

**SB**

**82**

**SENATE COMMITTEE REPORT**  
**First Committee of Referral**

DATE: 1/26/09

FURTHER: Finance

Date of 5-Day Notice: 1/29/09  
 (in accordance with Uniform Rule 23)

DATE TURNED  
 IN TO OFFICE: 2/2/09

Health and Social Services Committee considered SENATE BILL NO. 82

**SB 82 MEDICAID FOR ADULT DENTAL SERVICES**

"An Act providing for an effective date by delaying the effective date of the change of coverage of adult dental services under Medicaid; and providing for an effective date."

and recommends:

- be replaced with  SCS or  CS \_\_\_\_\_ (\_\_\_\_\_)
- adopt previous  SCS or  CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

<b>SENATE BILL:</b>	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
<b>HOUSE BILL:</b>	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
14 --	1/29/09				

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
DHS	1/22	✓			

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Joe J. Thomas</i>	Thomas	✓			
<i>Ellis Parkvar</i>	ELLIS PARKVAR				X
<i>Don Paskvar</i>	PASKVAR	✓			
<i>Frank Dyrson</i>	Dyrson	✓			
CHAIR: <i>Betty Davis</i>	DAVIS	✓			

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

P.O. BOX 110601  
JUNEAU, ALASKA 99811-0601  
PHONE: (907) 465-3030  
FAX: (907) 465-3068

January 28, 2009

Honorable Bettye Davis, Chair  
Senate Health & Social Services Committee  
State Capitol Room 30  
Juneau, AK 99801

Dear Senator Davis:

The Department of Health and Social Services respectfully requests a hearing in the Senate Health & Social Services Committee on Senate Bill 82, "An Act providing for an effective date by delaying the effective date of the change of coverage of adult dental services under Medicaid; and providing for an effective date."

The bill extends the termination date for enhanced adult dental services under Medicaid for five years. The Legislature authorized an enhanced program in 2006. The program provides preventative and restorative services to needy eligible adults under the Medicaid program.

A copy of Governor Palin's transmittal letter providing additional information on the bill and the associated fiscal note should be on file with the committee.

Your favorable consideration of this request will be appreciated.

Sincerely,



Wilda Laughlin  
Legislative Liaison

cc: Gerald Gallagher, Legislative Director, Office of the Governor

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

P.O. BOX 110601  
JUNEAU, ALASKA 99811-0601  
PHONE: (907) 465-3030  
FAX: (907) 465-3068

## Sponsor Statement January 29, 2009

### **SB 82, "An Act providing for an effective date by delaying the effective date of the change of coverage of adult dental services under Medicaid; and providing for an effective date."**

This legislation is necessary to keep operating the Adult Preventative Dental Medicaid program beyond this fiscal year. In April 2007, Alaska began providing preventive and restorative dental care for adults age 21 and older enrolled in Medicaid for a trial period established by the Legislature to evaluate the new program. In the past, Medicaid only treated emergency dental as defined by minimum treatment for relief of pain and acute infection for adult Medicaid recipients. Without reauthorization of the services in the 2009 legislative session, the preventative and restorative dental services will sunset June 30, 2009.

This coverage expansion was added because infections in the mouth are no different than infections in other parts of the body in that they can affect the health and wellbeing of the individual. Dental infections cause pain and lost time at work, and affect overall health. Further, some of these emergent dental cases end up in the hospital emergency room for treatment and result in palliative care for pain relief but not dealing with the dental need causing the problem. Waiting until a dental emergency occurs can result in more expensive dental care and often was resulting in the need to extract teeth under previous level of Medicaid dental coverage for adults. Decayed and missing teeth can affect employability and job advancement opportunities.

Services provided under the Adult Preventative Dental Medicaid program must be preauthorized and are subject to a \$1,150 annual cap per individual. Services include exams, cleanings, fillings, root canals and dentures. Total program costs have been limited to fiscal limits set by the legislature, ensuring that total program spending remains within the budgeted amount. This bill extends the sunset date for the Adult Preventative Dental program from June 30, 2009 to June 30, 2014.

