

Board of Directors

Charles A. Abbick, DDS
Salina Family Healthcare Center

Tami Allen
Families Together, Inc.

Melanie Simmer-Beck, PhD, RDH
UMKC School of Dentistry

Veronica Byrd
Parents as Teachers Pine Ridge

Kent Haverkamp, MD
Blue Cross & Blue Shield of Kansas

Davette McCoy, MHS, RDH, ECP III
Kansas Dental Hygienists' Assoc.

Debra Meisenheimer, BS, MS, CPC

Trina Morgan
Kansas Children's Service League

Debra Pochop
Rawlins County Dental Clinic

Michelle Ponce
Association of Community Mental
Health Centers of Kansas

Kevin Robertson, MPA, CAE
Kansas Dental Association

Linda J Sheppard, JD
Kansas Health Institute

Preddis Sullivan, DDS
AmeriHealth Caritas

Shannon Uehling
Sunflower Health Plan

House Social Services Budget Committee

Kansas Department of Health and Environment Budget January 28, 2025

Chairman Buehler and members of the Committee,

Thank you for the opportunity to share this testimony. I am Dr. MaryAnne Lynch Small, a dentist by training and the Medicaid Projects Manager at Oral Health Kansas Inc. Oral Health Kansas Inc is the statewide advocacy organization dedicated to promoting the importance of lifelong dental health through education, awareness, and shaping policy. Through this role, I oversee many of the projects and associated teams related to oral health and oral healthcare access for Medicaid recipients including Kansas' children, pregnant women, community members with disabilities, and low-income families.

Importance of Oral Health

Oral health is integral to many of the tasks of daily living that most of us take for granted. Eating, sleeping, smiling, talking, learning, working, socializing, and more are all inextricably linked to our oral health. Beyond this, oral health is critical for our overall health and well-being. Poor oral health has been found to be linked to both high-cost chronic conditions including diabetes, cardiovascular disease, and adverse pregnancy outcomes, and acute health events such as life-threatening infection. Notably, several of such links have a bi-directional relationship. For example, individuals with diabetes who receive treatment for their gum disease, see an improvement in their diabetic glycemic control. This can improve quality of life and reduce the need for costly treatments related to diabetic complications.

Our oral health also facilitates our ability to fully participate and contribute in our communities and society. Among US adults aged 18 years or older, it is estimated that 243 million work or school hours are lost annually due to oral health problems. This loss in productivity costs the US \$45 billion every year. The ability to gain employment is also impacted by oral health, with more than 1 in 4 young adults expressing that the appearance of their teeth/mouth impacts their ability to successfully interview for a job. Here in Topeka, a sign reading 'Now hiring smiling faces', was displayed outside Hardees, reinforcing the link between oral health and employment opportunity.



Photo courtesy of Tanya Dorf Brunner, Oral Health Kansas Inc.

Families are also affected. Emergency, unplanned dental care costs US school-age children more than 34 million school hours each year and 5.7 million parents/guardians miss almost 40 million productive work hours due to their child's dental pain or emergency dental visits.²

Adequate oral health is the number 1 health need for people with disabilities, a population disproportionately represented among Medicaid enrollees in Kansas (1 in 4 Kansans with a disability are enrolled in Medicaid). In part as a result of lack of access to essential care, this group has been found to experience higher rates of decayed teeth and severe gum disease than their counterparts without disabilities. At Oral Health Kansas, individuals with disabilities and their families, and caregivers seeking help finding dental care are among our most frequent requests. The challenge experienced by Kansans is even echoed by Medicaid Managed Care Organizations' Care Coordinators who are increasingly turning to us in an attempt to locate Medicaid dental providers for their members.

Finally, poor and untreated oral health is costly. As oral disease advances, the need for more extensive and complex dental restoration increases. The inability for Medicaid enrollees to access recommended periodic primary dental care risks both the administration of preventive services and early disease going unnoticed and untreated. For example, at present, if an adult Medicaid enrollee presented for a routine adult examination visit in which two early incidences of dental decay were detected, the visit may include an examination, x-rays, cleaning, and the placement of preventive medication amounting to \$133.80. However, if the individual was unable to access oral healthcare and the early dental decay grew to be large cavities, the cost for an extensive examination, x-rays, cleaning, and the provision of two large fillings amounts to \$286.60 - a 53% increase in cost. In essence, securing and maintaining oral health can be of economic benefit compared to sporadic, high-need, and high-cost oral healthcare over time. Further, as discussed, poor oral health can exacerbate high-cost systemic diseases. In 2021, the American Dental Association's Health Policy Institute estimated that a reduction in

healthcare spending for adult Kansan Medicaid enrollees with diabetes, cardiovascular disease, pregnancy costs, and emergency department visits of more than \$4 million could be achieved by implementing an accessible comprehensive adult dental benefit within a 3 year period. Without access to the oral healthcare Kansans need, the health benefits and ultimate cost savings will not come to fruition.

