

SB

199

ALASKA STATE LEGISLATURE



While in Session
State Capitol, Rm. 103
Juneau, AK 99801
(907) 465-3704
Fax: (907) 465-2529

While in Anchorage
716 W. 4th Ave
Anchorage, AK 99501
(907) 269-0169
Fax: (907) 269-0172

Rules Committee
•
Finance Committee
•
Health & Social Services Committee
•
Legislative Council
•
Committee on Committees

SENATE MAJORITY LEADER
JOHNNY ELLIS

SPONSOR STATEMENT – SENATE BILL 199

SB 199 – An Act relating to a two year funding cycle for medical assistance coverage for dentures.

SB 199 makes a simple change to the Adult Medicaid Dental program that would allow patients who are approved for dentures to receive both the uppers and lowers in a single fiscal year. The bill would let patients access two years of funding in a single year, thereby allowing them and their dentists to schedule treatment around the oral health of the patient, rather than the bureaucratic ease of the state fiscal year.

Current law places a limit on expenditures per eligible client at \$1,150 per year. This number was designed to pay for ½ of a set of dentures, either uppers or lowers, in a single fiscal year. When the program was created, the idea was that a client who needed dentures could receive one set on June 30th, and the second on July 1st. Unfortunately, this has proven to be impractical. Dentists who are forced to pull teeth can't always do so on the state's fiscal calendar, and Alaskans shouldn't suffer needlessly because their medical emergency occurred in the fall rather than the summer.

Adult Medicaid Dental has been recognized across the political spectrum as a successful government health care program. Over the past three years, the state has saved substantial amounts of money – and poorer Alaskans have been saved immense pain and hardship – by allowing Medicaid to pay for exams, cleanings, fillings, root canals, and dentures before painful and expensive surgery became necessary. SB 199 will fix a small flaw in the cost-containment portion of the program and help protect this important state investment.

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: SB199
() Publish Date: _____

Identifier (file name): SB199-DHSS-ADPMS-01-22-10 Dept. Affected: Health & Social Services
Title: Medicaid Coverage for Dentures RDU: Health Care Services
Component: Adult Preventive Dental
Sponsor: Ellis
Requester: Senate HSS Component Number: 2839

Expenditures/Revenue (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
		FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
OPERATING EXPENDITURE							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims	935.0		467.5	0.0	0.0	0.0	0.0
Miscellaneous							
TOTAL OPERATING	935.0	0.0	467.5	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURE							
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CHANGE IN REVENUES							
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	626.5		266.5				
1003 GF Match	308.6		201.0	0.0	0.0	0.0	0.0
1004 GF							
1005 GF/Program Receipt							
1037 GF/Mental Health							
Other Interagency Receipt							
TOTAL	935.0	0.0	467.5	0.0	0.0	0.0	0.0

Estimate of any current year (FY2010) credit: _____

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This bill addresses limitations of coverage for upper and lower dentures within a given state fiscal year with the current \$1,150 annual limit. The annual limit provides for expenditures that would typically cover only an upper or lower denture, thus requiring Medicaid recipients to wait until the subsequent fiscal year to obtain the opposing denture under the Adult Preventive Dental (APD) program. The bill would authorize the department to allow for provision of both an upper and lower denture within the same state fiscal year, however when these services are provided the adult recipient would not be eligible for additional services under the APD program for a 2-year period.

In SFY 2009, the total cost of complete, partial and immediate denture claims was approximately \$1,620.0. (continued on page 2)

Prepared by: William J. Streur, Deputy Commissioner
Division: Health Care Services

Phone: 269-7827
Date/Time: 1/20/10 12:00 AM

Approved by: Alison Elgee, Assistant Commissioner
Finance & Management Services

Date: 1/22/2010

ANALYSIS CONTINUATION

We estimate that the cost of denture services in the APD has grown at the same rate as all Health Care Services Medicaid Services costs (forecasted to be 6%) from FY 2009 to 2010. Medicaid growth for APD alone is forecasted to be 8.9% from FY 2010 to 2011 to reach a baseline cost of \$1,868.0 for denture services in FY 2011 with no changes to the program.

With the changes proposed in this bill and an expected effective date of July 1, 2010, we estimate the baseline costs noted above for denture services in FY 2011 will increase by 50%, assuming half of denture services recipients would be completing the denture process from FY2010 and the other half would be getting both their upper and lower dentures in FY 2011 for a total cost of \$2,803.0 (a difference of \$935.0 from baseline). We would still expect some increased costs over baseline in FY2012 as the number of people getting denture services has been growing each year as adults continue to learn about the APD program and this bill allows for them to be paid in one year. For FY2012, we estimate the need for increased funds to be half of the amount needed in FY 2011.

For subsequent years, we would expect the cost of denture services to level out to approximately what we would expect without the changes in this bill, the shift being not in cost but in how many recipients are receiving services.

For FY2011, we estimate 67% of APD services to be federally reimbursable, assuming ARRA FMAP increases are valid through all 4 quarters of FY 2011. For FY2012 we expect a FMAP of 50%. As some ADP services are IHS and reimbursed at 100%, we expect 57% of ADP costs to be federally reimbursable.

