DAVID Y. IGE
GOVERNOR

PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2020

TO: The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Consumer Protection, Commerce and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2459 – RELATING TO MEDICAID BENEFITS**

Hearing: Wednesday, February 5, 2020 2:45 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure, and offers comments. We respectfully request that the passage does not replace or adversely impact the Governor's budget priorities.

PURPOSE: The purpose of the bill is to appropriate funds to DHS to restore diagnostic, preventive, and restorative adult dental benefits to adult Medicaid enrollees.

DHS appreciates and supports the restoration of a basic oral health benefit for adult Medicaid and QUEST Integration recipients. The current limited benefit of emergency-only coverage does not support the goals of whole person care. Additionally the inability of recipients to access preventive oral health care can have a negative impact on a person's health, especially for individuals with chronic diseases, pregnant women and the health of their newborns.

The bill appropriates $7,000,000 general funds to restore diagnostic, preventive and restorative dental benefits for adult beneficiaries. In prior legislative sessions, DHS estimated that to provide the benefit, it would require $17,000,000 in general funds and about

$25,500,000 in federal funds for a total of $42,500,000 would be needed to fully restore benefits. The $7,000,000 would be insufficient for full restoration. However, it may be possible to restore a limited set of dental benefits. We are currently researching options to design various coverage options. However, we have not completed our analyses at this time to be able to provide any updated estimates of utilization or costs.

We respectfully request that any appropriation not supplant funding priorities identified in the Executive Budget.

Thank you for the opportunity to provide comments on this measure.

AARP Real Possibilities in Hawaii

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THE SENATE
Committee on Human Services
Committee on Commerce, Consumer Protection and Health
Wednesday, February 5, 2020
2:45 p.m.
Conference Room 016

To: Senator Russell Ruderman, Chair
Senator Rosalyn Baker, Chair

Re: S.B. 2459 Relating to Medicaid Benefits

Dear Chair Russell Ruderman, Chair Rosalyn Baker, and Members of the Committees,

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a membership organization of people age fifty and over, with nearly 145,000 members in Hawai'i. AARP advocates for issues that matter to Hawai'i families, including the high cost of long-term care; access to affordable, quality health care for all generations; and serving as a reliable information source on issues critical to people over the age of fifty.

S.B. 2459 appropriates funds to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees, provided that the Department of Human Services shall obtain the maximum federal matching funds available for this expenditure.

AARP strongly supports S.B. 2459.

According to an issue paper on improving dental coverage for older adults, (Henry J. Kaiser Family Foundation, September 2019), nearly two-thirds of the Medicare population (37 million beneficiaries 65 years and older) have no dental coverage at all. This includes older adults of all incomes. Cost concerns and lack of dental coverage contribute to many older adults foregoing routine and other dental procedures. Inadequate dental care can exacerbate chronic medical conditions such as diabetes and heart conditions, and lead to preventable complications that sometimes result in costly emergency room visits. A recent study identified $2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period. (Center for Health Care Strategies, Inc.: Fact Sheet, September 2019) The study further states that low-income adults suffer a disproportionate share of dental disease. Adults who are disabled, homebound, or institutionalized have an even greater risk of dental diseases. Many of them would be Medicaid recipients.

Broadening the dental benefit to the adult Medicaid enrollee will greatly improve their overall health and reduce the risk for costly medical care and emergency room visits.

Thank you for the opportunity to testify in support of S.B. 2459.

Real Possibilities

Hawaii Dental Association

To:	Senate Committees on Human Services and Commerce, Consumer Protection & Health
Time/Date:	2:45 p.m., February 5, 2020
Location:	State Capitol Room 016
Re:	SB 2459, Relating to Medicaid Benefits

Aloha Chairs Ruderman and Baker, Vice-Chairs Rhoads and Chang and members of the Committees:

The Hawaii Dental Association (HDA), a professional association comprised of approximately 950-member dentists, is in **strong support** of SB 2459, relating to Medicaid benefits. This bill makes an appropriation to restore certain adult dental benefits to Medicaid enrollees and requires maximization of federal matching funds.

HDA is a statewide membership organization representing dentists practicing in Hawaii and licensed by the State of Hawaii's Board of Dentistry. HDA members are committed to protecting the oral health and well-being of the people of Hawaii, from keiki to kupuna and everyone in between.

Mahalo for the opportunity to testify in support of SB 2459.

1345 South Beretania Street • Honolulu, Hawaii 96814 • 808.593.7956 • hda@hawaiidentalassociation.net

HIPHI Board

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Rachel Novotny, PhD, RDN, LD
University of Hawaii at Manoa, College of Tropical Agriculture and Human Resources

Garret Sugai
Kaiser Permanente

Catherine Taschner, JD
McCorriston Miller Mukai MacKinnon LLP

Date: February 3, 2020

To: Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair
Members of the Human Services Committee

Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair
Members of the Commerce, Consumer Protection, and Health Committee

Re: Strong Support SB2459, Relating to Medicaid Benefits

Hrg: February 5, 2020 at 2:45 PM at Conference Room 016

The Hawai'i Public Health Institute[i] is in **Strong support of SB2459** which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

SB2459 appropriates funds to the DHS to restore basic diagnostic, preventive, and restorative adult dental benefits to adult Medicaid enrollees. In a survey conducted by Ward Research for HIPHI[ii], 9 in 10 registered Hawaii voters (89%) strongly agreed that preventative dental benefits should be included in adult Medicaid coverage.

Oral health in our state is a public health crisis, with Hawaii receiving a failing grade of "F" in three recent oral health report cards released by The Pew Center for the States. Unfortunately, drastic cuts in 2009 eliminated comprehensive benefits for Medicaid enrollees and reduced coverage to emergency only (extraction and pain management). Hawai'i has suffered the consequences:

- In FY 2017, for the 234,258 adults who had emergency-only dental coverage, only 17,889 (8%) of them received ANY dental services for the year.

- In 2016, there were more than 3,000 emergency room visits due to preventable dental problems, 67% more than in 2006. As a result, aggregate hospital charges for dental emergency visits were just over $17,000,000 compared to $4,000,000 in 2006. Over half of all dental ER visits were residents on Neighbor Islands and 66% were Medicaid beneficiaries.
- An estimated 79% of ER dental visits could be diverted to community settings, saving about 48% of the cost of each visit.
- Significant disparities exist State-wide with rural and low-income families experiencing higher ER utilization rates for dental issues. For example, overall population rates of ER utilization for oral health in 2016 were 82.2 per 10,000 in the Kau primary service care area compared to 5.0 per 10,000 in the Mililani primary care service area.

Oral health is a crucial part of overall physical, psychological, social, and economic wellbeing. Adults with poor oral health often struggle to manage chronic co-conditions such as diabetes. Researchers have linked poor oral health with cardiovascular disease, stroke and bacterial pneumonia. Pregnant women with poor oral health are at an increased risk of delivering preterm and/or low-birth-weight infants. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

The Hawai'i Public Health Institute defers to the State Department of Human Services on the cost estimates to restore basic adult dental benefits. As a part of our commitment to improve oral health in Hawaii, we believe that basic coverage of dental services for adults is a critical factor in ensuring access to appropriate and timely oral health care.

Thank you for the opportunity to testify. We strongly support SB2459 and respectfully ask you to pass this measure as is out of committee.

Mahalo,

Nicole Nakashima, D.D.S., M.P.H.
Oral Health and Policy Coordinator

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i The Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ii Findings from a Ward Research Study commissioned by the Hawaii Public Health Institute that summarizes findings from a phone survey among n=812 registered Hawaii voters (maximum sampling error of +/-3.3%) conducted between November 5 to 8, 2018. A copy of the results are available upon request.

