, particularly with the adult Medicaid population. There is a clear relationship between preventative dental care and the deterrence of serious medical conditions. This investment in adult dental benefits not only improves the overall wellness for an underserved population of Hawaii's most vulnerable residents, but it will also lead to cost savings to the entire healthcare system.

We strongly urge the passage of SB 1294 SD2 HD1. Thank you for the opportunity to submit testimony on this measure.



Date: April 6, 2022

To: The Honorable Sylvia Luke, Chair
The Honorable Kyle T. Yamashita, Vice-Chair
Committee on Finance

From: Peggy Mierzwa, Community and Government Relations

RE: **SB1294 SD2 HD1** Relating to Medicaid Benefits-Support

AlohaCare appreciates the opportunity to provide testimony in **SUPPORT of SB1294 SD2 HD1**. This measure would appropriate funding to Department of Human Services to restore basic adult dental benefits, including diagnostic, preventative and restorative services to Medicaid members.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. We are the only health plan in Hawai'i that exclusively serves Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

For over a decade, Hawai'i's Medicaid program has covered only emergency dental services for adult beneficiaries. Preventative and restorative dental services, as cleanings and x-rays, are not covered for adults. As a result, individuals resort to the emergency room in order to get treatment for complicated infections and excruciating pain. Many times the individual has little options beyond tooth extractions in order to address problem areas. Many of these catastrophic events could have been avoided had preventative care been available.

Oral care has a significant impact on a person's overall health. Individuals with chronic diseases such as diabetes and heart disease lead to increased disability and death. A lack of preventive services commonly leads to gum disease, which is associated with an increased risk of heart disease. Poor dental health increases the risk of a bacterial infection in the blood stream, which can affect the heart valves; tooth loss patterns are connected to coronary artery disease; strong connection between diabetes and cardiovascular disease and evidence that people with diabetes benefit from periodontal treatment.¹ Pregnant women are at much greater risks to periodontal disease. Periodontitis has been associated with poor pregnancy outcomes, including preterm birth and low birth weight.² Women with poor dental health are more than 3 times more likely to have a child with cavities.³

¹ <https://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/heart-disease-prevention/faq-20057986>

² <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>

³ <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>



As written, basic coverage provided in the bill is inadequate for meeting the needs of Medicaid enrollees. Adult dental benefits were terminated from Hawai'i Medicaid coverage in 2009. After 13 years of oral health neglect, greater coverage is necessary to address the many complications that arise from years with no preventative care. We ask you increase the funding to at provide at minimum the Option 2 coverage, which includes the basic preventative package plus core prosthodontic services to better serve those who have had no oral health care for 13 years, and who are now are faced with catastrophic oral health complications.

We further request the funding be included in the state budget to ensure financial stability for this important and necessary benefit.

Restoring dental coverage to adults with Medicaid will allow people to gain good oral health through prevention and maintenance for avoidable health conditions. Adequate oral health coverage ensures whole person health, so people are able to care for their families, stay out of emergency rooms, and live fulfilling lives. This benefit will positively impact the overall well-being our communities.

We are grateful for your consideration of this important measure.



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lōkahi

894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Kyle Yamashita, Vice-Chair

Wednesday, April 6, 2022, 2:45 PM, CR 308 & Videoconference

RE: SB 1294 SD 2 HD 1 – Relating to Medicaid Benefits
Position: STRONG SUPPORT

Dear Chair Luke, Vice-Chair Yamashita, and Members of the Committee on Finance,

Papa Ola Lōkahi testifies in **STRONG SUPPORT** of SB 1294 SD 2 HD 1, which would provide funds to increase access to oral health care by restoring diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees. The 2009 elimination of dental services from Medicaid appears to be linked to severe impacts, including increased emergency department utilization and more costly oral health concerns. Data from 2006 and 2012 in Hawai‘i shows that Medicaid emergency department visits increased by 67%, translating into hospital charges rising from about \$4 million to over \$8.5 million.¹

Papa Ola Lōkahi supports efforts to provide protective and preventive measures through person-centered policies that guard and sustain the health of our communities. This bill calls for funding that impacts the Medicaid population; oral disease risk is higher for those who suffer from chronic conditions such as heart disease, emphysema, diabetes, hepatitis C, and obesity.² Native Hawaiians experience shorter life expectancies and higher mortality rates due to these chronic conditions and are overrepresented in the Medicaid population. Thus, dental services impact Native Hawaiian health disproportionately.

Native Hawaiians hold a holistic view of health, in which the health of the people, land and spiritual realms are interconnected. This perspective lends to envisioning health care policies, programs, and delivery that provide resources for all aspects of health and ensure equitable access to services. SB 1294 SD 2 HD 1, as a step to those larger goals, works to provide a critical set of services to those most in need.

Thank you for the opportunity to testify in **strong support** of this critical legislation.

Papa Ola Lōkahi, the Native Hawaiian Health Board, authorized by the federal Native Hawaiian Health Care Improvement Act, is charged with raising the health status of Native Hawaiians to the highest possible level, which we achieve through strategic partnerships, programs, and public policy.

Papa Ola Lokahi

is the Native Hawaiian Health Board established in 1988 to improve the health and well-being of Native Hawaiians.