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB199
 () Publish Date: _____

Identifier (file name): SB199-DHSS-MAA-01-22-10 Dept. Affected: Health & Social Services
 Title: Medicaid Coverage for Dentures RDU: Health Care Services
 Component: Medical Assistance Administration
 Sponsor: Ellis
 Requester: Senate HSS Component Number: 242

Expenditures/Revenue (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required		Information				
	FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
OPERATING EXPENDITURE							
Personal Services	157.0		157.0	157.0	157.0	157.0	157.0
Travel							
Contractual	9.6		9.6	9.6	9.6	9.6	9.6
Supplies	2.0		2.0	2.0	2.0	2.0	2.0
Equipment	15.2						
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	183.8	0.0	168.6	168.6	168.6	168.6	168.6

CAPITAL EXPENDITURE							
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CHANGE IN REVENUES							
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	91.9		84.3	84.3	84.3	84.3	84.3
1003 GF Match	91.9		84.3	84.3	84.3	84.3	84.3
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	183.8	0.0	168.6	168.6	168.6	168.6	168.6

Estimate of any current year (FY2010) c _____

POSITIONS

Full-time	2.0		2	2	2	2	2
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if nece:

SB199 is meant to address limitations of coverage for upper and lower dentures within a given state fiscal year under the \$1,150 annual limit. The annual limit provides for expenditures that would typically cover only an upper or lower denture, thus requiring Medicaid recipients to wait until the subsequent fiscal year to obtain the opposing denture under the Medicaid program.

The bill would authorize the department to allow for provision of both an upper and lower denture within the same state fiscal year, however when these services are provided the adult recipient would not be eligible for additional services under Medicaid preventative and restorative dental for a two-year period.

Prepared by: William J. Streur, Deputy Commissioner
 Division: DHSS Health Care Services

Phone: (907) 334-2520
 Date/Time: 1/21/10 12:00 AM

Approved by: Alison Elgee, Assistant Commissioner
Finance & Management Services

Date: 1/22/2010

ANALYSIS CONTINUATION

The Division of Health Care Services estimates that it will need a total of 2 FTE's to fully track expenditures and to authorize procedures up to the limit of the proposed legislation.

Administrative Costs:

1 Medical Assistance Administrator II (Range 18), \$84,510; 1 Medical Assistance Administrator I (Range 16), \$72,530. All personal services costs include benefits. Assumes \$9.6 per FTE annually for office space, phones, and other contractual costs; \$2.6 one time costs per FTE for computers and software; \$5.0 one time costs per FTE for office equipment; \$2.0 per FTE annually for supplies.

Medical Assistance Administrator I and II Duties

If legislation is passed and implemented to allow recipients the ability to utilize two fiscal year's annual cap for dentures (full sets and partials) during SFY2011, it will create a labor intensive process of tracking the service limits manually. Our current Medicaid Management Information System has the capability of applying service exceptions on an annual basis only. Combining two years limits will require a manual work-around for tracking the 11 denture and partial procedure codes being utilized by approximately 4,400 recipients, and follow-up to ensure limits are not exceeded nor services duplicated at any point in the two year period. To authorize payment of individual dental claims, staff will have to research, review, and evaluate the recipients' claims and treatment history for the two year period in question. The division estimates the need for two Medical Assistance Administrators to handle the increased workload.

INFORMATION FOR SENATOR ELLIS ON DENTAL MEDICAID SERVICES FOR ADULT RECIPIENTS

Note: For all information below it should be noted that providers have up to 12 months to submit Medicaid claims, this information is based on information processed the 4th week of October 2009.

1. How many recipients have taken advantage of the enhanced dental services, (preventative and restorative dental services), for adults enrolled in Medicaid?

April 1, 2007 (implementation date) – June 30, 2009: 14,227
FY2009: 9,715

2. How much has been expended so far for enhanced dental services?

April 1, 2007 – June 30, 2009: \$10,512,124
FY2009: \$5,669,737

3. What services were funds spent on?

Fillings (1 and 2 surface amalgam and resin restorations):

April 1, 2007 – June 30, 2009: <u>15,275</u>	Expenditure: \$1,801,888
FY2009: <u>7,732</u>	Expenditure: \$992,027

Root canal therapy (RCT) on a permanent tooth (includes RCT retreatment):

April 1, 2007 – June 30, 2009: <u>1,672</u>	Expenditure: \$772,748
FY2009: <u>792</u>	Expenditure: \$407,579

Dentures (includes complete, immediate & partial dentures):

April 1, 2007 – June 30, 2009: <u>3,517</u>	Expenditure: \$3,283,487
FY2009: <u>1,737</u>	Expenditure: \$1,618,580

Complete Dentures:

April 1, 2007 – June 30, 2009: <u>1,920</u>	Expenditure: \$1,906,075
FY2009: <u>934</u>	Expenditure: \$915,797

Immediate Dentures:

April 1, 2007 – June 30, 2009: <u>656</u>	Expenditure: \$644,310
FY2009: <u>323</u>	Expenditure: \$322,661

Partial Dentures:

April 1, 2007 – June 30, 2009: <u>941</u>	Expenditure: \$733,102
FY2009: <u>480</u>	Expenditure: \$380,122

Note: Immediate dentures are similar to complete dentures but fabricated so they can be placed right after the oral surgery to extract the teeth in the upper or lower arch.

