



February 1, 2021

Representative Mark Pearson, Chairman  
House Health, Human Services, and Elderly Affairs Committee  
Legislative Office Building, Room 205  
33 N. State Street  
Concord, NH 03301

RE: HB 103 establishing a dental benefit under the state Medicaid program

Dear Chairman Pearson and members of the House Health, Human Services, and Elderly Affairs Committee:

Thank you for the opportunity to speak to you regarding HB 103. Bi-State Primary Care Association is grateful for the attention the sponsors are giving to ensuring access to dental care for Medicaid recipients. House Bill 103 requires the Medicaid Managed Care Program provide dental benefits to Medicaid enrollees. We respectfully request the committee recommend HB 103 ought to pass.

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 14 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 nearly 120,000 patients, including 1 in 5 of *all* Granite Staters enrolled in the Medicaid program.<sup>1</sup>

### **The Mouth Is The Gateway To The Body**

Research shows that diseases including diabetes, leukemia, HIV/AIDS, many cancers, heart disease, and kidney disease have oral manifestations. Besides causing pain and difficulty eating, poor oral health can lead to problems with the heart and other organs. In pregnant women, poor oral health is linked to pre-term birth, low birth weight, and pre-eclampsia.<sup>2</sup> Poor oral health and lack of dental care has also 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

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<sup>1</sup> Statewide data from Kaiser Family Foundation: <http://kff.org/other/state-indicator/total-population>, BPHC 2019 UDS Summary Reports, and Self-Reported data in Bi-State Primary Care Association member surveys.

<sup>2</sup> "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](http://familiesusa.org/product/why-states-should-offer-extensive-oral-health-benefits-adults-covered-medicaid).

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.<sup>3</sup>

### **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: 30% percent of these visits were by Medicaid enrolled adults, and over 40% were by individuals who were uninsured.<sup>4</sup>

### **Oral health awareness is expanding**

Ten years ago, it was unique for federally qualified health centers (FQHCs)<sup>5</sup> to have a dental center. Now, 82% of FQHCs nationally provide dental services on-site,<sup>6</sup> and 70% of FQHCs in New Hampshire provide dental services either on-site, in mobile vans, through a referral agreement in place with local partners, or through school-based dental programs.<sup>7</sup> 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 noted that poor oral health incurs costs and reduces productivity in "school, work, and home, and pointed to the enormous disparities that exist in dental health status and access to services."<sup>8</sup>

### **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 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

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<sup>3</sup> "The Role of Oral Health in Mental Health, Substance Use and Addiction Recovery." *New Hampshire Oral Health Coalition*, 2018, [nhalhealth.org/blog/wp-content/uploads/2018/09/SUDS-Recovery-Oral-Health-Convenings-Summary.pdf](https://nhalhealth.org/blog/wp-content/uploads/2018/09/SUDS-Recovery-Oral-Health-Convenings-Summary.pdf).

<sup>4</sup> *Medicaid Adult Dental Benefits: An Overview*. Center for Health Care Strategies, Inc., 2019, [https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_091519.pdf](https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf)

<sup>5</sup> FQHCs are Community Health Centers that receive federal funding.

<sup>6</sup> NACHC. *Community Health Center Chartbook*. January 2020, <https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf>. Section 5.12.

<sup>7</sup> Bi-State Primary Care Association. *New Hampshire Primary Care Sourcebook*. January 2021.

<sup>8</sup> "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](http://www.communitycatalyst.org/doc-store/publications/addressing_oral_health_needs_2002.pdf).

People 2020 goals and improving population oral health.<sup>9</sup> Community health centers are well-positioned to reach disadvantaged populations with oral health care services.

HB 103 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 103 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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<sup>9</sup> “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](http://www.nachc.org/wp-content/uploads/2015/06/Integration-of-Oral-Health-with-Primary-Care-in-Health-Centers.pdf).