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## Special Committee on Sedation Dentistry October 10, 2024

Chairman Carpenter and members of the Committee,

Thank you for the opportunity to share this testimony with the Committee. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide advocacy organization dedicated to promoting the importance of lifelong oral health by shaping policy and educating the public.

The Committee on Sedation Dentistry has received a great deal of testimony from organizations and individuals who know this issue well – the Medicaid program, dentists, CRNAs, a hospital, family members of people with disabilities, and InterHab. This Committee was formed because sedation dental care is a vexing issue that deeply affects many Kansans. It's extremely difficult for people to access, and the logistics and reimbursement associated with providing the care are becoming more challenging to manage. We appreciate this Committee's interest in the issue as well as your time as you explore all of the issues related to sedation dental care.

As the Committee considers what to do next, I would like to summarize the avenues for improvement and some policy changes the Legislature could consider. One new development is the fact that this month Oral Health Kansas was awarded an ARPA grant from the KDHE Division of Health Care Finance to focus on improving dental care access and utilization for KanCare members with disabilities. This grant project called the "Pathways to Oral Health Project" will involve many stakeholders as it builds on the work we all have been doing for the last few years. As I review the avenues for improvement and potential policy changes, I will share how several of these fit with the new grant project.

### 1. My Dental Care Passport

Dental care provided under sedation should always be the last choice. It is better for individuals and providers to be able to have dental care in a dental office without the need for sedation. People who have certain underlying health conditions or who have disabilities that make traditional dental care difficult or impossible will always need access to sedation dental care. One of our biggest goals is to make it possible for people who need sedation to access it readily when they need it. To that end we see communication and education as the primary strategies to reduce the need for unnecessary sedation.

Through our new grant, over the next year Oral Health Kansas and our partners will develop and launch a campaign to encourage more dental offices and individuals with disabilities to use [My Dental Care Passport](#). This will include message development, a marketing campaign, and exploration of evaluation tools. Our goal is to make My Dental Care Passport a ubiquitous communications tool in the state of Kansas, and we believe wider use of the Passport will reduce the need for sedation care for many people.

**Key Takeaway:** Over the coming year there will be many opportunities to improve communication between individuals with disabilities and dental offices by promoting the use of My Dental Care Passport.

## 2. Provider Education

Traditionally general practice dentists are not trained to meet the unique needs of people with disabilities. While the vast majority of people with disabilities can receive dental care in a dental office, it is important for dental providers to understand how accommodations can be made in order to make the dental appointment successful for everyone. Dr. Lynch Small described the Project ECHO series we launched last fall through the University of Kansas. As a part of this new grant, we and our partners, including the University of Kansas, will be able to launch a second Project ECHO series in the fall of 2025. The series will include raising awareness of IDD and autism, destigmatization, communication strategies, sensory awareness, the importance of teamwork, and an introduction to existing tools and resources, such as My Dental Care Passport. The goal is to build on the success of the 2023 education experience to demystify dental care for individuals with disabilities and build confidence among dental teams.

**Key Takeaway:** There will be resources in 2025 to launch a Project ECHO series about people with disabilities for dental teams. Future investments in Project ECHO and My Dental Care Passport education may be needed.

## 3. Consumer Education

Several stakeholders have shared the need for consumers to have education about oral health and how to maintain their oral health. The new KDHE Division of Health Care Finance ARPA grant will support consumer education. A major part of the education will be about My Dental Care Passport. We also will build on an innovative learning program we created several years ago called "[Feeling Good About Your Smile](#)." This engaging and interactive event empowers people with IDD with the knowledge and confidence needed to adopt healthy behaviors that improve their oral and overall health, including exploring healthy diet options. Over the next year, Oral Health Kansas will collaborate with partners to review and update the content, materials, and evaluation tools for the Feeling Good About Your Smile program.

With grant support, we will work with partners to develop a series of new educational videos specifically designed to help individuals with disabilities and their caregivers learn about new ways to improve their oral health. These videos will include instructional content on how to effectively brush the teeth of individuals with disabilities, considering various physical and cognitive challenges, and how to make and use adaptive aids that facilitate better oral hygiene for individuals with disabilities. The goal of all of the education programs is to help people feel more confident and ready to take care of their oral health.

**Key Takeaway:** There will be resources in 2025 to grow and improve the Feeling Good About Your Smile program and develop new educational videos for individuals with disabilities. Future investments in consumer education programs, including My Dental Care Passport education, may be needed.

## 4. Exploring the development of Centers for Inclusive Dentistry

Throughout the testimony for this Committee, there are many suggestions for improvements from education to policy changes. Another strategy is looking at a new Centers for Inclusive Dentistry model. This is a hub training model that could provide dentists with hands-on experience and mentorship in delivering care for people with disabilities. The Centers for Inclusive Dentistry concept originated with [Project Accessible Oral Health](#), a national organization dedicated to improving dental care for people with disabilities.