THE QUEEN'S HEALTH SYSTEMS

LATE

To: The Honorable Russell E. Ruderman, Chair
The Honorable Karl Rhoads, Vice Chair
Members, Committee on Human Services

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems

Date: February 4, 2020

Hrg: Senate Committee on Human Services and Committee on Commerce, Consumer Protection, and Health Joint Hearing; Wednesday, February 5, 2020 at 2:45PM in room 016

Re: **Support for SB 2459, Relating to Medicaid Benefits**

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of SB 2459, relating to Medicaid benefits. The proposed bill would appropriate funds to restore diagnostic, preventative, and restorative dental benefits to adult Medicaid enrollees. The Queen's Medical Center Dental Clinic is home to Hawaii's only accredited hospital-based General Practice Residency Program and provides comprehensive dental services to meet the needs of our community.

The Dental Clinic served over 5,000 patients in FY2017 and nearly 6,000 in FY2018. Since FY2014, on average half of all patients served at the Dental Clinic are under Medicaid, uninsured or self-pay.

Queen's is committed to providing quality care to Native Hawaiians and all the people of Hawaii, regardless of their ability to pay, and we support restoring adult dental benefits to Medicaid enrollees. Thank you for your time and attention to this important issue.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Testimony to the Senate Joint Committee on Commerce, Consumer Protection, and Health, and Human Services
Wednesday, February 5, 2020; 2:45 p.m.
State Capitol, Conference Room 016

RE: SENATE BILL NO. 22459, RELATING TO MEDICAID BENEFITS.

Chair Baker, Chair Ruderman, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA offers the following **COMMENTS** on Senate Bill No. 2459, RELATING TO MEDICAID BENEFITS.

The bill, as received by your Committee, would appropriate $7,000,000, in general funds for fiscal year 2020-2021, to restore diagnostic, preventative, and restorative dental benefits to adult Medicaid enrollees, provided that the Department of Human Services (DHS) obtain the maximum federal matching funds available for this expenditure.

We note that the funds appropriated in this bill would be in addition to the funds that would be authorized for the Medicaid Program, as found in the Administration's Budget [**See**, Program ID No. HMS401, page 89, House Bill No. 2200, Regular Session of 2020].

ADD 1003 BISHOP STREET PAUAHI TOWER SUITE 1810 HONOLULU, HI 96813 TEL 808.536.8442 WEB HAWAIIPCA.NET

Specifically, the Administration proposed no adjustments in the Supplemental Budget to HMS401 for the appropriations previously authorized for this Program Id pursuant to Act 5, Session Laws of Hawaii 2019, to wit:

Means of Financing	Fiscal Year 2019-2020	Fiscal Year 2020-2021
A (General Funds)	$927,597,598	$982,477,598
B (Special Funds)	$1,376,660	$1,376,660
N (Federal Funds)	$1,803,909,546	$1,803,909,546
P (Other Federal Funds)	$13,216,034	$13,216,034
U (Interdepartmental Transfers)	$6,781,921	$6,781,921

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

As a private, non-profit organization advocating on behalf of Hawaii's underprivileged, the HPCA does not have access to any financial documents or data other than what is available to the general public. Besides the Administration's Budget, and the Budget-in-Brief, another public source of data is the Variance Report. This document compares the amount appropriated with the amount expended in the most recent competed fiscal year.

Upon our review of this document, it has come to our attention that DHS reported a variance of 28% for fiscal year 2018-2019. Of the $2,769,393,000 appropriated in all means of financing, DHS expended only $1,992,986,000. In other words, DHS could have spent $776,407,000 for Hawaii's Medicaid Program, but didn't.

STATE OF HAWAII — **VARIANCE REPORT** — REPORT V61
PROGRAM TITLE: HEALTH CARE PAYMENTS — 12/6/19
PROGRAM-ID: HMS-401
PROGRAM STRUCTURE NO: 06020305

	FISCAL YEAR 2018-19				THREE MONTHS ENDED 09-30-19				NINE MONTHS ENDING 06-30-20			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES ($1,000's)												
OPERATING COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES ($1000's)	2,769,393	1,992,986	- 776,407	28	233,939	190,900	- 43,039	18	2,518,943	2,561,982	+ 43,039	2
TOTAL COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES ($1000's)	2,769,393	1,992,986	- 776,407	28	233,939	190,900	- 43,039	18	2,518,943	2,561,982	+ 43,039	2

	FISCAL YEAR 2018-19				FISCAL YEAR 2019-20			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % MANAGD CARE PYMTS DEVOTD TO DIRECT HTH CARE SVCS	90	91	+ 1	1	90	90	+ 0	0
2. % LTC CLIENTS RECEIVING CARE UNDER HCBS PROGRAM	76	65	- 11	14	77	68	- 9	12
PART III: PROGRAM TARGET GROUP								
1. # PEOPLE COVERED BY QUEST	360100	348418	- 11682	3	360100	350000	- 10100	3
2. # ELIGIBLE PERSONS FOR QUEST MANAGED CARE PRGRM	360000	342418	- 17582	5	360000	350000	- 10000	3
3. # ELIGIBLE PERSONS FOR LTSS	4550	7416	+ 2866	63	4600	7500	+ 2900	63
PART IV: PROGRAM ACTIVITY								
1. AMOUNT PAID FOR QUALITY BONUSES TO MCOS (THOUS)	7000	4405	- 2595	37	11110	8000	- 3110	28
2. AMOUNT PAID TO MCOS FOR SERVICES (THOUS)	2200000	2094660	- 105340	5	2222000	2600000	+ 378000	17

- 416 -

[Except from The Variance Report for Fiscal Years 2019 & 2020, page 416.]

This is similar to the variance reported in the previous year. As we testified last year, of the $2,633,657,000 appropriated in all means of financing for fiscal year 2017-2018, DHS expended only $2,068,8978,000 for the Medicaid Program. In other words, DHS could have spent an additional $564,760,000 for Medicaid, but didn't.

STATE OF HAWAII
PROGRAM TITLE: HEALTH CARE PAYMENTS
PROGRAM-ID: HMS-401
PROGRAM STRUCTURE NO: 06020305

VARIANCE REPORT

REPORT V61
12/10/18

	FISCAL YEAR 2017-18				THREE MONTHS ENDED 09-30-18				NINE MONTHS ENDING 06-30-19			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES ($1,000's)												
OPERATING COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES ($1000's)	2,633,657	2,068,897	- 564,760	21	236,027	193,091	- 42,936	18	2,533,366	2,576,302	+ 42,936	2
TOTAL COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES ($1000's)	2,633,657	2,068,897	- 564,760	21	236,027	193,091	- 42,936	18	2,533,366	2,576,302	+ 42,936	2

	FISCAL YEAR 2017-18				FISCAL YEAR 2018-19			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % MANAGD CARE PYMNTS DEVOTD TO DIRECT HTH CARE	90	90	+ 0	0	90	90	+ 0	0
2. % MANAGED CARE CLIENTS SATISFIED WITH THE PROGRAM	62	66	+ 4	6	64	66	+ 2	3
3. # MANAGED CARE CLIENTS AS % OF TOTAL CLIENTS	99	99	+ 0	0	99	99	+ 0	0
4. % LTC CLIENTS RCVNG CARE UNDR HME/COM PRG	70	76	+ 6	9	71	76	+ 5	7
PART III: PROGRAM TARGET GROUP								
1. # ELIGIBLE AGED, BLIND & DISABLED PERSONS	50000	51114	+ 1114	2	50000	51000	+ 1000	2
2. # ELIGIBLE PERSONS FOR QUEST MANAGED CARE PRGRM	320000	353000	+ 33000	10	325000	360000	+ 35000	11
3. # ELIGIBLE PERSONS FOR HME/COM BASED PROGRAM	4500	4487	- 13	0	4550	4500	- 50	1
PART IV: PROGRAM ACTIVITY								
1. NUMBER OF PAID CLAIMS TO PROVIDERS	1500000	1572896	+ 72896	5	1500000	1550000	+ 50000	3
2. # PARTICIPATING PROVIDERS WITHIN THE PROGRAMS	7000	13400	+ 6400	91	7000	13400	+ 6400	91
3. # CHILDREN IMMUNIZED BY THE AGE OF TWO	2500	4158	+ 1658	66	2500	4200	+ 1700	68
4. # CHLDRN RCVNG EARLY/PERIODC SCREENG/DIAG/TRTM SVC	81305	83278	+ 1973	2	82900	83000	+ 100	0

[Excerpt from The Variance Report for Fiscal Year 2018-2019, page 438.]

