A BILL FOR AN ACT

RELATING TO MEDICAID BENEFITS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that oral disease is a 2 significant health problem among many Hawaii residents, 3 affecting their overall health and well-being. Since 2010, Hawaii has received a failing grade of "F" in three oral health 4 5 report cards published by the Pew Center of the States due to 6 multiple policy and systems issues in the State that have left 7 the oral health of Hawaii's families and children worse than in 8 the rest of the nation.

9 Access to regular oral healthcare varies greatly across the 10 State, with rural and neighbor island residents and persons with 11 low-income families experiencing greater access issues. 12 Currently, approximately one hundred eighty thousand adult 13 medicaid beneficiaries are not getting the benefit of early oral 14 disease detection and treatment for better overall health. Lack 15 of access to dental coverage and oral healthcare is a health and 16 social justice issue that disproportionately affects the poor, 17 children, the elderly, and racial and ethnic minority groups.



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1 In 2009, the State of Hawaii terminated all preventative 2 and restorative dental care services for adult medicaid 3 recipients and replaced it with emergency room services that are limited to pain relief, injuries, trauma, and tooth removal and 4 5 extraction. Nationally, studies have shown that reducing or 6 eliminating medicaid adult dental benefits has led to 7 significant increases in dental-related emergency room visits 8 and associated costs. In 2012 alone, Hawaii medicaid paid 9 \$4,800,000 for 1,691 adults for emergency room visits for 10 preventable oral health problems, according to the department of 11 health's Hawaii Oral Health: Key Findings Report. 12 In Hawaii, a disproportionate number of adult medicaid 13 beneficiaries ages twenty-one and older use emergency dental

14 services. While they are twenty-five per cent of Hawaii's 15 population, they represent fifty-six per cent of all emergency 16 dental services. Just over three thousand emergency room visits 17 for acute oral health conditions occurred in 2016, totaling over 18 \$17,000,000 in direct costs, a cost that has more than doubled 19 since 2007. Data also indicated that rural residents of the 20 State, primarily from the north shore of Oahu and the islands of

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Kauai and Hawaii, were more likely than urban residents to go to
 the emergency room for dental problems.

3 The lack of preventative and restorative dentistry services 4 for adult medicaid beneficiaries increases potential health care 5 complications and costs for individuals living with diabetes, 6 including an increased incidence of gum disease, difficulty 7 controlling diabetes, and the likelihood of coronary artery 8 disease. These complications can all lead to increased 9 disability and death. For diabetic medicaid beneficiaries, 10 increased access to dental care could result in a cost savings 11 between \$118,000 and \$1,700,000 for diabetic medical care for 12 all beneficiaries, according to 2019 estimates by the Health 13 Policy Institute of the American Dental Association.

For pregnant adult medicaid beneficiaries, ensuring good oral health during pregnancy may reduce pregnancy complications such as pre-eclampsia, premature births, or underweight babies. The average cost of services for the birth of a healthy newborn is approximately \$5,000. In contrast, the cost of services for a premature or underweight newborn can range from \$200,000 to \$2,000,000.



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1 Poor oral health is clinically proven to have serious 2 adverse impact on overall health and well-being. It is linked 3 to an array of acute and chronic health conditions including 4 heart disease, diabetes, stroke, depression, low birth weight, 5 and premature birth among others. Tooth decay is almost 6 completely preventable. However, preventive services, early 7 diagnosis, and interventions that can halt or slow the 8 progression of most oral diseases are currently unavailable to 9 adult medicaid beneficiaries in the State. Problems that could 10 have been addressed early, or even prevented, continue to 11 progress, leading to poor health outcomes and lower quality of 12 life.

Dental care coverage is positively associated with access to and utilization of oral healthcare. Research indicates that children and adults having dental coverage are significantly more likely to seek and use regular dental services than those who are uninsured.

18 Individuals enrolled in medicaid have an increased
19 likelihood of disparities in health care outcomes based on
20 income. The prevalence of dental disease and tooth loss is
21 disproportionately high among low-income populations.

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1 Insufficient coverage or access to care often further

2 disadvantages medicaid recipients, driving poor health outcomes 3 and higher costs.

Expanded adult dental benefits can have tremendous positive impacts on state medicaid populations. Individuals with dental benefits have been shown to be forty-two per cent more likely to have a dental checkup within the year than individuals who do not have coverage. Parents who receive dental care are also more likely to take their children to the dentist.

10 Medicaid provides federal funds for health care coverage to 11 eligible individuals having low incomes, including children and 12 their parents, pregnant women, the elderly, and persons with 13 disabilities. The federal government will match up to fifty per 14 cent of a state's investment in reinstating preventative and 15 restorative dental benefits for adult medicaid beneficiaries.

Although comprehensive dental coverage is mandatory for children enrolled in medicaid, dental benefits for medicaideligible adults are optional. As of 2018, thirty-four states, including the District of Columbia, offer comprehensive or limited preventive and restorative benefits to adults on medicaid.



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1 Adding expanded dental services benefits for the State's 2 adult medicaid enrollees will reduce the number of acute oral 3 health-related emergency room visits and improve these individuals' chronic disease risks and overall health status. 4 5 Current estimates on costs of restoring expanded benefits to 6 adult medicaid recipients in Hawaii that will provide a range of 7 preventive and restorative benefits for recipients to help 8 maintain and improve their oral health are being developed by 9 the department of human services MedQuest division.

It has been more than a decade since the State removed all but emergency medicaid adult dental benefits. The legislature finds that it is in the best interest of the State and its residents to expand access to care by restoring dental benefits to adult medicaid enrollees.

Accordingly, the purpose of this Act is to appropriate funds to restore diagnostic, preventive, and restorative dental benefits to adult medicaid enrollees.

18 SECTION 2. There is appropriated out of the general
19 revenues of the State of Hawaii the sum of \$ or so much
20 thereof as may be necessary for fiscal year 2020-2021 to restore
21 diagnostic, preventive, and restorative dental benefits to adult



1 medicaid enrollees; provided that the department of human 2 services shall obtain the maximum federal matching funds 3 available for this expenditure; provided further that the 4 department of human services shall pursue all funding sources 5 known to the State, including private grants, prior to expending 6 any general revenues appropriated pursuant to this Act. 7 The sum appropriated shall be expended by the department of 8 human services for the purposes of this Act.

9 SECTION 3. This Act shall take effect on July 1, 2050.



S.B. NO. $^{2459}_{S.D. 2}$

Report Title:

Adult Dental Benefits; Medicaid; Appropriation

Description:

Makes an appropriation to restore certain adult dental benefits to medicaid enrollees. Requires maximization of federal matching funds and pursuit of all known funding sources prior to expending general revenue funds appropriated. Effective 7/1/2050. (SD2)

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