4. Do you have any estimates of cost-savings to the state based on the preventative nature of many of the dental services included in the enhanced dental services (preventative and restorative)?

It is anticipated that with services in place for a number of years, there would be infrastructure developed to reduce use of the hospital emergency room for dental related emergent services. It is not uncommon for adults to utilize the emergency room for relief of pain and/or infection related to dental problems. About 2 years ago the medical director at Providence Hospital Emergency Room indicated they were averaging 3-4 adults per day on dental related cases and that their services were often palliative (e.g., providing antibiotics) and not correcting the source of the pain/infection. Offering routine restorative dental services along with attempts to change behaviors related to diet, tobacco use and oral hygiene will reduce dental decay involving the pulp of the tooth – which often leads to the need for root canal therapy or extraction.

Confounding issues to track any reductions include there is not a current system in place to track how many emergency room visits related to dental problems occur statewide for baseline or trend data. Further, there are communities in the state where dentist participation in Medicaid is limited. Finally, it will take time to change behavior in seeking care prior to having pain – often individuals with emergent-based care are fearful of dental services. Despite having coverage they may wait until they have pain to seek dental services. Therefore, it will take time to change attitudes and behaviors for some adult Medicaid recipients to appropriately seek dental care.

Routine exams and restorative care clearly will reduce the number of teeth requiring more significant restorations (e.g., crowns), root canal therapy and/or extractions. However, crowns, root canals and complete/partial dentures were not part of the Medicaid dental services for adults prior to the enhancement – these costs would have been borne by the Medicaid recipient, not the Medicaid program.

In talking with Tribal programs and one of the oral surgeons that participate in Medicaid, there have been savings related to oral surgery although it is not feasible to quantify the savings. These providers indicate that past coverage often resulted in repeated visits for dental extractions as only the teeth that were symptomatic were extracted. With the new services all teeth that are not restorable can be extracted and avoid repeated dental visits along with sedation costs.

The oral surgeon noted under current services some Medicaid recipients refuse extractions of teeth in the opposing arch to a complete denture when they know it will be months before Medicaid will cover the other complete denture. This often means two times the recipient undergoes oral surgery and this can be under general anesthesia. He noted the discussion on covering upper and lower complete dentures for those needing them would reduce the costs associated with two visits required for the extractions and would be an improved quality of care to the adult Medicaid recipients.

Specific to dentures:

5. How many clients were unable to schedule denture procedures to coincide with the June 30/July 1 changeover of the fiscal year?

There is not a way to track individuals that had problems meeting the timing of the June 30th/July 1st period to get an upper and lower denture utilizing the annual limit for the two respective fiscal years – other than the few contacts the department received from individuals faced with not getting the upper/lower dentures during this window. The department heard a number of these complaints with the 4th quarter implementation of the services in FY2007.

The Alaska Mental Health Trust authority may be able to provide some information on this issue from the perspective of their beneficiaries as in many of these cases the Trust assisted with funding for the opposing denture when recipients missed this window for getting the upper/lower denture within a short period of time.

6. Is there an estimate of the number of clients who were provided additional services (flights, room/board, etc) in order to receive a denture procedure? How many of those additional services could be avoided by passing Senator Ellis' proposed legislation?

As noted in the response to Question 4, some recipients have declined extractions of teeth in the opposing arch to a denture when they face a prolonged period that they would be without teeth in that arch. This situation will result in an additional oral surgery visit, with sedation and/or general anesthesia, to extract these teeth when they have coverage under the annual limit for the opposing denture.

If the recipient had to travel for the placement of the opposing denture this would add to travel and/or lodging costs for an additional trip. In addition, it could result in another travel need for adjustments of the denture (especially for complete and immediate dentures).

At this time the department does not have an estimate of the number of adult Medicaid recipients that met criteria for these additional expenditures, however the department will attempt to provide examples or expenditure information prior to the start of the 2010 legislative session.



ALASKA

PRIMARY CARE ASSOCIATION

The Honorable Senator Ellis
Alaska State Senate
State Capitol, Room 103
Juneau, Alaska 99801-1182

Re: Support for Medicaid Coverage for Dentures – SB 199

January 22, 2010

Dear Senator Ellis,

The Alaska Primary Care Association (APCA) represents 26 health care organizations and 142 non-profit Community Health Centers (CHCs), as well as other safety net providers throughout Alaska. In 2009, our sites provided primary healthcare to over 81,000 Alaskans from across the state. According to the Alaska Community Health Center Uniform Data System, Alaska's CHC provided dental services to 16,244 Alaskans and totaled 39,016 dental encounters in 2007.