These two years appear to be anomalies. Looking back at the Variance Reports to 2011, the variances reported for HMS401 were as follows:

Fiscal Year	Budgeted (in Thousands)	Actual (In Thousands)	Change (In Thousands)	Percentage of Budgeted Amount Unspent
FY2018-2019	$2,769,393	$1,992,986	$776,407	28%
FY2017-2018	$2,633,657	$2,068,897	$564,760	21%
FY2016-2017	$2,499,388	$2,419,670	$79,718	3%
FY2015-2016	$2,250,936	$2,149,974	$100,962	4%
FY2014-2015	$2,009,623	$2,051,771	-$42,148	-2%
FY2013-2014	$1,888,241	$1,913,755	-$25,514	-1%
FY2012-2013	$1,692,643	$1,627,787	$64,856	4%
FY2011-2012	$1,645,461	$1,588,011	$57,450	3%
FY2010-2011	$1,387,615	$1,612,035	-$224,420	-16%

Historically, since the last significant change in the Medicaid population in fiscal year 2010-2011 because of the implementation of the Affordable Care Act, the variance in HMS401 had ranged from (-2%) in fiscal year 2014-2015, to a (+3%) in fiscal years 2011-2012 and 2016-2017.

During the public hearing on House Concurrent Resolution No. 145, before the Joint House Committee on Human Services and Homelessness and Health on March 12, 2019, DHS testified that of the $564,760,000 that was unspent, only approximately $13 million was general funds. If this was true, then the unspent general funds would have made up only 2.3% of the total variance.

Because general funds make up approximately one-third of all appropriations in HMS401, the amount of general funds unspent should have been $188,253,333 if general funds and federal funds were expended concurrently at equal rates.

Generally speaking, the federal government requires the State to pay up front the total costs and then seek reimbursement for the federal funds that were applicable. If general funds were used for this purpose to pay the total costs, when the State receives reimbursement for the general funds used to front the federal funds, how were these funds designated? Are they automatically redeposited into the general fund? Are they given back to DHS and re-designated as general funds?

More importantly, Is there an accounting of the federal funds reimbursed for these transactions? If you agree with DHS's explanation -- that nearly all of the almost $1 billion in general funds appropriated for Medicaid was expended when there was "low utilization" -- what would have happened if utilization was normal for that year? Would DHS have come in for an emergency appropriation of general funds to cover a shortfall?

In 2018, a situation occurred that might shed some light on this. Citing a shortfall in the federal budget for the Medicaid Program (HMS401), the Governor submitted an emergency appropriation request of $9,300,000 in general funds for fiscal year 2017-2018. [**See**, House Bill No. 2367, Regular Session of 2018.]. However, shortly after the bill introduction deadline, the Governor announced that the emergency appropriation request was rescinded because Congress reached a deal to extend federal funding for another six years. [**See**, Honolulu Star Advertiser, "State funding request pulled after Congress extends insurance program., January 28, 2018.]

What's interesting about this development was that no subsequent amendment was made for general funds by the Legislature for fiscal year 2017-2018 nor were any changes made to the Governor's funding request for HMS401 for the subsequent fiscal year.

So how did DHS cover the budget shortfall? We think DHS used reimbursements received from the federal government to supplant general funds but because we are a private, non-profit organization, we have no way of confirming whether this indeed occurred.

If this is true, given the large variances over the previous two completed fiscal years, we wonder how much funding is truly available to DHS for use in the Medicaid Program?

Over the past eight years, HPCA has advocated for the reinstatement of preventative and restorative dental benefits for adult Medicaid recipients. Since 2018, we clarified our position in light of these questions on the availability of funds for the Medicaid Program. Based on the above, it is our position that there are sufficient funds within HMS401 to reinstate this essential benefit immediately.

It should also be noted that because the Medicaid Program is established through an agreement between the federal and State governments, and that Hawaii's participation in the program is voluntary, funding for the Medicaid Program is non-discretionary. When the dental benefit for adult Medicaid recipients was taken away, no statutory amendment was needed under State law. The Legislature merely appropriated less funds than what was requested by DHS for HMS401. With the reduced funds, DHS administratively restricted payments to only those benefits that were required under the State Medicaid Plan (Plan). Because adult dental was an optional coverage under the Plan, DHS administratively ceased reimbursement for those services.

In light of this, it is questionable whether the Legislature is the appropriate forum to urge the reinstatement of this benefit. Ultimately, this is a decision to be made by the Executive Branch. The Executive Branch would decide from a policy standpoint whether this benefit should be reinstated. The Governor would then prepare a budget and submit it to the Legislature. It would then be up to the Legislature to decide whether or not to approve the request.

Should the Legislature chose to not fund the Executive's full request, then it would be up to the Executive to meet the requirements of the Plan with the funds that are available.

Considering that DHS reported variances of over $500 million and $700 million over the past two previously completed fiscal years, even if the Legislature chose not to increase the statutory authority to spend (i.e., the amount of funding within HMS401 in the State Budget), it would appear that there would still be sufficient resources available to reinstate the benefit immediately.

Of course the Legislature could greatly reduce funding for HMS401 by these amounts, but to do so would apparently risk whether the State could adequately meet the requirements of the Plan and be in compliance with federal law. And since participation in Medicaid is voluntary, the federal government could cease their participation if the State is in non-compliance and let the State to fend for itself.

Because the HPCA is a private, non-profit organization, we do not have access to documents that could confirm or refute our observations. However, the Legislature, and more specifically, the Senate Committee on Ways and Means, and the House Committee on Finance have the statutory authority to compel any State agency to produce any and all documentation relating to their budget and expenditures. An accounting of the federal reimbursements for Medicaid payments received during these fiscal years and the disposition thereof would greatly clarify whether DHS indeed has sufficient resources to reinstate this benefit immediately.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiipca.net.

Hawaii Dental Hygienists' Association

Testimony in Support of RE: SB2459

February 4, 2020

Dear Chair Ruderman, Chair Baker and Respected Members of the Committee on Human Services and the Committee on Commerce, Consumer Protection and Health:

The Hawaii Dental Hygienists' Association (HDHA) strongly **SUPPORTS SB2459**. The bill appropriates funds to the Department of Human Services to restore basic adult dental benefits to Medicaid and QUEST enrollees. We congratulate you on your initiative to expand Medicaid dental services for adults to include preventive, diagnostic and restorative treatment services. This provision would directly benefit seniors, as well as adults with developmental and physical disabilities in providing necessary oral health services.

HDHA cannot emphasize enough the importance of dental care services that include preventive, restorative, prosthetic, and emergency services for all residents of Hawaii. We are keenly aware of how oral health, or the lack thereof, can affect all aspects (physical, emotional, psychological, and social) of our lives. It is also common knowledge that oral health has a direct correlation to over-all health. The mouth is connected to and shares a circulatory system with the rest of the body. Ignoring or limiting oral care services places Hawaii residents at risk for increased health problems.