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CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF SB 1294 SD2, HD1: RELATING TO ADULT DENTAL MEDICAID BENEFITS

TO: House Committee on Finance

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

Hearing: Wednesday, 4/6/22; 2:45 PM; via videoconference

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

Thank you for the opportunity to provide testimony **in strong support** of **SB1294 SD2,HD1**, which appropriates funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees. I am Rob Van Tassell, with Catholic Charities Hawaii.

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

CCH strongly supports restoring these dental benefits to adults on Medicaid. Dental coverage and oral health care are needed not only for people to work and enjoy life, but are important to reduce health care costs in the future. Many Medicaid beneficiaries may have chronic conditions which could be impacted without adequate dental care. Hawaii families are living on tight budgets, especially the elderly, and so will put off dental care until there may be an emergency or other serious health impacts. Since eliminating these benefits for adults in 2009, Hawaii has seen an increase in emergency room utilization and an increase in costs for preventable conditions.

We also are concerned about healthcare equity. Without these benefits, our Native Hawaiians, Pacific Islanders and neighbor island residents are at greater risk for poorer oral health and have limited access to oral health care.

Medicaid serves Hawaii's most vulnerable populations. It is time to restore these dental benefits. Catholic Charities Hawaii urges your strong support for these dental benefits.

Please contact our Legislative Liaison, Betty Lou Larson at alohabettylou@hotmail.com or (808) 373-0356 if you have any questions.





HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair

Representative Kyle T. Yamashita, Vice Chair

Date: April 6th, 2022

From: Hawaii Medical Association

Elizabeth England MD, Vice Chair, HMA Legislative Committee

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: SB1294 SD2 HD1; RELATING TO MEDICAID BENEFITS

Position: Support

Recognizing the profound impact dental health has on the overall well-being of our patients, the Hawaii Medical association is in strong support of SB1294. The benefits of increasing dental insurance coverage were seen across the country after the Affordable Care Act supported Medicaid expansion with the option to include dental benefits¹. In states that included dental coverage, there was improved access to dental care, reduction in untreated dental disease, and increased rates of flossing. States that did not provide dental benefits had higher rates of tooth loss².

Dental disease disproportionately affects vulnerable, low-income communities³. Providing dental coverage is an imperative step towards reducing this disparity. The Center for Disease Control (CDC) performed a large data review of dental health outcomes after dental services for children were expanded under Medicaid. This increase in coverage led to reduction in dental caries and tooth decay, with the most significant improvements found in children from low-income families⁴.

While associated with an initial investment of finances, providing dental care can lead to cost savings. Without an affordable means to seek preventative measures, patients often seek care for dental concerns in the emergency department where the availability of high-end medical resources increases the cost of care. Providing dental benefits has been shown to reduce the number of dental related ED visits and lead to cost savings⁵. Unemployed beneficiaries of dental insurance reported that having dental coverage facilitated their job search, while employed members noted improved job performance⁶.

Over 20 years ago, former US Surgeon General David Satcher recognized the impact of dental health on medical health, stating “you cannot be healthy without oral health”³. Poor dentition and gum disease are associated with dangerous conditions including heart disease, pneumonia, heart infections, premature births, and low birthweight. Chronic conditions also impact oral health and well-being, including diabetes, HIV, and osteoporosis⁷. Addressing one without the other leaves places patients at risk of inadequate treatment of both.

Dental and physical health are inextricably intertwined. We cannot protect our community’s health without including care for dental health. Thank you for allowing the Hawaii Medical Association to testify in strong support of this measure.

Continued

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President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
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Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



HAWAII MEDICAL ASSOCIATION

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www.hawaiimedicalassociation.org

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THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Sylvia Luke, Chair
The Honorable Kyle T. Yamashita, Vice Chair
Members, House Committee on Finance

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: April 6, 2022

Re: Support for SB1294, SD2 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 SB1294, SD2 HD1, which would allow for the appropriation of funds to reinstate the basic package of diagnostic, preventative, and restorative dental benefits to adult Medicaid enrollees. Restoration of these funds to provide comprehensive oral health coverage to adults in Medicaid helps avert unnecessary health care costs associated with emergency visits, reduces our State's overall dental spending, and has been shown to help the overall employment and economic security of enrollees.

Annually our Punchbowl facility cares for over 5000 patients who need dental procedures; of those served, roughly half are Medicaid enrollees or uninsured. Our services include preventative oral care, treatment of dental diseases, and higher acuity dentistry (dental procedures that can only be done in a hospital based clinic setting).

Thank you for allowing The Queen's Health Systems to testify in support of SB1294, SD2 HD1.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



**WAIANAЕ COAST
COMPREHENSIVE
HEALTH CENTER**
www.wcchc.com

April 5, 2022

[COMMITTEE ON FINANCE](#)

Rep. Sylvia Luke, Chair
Rep. Kyle T. Yamashita, Vice Chair

Testimony on Support of Senate Bill No. 1294, SD2, HD1

RELATING TO MEDICAID BENEFITS

Submitted by: Richard Bettini, President & CEO

The Waianae Coast Comprehensive Health Center strongly supports that funding be provided through SB 1294, SD2, HD1 to restore basic adult dental benefits to Medicaid enrollees in the State of Hawaii.

Restoring support is sorely overdue to address the 42% of the adult population on the Waianae Coast that has not had a dental visit in recent years..

For this and other health equity issues, basic coverage is too minimal and will not be sufficient to adequately address the significant needs of adult Medicaid patients. It is essential to have full funding allocated to the state budget to encourage continuity of funding for coverage.