The APCA supports providing a two-year funding cycle for Medicaid assistance coverage for dentures. The APCA knows that access to dental services improves health outcomes and reduces overall health care costs. Oral health is critical for overall health and adults in the Medicaid program receiving access to dental services reduces the likelihood that they will develop more expensive and acute dental problems.

We appreciate your hard work and service to Alaskans and support your efforts to expand access to health care for all Alaskans.

Respectfully,

Regan Mattingly
State Affairs Coordinator

Shelley S. Hughes
Government Affairs Director

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

January 23, 2010

Senator Johnny Ellis
Senate Health and Social Services Committee
Alaska State Capitol, Room 103
Juneau, AK 99801-1182

Subject: Support Letter for SB 199

Dear Senator Ellis:

The Alaska Commission on Aging (ACoA) is pleased to offer support for SB 199, a bill to provide access to Medicaid patients who are approved for dentures using a two-year funding cycle for medical assistance benefits to cover the costs for complete and partial dentures in a single fiscal year. This legislation is authored by you and co-sponsored by Senators Bettye Davis, Dennis Egan, Hollis French, Linda Menard, Donald Olson, Joe Paskvan, Joe Thomas, and Bill Wielechowski.

The Commission believes SB 199 provides a common sense solution that allows patients and their dentists the flexibility to schedule treatment around the oral health needs of the patient, which will improve the quality of care for older Alaskans and other qualifying recipients. Moreover, this legislation enhances the cost-effectiveness of the current Medicaid Adult Dental program by reducing the number of oral surgery visits, medical procedures, and related travel costs required for individuals who need a complete set of dentures but are limited to half of a set of dentures per fiscal year under the existing program. Anecdotally, we have learned that some individuals may even refuse partial extractions in one arch knowing that they could be without teeth for a prolonged period waiting for Medicaid to cover the cost of the other complete denture in the next fiscal year.

Good nutrition is vital for health and wellness across the life span and depends on oral health. Dental pain and missing or decaying teeth can affect dietary choices for seniors that may impact overall health and wellness. Vulnerable older Alaskans are at risk of developing dental infections that have been associated with periodontal disease, diabetes, pneumonia, and other chronic diseases including cardiovascular disease. Restorative dental care can help to prevent the progression of serious dental disease and discomfort which can result in more costly emergency care.

Older Alaskans utilize the Medicaid Adult Dental program. According to data based on Medicaid claims information for persons age 60 years and older for the period April 1, 2007 thru December 31, 2009, there were a total of 3,104 (unduplicated) seniors served by the Medicaid Adult Dental Program. The average cost for partial dentures for seniors ranges between \$1,085 (for a complete maxillary denture) to \$1,125 (for a complete mandibular denture). The approximate cost for a complete set of dentures is \$2,225. The current program cap is \$1,150 per year.

As we move forward, the Commission respectfully asks for your consideration of our recommendations below to enhance SB 199 and the Adult Dental Medicaid program for qualifying older Alaskans and other Medicaid recipients:

- Allow eligible patients access to two years of total funding as determined by the cost cap of the Medicaid Adult Dental program to permit individuals receiving partial dentures through the program the ability to access remaining benefits under the cost cap should they need additional denture services during the two-year period.
- Pending approval of SB 199, begin work with the Department of Health and Social Services to expand the two-year access of services to phase in other preventative and restorative services allowed under the Medicaid Adult Dental program in FY 2012.
- Adjust the annual cost cap for dental services (currently in statute for the last three years) to address the rising costs of dental care and encourage more participation of Medicaid dental providers.

Please accept our sincere appreciation for your efforts to improve the Medicaid Adult Dental program by allowing patients who qualify for dentures under the program to receive their full set of dentures according to a treatment schedule determined by the patient with their dentist. We believe that SB 199 will help to improve health and wellness for many older Alaskans who need dentures and we support passage of this legislation. Please feel free to contact Denise Daniello, ACoA's executive director, by phone (465-4879) or email (denise.daniello@alaska.gov) should you have questions or require additional information. Thank you.

Sincerely,

Sharon Howerton-Clark
Chair, Alaska Commission on Aging

Cc: Senator Bettye Davis
Senator Dennis Egan
Senator Hollis French
Senator Linda Menard

Sincerely,

Denise Daniello
ACoA Executive Director

Senator Donald Olson
Senator Joe Paskvan
Senator Joe Thomas
Senator Bill Wielechowski

Sen. Bettye Davis

From: Steven Bliss [sbliss@alaska.com]
Sent: Saturday, January 23, 2010 7:49 PM
To: Sen. Bettye Davis
Subject: Support for SB199 Medicaid Adult Dental Coverage

Senator Davis

I would like to add my support for the following endorsement from the Alaska Dental Society. We as dental providers really do want to minimize costs to the State and inconvenience for the poor recipients of the needed dental procedures. It would seem to me that there is hardly a downside in paying the same amount of money averaged over two years.

I urge you to support SB-199.

SB199 will remedy an unintended outcome of the adult dental supplemental Medicaid, which hinders patients from receiving care in a timely fashion.