As the largest association representing Hawaii's licensed dental hygienists', HDHA strongly **SUPPORTS SB2459** to address the unnecessary effects of dental disease among Hawaii's people, as well as the phenomenal expense of dental care in emergency room settings. We hope Hawaii's expanding workforce of Dental Hygienists' can and will be utilized to the fullest to treat this underserved population once this measure is passed.

Thank you for your consideration.

P.O. Box 23313 ♦ Honolulu, HI 96823 ♦ www.hdha.net

HAWAIʻI STATE RURAL HEALTH ASSOCIATION

February 4, 2020

Testimony in Support of SB 2459
MAKING AN APPROPRIATION TO RESTORE CERTAIN ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES

The Hawaii State Rural Health Association (HSRHA) respectfully submits written testimony in strong support of SB2459.

As a non-profit rural health association, our mission is to advocate for access to comprehensive healthcare that includes dental health, primary care and behavioral health, as an integral part of a person's overall health and wellness. Quite often, our neighbor island rural communities struggle to obtain equitable access to timely dental care.

Adults with dental disease often face challenges that impair their productivity and well-being. They suffer in pain and may have to take time off from work because they have a toothache or other serious oral health issues. Left untreated, tooth decay and gum disease are linked to serious health problems, including premature births in pregnant women and chronic conditions like heart disease, diabetes, and stroke.

The Hawaii State Rural Health Association's Board of Directors strongly supports this bill to restore adult dental benefits to Medicaid enrollees as a crucial first step to improve oral health amongst our most vulnerable populations. Improving access to dental care, in addition to investing in oral health prevention pays off in the long term. All residents in Hawaii should be able to receive culturally appropriate and timely healthcare where they reside.

Hawaii State Rural Health Association
4442 Hardy Street, Suite 205
Lihue, HI 96766
email: hsrhacoordinator@gmail.com
website: hawaiistateruralhealth.org

Established in 1994, the Hawaii State Rural Health Association (HSRHA) is a 501(C) 3 non-profit organization dedicated to addressing rural health needs across our island state.

~ Working Together To Promote Healthy Rural Communities ~

Facebook @hawaiiruralhealth **Instagram** @hawaiiruralhealth **Twitter** @HawaiiRural

949 Kamokila Boulevard, 3rd Floor, Suite 350, Kapolei, HI 96707
808.675.7300 | www.ohanahealthplan.com

February 5, 2020
2:45 p.m.
Conference Room 016

To: The Honorable Chair Russell E. Ruderman
The Honorable Vice Chair Karl Rhoads
Senate Committee on Human Services

The Honorable Chair Rosalyn H. Baker
The Honorable Vice Chair Stanley Chang
Senate Committee on Commerce, Consumer Protection, and Health

From: 'Ohana Health Plan
Rachel Wilkinson, Government Affairs Sr. Manager

Re: SB 2459, Relating to Medicaid Benefits; **In Support**

'Ohana Health Plan offers our **support** of SB 2459, which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees, and requires maximization of federal matching funds.

Poor oral health is one of the most important issues facing our state, particularly with the Medicaid population. While oral health can often be overlooked, there is a clear relationship between preventative dental care and the deterrence of serious medical conditions.

Since January 2019, 'Ohana Health Plan has offered—at no cost to our members—basic dental coverage, providing adults who have QUEST Integration coverage with an annual exam, fluoride treatment, a cleaning every six months, one set of bitewing x-rays per year, and either a non-emergent tooth extraction or filling. By absorbing these costs, 'Ohana Health Plan has invested in the health and overall well-being of our members. We believe maintaining a healthy community means doing the right thing by providing quality dental care to those who need it the most.

According to the Hawaii Department of Health's 2012 *Hawaii Oral Health: Key Findings* report, there were more than 3,000 emergency room visits in Hawaii for preventable dental problems, resulting in $8.5 million in hospital charges. Studies have shown links between gum disease and higher risks of heart attack, stroke, diabetes and rheumatoid

arthritis. Oral health diseases have also been shown to cause low-birth rates and pre-term births for pregnant women.

The state's investment to restore diagnostic, preventive and restorative dental benefits to adult Medicaid enrollees would be relatively small in comparison to the downstream cost savings to the entire healthcare system.

We strongly urge the passage of SB 2459. Thank you for the opportunity to submit testimony on this measure.

SB-2459
Submitted on: 1/31/2020 5:32:25 PM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Yes

Comments:

Responsible parents teach their children to brush their teeth so that they won't get cavities or have other oral health issues. Yet, we have a government policy which says that we will not pay to have your teeth cleaned or your cavities filled - however, if your teeth are rotting and about to fall out then we will pay to have it extracted. That seems completely contrary to common sense; basic health principles, and how most of us try to act in our own lives. It is hard to believe that we have allowed that to continue as our policy for so many years and we really hope the Legislature and the Department of Human Services will finally change that.

STATE OF HAWAIʻI
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAIʻI 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 5, 2020

The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services
and
The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health
Thirtieth Legislature
State Capitol
State of Hawaiʻi
Honolulu, Hawaiʻi 96813

Dear Senator Ruderman, Senator Baker, and Members of the Committees:

SUBJECT: SB 2459 – Relating to Medicaid Benefits

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 2459**. The bill makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

The Council cannot emphasize enough the importance of dental care services that include preventive, restorative, prosthetic, and emergency services for people with DD. We are all aware of how oral health, or the lack thereof, affects all aspects (emotional, psychological, and social) of our lives. Numerous individuals can share with you their experience of having a tooth or teeth extracted or acquiring serious health problems because necessary dental services were not available because of the termination of the Medicaid adult dental benefit coverage in 1996. Compounding the challenges is the limited number of dentists on the Neighbor Islands who are available and willing to serve Medicaid and QUEST integration enrollees

Thank you for the opportunity to submit testimony in **support of SB 2459**

Sincerely,

Daintry Bartoldus
Executive Administrator

HAWAII APPLESEED
CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai‘i Appleseed Center for Law & Economic Justice
In Support of SB 2459 – Relating to Medicaid Benefits
Senate Committees on Human Services and on Commerce, Consumer Protection, and Health
Wednesday, February 5, 2020, 2:45 PM, in conference room 016

Dear Chairs Ruderman and Baker, Vice Chairs Rhoads and Chang, and members of the Committees:

Thank you for the opportunity to provide testimony in **SUPPORT of SB 2459**, which would appropriate funds to restore certain adult dental benefits to Medicaid enrollees.

We echo the legislature's finding that, "Lack of access to dental coverage and oral healthcare is a health and social justice issue that disproportionately affects the poor, children, the elderly, and racial and ethnic minority groups… Individuals enrolled in medicaid have an increased likelihood of disparities in health care outcomes based on income. The prevalence of dental disease and tooth loss is disproportionately high among low-income populations. Insufficient coverage or access to care often further disadvantages medicaid recipients, driving poor health outcomes and higher costs."

An investment of $7 million, as proposed in this bill, to restore diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees will likely more than pay for itself by reducing costs due to emergency room visits for dental problems, health and birth complications due to poor oral health, and other acute and chronic health conditions that are linked to oral disease.

We appreciate your consideration of this testimony, and we urge you to pass this bill.

The Hawai‘i Appleseed Center for Law and Economic Justice is committed to a more socially just Hawai‘i, where everyone has genuine opportunities to achieve economic security and fulfill their potential. We change systems that perpetuate inequality and injustice through policy development, advocacy, and coalition building.