Please consider the importance of this bill to the health and well-being of our adult Medicaid enrollees. Mahalo.



Hawaii Dental Association

To: House Committee on Finance
Time/Date: 2:45 p.m., April 6, 2022
Location: State Capitol via Video Conference, Conference Room 308
Re: SB 1294, SD2, HD1, Relating to Medicaid Benefits

Aloha Chair Luke, Vice-Chair Yamashita, and members of the Committee:

The Hawaii Dental Association (HDA) is in **support** of SB 1294, SD2, HD1, relating to Medicaid benefits. This bill appropriates funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

Oral health is essential for overall health and wellness. Oral health is linked with systemic health conditions and diseases as well as employment opportunities, economic stability, and social connectedness. One cannot be healthy without a healthy mouth. Yet thousands of low-income adults in Hawai'i cannot afford the oral health care they need to stay healthy, work, socialize, and live pain free. Part of this disparity is driven by gaps in dental coverage in federal and state policy, particularly dental coverage for adults enrolled in Medicaid. For adults who rely on Medicaid, being able to afford oral health care could be the key to recovering their health or getting a new job. Notably, the people most likely to get sick and lose jobs during the pandemic are also the people who face the biggest barriers to oral health and are among those who would most benefit from improved oral health coverage in Medicaid.¹ For these reasons, we strongly support this measure.

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

Mahalo for the opportunity to testify in support of SB 1294, SD2, HD1.

¹ Vujcic M, Fosse C, Reusch C, Burroughs M. Making the case for adults in all state Medicaid programs. Health Policy Institute White Paper. American Dental Association in partnership with Community Catalyst and Families USA. July 2021



ACOG
The American College of
Obstetricians and Gynecologists

*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American Samoa) Section*

TO: House Committee on Finance
Representative Sylvia Luke, Chair
Representative Kyle T. Yamashita, Vice Chair

DATE: Wednesday, April 6, 2022; 2:45pm

FROM: ACOG Hawai'i Section
Reni Soon, MD, MPH, FACOG, Chair

**Re: SB1294, SD2, HD1 – Relating to Medicaid Benefits
Position: SUPPORT**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (ACOG HI) strongly supports SB1294, SD2, HD1 which would restore adult dental Medicaid benefits. Including dental benefits for Medicaid recipients creates an opportunity to improve the health of Hawai'i's most vulnerable patient populations: pregnant women receiving Medicaid.

Poor dentition is a risk factor contributing to pregnancy complications such as preterm birth, preeclampsia (high blood pressure in pregnancy), and low birth weight of the newborn. These conditions are costly with consequences often including prolonged hospitalizations for moms and newborns. Facilitating access to dental care through Medicaid coverage not only provides a direct benefit in reducing these types of pregnancy complications but additionally would provide an entry point into routine preventative dental care.

Pregnancy is a crucial time to establish preventative health care that optimally includes routine dental cleanings and treatment. Less than half of all pregnant women in the US report having dental cleanings during pregnancy, and this percentage is even lower among the most socially disadvantaged pregnant women (American Public Health Association, 2020). As poor dentition and dental disease can worsen in pregnancy, it is critical to provide access and coverage for patients to obtain care.

As of January 2021, 32 US States covered preventative services such as cleanings for adult Medicaid enrollees. We urge you to add Hawai'i to this list and ask you consider the health of pregnant patients in particular by adding dental benefits for adult Medicaid recipients in Hawai'i.

Oral health is health. Reinstating these benefits is a cost-effective, person-centered approach to making our communities healthier. Please support adult dental Medicaid benefits as a direct way to improve the health of pregnant patients and newborns.

Mahalo for this opportunity to testify.



Adriana Alvarez
Chapter Executive Director
(800) 798-1822 Ext 3312

HOUSE COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair
Representative Kyle T. Yamashita, Vice Chair

Date: April 6th, 2022
From: Hawaii Chapter of the American College of Emergency Physicians (HACEP)
Elizabeth England MD, Chair, HACEP Legislative Committee

Re: SB1294 SD2 HD1; RELATING TO MEDICAID BENEFITS
Position: Support

HACEP is the Hawaii Chapter of the American College of Emergency Physicians and represents over 150 emergency physicians, residents and medical students working and training across the state. Working as part of the safety net for our community places emergency physicians in a unique position to witness disease patterns. Our experience, along with many of our colleagues across the country has shown that dental disease is profoundly undertreated. This is largely due to limited access to care and appropriate insurance coverage for patients seeking dental care.

Without an affordable means to seek preventative measures, patients often seek care for dental concerns in the emergency department where the availability of high-end medical resources increases the cost of care. As emergency providers, we have all experienced the challenge of seeing patients with dental concerns and having limited options for definitive care. Providing dental benefits has been shown to reduce the number of dental related ED visits and lead to cost savings¹.

Dental disease disproportionately affects vulnerable, low-income communities². Providing dental coverage is an imperative step towards reducing this disparity. The Center for Disease Control (CDC) performed a large data review of dental health outcomes after dental services for children were expanded under Medicaid. This increase in coverage led to reduction in dental caries and tooth decay, with the most significant improvements found in children from low-income families³.

The benefits of increasing dental insurance coverage were seen across the country after the Affordable Care Act supported Medicaid expansion with the option to include dental benefits⁴. In states that included dental coverage, there was improved access to dental care, reduction in untreated dental disease, and increased rates of flossing. States that did not provide dental benefits had higher rates of tooth loss⁵.