The model was developed as a way to help dental professionals gain confidence in providing care for people with disabilities. Dental care itself is not different for people with disabilities and people without disabilities, but most dental providers were not taught about people with disabilities and

lack the confidence to meet people where they are and provide person-centered care based on each person's needs. Project Accessible Oral Health created a Center for Inclusive Dentistry hub model to bring dental teams to a central location to receive training in providing care for people with disabilities using sensory changes, specialized equipment, and other resources to meet the needs of people with disabilities. Through the new grant project, we aim to explore options to establish Centers for Inclusive Dentistry in Kansas in order to make many of the strategies described here sustainable for the long term.

**Key Takeaway:** By the end of 2025, we could have a new Centers for Inclusive Dentistry model ready to develop in the state of Kansas. Future investments in this model may be needed.

## 5. Improving the Medicaid dental provider network

Stakeholders agree that the Medicaid dental provider network, especially for people with disabilities, needs to be improved. There are not enough Medicaid dental providers, and there are even fewer who are prepared and comfortable serving people with disabilities. Through the new grant, Oral Health Kansas and our partners will develop a Medicaid Dental Facilitator program, modeled after a successful initiative in Missouri, to recruit and support Medicaid dental providers to serve people with disabilities. The goal of the Medicaid Dental Facilitator program is to implement a statewide communications and marketing strategy to recruit, educate, and enroll additional dental providers in the KanCare program who will see people with IDD and autism.

In addition to the media campaign, the new Medicaid Dental Facilitator program will conduct outreach to dental offices, assist with Medicaid provider enrollment and billing processes, and provide regular training and technical assistance to dental offices. Through this program we also will produce blogs for dental offices on subjects such as the impact of offering Medicaid dental services for people with disabilities and how to make Medicaid a part of the office revenue stream. The Medicaid Dental Facilitator Program is a bold new initiative that holds potential to dramatically change the Medicaid dental provider network and increase dental care for people with IDD.

**Key Takeaway:** A major campaign to increase the Medicaid dental provider network that is prepared to serve people with disabilities will launch in 2025. There will be many opportunities to promote and share the campaign across the state.

## 6. Sedation Dental Provider Survey

The data available from the Kansas Dental Board and from the KDHE Division of Health Care Finance is helpful. The data also points to the importance of tracking more detailed information about the sedation provider network in the state.

The Sedation Dental Care Task Force has developed a survey tool that has the potential to dramatically improve access to sedation dental care for people with disabilities. The first fundamental challenge the Task Force identified is that there is not a reliable list of dental providers that offer sedation. There are lists, but they do not break down the providers by the type of sedation they offer and the population and geographic areas they serve. The Task Force members designed a survey that will be deployed by Oral Health Kansas and the MCOs. Through this survey we hope to learn which Medicaid dental offices offer sedation, which of the three levels they offer, whether they have hospital privileges, whom they serve, and what their geographic area is.

The Task Force plans to use the survey data to analyze the adequacy of the provider network's ability to meet the sedation needs of Kansans with disabilities as well as create accurate referral lists. The new KanCare contracts will require the MCOs to track and publish a list of sedation dental providers annually, and we believe this survey could be the key to keeping these sedation provider lists updated with usable information for consumers.

**Key Takeaway:** As we look ahead, we will need to have a sustainable way to update and maintain the sedation dental provider survey every year so we can meaningfully track the sedation network adequacy over time. We would like to see the same level of detail in the MCOs sedation dental network reports that is contained in the survey.

## **7. Incentives for dental providers to provide sedation care**

Dental providers who offer sedation care do it at a cost to them. It takes longer to provide care under sedation, because of all the work to prepare for the visit, get the person ready for sedation, and ensure they come out of the sedation safely. But the dentist is able to bill only the regular procedure codes for the care provided. For example, if a dentist needs to do one simple filling for someone who is able to receive care only in a hospital setting, it may take hours to prepare for the procedure, but they would be able to bill Medicaid only \$75 for the filling. This does not begin to adequately compensate for the care provided. We would like to see the Medicaid program provide an enhanced rate to compensate for the longer time it takes to provide dental care under sedation.

**Policy Request:** Oral Health Kansas' request is to study models of providing enhanced rates for dental care provided under IV and hospital sedation.

## **8. G0330 Rate**

As Dr. Lynch Small shared in her testimony, KDHE implemented a hospital facility fee code last year to make it more feasible for hospitals to make operating room space available for sedation dental care. We applaud the agency for this policy change, and we believe it has the potential to make a big difference in accessing the care.

When [G0330 code](#) went into effect last fall, the rate was set at the federal Medicare rate of \$1,722.43. In January of this year, the federal Medicare rate for G0330 increased to \$3,087.<sup>1</sup> We would like to see the Kansas rate increased to the current federal Medicare rate to ensure hospitals will be able to open their operating rooms for dental care when necessary. People who are not able to access dental care in a hospital setting end up going without care at all when there is no hospital able to schedule time for the care they need. A change like this would keep the service more competitive with other operating room services and increase the likelihood of hospitals using it.

