



July 22, 2016

Commissioner Stephen Miller
Department of Medicaid Services
275 E. Main Street
Frankfort, KY 40621

RE: The Kentucky HEALTH waiver proposal

Dear Commissioner Miller,

As a group of concerned citizens, advocates, and professionals working together to improve oral health across Kentucky, the Kentucky Oral Health Coalition (KOHC) mission is to improve the oral health of all people of Kentucky. KOHC's vision of impact is to engage partners across the state to create a collaborative oral health campaign designed to create optimal oral health for all by:

- Educating parents
- Activating policymakers
- Inspiring health professionals
- Engaging the public

The KOHC's current priorities include:

1. Improving oral health awareness,
2. Expanding school-based oral health services, and
3. Increasing access to oral health care.

Kentucky Oral Health Coalition members value the Cabinet for Health and Family Services and Kentucky Department of Medicaid Services' work towards promoting good health for individuals and families in the Commonwealth. KOHC is pleased to submit the following comments and recommendations on the propose Kentucky HEALTH, 1115 Medicaid waiver. Children, pregnant women, individuals determined medically frail, and low income adults eligible for Medicaid prior to expansion (Section 1931 parents) are protected from the potential negative impacts of a reduced dental benefit package could have, and we thank Governor Bevin for considering those vulnerable Kentuckians.

Although these positive exemptions are in place, there are several concerns regarding the dental provisions in the Kentucky HEALTH proposal.

KOHC recommends dental and vision benefits to be included in the standard benefits package.

The proposed changes will eliminate many Kentucky adults' Medicaid dental coverage from the standard benefits package. Currently, Medicaid eligible adults have limited preventive and restorative dental coverage, which includes: exams, cleanings, x-rays, and fillings. Given our historic issues with poor oral health in Kentucky, we have made strides towards improvement in oral health by increasing access and preventive services. We as a Commonwealth cannot afford to move backward.

Dentists often see their patients much more frequently than physicians. This puts dentists on the front lines of healthcare. Routine preventive dental visits can lead to early detection of chronic diseases that display symptoms in the mouth. Untreated tooth decay and gum disease are directly linked to chronic conditions such as heart disease, diabetes, stroke and many others. Dental care needs to be a partner in the management of chronic diseases in order to see improvements in the long term health of Kentuckians.

Research from other states such as Maryland show us that when adult dental coverage is not offered in the standard benefits package, Emergency Room (ER) rates increased by 22 percent.¹ Increased ER rates due to dental issues visits would only provide immediate relief, and will not treat the underlying dental issue. Along with the expense, ER visits in relation to dental issues often are preventable through routine trips to the dentist. Dental-related ER care is at least 3 times as expensive as a dental visit.² ER visits for dental care may result in reoccurring infection, leading to costlier emergency room visits. Inclusion of the dental benefit is relatively inexpensive for many states in comparison to the expected increased utilization of the ER due to dental issues. Research has shown that it would cost an extra 0.7 percent to 1.9 percent for the states to begin offering the adult dental benefit.³

Research from other states such as Oregon⁴ also shows us that when parents have consistent health coverage, their children are more likely to stay covered and access health care. In 2014, after Medicaid expansion, over 100,000 more Kentuckians, mostly adults, received dental services than in 2013.⁵ We are concerned that if this waiver is implemented with the many requirements for parents, child dental coverage rates may decline during the waiver period. If

¹ Coverage of Medicaid Dental Benefits for Adults. MACPAC. June 2015. Available from: <https://www.macpac.gov/wp-content/uploads/2015/06/Medicaid-Coverage-of-Dental-Benefits-for-Adults.pdf>.

² Wall T, Vujicic M. Emergency department use for dental conditions continues to increase. Health Policy Institute. Research Brief. American Dental Association. April 2015. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0415_2.ashx.

³ Yarbrough C, Vujicic M, Nasseh K. Estimating the cost of introducing a Medicaid adult dental benefit in 22 states. Health Policy Institute Research Brief. American Dental Association. March 2016. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0316_1.ashx.

⁴ Devoe, J.E., Krois, L, Edlund, T., Smith, J., & Carlson, N.E. (2008) Uninsurance among Children Whose Parents Are Losing Medicaid Coverage: Results from a Statewide Survey of Oregon Families. *Health Research and Educational Trust*, 2, 401-418. DOI:10.1111/j.1475-6773.2007.00764.x

⁵ Surdu S, Langelier M, Baker B, Wang S, Harun N, Krohl D. *Oral Health in Kentucky*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany: February 2016. Available from: http://chws.albany.edu/archive/uploads/2016/02/Oral_Health_Kentucky_Technical_Report_2016.pdf.

parent do not access services, they will be less likely to take their children to do so, even if those services are covered under Medicaid or KCHIP.

For the Medicaid adult population, the cost barriers to purchase dental services through a My Rewards account is concerning for KOHC members. The proposal makes it difficult for adults to earn enough points in a My Rewards account to purchase the Medicaid fee rates for dental services. They would have to engage in several activities that they may not be able to complete in a timeframe when they need immediate dental care. We believe this proposed change will cause people to forego care if they cannot afford dental services and lead to an increase in Emergency Room (ER) visits to get immediate relief. Lastly, dental services are not comparable to purchasing a gym membership through the My Rewards account. **We recommend that Kentucky HEALTH include a robust list of incentives for adults** for example: taking kids for preventive dental visits and an oral health literacy class.

Given the concerns listed above, KOHC's executive committee and members firmly believe the inclusion of dental coverage should not be an earned benefit, but rather a key component in the standard benefits package for the adult Medicaid population. KOHC stands ready to promote and collaborate with Governor Bevin and his administration to improve health and oral health outcomes within the Commonwealth. Thank you for the opportunity to submit our recommendations for the Kentucky HEALTH proposal. We appreciate your consideration of these suggested changes.

Sincerely,

A handwritten signature in cursive script that reads "Laura Hancock Jones, MD".

Dr. Laura Hancock Jones
Chair of KOHC