Over 20 years ago, former US Surgeon General David Satcher recognized the impact of dental health on medical health, stating “you cannot be healthy without oral health”². Poor dentition and gum disease are associated with dangerous conditions including heart disease, pneumonia, heart infections, premature births, and low birthweight. Chronic conditions also impact oral health and

well-being, including diabetes, HIV, and osteoporosis⁶. Addressing one without the other leaves places patients at risk of inadequate treatment of both.

Dental and physical health are inextricably intertwined. We cannot protect our community's health without including care for dental health. Thank you for allowing the HACEP to testify in strong support of this measure.

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Government Relations

Testimony of
Jonathan Ching
Government Relations Director

Before:
House Committee on Finance
The Honorable Sylvia Luke, Chair
The Honorable Kyle T. Yamashita, Vice Chair

April 6, 2022
2:45 p.m.
Conference Room 308 & via Videoconference

Re: SB 1294, SD2, HD1, Relating to Medicaid Benefits

Chair Luke, Vice Chair Yamashita, and committee members, thank you for this opportunity to provide testimony on SB 1294, SD2, HD1, which appropriates state general funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees

Kaiser Permanente Hawai'i SUPPORTS SB 1294, SD2, HD1.

Kaiser Permanente Hawai'i is Hawai'i's largest integrated health system that provides care and coverage for approximately 265,000 members. Each day, more than 4,400 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai'i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

Kaiser Permanente Hawai'i supports policies that ensure all Hawaii residents have access to affordable, high-quality health care. Further, Kaiser Permanente supports "whole-person care," including the provision of access to services and resources that address beneficiaries' physical health, mental health and social needs. We know that adults with poor oral health, often because they lack dental coverage, often struggle to manage other chronic conditions. Furthermore, poor oral health and gum disease (periodontitis) has been associated with an increased risk of developing heart disease and bacterial infection in the blood stream.

To that end, we endorse the provision of coverage through Medicaid for a full range of needs, including dental services. Oral health is a crucial part of overall physical, psychological, social, and economic wellbeing.

During the COVID-19 pandemic, we have seen a dramatic increase in Medicaid members; however, comprehensive benefits for Medicaid enrollees was eliminated in 2009 and reduced coverage to emergency only (extraction and pain management).

Given that Medicaid beneficiaries comprise some of the most vulnerable, complex patients, the Medicaid program should play a role in addressing these needs. Kaiser Permanente Hawai'i supports SB 1294, SD2, HD1 because it is an 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.

Mahalo for the opportunity to testify on this important measure.



KŌKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

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

To: House Finance Committee
Hearing Date/Time: Wednesday April 6, 2022, 2:45 PM
Re: SB1294 SD2, HD1

Dear Chair, Vice Chair, and committee members,

Thank you for the opportunity to *testify in support* on SB1294 SD2 HD1 relating to adult dental Medicaid benefits. I strongly support this bill and urge funding at the Option 2 level.

In 2009, Hawaii eliminated diagnostic, preventive and restorative dental services for adults on Medicaid. Hawaii is currently one of only 13 states that provide emergency care only. Since 2009, we have seen increased emergency department (ED) utilization, particularly by Medicaid recipients, and increased costs related to otherwise preventable conditions.

The Hawaii Med-QUEST Division and the State Legislature received the Hawaii-specific fiscal analysis from the Health Policy Institute of the American Dental Association in February 2020 that projected both costs and cost benefits to restore Hawaii adult dental benefits. Three options for reinstating dental benefits were provided at that time.

It is recommended that the House advocate for Option 2, which would enable Medicaid recipients to get a range of diagnostic, preventive and restorative services, as well as basic prosthodontic and periodontal services, as needed. The difference in State funding would be \$8,823,781 in state funds for option 2, versus \$3,466,328 in State funds for option 1. Federal funding would provide the remainder of the costs under the Federal Medicaid Assistance Percentage (FMAP). Limited coverage under option 1 would be capped per recipient and may only cover an annual exam, fluoride treatment, bi-annual cleanings, one set of bite wing X-rays per year and one non-emergency tooth extraction or filling per year. Reinstating coverage to the second option makes more sense, given the high costs paid for poor oral health exacerbated co-conditions and visits to the ER for acute dental care. What is important to note that this fiscal analysis also projects that over time, additional medical care cost savings are expected due to health status improvements in cooccurring health conditions such as diabetes, heart disease, pregnancy, and fewer ER visits for services

Thank you for you time to testify in support of this bill,

David Derauf, MD, MPH
Executive Director
Kokua Kalihi Valley Comprehensive Family Services