Date: ~~January 29, 2019~~February, 3, 2020

To: The Honorable Senator Russell E. Ruderman
Chair Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker,
Chair Senate Committee on Commerce, Consumer Protection, and Health

Re: Strong Support for SB2459 Making an Appropriation to Restore Certain Adult Dental Benefits to Medicaid Enrollees

Hrg: Wednesday, February 5, 2020 at 2:45 PM at Conference Room 016

The Hawai‘i Oral Health Coalition[i] is in **Strong Support of SB2459** which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

SB2459 appropriates funds to the DHS to restore basic diagnostic, preventive, and restorative adult dental benefits to adult Medicaid enrollees. In a survey conducted by Ward Research for HIPHI[ii], 9 in 10 registered Hawaii voters (89%) strongly agreed that preventative dental benefits should be included in adult Medicaid coverage.

Oral health in our state is a public health crisis, with Hawaii receiving a failing grade of “F” in three recent oral health report cards released by The Pew Center for the States. Unfortunately, drastic cuts in 2009 eliminated comprehensive benefits for Medicaid enrollees and reduced coverage to emergency only (extraction and pain management). Hawai‘i has suffered the consequences:

- In FY 2017, for the 234,258 adults who had emergency-only dental coverage, only 17,889 (8%) of them received ANY dental services for the year.
- In 2016, there were more than 3,000 emergency room visits due to preventable dental problems, 67% more than in 2006. As a result, aggregate hospital charges for dental emergency visits were just over $17,000,000 compared to $4,000,000 in 2006. Over half of all dental ER visits were residents on Neighbor Islands and 66% were Medicaid beneficiaries.
- An estimated 79% of ER dental visits could be diverted to community settings, saving about 48% of the cost of each visit.
- Significant disparities exist State-wide with rural and low-income families experiencing higher ER utilization rates for dental issues. For example, overall population rates of ER utilization for oral health in 2016 were 82.2 per 10,000 in the Kau primary service care area compared to 5.0 per 10,000 in the Mililani primary care service area.

Oral health is a crucial part of overall physical, psychological, social, and economic wellbeing. Adults with poor oral health often struggle to manage chronic co-conditions such as diabetes. Researchers have linked poor oral health with cardiovascular disease, stroke and bacterial pneumonia. Pregnant women with poor oral health are at an increased risk of delivering preterm and/or low-birth-weight infants. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

The HOHC has been working collaboratively with MedQuest-DHS and the Health Policy Institute of the American Dental Association for the past 8 months to gain a more specific fiscal analysis for Legislative consideration about the costs versus cost-savings in reinstating preventive and restorative dental benefits for adults on Medicaid. We are hopeful that the new analysis will be available via MQD-DHS in February with the fiscal estimates that will respond to Legislator's 2019 questions about the estimated costs and cost-savings of reinstating these much-needed dental benefits. The federal government does match up to 50% of the state's investment in reinstating preventative and restorative dental benefits for all adult Medicaid recipients and to date, 34 states do offer limited or comprehensive benefits for its adult Medicaid recipients.

We **strongly support** the restoration of these benefits.

Thank you for the opportunity to provide testimony.

Mahalo,

~~Nicole Nakashima~~Anthony S. Kim, DMD~~, M.P.H.~~
Hawai'i Oral Health ~~and Policy Coordinator, Hawai'i Public Health Institute~~Coalition Chair

i The Hawai'i Oral Health Coalition (HOHC) is community driven~~owned~~ and led with fiscal sponsorship from the Hawaii Public Health Institute. Its members represent all Hawai'i islands and diverse sectors across the State. The mission of the Hawai'i Oral Health Coalition is to improve the overall health and wellbeing of all Hawai'i residents by increasing access and equity in oral health care through collaborative partnerships, advocacy, and education.

ii Findings from a Ward Research Study commissioned by the Hawaii Public Health Institute that summarizes findings from a phone survey among n=812 registered Hawaii voters (maximum sampling error of +/-3.3%) conducted between November 5 to 8, 2018. A copy of the results are available upon request.

Committee on Human Service
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Testimony on Senate Bill 2459
Relating to Medicaid Benefits
Submitted by Dr. Steven Pine, DDS., Dental Director
February 3, 2020

I, Dr. Steven Pine, DDS, currently work as the Dental Director at West Hawaii Community Health Center, (WHCHC) and I strongly support **Senate Bill 2459**, which appropriates funds for the restoration of basic adult dental benefits to Medicaid patients.

At WHCHC we believe that oral health indicates much more than simply healthy teeth, as the mouth can be both a cause and a window to individual and population health and well-being. Oral health is critical to general health and well-being as the mouth is the gateway to the rest of the body, providing clues about overall health. It is sometimes the first place where signs and symptoms of other diseases are noticed. Causes of poor oral health are complex and access to dental care for adults is crucial for overall health and well-being. However, adults in West Hawaii are less likely to see a dentist then adults on average for the state. 35.6% of West Hawaii adults have had no dental care compared to the state rate of 29%. Moreover, the rate of oral health emergency room visits in West Hawaii is 58.9 per 100,000, significantly greater than the rate of 16.8 per 100,000 statewide. (State of Hawaii Primary Care Needs Assessment Data Book, 2016)

WHCHC provides care to the most under-served people in our community who have the most complicated health needs. Individuals with a range of chronic conditions are more susceptible to oral disease. Oral disease can also exacerbate chronic disease symptoms.

In 2019 WHCHC provided 2,023 adult dental visits. Of these visits 232 were emergency visits for low-income adults; 918 visits were provided to adults with low-income who qualified for the sliding fee payment program - these dental patients live at 100% of the federal poverty level and qualified for paying only a minimal payment on the sliding fee discount program. In 2019 the WHCHC Adult Dental program expenditures totaled $1,286,982 - program revenue totaled $576,230 - equating to a $710,751 financial loss for the adult dental program. This is an unsustainable business model. Because our mission is to provide dental care to those with low-income, and other high-risk populations, the only way this adult dental program can become viable is Medicaid funding adult dental treatments.

Research shows that adults who receive Medicaid frequently go without comprehensive oral treatment due to high treatment costs which must be paid for out-of-pocket (Hawaii Oral Health: Key Findings, 2015). A recent CDC report shows that the cost of treatment or lack of insurance was the main reason 42% of adults, 18-64 years of age, went without a dental visit for an oral health problem in the past 6 months Consistent with national statistics that demonstrate disparity in dental care for the low-income vs high income adults, a recent survey on Hawaii Oral Health noted there are substantial dental health disparities in Hawaii. Adults with low income are more likely to have dental problems and less likely to see a dentist each year. Only 52% of low-income adults saw a dentist during the past year compared to 82% of high-income adults. In addition, adults with low-income (<$15,000/year) are more likely to have lost a permanent tooth because of dental problems compared to adults with high-income (>$70,000/year). These differences may be partially explained by low income adults having lack of access to receiving dental care (Hawaii Oral Health: Key Findings, 2015).

The state of Hawaii has one of the highest cost of living rates in the U.S. - for those living in poverty it becomes a choice between paying for dental treatments out-of-pocket, or, paying for food and housing.

Emerging evidence shows an association between periodontal infection and adverse pregnancy outcomes, such as premature delivery and low birth weight. Studies also show that controlling oral diseases improves a

woman's quality of life and has the potential to reduce the transmission of oral bacteria from mothers to children. Most pregnant women in Hawaii DO NOT see a dentist during their pregnancy. Only 41% of pregnant women in Hawaii reported seeing a dentist during their pregnancy in 2009-2011. Pregnant women who live in Hawaii County, who are between the ages of 20-29 years, who have less than a high school education, who are low-income, and who receive Medicaid/QUEST health insurance, are particular group with the lowest estimates of seeing a dentist during pregnancy.