The Adult Preventative Dental Medicaid program helps protect and promote the health of Alaskans by improving affordable access to dental care services to the nearly 40,000 eligible adult Alaskans enrolled in Medicaid annually. During fiscal year 2008 about 7,600 adults received treatment under this program with about 250 dental providers participating in the program. Total expenditures for these services in fiscal year 2008 were \$4.6 million.

While the Department does not have evidence of immediate savings from the enhanced dental coverage to date, it continues to believe that the Medicaid program will eventually experience savings as long term access to preventive dental care reduces the need for more intensive dental procedures and improves the overall health status of adult Medicaid recipients, reducing the cost of treating other diseases. We will continue to analyze Medicaid data to determine if the evidence supports this hypothesis. Until then, the Department believes it is important to maintain this program that has such potential to reduce complications of other diseases and improve the quality of life for so many Alaskans.

# FISCAL NOTE

**STATE OF ALASKA**  
**2009 LEGISLATIVE SESSION**

Fiscal Note Number: 1  
 Bill Version: SB 82  
 (S) Publish Date: 1/26/09

Identifier (file name): 0130-DHSS-APDM-12-22-08 Dept. Affected: Health and Social Services  
 Title Extending coverage of Medicaid adult dental services RDU Adult Preventative Dental Medicaid  
 Component Adult Preventative Dental Medicaid  
 Sponsor Rules Committee  
 Requester Governor Component Number 541

**Expenditures/Revenues** (Thousands of Dollars)

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

	Appropriation Required	Information					
		FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
<b>OPERATING EXPENDITURES</b>							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims	0.0	6,133.8	7,246.1	7,484.2	7,722.2	7,960.2	0.0
Miscellaneous							
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>6,133.8</b>	<b>7,246.1</b>	<b>7,484.2</b>	<b>7,722.2</b>	<b>7,960.2</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>							
-----------------------------	--	--	--	--	--	--	--

<b>CHANGE IN REVENUES (</b>							
-----------------------------	--	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts	0.0	3,531.8	4,309.8	4,429.4	4,570.2	4,711.1	0.0
1003 GF Match	0.0	2,602.0	2,936.3	3,054.8	3,152.0	3,249.1	0.0
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
<b>TOTAL</b>	<b>0.0</b>	<b>6,133.8</b>	<b>7,246.1</b>	<b>7,484.2</b>	<b>7,722.2</b>	<b>7,960.2</b>	<b>0.0</b>

Estimate of any current year (FY2009) cost: \_\_\_\_\_

**POSITIONS**

Full-time							
Part-time							
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

This bill extends the sunset date for the Adult Preventative Dental program from June 30, 2009 to June 30, 2014. On July 1, 2014 dental services for adult Medicaid recipients will revert to emergent dental services (treatment for immediate relief of pain and acute infection). During FY2008 about 7,600 adults received treatment under this program. Forecasted expenditures are based on an analysis of paid claims. The estimated federal portion is based on projected federal financial participation rates for 2010 through 2014. The fiscal note amount for 2010 anticipates continuation of the adult dental program without anticipating program growth. FY 2010 projections will be updated to reflect the most recent trends during the course of the legislative session.  
 (continued on page 2)

Prepared by: William J. Streur, Deputy Commissioner Phone 269-7827  
 Division Health Care Services Date/Time 12/22/08 12:00 PM

Approved by: William Hogan, Commissioner Date 12/22/2008  
Dept. Health & Social Services

FISCAL NOTE # 1

STATE OF ALASKA  
2009 LEGISLATIVE SESSION

BILL NO. SB 82

ANALYSIS CONTINUATION

In April 2007, Alaska began providing preventive and restorative dental care for adults age 21 and older enrolled in Medicaid. The Legislature established a three year trial period to evaluate the new program, which will end June 30, 2009, if not reauthorized. Services provided under the Adult Preventative Dental Medicaid program must be preauthorized and are subject to a \$1,150 annual cap per individual. Services include exams, cleanings, fillings, root canals and dentures. Total program costs are limited to fiscal limits set by the legislature, ensuring that total program spending remains within the budgeted amount.