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Kylene Shimamoto and I am in support of SB 1294, SD2, HD1. I have Medicaid. I have waited for a long time for help with my teeth and dentist.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Herman Ki'ili and I am in support of SB 1294, SD2, HD1. I receive only one time a year for my dentist visit. I want to have good teeth because one day I want to get married. I have a fiancé now and I need more help from my dentist so I can eat my food good. Please pass SB 1294, SD2, HD1. Medicaid is very important so I can get teeth services to help me live in the community. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Audrey Ayer and I am in support of SB 1294, SD2, HD1. People like me need more dentist Medicaid help so me and my friends can live in our homes. Please pass SB 1294, SD2, HD1. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Bathey Fong and I am in support of SB 1294, SD2, HD1. I really need a good dentist and want to make sure my gums don't hurt and my teeth don't hurt and I can eat without pain. I have Medicaid and I am a person with a disability and in a wheelchair because I cannot walk goo. Please pass SB 1294, SD2, HD1. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Nicole Kelly and I am in support of SB 1294, SD2, HD1. I want to be able to choose a dentist to help me have good teeth and clean teeth. Please pass SB 1294, SD2, HD1. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Ho'opi'o Balaz and I am in support of SB 1294, SD2, HD1. I need a good dentist, like my aunty who is a good doctor. Please pass SB 1294, SD2, HD1. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Kaili Swan and I am in support of SB 1294, SD2, HD1. I definitely want to have better dental care. I sometimes don't like to go to my dentist because I scared of the drill. I need help choosing a good dentist that can help me feel better when I go. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is David Beatovich and I support of SB 1294, SD2, HD1. I want to visit the dentist more and more. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Timothy Renken and I am in support of SB 1294, SD2, HD1. I have not gone to the dentist because I need more help with my teeth to be fixed. I lost almost all of my front teeth and cannot eat many foods because it hurts too much. I cannot use a toothbrush and toothpaste because it hurts to use it. I only use a mouthwash to rinse my teeth because it hurts too much. I don't have good Medicaid dentist insurance, so I only go dentist one time a year. I have kidney stones because I can only eat some kinds of food. I am getting worse. Please please please pass SB 1294, SD2, HD1. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Vaipapa Soliai and I am in support of SB 1294, SD2, HD1. I don't have any teeth and need more dentist appointments to help me get teeth. I am a person with disabilities that need support with my electric wheelchair. Please pass SB 1294, SD2, HD1. Thank you.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Amber Arakawa and I would like to tell you that I support SB 1294, SD2, HD1. I need more dentist Medicaid and do not want to lose my insurance.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Cheryl Derby and I support SB 1294, SD2, HD1. I am a person with a disability and want to have more appointments at my dentist.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Sol Ray Duncan and I want to see SB 1294, SD2, HD1 become law. I know I need to have more checkups at my dentist. I want to have clean teeth and strong teeth, and teeth that is not sore.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Celeste Kagimoto and I want SB 1294, SD2, HD1 to pass because I have a disability and I go to Lanakila Day program and need more dental help.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Paul Landingin and I want you to pass SB 1294, SD2, HD1. I think I need more checkups at the dentist. Sometimes my teeth are sore but I cannot go dentist because I am told I don't have any more insurance coverage. I don't know why. I tell my caregiver I have Medicaid, but I don't understand how come I cannot fix my teeth. Can you help me and my caregiver have more dentist fixing appointment?

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Michael Lee and have a disability and I want to have more checkups on my teeth please. I want to have teeth that work good. I support SB 1294, SD2, HD1.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Ada McFeely and I need your help to pass SB 1294, SD2, HD1. I support SB 1294, SD2, HD1. Someone always call me a duck because my teeth and mouth cannot be fix. I want to change my teeth and mouth so no more duck calling in my life.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Ryan Nishikawa and I am person who has Down's Syndrome and support SB 1294, SD2, HD1. I am at Lanakila day program and I like my dentist, but only one time I can go in one year.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Johnelle Santos and I have a disability and I support SB 1294, SD2, HD1. I want to have pretty teeth too.

April 6, 2022, 2:45pm Conference Room 308

Dear Honorable Representative Sylvia Luke, Chair, Representative Committee on Finance

Dear Honorable Representative Kyle T. Yamashita, Vice-Chair, Representative Committee on Finance

My name is Michelle Mural, I support SB 1294, SD2, HD1. I have Down's syndrome and help other friends who have disabilities to have a better life. I want to see us have more dentist visit to fix our teeth and have someplace where a dentist can fix our teeth and help us to have braces or to have retainers if we need them, or clean our teeth and make it straight again.

SB-1294-HD-1

Submitted on: 4/4/2022 2:16:40 PM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Gerard Silva	Individual	Oppose	Written Testimony Only

Comments:

You are wasteing the states Money again. You need to Fix the problem not shift it to some one Else.

Bill: SB1294, SD2, HD1, Relating to Medicaid Benefits

Hearing Date & Time: Wednesday, April 6, 2022, 2:45pm

Committees: House Finance Committee

Testifier: Nancy Partika, RN, MPH

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

My name is Nancy Partika, and I am the Hawaii grassroots representative for OPEN (the Oral Health Progress and Equity Network).

As has been stated many times during this session, Hawaii has struggled for decades with oral health disparities and problems accessing care for its most needy. Poor oral health is linked to an array of acute and chronic health conditions, including: heart disease, diabetes, stroke, depression, low birth weight and premature birth. The fiscal costs of not intervening in oral health conditions early and preventively will cost us collectively much more later on in unintended direct and indirect costs.

Fiscally, it seems logical that these millions of dollars that could be potentially saved via fewer ER visits and instead allocate funds to pay upfront for preventative and restorative dental care benefits for Medicaid recipients. By adding a comprehensive dental services benefit, Hawaii's adults on Medicaid should be able to experience fewer oral health-related ER visits, with improvements to their chronic disease risks and overall health status, as well as the employment marketability and socio-economic strength of our communities.

