



April 2, 2019

Tom Sherman, Chairman
Senate Health and Human Services Committee
Legislative Office Building, Room 101
33 N. State Street
Concord, NH 03301

RE: HB 692 relative to dental care for Medicaid recipients

Dear Senator Sherman and members of the Senate Health and Human Services Committee:

Thank you for the opportunity to speak to you regarding HB 692. Bi-State Primary Care Association is grateful for the attention the sponsors are giving to ensuring access to dental care for Medicaid recipients. HB 692 serves to create the opportunity for integrated health delivery to include oral health by unlocking the door for the inclusion of oral health and dental services into the Medicaid managed care program, thereby protecting our current investment of dollars spent for health care through the current Medicaid program. We respectfully request the committee to support and advance this bill.

Bi-State Primary Care Association is a non-profit organization that advocates for access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. Bi-State represents 15 New Hampshire community health centers, which are located in areas of the state with limited access to health care services. New Hampshire's community health centers are non-profit organizations that provide integrated substance use disorder treatment, behavioral health, primary care, and oral health services to over 115,000 patients, including 1 in 6 of *all* Granite Staters enrolled in the Medicaid program.¹

Untreated dental diseases lead to emergency department visits

Currently, New Hampshire's Medicaid adult dental benefit is limited to treating infection and severe pain. The underlying oral health issues often go unaddressed because of the limited benefit. Instead, the only tools many dentists have are antibiotics, pain medication, and dental extraction. Low-income adults suffer a disproportionate share of dental disease and are 40% less likely to have had a dental visit in the past 12 months, compared to those with higher incomes. A recent study identified \$2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period. Thirty percent of these visits were by Medicaid enrolled adults,

¹ Statewide data from Kaiser Family Foundation: <http://kff.org/other/state-indicator/total-population>, BPHC 2017 UDS Summary Reports, and Self-Reported data in Bi-State Primary Care Association member surveys.

and over 40% were by individuals who were uninsured.² Those who receive regular periodontal treatment and cleanings have lower medical costs.

Oral health awareness is expanding

Ten years ago, it was unique for federally qualified health centers (FQHCs)³ to have a dental center. Now, 80% of FQHCs nationally and 82% of FQHCs in New Hampshire provide dental services on-site.⁴ Integration of dental services with primary care has expanded over the years as hospital needs assessments continuously reveal that communities' dental health care needs across the country are not being met. The Surgeon General's Oral Health Report of 2000 noted that poor oral health incurs costs and reduces productivity in "school, work, and home, and often diminishes the quality of life" and pointed to the enormous disparities that exist in dental health status and access to services.⁵

"You can't be healthy without a healthy mouth."

Dr. Skip Homicz, former dental director of FamiliesFirst Health and Support Center, a New Hampshire FQHC located in Portsmouth, explained in an interview with the University of New Hampshire: "You can't be healthy without a healthy mouth. Active dental disease is going to contribute to coronary artery disease, diabetes, and preterm birth. This is the reason for expansion of oral health, and it's been heavily supported by the government."⁶ Oral health has been associated with over 140 health diagnoses and conditions, including costly chronic conditions such as heart and lung diseases, diabetes, and rheumatoid arthritis. About as many people die of oral cancer every year as skin cancer or cervical cancer.⁷ Poor oral health and lack of dental care has been linked to the substance use and opioid crisis across the nation and New Hampshire because of the difficulty for patients to manage the acute and chronic dental pain of untreated dental disease and the negative impact on employability related to both appearance and pain management issues. Ongoing chronic dental pain remains a gateway for substance use initiation, maintenance, and recovery relapse.⁸

Community health centers are leaders in oral health access

Community health centers are leaders in New Hampshire in integrating and coordinating oral health with primary care and meeting the health care needs of our state's underserved populations. The integration of oral health with primary care embodies the Patient-Centered Medical Home model of community health centers. In December 2010, the Department of Health and Human Services launched Healthy People 2020, the federal government's prevention

² *Medicaid Adult Dental Benefits: An Overview*. Center for Health Care Strategies, Inc., 2018, www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_072718.pdf.

³ FQHCs are Community Health Centers that receive federal funding.

⁴ NACHC. *Community Health Center Chartbook*. June 2018, www.nachc.org/wp-content/uploads/2018/06/Chartbook_FINAL_6.20.18.pdf. Section 5.12.

⁵ "Addressing Oral Health Needs: A How-To Guide." *Community Catalyst, Inc. and Health Care for All*, 2002, www.communitycatalyst.org/doc-store/publications/addressing_oral_health_needs_2002.pdf.

⁶ Forge, Health Leader. "Dr. Skip Homicz, DDS, FAGD, Dental Director, Families First Health and Support Center." *YouTube*, YouTube, 1 Apr. 2017, www.youtube.com/watch?v=9RrTDTcMpbQ.

⁷ "Why States Should Offer Extensive Oral Health Benefits to Adults Covered by Medicaid." *Families USA*, 15 Dec. 2017, familiesusa.org/product/why-states-should-offer-extensive-oral-health-benefits-adults-covered-medicaid.

⁸ "The Role of Oral Health in Mental Health, Substance Use and Addiction Recovery." *New Hampshire Oral Health Coalition*, 2018, noralhealth.org/blog/wp-content/uploads/2018/09/SUDS-Recovery-Oral-Health-Convenings-Summary.pdf.

agenda designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. These goals focused on reducing oral health disparities and include several objectives specific to FQHCs. Building and expanding capacity for oral health service delivery among America's community health centers is critical to achieving Healthy People 2020 goals and improving population oral health.⁹ Community health centers are well-positioned to reach disadvantaged populations with oral health care services.

HB 692 is a step in the right direction for improving access to health care for all Granite Staters. Accordingly, we respectfully request the committee recommend HB 692 ought to pass. Please do not hesitate to contact me if you have any questions or would like more information.

Sincerely,

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⁹ "Integration of Oral Health with Primary Care in Health Centers: Profiles of Five Innovative Models." *NACHC*, www.nachc.org/wp-content/uploads/2015/06/Integration-of-Oral-Health-with-Primary-Care-in-Health-Centers.pdf.