The Adult Preventative Dental Medicaid program helps protect and promote the health of Alaskans by improving affordable access to dental care services to the nearly 40,000 eligible adult Alaskans enrolled in Medicaid annually. During fiscal year 2008 about 7,600 adults received treatment under this program. In the past, Medicaid only treated emergency pain relief and acute infection for adult dental needs. This coverage expansion was added because infections in the mouth are no different than infections in other parts of the body. Dental infections cause pain and lost time at work, and affect overall health. Waiting until a dental emergency occurs can result in more expensive dental care. Missing teeth can affect employability.

The Alaska Mental Health Trust Authority contributed to state matching funds during the first three years of the program but will not do so after June 30, 2009. Fund source calculations for this fiscal note assume only GF match for the state portion. The federal portion is estimated for 2010 through 2014 based on the proportion of tribal and Title XIX reimbursable costs as forecast for 2010, and the estimates of federal matching percentages for 2010 through 2014. Approximately 18% of the claims are eligible for Indian Health Services and 100% federal reimbursement. The remaining 82% of claims are eligible for regular FMAP, which is projected to average 51.21% for state FY2010, 50.36% for FY2011 and 50% for FY 2012 to FY 2014.

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

P.O. BOX 110801  
JUNEAU, ALASKA 99811-0601  
PHONE: (907) 465-3030  
FAX: (907) 465-3068

## Sectional Analysis

SB 82, "An Act providing for an effective date by delaying the effective date of the change of coverage of adult dental services under Medicaid; and providing for an effective date."

Section 1 provides for the repeal date of the enhanced (preventative and restorative) dental services on June 30, 2014.

Section 2 provides for adult dental services to revert back to emergent services on July 1, 2014 (dental services for immediate relief of pain and acute infection) after repeal of the enhanced dental services.

Section 3 provides for an effective date.



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## ALPHA RESOLUTION 5-2008

### Support for Enhanced Dental Services for Adult Medicaid Recipients

Sponsor: Alaska Dental Access Coalition  
Brad Whistler, DMD

---

**WHEREAS**, recognizing that decayed or missing teeth can be a significant factor in employability and/or job advancement, welfare recipients who received rehabilitative dental treatment (including fillings, extractions, and dentures) were "...twice as likely to receive favorable or neutral employment outcomes as they were to receive unfavorable employment outcomes."<sup>1</sup>

**WHEREAS**, acknowledging that improvement in dental care access helps those most in need, the American Dental Association recommends adult preventive and restorative dental services be included in all state Medicaid programs. Tribal health programs and community health centers share this service expansion initiative and stand ready to implement increased dental care to those most in need.

**WHEREAS**, knowing that studies show links between oral health and other systemic/chronic disease including diabetes and cardiovascular disease,<sup>2</sup> enhanced dental services may lead to reduced Medicaid expenses for clients with chronic diseases.

**WHEREAS**, understanding that maternal periodontal disease is linked with pre-term, low birth-weight (PTLBW) births, good oral health in pregnant women may result in a reduction in health care expenses for children with poor birth outcomes. One recent study indicated women with periodontal disease are 7.5 times more likely to have a PTLBW baby.<sup>3</sup>

**WHEREAS**, setting an annual maximum limit on non-emergent Medicaid dental services, such as the existing \$1,150 annual limit per adult Medicaid recipient, controls Medicaid expenditures - it also encourages the dentist and client to discuss priorities and treatment options. The

---

<sup>1</sup> "Dental Treatment Highly Effective in Helping Welfare Recipients Gain Employment", University of California – San Francisco School of Dentistry, press release, March 10, 2004.

<sup>2</sup> Okero, CA et al., "Tooth Loss and Heart Disease: Findings from the Behavioral Risk Factor Surveillance System" *American Journal of Preventive Medicine*, 2005; 29:5 (supplement 1)

<sup>3</sup> Lief S, Hared H, McKaig R et al., "Periodontitis and Preterm Low Birth Weight in Pregnant Women" *Journal of Dental Research*, 2000;79(supplemental):608

current amount of the annual limit allows for adult Medicaid recipients to receive a complete set of dentures over a two-year period.

**WHEREAS**, recognizing that studies show increased risks of early childhood caries in infants with mothers/caregivers who have active dental decay due to transmission of bacteria,<sup>4</sup> Alaskan children will experience better dental health and less dental infection and less dental infection if parents/caregivers can have their treatment needs met prior to the infant's teeth erupting..