Currently, under the maximum allowable benefit, a Medicaid recipient may receive either an upper or lower denture. Unfortunately many Medicaid recipients need dentures for both the upper and lower jaws or dental arches.

SB199 would allow a Medicaid recipient to combine two years worth of coverage so they could receive a full denture of both upper and lower dentures at the same time.

SB199 provides a benefit for everyone involved - the patient, the doctor and the Medicaid program:

- . Medicaid recipients benefit from receiving both dentures at once, restoring their appearance, their ability to talk and chew, and most importantly their dignity.
- . Providers benefit as they are no longer placed in the uncomfortable position of deciding which arch is in the worst condition. They can also work in a more efficient fashion constructing both sets of dentures simultaneously.
- . The state benefits economically. The cost for both dentures, which would normally be borne over 2 years are now in one year but Medicaid recipients would still be limited to the same benefit total for 2 years. Denture patients frequently have to use travel benefits to reach a provider and for dentures this can be especially costly as dentures require multiple appointments. Providing both dentures at the same time would reduce the states travel expenses in half. Removing diseased and abscessed teeth would also save on costly ER and oral surgery visits.

Thank you for voting for SB199.

Sincerely,

Steven D. Bliss
502 E Fireweed Ln
Anchorage, AK 99503

RECEIVED
JAN 25 2010

This is a form letter. 15 additional copies were received.

Sen. Bettye Davis

From: Ryle Radke III [rradke@mosquionet.com]
Sent: Thursday, January 21, 2010 5:47 PM
To: Sen. Bettye Davis
Subject: Support for SB199 Medicaid Adult Dental Coverage

Senator Davis

I urge you to support SB-199.

I served almost 10 years at the Salvation Army Dental Access Program before it closed in 2007. One of the most satisfying services that I provided was providing upper and lower dentures to patients that had lost all their teeth. Many patients testified about the change, that having a complete set of teeth, made in how other people related to them, and the improved opportunities for gaining employment.

As a practicing dentist I can also testify on the vastly improved outcome of a denture case if the two sets (upper and lower) are fitted simultaneously as opposed to making one and then later trying to fit the other one to the existing. Fit, form, and function will be much better if dentures are made as a set.

I urge you to vote for SB-199

Sincerely,

Ryle A Radke III, DDS
9 Carnegie Way
Fairbanks, AK 99709

RECEIVED
JAN 25 2010

Sen. Bettye Davis

From: Julie Robinson [jm_robinson05@yahoo.com]
Sent: Friday, January 22, 2010 11:09 AM
To: Sen. Bettye Davis
Subject: Support for SB199 Medicaid Adult Dental Coverage

Senator Davis

I urge you to support SB-199.

SB199 will remedy an unintended outcome of the adult dental supplemental Medicaid, which hinders patients from receiving care in a timely fashion.

Currently, under the maximum allowable benefit, a Medicaid recipient may receive either an upper or lower denture. Unfortunately many Medicaid recipients need dentures for both the upper and lower jaws or dental arches.

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Thank you for voting for SB199.

Sincerely,

Julie M. Robinson, D.D.S.
6222 W Dimond Blvd
Anchorage, AK 99502

RECEIVED
JAN 25 2010



ALASKA

PRIMARY CARE ASSOCIATION

The Honorable Senator Ellis
Alaska State Senate
State Capitol, Room 103
Juneau, Alaska 99801-1182

Re: Support for Medicaid Coverage for Dentures – SB 199

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We appreciate your hard work and service to Alaskans and support your efforts to expand access to health care for all Alaskans.

Respectfully,

Regan Mattingly
State Affairs Coordinator

Shelley S. Hughes
Government Affairs Director

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

January 23, 2010

Senator Johnny Ellis
Senate Health and Social Services Committee
Alaska State Capitol, Room 103
Juneau, AK 99801-1182

Subject: Support Letter for SB 199

Dear Senator Ellis:

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Good nutrition is vital for health and wellness across the life span and depends on oral health. Dental pain and missing or decaying teeth can affect dietary choices for seniors that may impact overall health and wellness. Vulnerable older Alaskans are at risk of developing dental infections that have been associated with periodontal disease, diabetes, pneumonia, and other chronic diseases including cardiovascular disease. Restorative dental care can help to prevent the progression of serious dental disease and discomfort which can result in more costly emergency care.

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As we move forward, the Commission respectfully asks for your consideration of our recommendations below to enhance SB 199 and the Adult Dental Medicaid program for qualifying older Alaskans and other Medicaid recipients:

- Allow eligible patients access to two years of total funding as determined by the cost cap of the Medicaid Adult Dental program to permit individuals receiving partial dentures through the program the ability to access remaining benefits under the cost cap should they need additional denture services during the two-year period.
- Pending approval of SB 199, begin work with the Department of Health and Social Services to expand the two-year access of services to phase in other preventative and restorative services allowed under the Medicaid Adult Dental program in FY 2012.
- Adjust the annual cost cap for dental services (currently in statute for the last three years) to address the rising costs of dental care and encourage more participation of Medicaid dental providers.