It has been 12 years since adult dental benefits (other than emergency) have been accessible, and so we anticipate that many adults on Medicaid will be needing more than basic/skeletal preventive dental care. I therefore respectfully ask that the House support financing for Option 2 (in the 2020 ADA/DHS fiscal brief), which would enable Medicaid recipients to get a wider range of diagnostic, preventive and restorative services, as well as basic prosthodontic and periodontal services, as needed.

The difference in State funding would be \$8,823,781 in state funds for option 2, versus \$3,466,328 in State funds for option 1. Federal funding from would provide the remainder of the costs of the benefits under the Federal Medicaid Assistance Percentage (FMAP).

Limited coverage under option 1 would be capped per recipient and may only cover an annual exam, fluoride treatment, bi-annual cleanings, one set of bite wing X-rays per year and one non-emergency tooth extraction or filling per year. As you can imagine, dental care for someone who has been without any for a long while is likely to exceed this limited benefit. It seems that reinstating coverage to the second option makes more sense, given the high costs paid for poor oral health exacerbated co-conditions and visits to the ER for acute dental care.

I also respectfully request that the funds be placed in the line item budget under DHS/MQD HMS 401 rather than as a bill, so that this is treated as a sustainable program rather than one year of funding with an uncertain future.

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 SB 1294, and consideration for allocating HMS 401 funds to DHS/MQD for option 2 dental coverage for adults on Medicaid, is most appreciated—Mahalo for this opportunity to testify.

SB-1294-HD-1

Submitted on: 4/4/2022 11:40:25 PM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Cory Harden	Individual	Support	Written Testimony Only

Comments:

Aloha legislators,

People should not have to risk their lives, endure pain, miss out on nutrition, and deal with the social stigma of missing teeth because we can't find a way to fund dental care. Please pass the strongest dental care provisions possible! Mahalo.

SB-1294-HD-1

Submitted on: 4/5/2022 9:24:52 AM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Erica Yamauchi	Individual	Support	Written Testimony Only

Comments:

I am writing in strong support of this bill to restore adult dental Medicaid benefits. Oral health is critical health issue that deserves to be treated just like any other physical health issue.

SB-1294-HD-1

Submitted on: 4/5/2022 9:35:57 AM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Louise L.inker	Individual	Support	Written Testimony Only

Comments:

I support this bill. I work with the Kupuna population. Many of them are Medicaid recipients, and I note that they have poor dental conditions because they do not have dental coverage. Many of them have chronic conditions, ie, diabetes, high cholesterol, cardiac risks, respiratory problems, and, are mental health clients. Providing dental care can prevent tooth decay/infections, and provide for better outcomes for the Kupuna and their dental health, as well as further infections that may occur because of other health issues.

Mahalo.

SB-1294-HD-1

Submitted on: 4/5/2022 9:43:51 AM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Courtney-Paige DiMaggio	Individual	Support	Written Testimony Only

Comments:

Many adults on Medicaid are not able to see the dentist regularly for oral health care. How do we expect these same adults to support taking their children to obtain regular oral health services?

**Testimony for SB 1294, SD2, HD1
Relating to Medicaid Benefits**

Date of Hearing/Time:

April 6, 2022, 2:45 pm

Committee:

House Finance Committee

Testifier:

Andrew Tseu, DDS. JD

Dear Chair Luke, Vice Chair Yamashita, and Committee Members:

My name is Dr. Andrew Tseu and currently employed as a community center dentist. I am submitting testimony as a Hawaii resident. 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 essential to overall health. Oral health is a crucial part of a person's physical, psychological, social and economic health and well-being. Extending dental coverage to patients with chronic health conditions like diabetes and heart disease can lead to cost savings in related areas of health care spending. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our community.

We are currently one of only 13 states that provide emergency care only. As a result of our past decade of minimal coverage for dental care, Hawaii's emergency rooms have been overutilized for otherwise preventable dental conditions to the tune of thousands of visits per year, costing millions of dollars annually.

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.

I respectfully ask that the House support financing for Option 2 (in the 2020 ADA/DHS fiscal brief), which would enable Medicaid recipients to get a wider range of diagnostic, preventive and restorative services as well as basic prosthodontic and periodontal services, as needed.

I also respectfully request that the funds be placed in the line item budget under DHS/MQD HMS 401, so that this is treated as a sustainable program rather than one year of funding with an uncertain future.

Your strong support for allocating HMS 401 funds to DHS/MQD for option 2 dental coverage for adults on Medicaid is most appreciated.

Thank you for this opportunity to testify.

SB-1294-HD-1

Submitted on: 4/5/2022 11:11:25 AM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaili Swan	Individual	Support	Remotely Via Zoom

Comments:

My name is kaili swan i am stand in support in SB1294 teeth are very very important so my teeth wont get pulled out and thank you for my opportunity to testify

Item: HB 1600 HMS 402 (from bills **HB1754** with the companion bill **SB1294**)

Senate WAM committee written and verbal testimony for Tuesday April 5th,

Aloha Chair Dela Cruz, vice-Chair Keith-Agaran, distinguished Representatives,

Testifier: Dr. Don B. Sand DDS

I am Dr. Don Sand a dental consultant and a front lines dentist who has had the privilege for the last 7 years of working to treat our underserved Hawaiian residents

Today I'm wanting to represent a voice of **some** of the most successful private practicing dentists in Hawaii and to be an ambassador voice for national experts seasoned in all aspects of adult Medicaid dental benefits delivery.

