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Chair Owens,

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.

Why are we back?

Oral health touches all of our lives, whether we are conscious of it or not. Eating, sleeping, talking, smiling, working, learning, and socializing are all inextricably linked to our oral health. In fact, often we are unaware of just how integral it is to our overall health, productivity, and ultimately our daily function, until it is lost.

Oral healthcare is critical to achieve and maintain good oral health but without an adequate dental provider network, we cannot access the healthcare services we need to stay healthy. The Medicaid dental provider network is insufficient to appropriately provide essential, and ultimately cost-saving, oral healthcare to the Medicaid population in Kansas. However, there is a roadmap to get there. The vast majority of the work has already been done, and collectively, we can take the final step.

Why is Oral Health and Oral Healthcare Important?

- The link between oral and overall health: 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. In 2025, understanding of the importance of oral health for our overall health has only grown, with daily flossing shown to reduce the risk of stroke and poor oral health linked to cognitive decline and the onset of dementia. 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.

- Boosts productivity and education: Our oral health 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. Among US children, emergency, unplanned dental care costs 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.

- Cost saving: 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 routine 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 $144.57. However, if the individual was unable to access oral healthcare and the early dental decay grew to be large cavities, the cost for an examination, x-rays, cleaning, and the provision of two large fillings amounts to $334.13 - a percentage cost difference of 79.2%. 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 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.

Coverage of Dental Services in Kansas Medicaid: A Summary

Since 2022, the Kansas Legislature has worked to ensure that 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.

Kansas Medicaid Population: Who is Impacted?

Approximately 400,000 Kansans are enrolled in KanCare (Medicaid) amounting to 13% 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.

Adequate oral health is the number 1 health need for people with disabilities, a population disproportionately represented among Medicaid enrollees in Kansas. In part because of a 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.

Kansans enrolled in Medicaid repeatedly seek our help 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, putting the oral health and overall health and well-being of Kansans at risk. When care is available, wait times of several months are common. Individuals, families, and caregivers express finding care becomes significantly more difficult when the individual who requires care is an adult.

Kansas Medicaid Dental Reimbursement Rates: A Summary

As a result of your continued work to make essential dental services available in Kansas, last session, $4M state funds were appropriated to increase dental reimbursement rates. Through careful coordination between the Kansas Medicaid program and statewide dental stakeholders, including dental providers, reimbursement rates across individual dental service codes (D-codes) were evaluated and certain codes targeted for adjustment. This resulted in the following increases:

- Dental exams- 50%
- Cleanings and scaling- 35%
- X-rays and composite fillings- 20%
- All other services- 10%.

The new rates went into effect in July 2025.

Whilst this allowed certain services to see a meaningful increase, low baseline rates and limited ability to impact all dental codes mean Kansas Medicaid dental reimbursement rates for most services still fall significantly behind neighboring states, and even further behind commercial insurance and rates set by dentists:

- The Medicaid dental rates for many dental services in neighboring states of Colorado and Missouri are as much as twice as high as Kansas Medicaid dental rates.

- Even for exam services which saw a 50% rate increase, Kansas Medicaid rates are, on average, only 65% of the reimbursement rate provided for exam services in Missouri.
- Overall, Kansas Medicaid rates in 2025 were only 44% of the average fee-for-service rates set by dental offices.

Oral Health Kansas and the Kansas Dental Association surveyed Kansas dental providers in spring 2025 about how to best implement the aforementioned rate increase. Although providers commented that the new rates were "promising", **Kansas dentists overwhelmingly expressed the importance of continuing to make meaningful investments in dental rates**, providing insight into the importance of rates to grow the Medicaid dental provider network:

"Medicaid rates don't keep even pace with standard insurance rates, and standard insurance rates are becoming insufficient with all of the cost increases facing dental practices."

"The only way to encourage more dental offices to be Medicaid providers is to increase your fee schedules."

"Be like other states. Set the reimbursement rates to that of commercial insurance rates and the problem fixes itself."

Kansas' Medicaid rates must also be placed in the context of an economically challenging year for the US dental economy. Dental office overhead costs, including dental equipment and supplies and pay for dental office staff, increased faster than overall inflation. In contrast, provider reimbursement rates are not keeping pace with inflation and certainly not with practice expenses. These trends are putting a significant "fiscal squeeze" on dental practices. This reflects dentists' top concerns going into 2026; low, delayed or denied reimbursement from insurance and rising overhead costs. Nationally, 30% of dentists indicated they are planning to drop out of some insurance networks in the coming year. The Kansas Medicaid dental network cannot incur such a loss. The impact of low Medicaid reimbursement rates, paired with increasing overhead costs, were underscored by Kansas dental providers:

"We love serving the Medicaid community, but we do lose money due to increased product cost and higher wages for our employees."

"I would be happy to be a Medicaid provider, but not at ridiculously low reimbursements where we lose money."

"The reimbursements don't cover our overhead expenses to run the practice. Increasing the rates is critical to increasing the number of providers."

Medicaid Dental Provider Network in Kansas: An Update

At present, Kansas has approximately 1,637 practicing dentists across the state. Of this, only a quarter (n=399) actively billed for Medicaid dental services in 2025. 47 of such dentists were located in safety net clinics. The safety net system does not have 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. There are simply too few dentists participating in Medicaid to care for the population. This is exemplified by a Kansas dentist who expressed:

"I currently see many of the Medicaid patients in my rural town. I am having to limit the number of Medicaid patients I see as there aren't many providers who accept adult Medicaid. It's not sustainable and it isn't fair to the patients who have to wait months to be seen by me or the single other adult Medicaid provider in the area."

The distribution of Medicaid dental providers continued to disproportionately impact rural communities. 40% of Kansas counties have no Medicaid dental providers, all of which are rural and are predominantly located in the western part of Kansas. While access gaps remain, 2025 marked some progress, with 3 counties (Jefferson, Osborne, and Woodson) moving from having no billing Medicaid dental providers to having at least one provider participating in the program.

Although the network remains inadequate, **2025 provided us with a preview of what is possible by pairing an increase in Medicaid dental rates with dedicated provider support**. From 2021 to 2024, the Medicaid dental provider network incurred a 20% loss in the number of providers enrolled in the system. In contrast, the past year saw an 8% increase in enrolled dental providers, with a net gain of 30 providers between January 2025 and December 2025. The greatest net gains (66.6%) came after the rate increase was implemented in July. Although this is not sufficient to replenish the provider network and care for all Kansans enrolled in Medicaid, it demonstrates what a final investment in Medicaid dental reimbursement rates could do.

The final puzzle piece:

My colleague, Tanya Dorf Brunner, outlines the tried and tested formula to grow the Medicaid dental provider network. Ultimately, Kansas is ready, and a health-promoting and cost-effective Medicaid dental program is within reach. Your final investment in Medicaid dental rates is the last piece of the puzzle to fully realize the potential of the Medicaid dental program.

Our Ask:

We ask the Senate Ways and Means Subcommittee on Human Services to tackle the final Medicaid dental access barrier of low Medicaid reimbursement rates by including $12M SGF in the KDHE budget, which will result in an All-Funds investment of $30M.

Thank you for the opportunity to provide this testimony. I am happy to stand for any questions.