Medicaid Population

Approximately 425,000 Kansans are enrolled in KanCare (Medicaid) amounting to 14% of the population. KanCare disproportionately covers children (3 in 10 Kansas children), individuals with disabilities (1 in 4 Kansans with disabilities), older adults in long-term care (4 in 7 Kansas nursing home residents), and pregnant women.

Kansans enrolled in Medicaid repeatedly turn to us due to difficulty accessing dental care, in particular finding a dentist that accepts Medicaid. We hear accounts of individuals having to forgo care due to a lack of available services, thus putting the oral health and overall health and well-being of Kansans at risk. When care is available, wait times of several months are noted. Individuals, families, and caregivers express finding care becomes significantly more difficult when the individual who requires care is an adult.

Medicaid Dental Provider Network in Kansas

Kansas has 1,558 practicing dentists across the state. Of this, only 464 (30%) were actively billing for Medicaid dental services in 2023. 50 of such dentists are located in safety net clinics. The safety net system does not have the capacity to be the dental home for all Medicaid members. Only 13% of Kansas dentists see 100 Medicaid patients or more annually. This is because being a Medicaid provider is not an 'all or nothing event'. It is permissible for providers to manage the composition of their patient-base e.g. have a mix of out-of-pocket paying patients, privately insured patients, and Medicaid insured patients in their practice.

Of note, the distribution of Medicaid dental providers disproportionately impacts rural communities. 41 counties have no Medicaid dental providers, all of which are rural and are predominantly located in the western part of Kansas. Please see the map below for the geographical distribution of Medicaid dentists across the state by county.

Kansas Medicaid Dental Providers - 2023

CHEYENNE 0	RAWLINS 2	DECATUR 0	NORTON 1	PHILLIPS 3	SMITH 0	JEWELL 0	REPUBLIC 2	WASHINGTON 0	MARSHALL 3	NEMAH 2	BROWN 9	DONIPHAN 4	
SHERMAN 0	THOMAS 0	SHERIDAN 0	GRAHAM 0	ROOKS 1	OSBORNE 0	MITCHELL 3	CLOUD 1	CLAY 2	RILEY 5	POTTAWATOMIE 2	JACKSON 3	ATCHISON 6	LEAVENWORTH 6
WALLACE 0	LOGAN 1	GOVE 1	TREGO 0	ELLIS 2	RUSSELL 1	LINCOLN 2	OTTAWA 1	DICKINSON 2	GEARY 4	WABAUNSEE 0	SHAWNEE 19	DOUGLAS 21	JOHNSON 90
GREELEY 0	WICHITA 1	SCOTT 0	LANE 0	NESS 0	RUSH 0	BARTON 2	ELLSWORTH 1	SALINE 5	MORRIS 1	LYON 4	OSAGE 0	FRANKLIN 1	MIAMI 4
HAMILTON 1	KEARNY 0	FINNEY 10		HODGEMAN 0	PAWNEE 1	STAFFORD 0	RICE 2	MCPHERSON 6	MARION 1	CHASE 0	COFFEY 2	ANDERSON 0	LINN 1
STANTON 0	GRANT 3	HASKELL 0	GRAY 0	FORD 4	EDWARDS 0		RENO 12	HARVEY 8	BUTLER 5	GREENWOOD 1	WOODSON 0	ALLEN 2	BOURBON 1
MORTON 0	STEVENS 0	SEWARD 1	MEADE 0	CLARK 0	COMANCHE 0	BARBER 0	KINGMAN 0	SEDGWICK 84	ELK 0	WILSON 0	NEOSHO 0	CRAWFORD 9	
							HARPER 1	SUMNER 3	COWLEY 9	CHAUTAUQUA 1	MONTGOMERY 2	LABETTE 4	CHEROKEE 3

The existing Medicaid dental network is insufficient to appropriately serve the Medicaid population.

Kansas Medicaid Dental Network: A 4-Part Problem

To establish and sustain a fruitful and economically sound Medicaid dental program, including an adequate Medicaid dental provider network, 4 interlinking barriers must be addressed.

1. Coverage of dental services for adults and children enrolled in Medicaid
2. Education of consumers and healthcare providers
3. Administrative barriers to being a Medicaid provider
4. Medicaid dental rates

1. Coverage of Dental Services

Since 2022, the Kansas Legislature has worked to ensure many of the oral healthcare services necessary to secure and maintain oral health are covered for all Kansas Medicaid enrollees. Prior to 2022, only children had access to oral healthcare- this meant oral healthcare for many individuals with disabilities, long-term care facility residents, pregnant women, and low-income individuals was not available in Kansas. The achievements of the state legislature are summarized below:

- 2022- The extension of dental benefits to Medicaid adult enrollees. Dental services included fillings, crowns, and gum treatment.
- 2023- Dentures made an available Kansas Medicaid dental service.
- 2024- Preventive dental services including examinations, x-rays, cleanings, and oral health counseling made available Kansas Medicaid services.