**WHEREAS**, acknowledging that much of the focus on dental decay is on children, adults remain at high risk for two common health problems: dental decay and periodontal disease.

**THEREFORE BE IT RESOLVED**, that the Alaska Public Health Association supports and will advocate for continued coverage of non-emergent dental services (e.g., preventive and routine restorative dental services), specifically the legislative reauthorization of the services in the 2009 legislative session, for adult Medicaid recipients.

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association as an organization as well as individual Board Members and other Members will engage in low and no-cost advocacy efforts to promote coverage expansion such as, but not limited to, the following:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association's website and/or making this resolution available
- Participation in email advocacy campaigns
- Contact with policy makers via phone, letter, email and/or in-person meetings
- Public testimony in legislative hearings, town hall meetings, and other public forums
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to policy makers and key officials such as the Governor's office and, at a minimum, members of Senate and House HESS and Finance Committees.

---

#### **Fiscal & Public Health Impact Statement**

**Fiscal Impact on ALPHA:** This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

**Public Health Impact:** The enhanced dental services for adult Medicaid recipients makes available preventive and restorative dental services, in addition to the existing dental emergency services, for the 41, 000 adults enrolled in the Medicaid program.

---

<sup>4</sup> Li Y et al., "Characterization of Maternal Mutans Streptococci Transmission in an African American Population." *Dental Clinics of North America* 2003; 47(1):87-101.

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

P.O. BOX 110801  
JUNEAU, ALASKA 99811-0601  
PHONE: (907) 465-3030  
FAX: (907) 465-3068

SB 82, "An Act providing for an effective date by delaying the effective date of the change of coverage of adult dental services under Medicaid; and providing for an effective date."

Hearing: Senate HSS Committee

Date: Jan. 29, 2009, 1:30 P.M.

DHSS testimony will be provided by:  
Brad Whistler, DHSS dental officer

Other possible testimony in support:  
Delisa Culpepper, Chief Operating Officer Alaska Mental Health Authority

Name and direct line of staff member assigned to legislation:  
Brad Whistler, 465-8628  
Legislative Liaison: Wilda Laughlin, 465-1613

Please teleconference in the Anchorage LIO

# STATE OF ALASKA

## DEPT. OF HEALTH & SOCIAL SERVICES

*Alaska Commission on Aging*

**SARAH PALIN, GOVERNOR**

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

**To: Members of the Senate HSS Committee**

**From: The Alaska Commission on Aging**

**Date: January 31, 2009**

**Subject: Support Letter for SB 82 (Senate Rules Committee by request of Governor Palin)**

The Alaska Commission on Aging (ACoA) encourages support of SB 82, a bill to reauthorize preventive and restorative dental services for adult Medicaid recipients sponsored by the Senate Rules Committee at the request of Governor Palin. Medicaid coverage for these services will sunset June 30, 2009 without legislative reauthorization.

Good nutrition is vital for health and wellness across the life span and depends on oral health. Dental pain, missing, and decayed teeth can affect employment and job advancement, contribute to missed work, and complicate management of other chronic diseases. Vulnerable older Alaskans are at risk of improper nutrition due to dental problems that may affect their dietary choices. Seniors are more prone to developing dental infections that have been associated with periodontal disease, diabetes, pneumonia, and other chronic diseases including cardiovascular disease.

Children are also at risk of developing dental infection. Research has shown that the bacteria involved with the dental decay process are typically passed from parent to child and from grandparent to grandchild, in situations where the grandparent is the primary caregiver. Part of the efforts to reduce dental decay in young children relates to reducing the level of dental infection in the caregiver (Berkowitz 2003). Those with dental coverage are more likely to access dental services for their children or grandchildren. Additionally, dental infections due to periodontal disease have been associated with adverse pregnancy outcomes (Lieff, Hared, and McKaig: 2000).

In addition to the health issues involved, decayed or missing teeth can be a factor in employability, which is of concern to all persons seeking employment, regardless of age. Preventive and restorative dental services result in fewer tooth extractions for Medicaid clients and offer increase chance of employment.

Currently, Medicaid dental services are limited to expensive emergency care for immediate relief of pain and acute infection, with no coverage for preventative and restorative dental care. These limited services often lead to extraction of permanent teeth. Services offered by the adult dental Medicaid program help contain future Medicaid costs for emergency dental work, assist in chronic disease prevention, and promote healthy lifestyles.