Please accept our sincere appreciation for your efforts to improve the Medicaid Adult Dental program by allowing patients who qualify for dentures under the program to receive their full set of dentures according to a treatment schedule determined by the patient with their dentist. We believe that SB 199 will help to improve health and wellness for many older Alaskans who need dentures and we support passage of this legislation. Please feel free to contact Denise Daniello, ACoA's executive director, by phone (465-4879) or email (denise.daniello@alaska.gov) should you have questions or require additional information. Thank you.

Sincerely,

Sharon Howerton-Clark
Chair, Alaska Commission on Aging

Cc: Senator Bettye Davis
Senator Dennis Egan
Senator Hollis French
Senator Linda Menard

Sincerely,

Denise Daniello
ACoA Executive Director

Senator Donald Olson
Senator Joe Paskvan
Senator Joe Thomas
Senator Bill Wielechowski



Alaska Dental Society, Inc.

9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
info@akdental.org

The Honorable Johnny Ellis
State Capitol, Rm 103
Juneau, AK 99801 + 1182

5 November 2009

Dear Senator Ellis:

Thank you for sponsoring the legislation to allow Medicaid recipients to utilize two years of benefits to receive a full set of dentures. This will provide a valuable service for Medicaid recipients and will improve the delivery of care for providers. In a true win-win solution this should lessen the overall costs for the Medicaid division when the additional travel costs for delivering the same service twice and the associated medical and dental costs for trying to retain non salvageable teeth during that interim year are factored in.

Respectfully yours

A handwritten signature in cursive script that reads "Gary A. Moeller".

Gary A. Moeller, DDS
President

L O G A N
D E N T A L

November 10, 2009

Senator Ellis
716 W. 4th Ave. Suite 500
Anchorage AK, 99501-2133

Dear Senator Ellis:

Thank you for sponsoring a bill to allow Medicaid recipients to use two consecutive years of supplemental benefits in the same year to receive upper and lower dentures at the same time. This will greatly help recipients as a single denture when you have no teeth to oppose it is of limited value. I believe it will ultimately lower costs for the Medicaid division, also, when travel benefits are factored in for this multi step procedure that must be repeated twice under the current system.

A case I did earlier this year may illustrate the problem providers' face. Due to HIPAA concerns I am not using names for this story.

I have a dental office in Juneau. Unfortunately, for a variety of reasons, dental offices in other Southeast communities do not usually accept new Medicaid patients. This patient had to travel over from Sitka and needed dentures, both upper and lower. He currently did not have either upper and lowers having lost both sets. The supplemental system for adult Medicaid benefits would cover a single denture, either the upper or lower. The patient, 78 years old and on fixed income, was unable to afford the second set even at reduced Medicaid fees. I wrote a letter Medicaid division, enclosed, outlining the problem and pointing out that travel costs associated with constructing the second set at a later date (when the new year's benefits kicked in) would ultimately cost more than the Medicaid fee for a denture. I received a reply from the division basically saying their hands were tied given the current statutes in place.

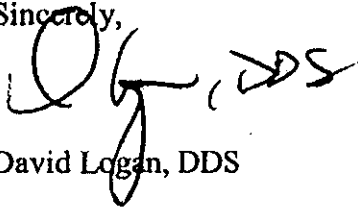
In the case of this patient I did a full set of dentures for the patient and absorbed the cost of construction of the second set. As I write this letter I saw two patients today in the same situation, one who lives here in Juneau that we are constructing an upper denture alone although he has no lower teeth. Currently are plan is construct the lowers after July

2237 N. Jordan Avenue, Juneau, AK 99801

Phone: (907) 780-6066 Fax: (907) 780-4274 info@juneausmiles.com

1, 2010. The second patient traveled here from Angoon and lost both his upper and lower dentures 2 weeks ago. His treatment will be further complicated as his old set was apparently ill fitting and led to a large tissue mass on the lower that will have to be removed prior to denture construction.

Sincerely,

A handwritten signature in black ink, appearing to read 'DLG, DDS'. The signature is stylized and written over the printed name below.

David Logan, DDS

2237 N. Jordan Avenue, Juneau, AK 99801

Phone: (907) 780-6066 Fax: (907) 780-4274 info@juneausmiles.com

L O G A N
D E N T A L

December 17, 2008

ACS
Preauthorizations
POB 240808
Anchorage, AK 99524-0808

Re: [REDACTED]
Medicaid #: [REDACTED]

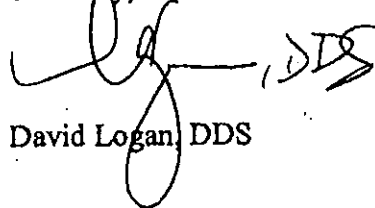
Dear Sirs:

Mr. [REDACTED] is currently edentulous (without teeth) upper and lower. We have previously preauthorized Mr. [REDACTED] for a lower denture (preauth [REDACTED]) - working with a Sitka Clinic we had not previously seen Mr. [REDACTED].