We stand in support of our written testimony that stands for choosing **a funding appropriation between Option 2 and Option 3.**

Our deepest motivation for this bill is for every dollar of the budget to be carefully planned, carefully implemented so we can leverage the ROI and help as many of these 200,000 eligible people with as high-quality care possible.

We want to express our request to be a part of creating the implementation blue print. We will support your efforts and the efforts of any stakeholder who you choose to be a part of developing programs that will grow, that will become more efficient each year and will continue to create more opportunity for restoring the oral health of thousands of smiles.

When looking at the **funding amount** that will be appropriated there are many worthy metrics to analyze. Although the levels of care and type of procedure eligibility are very important factors the single most metric to study the most important metric will be **the number of people** your bill would be able to help.

Let's just take 2 most of the most important numbers to analyze. That is the number of people we hope to impact and the average maximum amount that many insurances allow.

The estimated number of people eligible is **200,000**. Let's assume for the sake of this exercise that the average yearly maximal allowable to spend per patient by an insurance company is \$1,500. Note well that we are not in this exercise going to look

at single procedure numbers like, a single crown can cost \$1,000 dollars, a molar root canal can cost 1,200, a full denture set can cost \$5,000.

(So, setting aside the bigger ticket items and assuming this plan supports a smart treatment plan that allows a focus on disease control, and example can be what we call caries control, decay control on many teeth or doing a root canal on a young adult's front tooth, or even creating one removable bridge for replacing teeth need to chew food or to smile.)

Ok, back to the number people eligible for care and the average yearly max allowable: Let's first take out some administration cost of the side of the 3rd party and out of the side of the dental office. assuming generously that the total administration costs 20 % then we subtract that \$300 per patient, leaving \$1,200 to spend per person.

Looking at funding amount in **Option 2 = 19,900,000.**

Now divide \$1,200 per/patient into the 19.9 million and it looks like we can help 16,500 people, but that's only 8% of those eligible.

Looking at funding of **Option 3's** total is **36.2 mil.** Now dividing the 36.2 mill by the same \$1,200 figure per patient its gives us the ability to **help 30,000** people. So we went from helping 16,000 people in option 2 to helping 30,000 people in Option 3. The impact went from helping 8% of the total residents eligible to helping 20%.

We can now make many assumptions based on historical use of benefits. If only 50% of the residents know about these benefits the impact will double for the number either wanting the care and being able to overcome the barriers, transport, time management etc.

There are many smaller moving parts to the implementation but the single most important assumption for success, is **that this reinstatement of benefits will have an administration and dental care delivery will be wisely, strategically and skillfully, implemented.** If so the impact can easily double the reach and impact in the above examples. With the right team of dentists, public health delivery experts, collaboration with CMS and DHS all in a committed brain trust the numbers of people impacted can easily double. With best practices and innovative implementation now **Option 2** can go from helping % 8 to 20% of our people and in **Option 3**, only a *well-designed program* as compared to any outdated system or inefficient systems, we can help over **60,000 people** in this first year.

Side Note:

Our dentists also on the front lines working patient by patient have learned that in general our Native Hawaii population and our Pacific Islanders were disproportionately missing the opportunity, especially among the elderly. We need to have a plan to create communication to this population that is the least overall likely to make use of oral health benefits when available. So therefore, would like to collaborate and partner with as many Native Hawaiian educational organizations to develop a cultural values-based, and a relationship-base proactive program to engage more of our Native Hawaii patients so they will be empowered to become active participants in the improvement of their oral health care and that they also become champions for engaging their families and their community members (see talking points below on a concept of an “Innovated Pilot dental clinic”).

Our private local Practicing Dentist team combined with our National public health think-tank have identified these 5 needed elements.

How reasonable and practical is to there be to add recommendations in the bill **SB1294** for with language to add **4 key elements** needing to maximize the impact and grow the impact each month? Having the right elements in the implementation programs that will help as many people of the 200,000 and in an efficient way that allows the capacity to service patient to grown and a program with these essential will continue to improve the quality of the dental care to each person in this new program. Requested 5 elements:

1. **Data/Analytics** will need a plan and provisions to *measure the impact* with an investment of infrastructure and technology to gather data, analyze the data, report on the data and to provide the all-important cost vs benefits metrics. The greater the dollar amount appropriated in this bill the greater the need to have a good ROI plan, metrics that can be reported to the committees this time next year. You are the bosses of this appropriation and we would like to report back to your team monthly, quarterly as well as having a final summary report for you of this initiative this time next year.

2. **Dentists, dental consultant team** on the program design team. Nationally through NNOHA the top community health centers can access best practices, operations experts and seasoned dental director's voice that if brought to the table in partnership with our best local dentists will result in creating a better dental delivery plan for these 3 aspects of delivery:

- a. **patient education** it is paramount the education outcomes measured is that the patient learn the link between their dental health and their overall health. Having

systematic education program in the delivery system allows the patients to value the important partnership they can bring cost down dramatically as they keep their clinical appointments and commit to home preventive lifestyle habits.

to value their teeth and take responsibility to the for keeping their appointments and for showing results on their home preventive care

b. **efficient dental care** delivery systems (**back-office clinical delivery**) will ensure more procedures are accomplished at each visit and that we are becoming good stewards of our tax payer dollars. The single greatest ROI in the back office is to incentivizing all back-office professional, especially the Dental Assistants and Dental Hygienist so we can attract and retain the highest performers.

c. efficient **front office administration** with established best practice solutions to reduce overhead and create innovative wise reimbursement plans to attract and retain the best offices in Hawaii to participate is this new program.