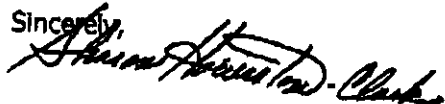
Since inception on April 1, 2007 through September 30, 2008, this program has served 9,267 unduplicated persons with 283 providers participating who have performed 42,268 procedures. During FY 2008 alone, 7,470 Alaskans received services through this program.

Because infections in the mouth are no different than infections in other parts of the body, ACoA believes that the enhanced Medicaid adult dental program should continue for as long as possible. Currently, the limit for services is \$1,150 per year per Medicaid beneficiary. We suggest that the cap for services be re-considered in

light of the current costs for providing dental care. We understand that the average cost for dentures has increased to \$1,700 or \$1,800 for one set. According to estimates from the National Dental Advisory Service, for example, the estimated median charge in Alaska for a set of dentures is in excess of \$2,900.

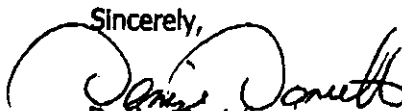
ACoA supports SB 82 and believes that this program is a wise public investment that will help reduce expensive emergency dental needs, associated costs in health care, and enhance health and wellness for elderly Alaskans. Please feel free to contact Denise Daniello, ACoA's executive director (465-4879), should you have any questions regarding our position. Thank you for your consideration.

Sincerely,



Sharon Howerton-Clark  
Chair Alaska Commission on Aging

Sincerely,



Denise Daniello  
ACoA Executive Director

CC: Senator Bettye Davis, Chair  
Senator Joe Paskvan, Vice-Chair  
Senator Johnny Ellis  
Senator Joe Thomas  
Senator Fred Dyson

Don Burrell

RECEIVED

FEB 02 2009

**From:** david logan [drdave@acsalaska.net]  
**Sent:** Saturday, January 31, 2009 12:47 PM  
**To:** Sen. Johnny Ellis; Sen. Bettye Davis; Sen. Fred Dyson; Sen. Joe Paskvan; Sen. Joe Thomas  
**Subject:** SB65 and SB82  
**Attachments:** Alaska Dental Society Medicaid Priority List.doc

## Senate HESS Committee Members

This week all Legislators will receive a mailing from the Alaska Dental Society (ADS) on dental issues in Alaska. One of our focus areas this legislative session will be on dental Medicaid and changes we believe are long overdue to the Medicaid system. At this point in the legislative session we offer cautious support for SB65 and its companion bill HB26. We have had preliminary discussions with the House sponsor, Rep. Hawker but were unable to discuss our position with committee members before Monday's hearing. The ADS feels it would be better to repeal the sunset date rather than extending as the Governor's bill, SB82 does.

A letter outlining the ADS position on Medicaid will be in our packet of information; I have copied a portion below:

A limited "Adult Dental" Medicaid program that provides for basic preventative and restorative services to adults is set to sunset this year. The Alaska Dental Society **cautiously supports** the continuation of this program and the expansion of our Alaska Denali Kid Care Program under the State Children's Health Insurance Program (SCHIP).

While the intent of both of these programs is good -- to increase the level of dental care within the state, the fact is that the existing Medicaid delivery system for dental benefits is already severely strained and discourages dentists from participating.

Therefore the ADS recommends that bills repealing the sunset of the adult Medicaid program and extending adult benefits and bills expanding eligibility for the Denali Kid Care include meaningfully changes to the Medicaid program that will remove barriers to participation by providers.

To this end, the ADS has been working with coalitions of health care groups, advocacy groups, along with representatives of the Medicaid Division and private practitioners over the past two years. Progress has been made on some of the issues, while others remain a "work in progress." The ADS has become convinced that without legislative a mandate some or all of the progress that has been made may fall by the wayside.

The ADS is planning an informal meeting in February with legislators, the Medicaid program leaders and other stakeholders. We will be asking about dates shortly and hope that a time can be chosen to allow as many to participate as possible.

A separate sheet is enclosed listing some of the key issues and reasons change is needed is attached

If there are any questions on the issues raised I can be reached at [drdave@acsalaska.net](mailto:drdave@acsalaska.net) or 723-2884.