By passing this bill you will improve oral health outcomes for the most disadvantaged adults in our community. Providing adult dental services for those living in poverty will serve the public in the following ways:

- Reduce costs associated with emergency department visits for preventable oral health problems.
- Improve pregnancy outcomes for low- income women.
- Improve self-esteem, employability, decrease absenteeism, and improve mental health of disadvantaged adults.
- Improve chronic health condition for underserved and disadvantaged adults.
- Improve access to dental services for adults living in poverty.

For these reasons I strongly support **SB 2459**. Thank you for the opportunity to testify.

Papa Ola Lokahi
Nana I Ka Pono Na Ma

LATE

Papa Ola Lokahi
894 Queen Street
Honolulu, Hawaii 96813
Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

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SENATE COMMITTEE ON HUMAN SERVICES
Sen. Russell E. Ruderman, Chair
Sen. Karl Rhoads, Vice-Chair

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION and HEALTH
Sen. Rosalyn H. Baker, Chair
Sen. Stanley Chang, Vice-Chair

IN SUPPORT
SB 2459 - RELATING TO MEDICAID BENEFITS

Wednesday, February 5, 2020, 2:45 PM
Conference Room 016, State Capitol

Aloha to the Chairs, Vice-Chairs and members of the committees.

Papa Ola Lōkahi (POL)—the Native Hawaiian Health Board established 30 years ago—is in strong support of SB 2459, which will restore adult Medicaid coverage for adult dental care services that were revoked in 2009.

Papa Ola Lōkahi is authorized by the federal Native Hawaiian Health Care Improvement Act (Title 42 USC 122), or NHHCIA, to address the health and well-being of native Hawaiians, which we do through multiple strategies: policy, reseach and data, traditional Hawaiian healing, education and training, workforce development, and more. The NHHCIA also created five Native Hawaiian Health Care Systems that serve seven islands by providing primary, behavioral health, outreach and enrollment services. Two provide dental services directly, the others provide referrals to dental health partners.

The Systems have all witnessed increasing numbers of patients and clients in need of dental benefits. Gum disease and cavities are rising in adults throughout Hawai'i. Most significantly, The Hawai'i Department of Health reported that in 2017, 3,000 residents visited emergency rooms around the islands for preventable dental health services.

This bill is open of the most important to our Native Hawaiian Health Care Systems this year. With Medicaid coverage for adults, preventive oral health care will save millions of dollars in restorative services and relieve emergency care.

We strongly urge the passage of this bill. Mahalo nui for the opportunity to provide testimony IN SUPPORT of SB 2459.

Pono Hawai'i Initiative

Josh Frost - President • Patrick Shea - Treasurer • Kristin Hamada
Nelson Ho • Summer Starr

Tuesday, February 4, 2020

Relating to Medicaid Benefits
Testifying in Support

Aloha Chair and members of the committee,

The Pono Hawai'i Initiative (PHI) **supports SB2459 Relating to Medicaid Benefits**, which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

Dental benefits are necessary for a wide range of reasons (physical, emotional and economical). Having dental benefits can help reduce emergency room visits, reduce complications for diabetics and pregnant women. Poor oral health has been clinically proven to have adverse impacts on an array of acute and chronic health conditions leading to poor health outcomes and a lower quality of life.

Having access to dental coverage means more dental visits and a greater chance of preventing dental issues before they start. Currently comprehensive dental coverage is mandatory for children enrolled in Medicaid but benefits for adults is optional. Dental benefits should be apart of basic care received under Medicaid.

For all these reasons, we urge you to move this bill forward.

Mahalo for the opportunity,
Gary Hooser
Executive Director
Pono Hawai'i Initiative

SB-2459
Submitted on: 2/4/2020 2:13:03 PM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Taylor Ashford	Testifying for Easterseals Hawaii	Support	No

Comments:

February 5, 2020

SB2459

COMMITTEE ON HUMAN SERVICES (CHS) and COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH (CPH)

Senator Russell E. Ruderman CHS Chair, Senator Rosalyn N. Baker, CPH Chair, Senator Karl Rhoads CHS Vice Chair, Senator Stanley Chang, CPH Vice Chair and Committee members,

I am submitting this letter in support of SB2459 on behalf of Easterseals Hawaii and the families we serve. Easterseals Hawaii provides Home and Community Based Service (HCBS) Programs to 250 adults with Intellectual and Developmental Disabilities in nine locations statewide. Our Mission is to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities. Most adults that participate in the Home and Community Based Services program receive their health services through the Med-Quest program and would benefit from the restoration of dental services.

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. Missing or broken teeth create social and economic barriers for adults to make friends and find and maintain gainful employment in our service-based economy.

Due to the lack of oral care, our emergency rooms have been over utilized for unmet oral health needs. Of the 3,000 ER visits for acute dental emergencies in 2016, 56% were people with disabilities. Coverage of routine and preventive oral health would reduce ER visits and the cost of this more expensive care.

Thank you for the opportunity to submit this letter of support for SB 2459.

Michelle Befi

VP of Clinical Services, Easterseals Hawaii

CATHOLIC CHARITIES HAWAIʻI

TESTIMONY IN SUPPORT OF SB 2459: Relating to Medicaid Benefits

TO: Senator Russell Ruderman, Chair, Senator Rosalyn H. Baker, Chair; and Members, Committees on Human Services and Commerce, Consumer Protection, and Health

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawaiʻi

Hearing: Wednesday, 2/5/20; 2:45 PM; CR 016

Chair Ruderman, Chair Baker, and Members, Committee on Human Services and Commerce, Consumer Protection, and Health

Thank you for the opportunity to provide testimony **in support** of SB 2459, which makes an appropriation to the Department of Human Services to restore adult dental benefits to Medicaid enrollees. I am Rob Van Tassell, with Catholic Charities Hawaiʻi.

Catholic Charities Hawai`i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai`i for over 70 years. CCH has programs serving elders, children, families, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai`i. Access to dental care is an important social justice issue for CCH.

We support this bill since poor oral health can have a serious impact on peoples' overall health and their ability to live productive lives. We have found a number of kupuna who do not have access to primary dental care. Even with the knowledge that special programs like Kupuna Smiles provides, these seniors cannot afford to see a dentist. It is also of great concern for the homeless who already are at high risk of ill health due to their unstable living situations. Lack of dental care affects a wide range of Hawaii residents since access to regular oral health care varies greatly across the State. **Our rural and neighbor island residents and persons/families with lower incomes have disproportionate access issues.**

In 2009, Hawaii's adult dental benefits were removed. Data shows that this is having a significant impact on our residents. There were over 3,000 ER visits for acute oral health conditions in 2016, costing the state over $17 million in direct costs. Compare this with 1,800 visits to the ER in 2006, with $4 million in costs. Medicaid beneficiaries constitute over half (53%) of the dental emergencies seen, statewide, in emergency rooms.

Restoring adult dental benefits could cut costs by diverting an estimated 79% of ER dental visits to community settings, with a much lower cost. An emergency seen by a community dentist costs an estimated 48% of the cost of an ER treatment.

Good oral health is important since it can improve the beneficiaries' ability to obtain and maintain employment and engage with others.

We urge your support of this bill to enhance the dental and overall health of Hawaii's residents.

Please our Legislative Liaison, Betty Lou Larson, at bettylou.larson@catholiccharitieshawaii.org or (808) 373-0356, if you have any questions.

February 3, 2020

Date of hearing: February 5, 2020 at 2:45 PM at Conference Room 016

Bill #: SB2459 Committee: Committee on Human Services and Committee on Commerce, Consumer Protection, and Health

Aloha Chair Ruderman, Chair Baker and Committee Members,

My name is Jim Kilgore and I am representing Full Life, which provides services for adults with developmental disabilities through the State of Hawaii Medicaid Waiver Program.