Mr. [REDACTED] has been without teeth for 6 years. One denture, the maximum allowed under the MEDS system, will provide little improvement for him. Mr. [REDACTED] will be traveling to our office from Sitka for completion of the denture. The travel costs will ultimately cost more then the fee for the denture given the number of appointments required to properly construct a denture.

I am requesting preauthorization for upper and lower dentures (included) for Mr. [REDACTED]. This is a case where everyone will benefit: the state will have less overall costs then a second round of travel costs to construct the other denture after July 1, Mr. [REDACTED] will have opposing dentures to eat with, and my overall costs will be less then repeating the same appointments come July 1.

Sincerely,



David Logan, DDS

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www.juneausmiles.com

The TRUST

The Alaska Mental Health
Trust Authority

Alaskan Seniors
Living Longer Growing Stronger
from the Alaska Commission on Aging



**Governor's Council on Disabilities
and Special Education**

**Advisory Board on Alcoholism
and Drug Abuse**



Alaska Mental Health Board

Adjust Cap on Adult Dental Services Reimbursed by Medicaid

The Governor's Council on Disabilities and Special Education, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and Alaska Commission on Aging, in collaboration with the Alaska Mental Health Trust Authority and the Alaska Brain Injury Network, jointly support the developing a solution that will allow for the adjustment of the current cap on adult dental services reimbursed by Medicaid.

- Currently, the annual cap for dental services – such as cleanings, exams, crowns, root canals and dentures – is \$1,150 per individual. With the rising cost of dental care, this cap is proving not adequate yet the cap is set in statute and has not been increased in over three years.
- The American Dental Association recommends adult preventive and restorative dental services be included in all state Medicaid programs, and as former U.S. Surgeon General C. Everett Koop stated, "You're not healthy without good oral health."
- Trust beneficiaries continue to list dental services as a priority unmet health needs.
- The challenge this session is to find a current bill or to introduce a new bill that will create a method for adjusting the adult dental Medicaid cap on a regular basis or will at least increase the cap to cover the increase the cost of living increases over a 4 or five year period.

Therefore, we support a legislative solution that will allow for the adjustment of the current cap on adult dental services reimbursed by Medicaid.



AARP Alaska
3601 C Street
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TTY 1-877-434-7598
www.aarp.org/ak

November 19, 2009

Honorable Johnny Ellis
Majority Leader
Alaska Senate
716 W. 4th Avenue
Anchorage, AK 99501

Dear Majority Leader Ellis:

On behalf of the 97,000 members of AARP in Alaska, we would like to pledge our support for your bill to establish a two year funding cycle for the adult dental benefit in Medicaid.

We understand you are particularly interested in changing the benefit for dentures so that an adult Medicaid beneficiary would be able to use the funds available for two years to pay for dentures. This makes sense for both the client and the provider.

Older persons in need of dentures often have accompanying nutrition problems. These nutrition problems can cause other health issues and create an overall deterioration in health status. For those who need them, dentures are essential to quality health care. Two-year funding for dentures should be considered sensible prevention with the long term possibility of saving Medicaid funds that would not need to be spent on more serious health care problems resulting from poor oral health status.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)



November 6, 2009

Senator Johnny Ellis
Senate Majority Leader
Alaska State Legislature
716 W. 4th Ave
Anchorage, AK 99501
Fax: (907) 269-017

Dear Senator Ellis;

I am writing on behalf of the Alaska Public Health Association (ALPHA) to extend our support for and thank you for introducing a Bill that will allow Alaska's adult Medicaid recipients to receive a set of dentures within one fiscal year. This Act will meet the needs of patients and dental providers by providing two-years worth of dental benefits for dentures in a single year.

The ALPHA represents over 150 health professionals in Alaska; the primary mission of ALPHA is the enhancement of the public's health. In fulfilling our mission, we support systems that support patient-oriented health service delivery. ALPHA believes that the "Act providing for a two-year funding cycle for medical assistance coverage for dentures" establishes a system enabling patients to receive patient-oriented care.

Thank you for consulting ALPHA in developing this Bill. Please feel free to contact me if you have further questions.

Sincerely,

Karol Fink, MS, RD
ALPHA Health Policy Chair
Karolfink@yahoo.com
907.227.8178

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

December 8, 2009

Senator Johnny Ellis
716 West 4th Ave. Suite 500
Anchorage, AK 99501-2133

Dear Senator Ellis:

The Alaska Commission on Aging (ACoA) is pleased to present to you our FY2011 legislative priorities for the upcoming session. These top issues were identified with input from older Alaskans, family caregivers, providers, and senior advocates statewide. The ACoA is a state agency under the Department of Health and Social Services, established in 1982. Our charge is to plan, educate and advocate on behalf of all older Alaskans (persons aged 60 years and older) through inter-agency collaboration so that Alaska seniors/elders may lead useful and meaningful lives with dignity and independence and have access to quality services when seniors need them to remain safely in their homes and chosen communities for as long as possible.