We are grateful for the commitment of the House Social Services Budget Committee in ensuring Kansans have adequate access to oral healthcare services and therefore, addressing one of the core barriers to success.

2. Education of Medicaid Enrollees and Dental Providers

The education of consumers and dental professionals is critical to ensure the achievement and maintenance of oral health, and thus advance Kansans' overall health and wellbeing and ability to contribute to and engage with one's neighbors and community. This sentiment was echoed by the Special Committee on Sedation Dentistry who recommended consumer education regarding the importance of the connection between dental care and overall long-term health care.'

Oral Health Kansas is built on the belief of the need to increase awareness of the importance of oral health and educate the public and dental professionals of how to achieve and sustain this for all Kansans. Oral Health Kansas and our partners are working on a variety of educational programs for both dental providers and consumers, actively addressing one of the core barriers to Kansas Medicaid dental program success. This work is grant funded. We are in the process of engaging existing and new external funders to continue education initiatives into 2026 and beyond. A summary of some of our educational programs are described below:

- Project ECHO- Education for dental providers and dental teams in the care of individuals with disabilities. As part of the overarching Pathways to Oral Health project, a project dedicated to improving the oral health and oral healthcare access for Medicaid enrollees with disabilities, Oral Health Kansas partnered with the University of Kansas Project ECHO team to create and deliver a 5-session education series for dental teams titled, 'Accessible Oral Health ECHO: Building Confidence in Serving People with Disabilities' in 2023. Feedback was incredibly positive, with more than 90% of participants stating they gained helpful knowledge from the education series and 85% revealing they obtained helpful skills and techniques that will improve their professional practice. This training is due to be offered to all Kansas dental teams in the fall of 2025.
- Feeling Good About Your Smile- Oral Health Kansas developed Feeling Good About Your Smile, an in-person oral health training program for adults with intellectual and developmental disabilities. The program emphasizes the importance of oral health, oral hygiene and making healthy food and drink choices. This program can be delivered by OHK staff or through a train the trainer format. The program has been adapted for use in community-based settings and state hospitals and to include self-advocates as co-trainers.
- Brush, Book, Bed- A program first designed by the American Academy of Pediatrics, to educate families with children to have healthy oral health and bedtime routines. This involves the provision of oral health kits and oral health storybooks and training on how to perform oral hygiene measures. This program has been implemented and expanded in Kansas by Oral Health Kansas and partners. Safety net clinics, Parent as Teachers, Healthy Families, Head Starts and health departments in several regions across the state have adopted the program.

Through initiatives described above and more, Oral Health Kansas and our partners are committed to addressing the barrier of the education of consumers and dental healthcare providers, including upholding the special committee on sedation dentistry's recommendation to educate consumers 'regarding the importance of the connection between dental care and overall long-term health care'.

My colleague, Tanya Dorf Brunner, will outline the two further core challengers in the Kansas Medicaid dental program, and the proposed model to address these challenges. Thank you for the opportunity to share this information. I am happy to stand for any questions.

Sincerely,

Dr. MaryAnne Lynch Small
mlynchsmall@oralhealthkansas.org

¹ Impacts Beyond the Mouth. (2021). Carequest. <https://www.carequest.org/system/files/CareQuest-Institute-Impacts-Beyond-The-Mouth-Infographic.pdf>

² Preshaw, P. M., Alba, A. L., Herrera, D., Jepsen, S., Konstantinidis, A., Makrilakis, K., & Taylor, R. (2012). Periodontitis and diabetes: a two-way relationship. *Diabetologia*, 55(1), 21–31. <https://doi.org/10.1007/s00125-011-2342-y>

³ US Adults Miss 243 Million Hours of Work or School Annually Due to Oral Health Problems. (2024). <https://www.carequest.org/about/press-release/us-adults-miss-243-million-hours-work-or-school-annually-due-oral-health>

⁴ Oral Health and Well-Being in the United States. (n.d.). American Dental Association. <https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us-oral-health-well-being.pdf>

⁵ The facts about oral healthcare for people with disabilities. (2021). Project Accessible Oral Health. <https://paoh.org/wp-content/uploads/2021/11/PAOH-Infographic.pdf>

⁶ Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Kansas. American Dental Association Health Policy Institute. (2021). <https://oralhealthkansas.org/pdf/HPI%20Kansas%20Medicaid%20Cost%20Estimate.pdf>

⁷ Medicaid in Kansas. (2024). KFF. <https://files.kff.org/attachment/fact-sheet-medicaid-state-KS#:~:text=August%202024,Medicaid%20>