3. **Preventive dentistry.** Early diagnosis and simple modern interventive procedures are the single best ROI for the dentist, for the 2rd party insurance administrators and the patient is truly a stitch in time. A 50-dollar sealant or a 25-dollar silver diamine fluoride treatment on just one tooth on time can save \$3,000 in lost finances in a root canal crown. An extraction has its permanent cost but to replace with an implant can cost over \$5,000 dollars. Currently there is no clear incentives in past programs for the dental team to teach preventive dental care and diet coaching. Since we have been less effective with our Native Hawaiian patients, we would like to develop a culturally based, values-based program with Native Hawaiians. We would like to collaborate and partner with Hawaiian language education experts and the Native Hawaiian health care systems to build a values and culturally based, relationship-based, hands-on preventive education built by Hawaiians and custom tailored for Hawaiians and local-mix Hawaiians to be able to better impact our Native Hawaiians.

*Note we believe that the federal match requires a proportionate share that goes to education:

So, if there is a requirement to receive the federal match that a proportionate share goes to education, can the measure support the efforts to build preventive dental EDUCATION curriculum to be delivered in all the dental offices, community health centers that apply to become adult Medicaid dentists care deliverers? Can case managers and community educators be hired to teach preventive care and educate the elderly and especially the Native Hawaiian population that does better in relationship based, cultural-values based, hands-on instructional curriculum? And can a proportionate share be deployed in schools K to 12 that can be written to be in alignment with the DOE standard? This where preventive education and preventing procedures will have its maximal ROI.

4. **Investment need to build capacity** if Option 3 is selected. In our think-tank's early assessment it seems that if significantly more funds are appropriated to help more of those 200,000 eligible some of the fund would be need to be invested into building infrastructure to the machine that would service all those new patients. The ramping up of the capacity can be addressed with 3 key back-office elements. (we recommend a slush fund to support a wise build-out of capacity on the below 3 elements)

- a. more **Dental Assistants**, a highly trained dental assistant is the least costly factor in dramatically increasing a dentist ability to see more patients and do so with high quality care. An increase in highly trained
- b. more **Dental Chairs**, this is a one-time purchase but in the public health model the most productive model involves 1 dentist using 3 dental chairs with 3 highly train Dental assistants. If the average chair sent up is 10,000 dollars, the one-time cost to add a chair to our 14 community health centers, one chair to say 5 new dentist who agree to contract with Medicaid and one stand-alone pilot clinic with 4 chairs would cost = 23 chairs time 10 K or 250,000. Add say 250,000 to go toward Dental Assistant salaries, training and incentives the combined .5 million would be a huge practical sense investment in the capacity for our dental delivery system to see many more patients.

c. more **Dentist's hours** to see more patients. This is the highest cost as it requires more doctor time on the clock. But some by adding another highly trained Dental Assistant the doctor time is multiplied by the number of chair and the number of DA's. in the Innovative models of the Virtual Dental Home exams and preventive care can be deployed with Dental Hygienist under virtual doctor general supervision.

5. **Innovative Pilot clinic** that is scalable: If a small part of this new budget can be allocated into the bill to allow a plan to build a creative, technology and data driven prototype that can help phase out the old-fashioned inefficient delivery models in Hawaii. To date we have studied many successful models in California and Oregon but the best model we have seen in Hawaii is Aloha Medical Mission.

A Pilot prototype can be as small like AMM, as a 4-chair office with technology data collection infrastructure that allows for daily and weekly improvements and a basis for reporting to the lawmakers in each year's session.*** This bill can be an opportunity as a "give back" to the Nat. Hawaiian Kupuna. In our island wide research, we have found the greatest voice in servicing Native Hawaiians on the north Shore of Oahu. A small but modern stand-along new pilot clink would serve **3**

purposes on a new small (4 chair) clinic unempered by outdated technology and existing bureaucracy that is unable to responsively innovate and create a model of oral health that is integrated to whole body health in ways that has never been done before.

Mobil dental vans of portable dental teams can travel to K-12 school and provide the screenings and early preventive education for all aged keiki. Evening session can be tailored for the parents and for the grandparents. The vetting models called “Virtual Dental Homes” are used all over mainland and for pennies will save thousands of unnecessary expensive procedures. The best evidence-based models have been developed by Pacific Center for Special Care at the University of Pacific. Currently Dr. Andrew Tseu, Dr Paul Glassman and Dental director of West Hawaii Big Island’s community health center Dr. Stephen Pine have be deploying their Virtual dental homes to their patients. Here is Oahu, we have the talent the brain trusts and the resources to create model innovative dental delivery systems that will be the best in the nation. One day the best practice models might called the State of Hawaii Dental System of creating healthy smiles.

Dr. Don Sand

attachment: the ADA 2020 briefing used as reference for the 3 options

SB-1294-HD-1

Submitted on: 4/5/2022 5:26:18 PM

Testimony for FIN on 4/6/2022 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Kapono Chong-Hanssen, MD	Individual	Support	In Person

Comments:

'Ahahui o nā Kauka - Association of Native Hawaiian Physicians supports the expansion of diagnostic, preventive, and restorative dental benefits to adult medicaid enrollees.