1. Establish a regular and periodic schedule of rate reviews for home- and community-based services that serve persons who are Medicaid-eligible and meet nursing home level of care. This measure will promote ongoing awareness of the true costs of providing services. SB 32, sponsored by Senator Johnny Ellis, passed the Senate and the House Health and Social Services Committee last session and waits to be scheduled for a hearing in House Finance. ACoA encourages passage of this legislation.

2. Eliminate, or alternatively, adjust the cap on adult dental services reimbursed by Medicaid to provide program benefits that keep pace with higher health care costs due to inflation, and allow Medicaid patients access to two-years program benefits in a single year to permit scheduling of treatment around the oral health care needs of the patient. The current law places a statutory \$1,150 limit on dental health care expenditures per eligible client. When the Medicaid Adult Dental program was created in 2005, this amount was sufficient to pay for one half of a set of dentures, either an upper or lower, with the idea that a patient who needed dentures could have both sets if the treatment was scheduled around the turn of the fiscal year. Although health care costs continue to rise, the cap has not been increased in three years. Allowing Medicaid patients access to two years of program benefits in a single year furnishes Alaskans and their dentists the flexibility needed to provide treatment addressing oral health emergencies that can occur at any time.

3. Provide increased operating and capital funding to establish an Alaskan Public Transportation Fund for operations of local coordinated transportation systems which the State can use to leverage additional federal funds to improve accessible, affordable transportation for older Alaskans, persons with disabilities, low-income individuals, youth and others without access to transportation so that Alaskans with special needs may have greater access to employment and community participation opportunities. According to the Governor's Coordinated Transportation Task Force Report (2009), Alaska is one of only three states in the nation that does not provide any specific state funding for public transportation.

4. Provide operating funding to enhance the Aging and Disability Resource Centers, administered under the Division of Senior and Disabilities Services, to streamline access to more efficient information and referral services by providing eligibility screening, options counseling, and assessments so that Alaskans can make informed decisions and have access to long-term care services through a "one-stop shop," reducing confusion and program fragmentation.

5. Return to the original wording of AS 47.07.020 (b) (6), the Medicaid statute establishing income eligibility for persons requiring nursing home level of care, referencing 300% of the maximum Supplemental Security Income (SSI) benefit rate rather than the current frozen dollar amount (\$1,656 a month) to reflect changes in cost of living so that seniors and other Medicaid-eligible persons will not be disqualified for services, including home- and community-based waiver services, due to small increases to their Social Security and other benefits. The amount of \$1,656 is the monthly amount of 300% of SSI in 2003. The 2009 income equivalent is \$2,022 monthly.

We also want to take this opportunity to share with you highlights from the Alaska Elder/Senior Community Forums that we hosted in Kotzebue (August) and Anchorage (December) to increase understanding about the issues that are of most importance to older Alaskans and to identify unmet needs. These forums, to be held in other locations statewide in the coming year, are being conducted to gather public input that will be used to develop the next Alaska State Plan for Senior Services, FY2012-2016. This document, prepared every four years, provides the State with a guide for delivering senior services and meets the requirement of the U.S. Administration on Aging for the state to access funding from the Older Americans Act which provides federal funding for a range of senior programs. Although these forums will be ongoing, Anchorage and Kotzebue participants identified the following issues as the most important:

- Provide improved access to quality and affordable health care, long-term supports that include home- and community-based services in communities where older Alaskans live, and promote disease prevention and wellness programs;
- Promote financial security, increase affordable senior housing, and improve elder safety;
- Provide safe, dependable, and affordable coordinated community transportation services so that seniors/elders can get to medical appointments and remain actively engaged in their communities;
- Enhance information and assistance services to help individuals access long-term support services and make informed decisions regarding their care.

Upon retirement, more seniors are choosing Alaska as their lifelong home to be close to family, friends and the unique Alaskan lifestyle. For the first time, Alaska is now the state with the fastest growing senior population, according to the U.S. Administration on Aging (2008), replacing Nevada, which held that position for many years. Alaska is home to approximately 80,000 persons aged 60 years and older who comprise about 12% of the state's population (Alaska Department of Labor). Alaska's senior population is expected to increase by four to six percent each year through 2020, as baby boomers become of age, by which time the total number of seniors will grow by almost 64 percent. The oldest Alaska seniors, 85 and older, are expected to triple during the next 25 years, vastly increasing the number of Alaskans living with Alzheimer's disease and related disorders.

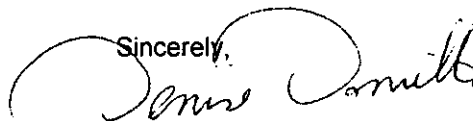
Please feel free to contact Denise Daniello, ACoA's executive director (465-4879 or denise.daniello@alaska.gov) for additional information about these issues or with any questions concerning Alaska's senior population.

The Alaska Commission on Aging will be meeting in Juneau February 10th-12th, 2010 and hopes to schedule a meeting with you to discuss our priorities in person. We look forward to working with you this legislative session. We appreciate your consideration of these advocacy priorities and thank you for your support of services for older Alaskans.

Sincerely,


Sharon Howerton-Clark
Chair, Alaska Commission on Aging

Sincerely,


Denise Daniello
ACoA Executive Director