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Senate Ways and Means, Subcommittee on Human Services Kansas Department of Health and Environment Budget February 15, 2021

Chairwoman McGinn and Members of the Committee:

Thank you for the opportunity to testify about the Kansas Department of Health and Environment Budget. My name is Tanya Dorf Brunner, and I am the Executive Director at Oral Health Kansas. We are the state's consumer oral health advocacy organization, and our mission is to improve oral health for all Kansans through advocacy, public awareness, and education. We currently have over 1,600 supporters throughout the state who share our vision to ensure Kansans have access to dental providers and a way to pay for dental services.

Rate increase

In 2019 and 2020 the Kansas Legislature passed \$3 million All Funds increases in KanCare dental rates. These increases were the first since 2001 and were supported by this Committee. The work of this Committee is commendable, and we believe it will have a lasting impact on the KanCare dental provider network. It is a bit early to be able to report to you on the effect of the increases for a couple of reasons.

1. The 2019 rate increase went into effect on August 1, 2019, and the 2020 rate increase went into effect on July 17, 2020. Both dates were announced retroactively, so the effect of the increase on providers will take a while to show.
2. The COVID-19 pandemic has had a significant impact on dental providers. Dental offices were closed for several weeks last spring, and as they re-opened, the major focus was providing services with the new safety protocols in place.

We understand that since July 2020, eight pediatric dentists have become KanCare providers. Children are the only group in KanCare who have access to comprehensive dental services, so the increase in KanCare pediatric dentists is meaningful. As our state begins to recover and return to a life similar to pre-pandemic, we anticipate the rate increases will continue to have a positive impact on the dental provider network, and we will continue to promote the increase as a way to encourage more providers to enroll in KanCare.

Adult dental services

We have been coming to you for a number of years to request funding to establish an adult dental benefit in KanCare. Health and budget committees have studied the issue, and bills have been introduced. In fact, a new bill, SB 227, was introduced in the Senate last week. Based on a similar bill that was introduced last year, we anticipate the fiscal note for this new bill will be less than \$5M SGF.

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The fact remains that access to routine dental care is out of reach for low-income adults. KanCare includes the bare minimum dental benefits for adults, with only emergency dental services currently covered through the state plan. This means that people who have a dental problem, which can be life threatening, may have the tooth or teeth extracted. But KanCare does not pay for dentures when people lose teeth or for other restorations which can prevent tooth loss in the first place. Many adults who were able to keep their teeth healthy in their childhood with regular cleanings and the occasional filling are not able to continue that oral health journey in their adulthood. Oral health is tied to overall health, and the relationship between dental infections and heart disease, diabetes, and pre-term births is strong. Dental care can seem so routine for most of us, and when we access it regularly, most of us avoid major dental problems. But it is out of reach for many low-income Kansans, and it not only affects their health, but also their ability to get and maintain good jobs.

We have been in conversation with the Health Policy Institute at the American Dental Association (ADA) for several months about developing a cost-benefit study for an adult dental benefit in Kansas. The Health Policy Institute generates and disseminates innovative research on topics such as access to dental care, dental care utilization and benefits, and oral health outcomes for policy makers, health care advocates, and providers. They produced a similar cost-benefit study for the state oral health coalition in Virginia in 2020, and it was influential in policymakers' understanding of how investing in adult dental benefits can help save money in other areas of the KanCare program, such as diabetes care. We are continuing to work with the Health Policy Institute on a study in Kansas, and we project the study may be complete in early to mid-March. It should show not only the projected cost of providing comprehensive dental benefits for adults, but also the savings that can be realized in KanCare by reducing emergency room visits and helping people manage their diabetes. We look forward to the opportunity to share the results with the Committee. We also look forward to the day when we can update you on the effectiveness of adult dental benefits in KanCare.

Thank you for the opportunity to share updates about KanCare dental services. If you have any questions, please do not hesitate to contact me. Oral Health Kansas is happy to assist the Committee, as you continue working to improve the oral health of Kansas.

Sincerely,



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