Additionally, we would like to see the G0330 rate indexed to the federal Medicare rate. This would ensure we do not need to continuously come to the Legislature to ask for adjustments, and it would ensure the code remains competitive enough to effectively achieve its goal.

**Policy Request:** Oral Health Kansas' request is for the Committee to recommend the 2025 Legislature increase the rate for G0330 to \$3,087 and to index the rate to the federal Medicare rate.

## **9. Rates for people with dual Medicare and Medicaid coverage**

In her testimony Dr. Lynch Small outlined the complicated issue of reimbursement for mobile sedation providers who are providing care for people who have dual Medicare and Medicaid eligibility. We are seeing more dentists turn to mobile anesthesia providers when they offer in-office IV sedation. This allows dentists to use their dental care expertise and rely on CRNAs to use their sedation expertise. While this is wise use of everyone's time and expertise, it is leading to a deeper reliance on a small handful of mobile anesthesia providers. Because people with disabilities disproportionately need sedation dental care and often have dual Medicare-Medicaid eligibility, the

reimbursement issue for mobile anesthesia providers is serious. The capacity in the system to provide this sedation care is limited, and this quirk in the rules is shrinking the capacity even more.

The Medicaid program is aware of this issue, and we are grateful that they are exploring ways to address it, including possible options available through CMS rules or even a federal match.

**Key Takeaway:** Oral Health Kansas' request is to continue exploration of policy and/or reimbursement changes to mitigate the sedation reimbursement rate issue for people who have dual Medicare and Medicaid eligibility.

## 10. Medicaid rates for dental services

The fundamental issue for improving access to sedation dental care in Kansas is rates. The American Dental Association offers guidance for dentists to become Medicaid providers, and it cites low reimbursement rates as the first barrier for providers.<sup>2</sup> Some of the state's FQHCs are so overwhelmed by demand for dental care that they have stopped accepting new patients, and existing patients sometimes to wait months for an appointment.

Capacity in the Kansas Medicaid dental provider network is limited. FQHCs and safety net clinics bear an outsized burden in seeing Medicaid members in Kansas. The only solution to increasing the provider network is encouraging more private dental offices to see Medicaid members. Lack of Medicaid adult dental coverage contributed to dental offices' reluctance to see Medicaid patients, but that issue has been resolved for the most part through the Legislature's investment in dental coverage in the last few years. Addressing the rates to make Medicaid more appealing to private dental practices is key to creating more capacity.

In 2022 the Medicaid rates in Missouri were increased from 30% to 80% of usual and customary rates (UCR), which means they were increased to the level of commercial dental insurance rates. This rate change, along with a concerted effort to do outreach to dental offices to encourage them to accept Medicaid, resulted in the state seeing the number of Medicaid dental providers increase from around 700 in 2022 to around 1,000 in 2024.<sup>3</sup>

Rates are the remaining issue for dental offices. It is time for Kansas' Medicaid dental rates to increase significantly. Raising the rates will even the playing field across the state border, encourage more private practices to see Medicaid patients, and result in more capacity in the Medicaid dental program. While this rate increase request is not limited to sedation dental care, it directly impacts the availability of dental care. Many of the people who require any level of sedation to receive dental care are adults with disabilities, and the provider network for Medicaid is limited. A rate increase on par with Missouri's investment would help grow the Medicaid provider network and increase capacity for sedation dental care.

**Policy Request:** Oral Health Kansas' request is for the Committee to recommend the 2025 Legislature increase the Medicaid dental rates to the level of the Missouri Medicaid dental rates.

## Conclusion:

Thank you again for exploring the vexing issues around sedation dental care access. The volume of stakeholders involved in this hearing is testament to the complex nature of the issue, as well as the importance of making more changes to ensure people who need sedation dental care are able to access it. We have shared many of the projects in place to make changes as well as some policy suggestions. As the Committee considers its options, we stand as a resource dedicated to leading change. The Sedation Dental Care Task Force will continue meeting and working on solutions. Many members of the Task Force provided testimony to the Committee, and I am sure both the individual members and the Task Force itself would be happy to report back to the Legislature and

KDHE to continue the dialogue and track improvements in the key takeaways and policy recommendations.

Sincerely,



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<sup>1</sup> ADA News: "CMS releases final rule on payments for hospital outpatient and ambulatory surgical centers," December 6, 2023, <https://adanews.ada.org/ada-news/2023/december/cms-releases-final-rule-on-payments-for-hospital-outpatient-and-ambulatory-surgical-centers/>

<sup>2</sup> ADA Medicaid Provider Reference Guide: <https://www.ada.org/resources/community-initiatives/action-for-dental-health/medicaid>

<sup>3</sup> *The Beacon*: "How Missouri is getting more people to the dentist – for more than a pretty smile," July 11, 2024, <https://thebeaconnews.org/stories/2024/07/11/medicaid-dentists-open-options-to-people-in-missouri/>