I am writing in strong support of SB2459. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include reinstate basic diagnostic, preventive and restoration benefits.

Hawaii's oral health services has not been given adequate attention and resources necessary to support good oral health care in our state since Medicaid adult dental benefits were drastically cut in 2009.

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease.

Adults with developmental disabilities are not able to afford dental diagnostic, preventative care, or restoration. Often their only option is emergency extraction which could be prevented with routine dental care. This negatively impacts self-esteem and imposes barriers to independence such as obtaining employment.

As a part of our commitment to improve oral health in Hawaii, we believe that basic coverage of dental services for adults is a critical factor in ensuring access to appropriate and timely oral health care,

Mahalo for the opportunity to testify in strong support of this very important health bill.

Jim Kilgore

Executive Director

HUI NO KE OLA PONO

95 Mahalani Street, Room 21, Wailuku, HI 96793
Phone: 808-244-4647, Fax: 808-242-6676

Date: February 4, 2020

To: The Honorable Senator Russell E. Ruderman, Chair Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair Senate Committee on Commerce, Consumer Protection, and Health

Re: SB2459 Relating to Medicaid Benefits

Hrg: Wednesday, February 5, 2020 at 2:45 pm at Capitol Conference Room 016

My name is Emi Eno Orikasa and I am the Oral Health Director at Hui No Ke Ola Pono, the Native Hawaiian Health Center on Maui. Hui No Ke Ola Pono focuses on health enhancement and disease prevention through programs on nutrition, health management and health care referrals for the community of Maui in a culturally caring manner.

Hui No Ke Ola Pono is in strong support of SB2459 which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees.

Significant gaps exist in the oral health of Native Hawaiians, in part due to the lack of preventive and comprehensive dental benefits for adult Medicaid beneficiaries. Despite having a sliding-scale discount for dental services, many of our patients are still unable to afford even basic, preventive dental care. Thus, patients are delaying or avoiding preventive dental treatment, leading to more severe dental problems, and seeking care only when they have an emergency.

In 2016, there were more than 3,000 emergency room visits due to preventable dental problems, 67% more than in 2006. As a result, aggregate hospital charges for dental emergency visits were just over $17, 000,000 compared to $4.000.000 in 2006. Over half of all dental ER visits were residents on Neighbor Islands and 66% were Medicaid beneficiaries.

Oral health is a crucial part of overall physical, psychological, social, and economic wellbeing. Many of our adult patients are also afflicted with co-morbidities such as diabetes and cardiovascular disease, making preventive care essential in helping to managing these conditions. Pregnant women with poor oral health are at an increased risk of delivering preterm and/or low-birth-weight infants. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

As a part of our commitment to improve oral health in Hawaii, we believe that basic adult dental coverage, at minimum, is a critical factor in ensuring access to appropriate and timely oral health care.

We strongly support the restoration of these benefits.

Mahalo for the opportunity to provide testimony.

HOʻŌLA LĀHUI HAWAIʻI
P.O. Box 3990; Līhuʻe, Hawaiʻi
Phone: 808.240.0100 Fax: 808.246.9551

February 4, 2020

COMMITTEE ON HUMAN SERVICES
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Testimony in Support of SB 2459

MAKING AN APPROPRIATION TO RESTORE ADULT DENTAL BENEFITS TO MEDICAID ENROLLEES.

Wednesday February 5, 2020, 2:45pm, Conference Room 016

Ho`ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this bill to restore adult dental benefits for those on Medicaid.

Dental care is vital to the overall health of individuals. Nearly 50% of all adults aged 30 or older have some form of gum disease according to the Centers for Disease Control and Prevention and adult cavities is on the rise. Around 90% of all adults have had a cavity and 1 in 4 adults have untreated cavities.

It is vital to support the dental benefit restoration to Medicaid for those who are most in need. Prevention will save millions of dollars in restorative care services in the long term.

Since 2009 when this benefit was removed, we have witnessed increasing numbers of individuals who are in dire need of care including major decay and infection.

This is the single most important bill currently in the legislature to our patients. We strongly encourage the committee to pass this bill and restore benefits to those most in need.

Respectfully Requested,

David Peters
Chief Executive Officer

ALOHACARE

February 5, 2020
2:45 pm
Conference Room 016

To: The Honorable Sen. Russell E. Ruderman, Chair
The Honorable Sen. Karl Rhoads, Vice Chair
Committee on Human Services

The Honorable Sen. Rosalyn H. Baker, Chair
The Honorable Sen. Stanley Change, Vice Chair

From: Paula Arcena, Executive Vice President, External Affair
Peggy Mierzwa, Government Affairs

Re: SB2459 Relating to Medicaid Benefits

AlohaCare is pleased to submit this testimony in **strong support** of SB2459 making an appropriate to restore certain adult dental benefits to Medicaid enrollees; requires maximization of federal matching funds.

Without dental coverage, 180,000 adults in the Hawaii Medicaid program are not getting the benefit of early detection and treatment for better overall health. Instead, adults with Medicaid are covered for emergency dental coverage only. In 2012 alone, Hawaii Medicaid paid $4.8 million for 1,691 adults for emergency room visits for preventable oral health problems, according to the Department of Health, Hawaii Oral Health: Key Findings report.

Children in Hawaii's Medicaid program currently have comprehensive dental coverage. Senior citizens who are Medicaid eligible have multiple options for dental coverage from Medicare Advantage plans. It's been over 10 years since adults in Hawai`i's Medicaid program have had dental coverage.

Clinical studies show that without proper dental care pregnant mothers are at higher risk for having premature births and underweight babies. Bacteria in the mouth can get into the bloodstream and cause a heart infection called endocarditis. Some mental health medications cause dry mouth, putting people at risk for tooth and gum disease. Diabetes can make people more susceptible to serious gum disease, such as gingivitis or worse, periodontitis.

ALOHACARE

To encourage AlohaCare members to seek dental care, AlohaCare is voluntarily providing its members with basic dental coverage. Starting January 1, 2019, AlohaCare has covered basic dental services to adult members who rely on Medicaid as their primary health insurance. By absorbing the cost of an annual dental exam, biannual cleanings and fluoride treatment, two bitewing x-rays and one filling or non-emergency extraction, we hope to help adults with Medicaid get into a dentist chair before they have a dental crisis.

AlohaCare is a non-profit health plan founded in 1994 by Hawai`i Community Health Centers (CHCs) to provide high-quality health care services to Hawai`i's medically underserved populations and to ensure that communities have a voice in how their needs are served. We are the only community governed health plan in the state of Hawaii. Currently, AlohaCare is the second largest QUEST Integration plan statewide. We partner with nearly 3,500 physicians, specialists and providers in the care of our members. We have over 260 employees who work on Oahu, the Big Island, Maui and Kauai.

Thank you for this opportunity to testify.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814
Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org

Hawaii
Children's Action Network Speaks!
Building a unified voice for Hawaii's children

Hawai'i Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Senator Ruderman, Chair
Senator Rhoads, Vice Chair
Senate Committee on Human Services

Senator Baker, Chair
Senator Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 2459- adult dental benefits
Hawai'i State Capitol, Room 016
2:45PM, 2/4/2020

Chair Ruderman, Chair Baker, Vice Chair Rhoads, Vice Chair Chang and committee members,

On behalf of Hawaii Children's Action Network Speaks!, we are writing to support in STRONG support SB 2459, relating to adult dental benefits.

Hawaii's children have some of the worst oral health outcomes in the country. Our third graders have the highest prevalence of tooth decay and 7 out of 10 third graders are impacted by tooth decay. We believe oral health is a family issue and that if parents have access to dental prevention services, their whole family will benefit. We know that dental health has a direct impact into overall health and therefore, should be a priority. Our most vulnerable families had this benefit previously and we believe it should be restored.