David Logan, DDS  
 Legislative Chair, Alaska Dental Society

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE  
and ALASKA MENTAL HEALTH BOARD

SARAH PALIN, GOVERNOR

P.O. BOX 110608  
431 N. Franklin Street, Suite 200  
JUNEAU, ALASKA 99811-0608  
PHONE: (907) 465-8920  
FAX: (907) 465-4410  
TOLL FREE: (888) 464-8920

January 30, 2009

Honorable Senator Bettye Davis  
Alaska State Capitol, Room 30  
Juneau, Alaska 99801

Re: Support for Reauthorization of Adult Dental Medicaid Program

Senator Davis:


The Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse appreciate your acknowledgement of the need for continued access to preventative and restorative dental care for Alaskans living in poverty. For Alaskans experiencing a serious disability that prevents them from maintaining employment, lack of income and insurance often results in a lack of dental care. This can have serious health consequences.

We know that a variety of factors contribute to poor dental health among Alaskans experiencing serious mental illness and substance use disorders. Many of the medications prescribed to manage the symptoms of the most serious mental illnesses cause dental and oral health problems. Due to the barriers to preventive dental care that existed before Alaska began its Adult Dental Medicaid program, many people now require significant dental care critical to their overall health. By continuing this program — and its preventative dental care services — we can reduce the need for more costly critical services in these populations.

In FY2008, approximately 7,600 Alaskan adults received dental care under this program. By providing access to quality preventative and restorative care to these Alaskans, we improved their ability to secure employment, maintain employment, make healthy dietary choices, manage existing chronic diseases, and reduce risk factors related to pre-term births, diabetes, and cardiovascular disease. For this reason, we support the reauthorization of the Adult Dental Medicaid Program.

Thank you for your work, and please let us know if the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse can assist in the effort to pass this important legislation.

Sincerely,



Debi Keith, Chair  
AMHB



Lonnie Walters, Chair  
ABADA

**AARP**

AARP Alaska  
3601 C Street  
Suite 1420  
Anchorage, AK 99503

T 1-866-227-7447  
F 907-341-2270  
TTY 1-877-434-7598  
www.aarp.org/ak

February 2, 2009

The Honorable Bettye Davis, Chair  
Senate Health, Education and Social Services Committee  
Alaska State Capitol, Room 30  
Juneau, AK 99801-1182

RE: SB 65 (Davis)—Support

Dear Chair Davis:

On behalf of the members of AARP in Alaska, we encourage your colleagues on the Senate Health and Social Services Committee to support SB 65, authored by you and co-sponsored by your Committee colleague Senator Johnny Ellis.

SB 65 would eliminate the sunset date on the adult dental benefit in the Medicaid program. This program has proven to be invaluable over the past years not only for dental exams, prevention, and treatment but also for providing dentures, primarily to older Alaskans in long term care facilities. In addition, adults who had low incomes and qualified for Medicaid were able to see a dentist and have the restorative work completed that allowed them to be able to successfully participate in job interviews.

Older Alaskans who have dental problems, missing teeth, or are in need of dentures often have accompanying nutrition problems. These nutrition problems can exacerbate other health issues and create an overall deterioration in health status. AARP believes that dental care is essential to quality health care. Funding for dental care 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.

The current program has a limit of \$1,150 per year per Medicaid beneficiary. Originally this figure was used because it was the amount that would pay for either upper or lower dentures. We understand that the average cost for dentures has gone up to \$1,700 or \$1,800 for just one set. We recommend that some appropriate increase in the annual benefit be included with the passage of SB 65. If possible, some form of "cost of dentures" inflation could be built into the program to keep up with dental inflation.

AARP requests an "AYE" vote on SB 65.

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*

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

CC: Vice-Chair Joe Paskvan  
Senator Johnny Ellis  
Senator Joe Thomas  
Senator Fred Dyson

## Alaska Dental Society Medicaid Priority List

- Removal of dentistry from state audits.
  - Superseded by federal audits
  - General consensus that this can be done
- Reimburse provider for treatment if patient is eligible for services at initial treatment date.
  - Currently payment will be denied if patient is eligible when treatment started but ineligible when treatment completed.
  - Key dental procedures such as crowns and dentures require 2-3 weeks to be completed after treatment is begun.
  - Insurance industry standard is 30 days to complete treatment if patient is eligible for benefits at time of initial treatment
- Provide yearly reimbursement adjustments.
  - Yearly increases will provide consistency and fairness to offset cost of delivering care. The 8 year gap between rate adjustments before fees were adjusted last year caused providers to drop out.
  - Set reimbursement at 65<sup>th</sup> percentile of UCR from a verifiable source.
- Remove eligibility from non federally mandated recipients who chronically abuse system.
  - Patients who schedule appointments and fail to show or cancel
  - Patients who use travel benefits then fail to show for appointments
  - Patients who engage in drug seeking
- Have Medicaid act as secondary insurance for non EPSDT recipients
  - Current system for patients with private insurance and Medicaid is confusing
  - Cost to Medicaid system would be less then acting as sole primary payer and forgoing private insurance
- Remove Hold Harmless provision from provider agreement
  - Opinion from AG's office it can be removed
  - Little legal consequence
  - Barrier to participation by providers



## Reauthorize preventative and restorative dental services for adult Medicaid recipients

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, jointly support the reauthorization of preventive and restorative dental services for adult Medicaid recipients. Medicaid coverage for these services will sunset June 30, 2009 without legislative reauthorization.

- The Department of Health and Social Services reports that approximately 7,600 adult Medicaid recipients received these dental services in FY08 with 252 participating dental providers.
- 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."<sup>i</sup>
- Trust beneficiaries continue to list dental services as a priority unmet health needs.
- Dental pain, missing and decayed teeth and infection can affect employment and job advancement, contribute to missed work, dietary choices for seniors, and complicate management of other chronic diseases.<sup>ii</sup>
- Individuals on public assistance who receive rehabilitative dental treatment (including fillings, extractions, and dentures) were ". . . twice as likely to receive favorable or neutral employment outcomes as they were to receive unfavorable outcomes."<sup>iii</sup>
- Dental infections due to periodontal disease have been associated with adverse pregnancy outcomes (e.g., pre-term births)<sup>iv</sup>, management problems for individuals with diabetes, risks for pneumonia in nursing homes, and other chronic diseases including cardiovascular disease.<sup>v</sup>
- The bacteria involved with the dental decay process are typically passed parent to child. Part of the efforts to reduce dental decay in young children relates to reducing the level of dental infection in the caregiver.<sup>vi</sup> Additionally, parents with dental coverage are more likely to access dental services for their children.
- The coverage of preventive and restorative dental care for adult Medicaid recipients along with necessary behavioral changes, over the long term, offer the potential for

reduced utilization of emergent dental services (e.g., accessing the hospital emergency room for management of a dental infection).

**Supporters:** AARP-Alaska, Alaska Public Health Association, Alaska Dental Society All-Alaska Pediatric Partnership, ANTHC and Alaska Primary Care Association.

---

<sup>i</sup> Oral Health America, <http://www.oralhealthamerica.org/whoweare.html>, noting quote from C. Everett Koop, former U.S. Surgeon General.

<sup>ii</sup> Association of State and Territorial Health Officials (ASTHO), "The oral health and chronic disease connection", available at: [http://www.astho.org/templates/display\\_pub.php?pub\\_id=327](http://www.astho.org/templates/display_pub.php?pub_id=327), May 2002.

<sup>iii</sup> "Dental Treatment Highly Effective in Helping Welfare Recipients Gain Employment", University of California – San Francisco School of Dentistry", press release, March 10, 2004.

<sup>iv</sup> Lief S, Hared H, McKaig R, et al., "Periodontitis and Preterm Low Birth Weight in Pregnant Women", *Journal of Dental Research*, 2000; 79(supplemental):608.

<sup>v</sup> U.S. Department of Health and Human Services (USDHHS), *Oral Health in America: A Report of the U.S. Surgeon General*, USDHSS, National Institute of Dental and Craniofacial Research, National Institutes of Medicine, 2000.

<sup>vi</sup> Berkowitz, RJ, "Causes, treatment and prevention of early childhood caries: a microbiologic perspective", *Journal of the Canadian Dental Association*, 69(5):304-307b, 2003.