For these reasons, HCAN Speaks! respectfully requests the Committee to support this measure.

Thank you,

Kathleen Algire
Director, Public Policy and Research

Bill: SB2459, Relating to Medicaid

Hearing Date &Time: Weds, February 5, 2020, 2:45pm

Committees: Senate Committee on Human Services and Committee on Commerce, Consumer Protection and Health

Testifier: Nancy Partika, RN, MPH

Aloha Senator Ruderman, Senator Baker, and Members of the Senate Committee on Human Services and Senate Committee on Commerce, Consumer Protection and Health

My name is Nancy Partika, and I am a member of the Hawaii Oral Health Coalition, having worked to identify and address oral health disparities in Hawaii for the past 4 years.

Hawaii has visibly struggled for decades with oral health disparities and problems accessing care for its most needy. The 2009 abolishment of adult dental benefits under Medicaid and the problems that resulted from adults receiving nothing other than emergency-only care since then has spiraled, while the State continues to pay out millions per year in acute oral health emergency room care and for other health-related services statewide that does not provide adequate oral health care or support to our at-risk populations such as those on Medicaid.

According to a 2017-18 DOH study, 66% of all ER visits made statewide were Medicaid and/or Medicare recipients, and the costs in 2016 for these 3,000 total visits cost a staggering $17 million dollars. Fiscally, it seems logical that these millions of dollars that could be potentially saved via fewer ER visits and instead wisely utilize a portion of those dollars to pay upfront for preventative and restorative dental care benefits for Medicaid recipients.

Poor oral health is already proven to be linked to an array of acute and chronic health conditions, including: heart disease, diabetes, stroke, depression, low birth weight and premature birth. Researchers have mapped linkages from chronic dental pain to end-stage renal disease, liver transplants, opioid-related emergency department visits, and opioid-related crime. These co-conditions are made worse by having poor oral heath, and the care of the oral health of chronically ill or pregnant can be another significant potential area for return on investment. We are now recognizing that not intervening in oral health conditions early and preventively will cost much more later on in unintended direct and indirect costs.

Currently there are 34 states offering adult Medicaid recipients preventive and restorative adult oral health benefits. Many options exist as to how Hawaii could address the need for greater oral health benefits by expanding services covered that are preventive and restorative, rather than emergency-only care...

By adding a comprehensive or limited dental services benefit, Hawaii's adults on Medicaid are expected to experience fewer oral health-related ER visits, with improvements to their chronic disease risks and overall health status. Broader Medicaid dental benefits for adults would not only support individual health and well-being among Hawaii's most vulnerable adults, but could also improve the employment status and socio-economic strength of our communities.

We in the community fully understand and support the need to address multiple issues and crises at the Legislative level; however the issue of inadequate coverage of adults for oral heath under Medicaid is now a chronic problem in need of immediate attention. More detailed analysis of the cost-benefits of implementing Improved Medicaid adult dental coverage is anticipated to be provided by MQD-DHS soon.

Improving oral health for adults and their families in Medicaid has widespread public and private support statewide and, as the unmet oral health needs continue to emerge, so does public support.

Your pro-active attention to this issue is respectfully requested—Mahalo for this opportunity to testify.

SB-2459
Submitted on: 2/3/2020 12:01:50 AM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Azuma Chrupalyk	Individual	Support	No

Comments:

Restoring dental benefits to Medicaid insured people would be nothing short of genius in terms of long-term health, economy and productivity.

Health & Health Costs: While our overall health conditions increase to reflect better health and welfare of Hawai‘i‘s residents, health care costs will inevitably decrease as a result because other health problems could have been prevented while they were only a tooth issue.

Economy: Poor dental health often limits job availability to individuals because of professional appearance. This often results in a heavier population dependence in both the long-term medical conditions as well as social welfare services. Fixing teeth can only be beneficial to people‘s ability to feel confident to go for the better paying jobs and aspire to do such.

Productivity: Once people look good, they feel good. When people feel good about themselves, their actions become aligned - which are all the psychological responses to a simple fix now - dental care.

Date of hearing: Wednesday, February 5, 2020 at 2:45 PM

Bill #: SB 2459: COMMITTEE ON HUMAN SERVICES; COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Testimony submitted by *Save Medicaid Hawaii*

Aloha Chair Russell E. Ruderman, Chair Rosalyn H. Baker, Vice Chair Karl Rhoads, Vice Chair Stanley Chang, and Committee members:

My name is Doris Segal Matsunaga and I am representing Save Medicaid Hawaii, a network of people advocating for NO CUTS in Medicaid and working towards a stronger health care system in Hawaii that provides high quality universal health care for all. We firmly believe Medicaid is good for everyone in Hawaii because when more people are insured, this lowers health care costs for all of us. https://www.facebook.com/SaveMedicaidHawaii/

We are writing in strong support of SB 2459. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include reinstate basic preventive and restoration benefits.

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

As a result of our past decade of minimal coverage for dental care, our emergency room have been over utilized for unmet oral health needs to the tune of thousands of visits per year, costing millions of dollars. On our neighbor islands, dental care provided for DoD training purposes (TropicCare) attracts large numbers of residents who cannot afford to pay for the prohibitive costs of their care in dental offices. Our adult dental Medicaid provider system is inadequate to care for the numbers of persons needing care. Needless pain and suffering is common due to our indifference to adults needing care in dental homes.

There were reported just over 3,000 emergency room (ER) visits for acute oral health conditions in 2016, totaling over $17 million in direct costs. For all dental emergency services that were provided in 2015-16 in Hawaii, 56% were disproportionately Med-QUEST recipients, who represent about 25% of the overall Hawaii population. An estimated 79% of ER dental visits could be diverted to community settings, saving about 48% of the cost of each visit. (Example: treating a dental emergency might cost $750 in an ER vs. $390 in the community setting.).

These figures do not begin to count the costs of treating heart disease or pre-term birth than can and do result from untreated dental infections.

This can be the year we do this! Let's stop the flow of out migration by our youth and live up to our roots and reputation as a progressive state with a strong social compact.

Date: February 1, 2020

To: The Honorable Russell E. Ruderman, Chair
The Honorable Karl Rhoades, Vice Chair
Members of the Senate Committee on Human Services

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection and Health

Re: **Strong Support for SB2459**, Relating to Medicaid Benefits

Hrg: February 5, 2020 at 2:45 PM in Capitol Room 016

Aloha Senate Committees on Human Services and Commerce, Consumer Protection and Health,

I am writing in **strong support of SB2459**, which makes an appropriation to restore certain adult dental benefits to Medicaid enrollees and requires maximization of federal matching funds.

Oral health is crucial to a person's physical, psychological, social and economic health and wellbeing. Poor oral health makes it much more difficult and expensive to effectively manage chronic health conditions, including diabetes and heart disease. Missing or broken teeth create social barriers for adults to find and maintain gainful employment in our service-based economy.

Hawai'i's Medicaid adult dental benefits were drastically cut in 2009. Since then, rather than accessing less expensive, *preventative* oral health care, adults covered under Medicaid have had to seek *emergency* care for serious oral health problems in our overburdened hospital emergency rooms.

Emergency room care is far more expensive, and addresses oral health problems only after they have a significant negative health and quality-of-life impact, than preventative oral health care.

Each year the State of Hawaii spends millions more on emergency dental treatment for adults with serious oral health conditions than it would cost to provide preventative dental care to all adults covered under Medicaid. While costing less, preventive dental care would also reduce needless pain and suffering among adult Medicaid enrollees by preventing oral health problems before they become serious and debilitating.

By not providing preventative adult dental care, Hawai'i also misses out on matching federal funds available to offset the cost of preventative oral health care for adult Medicaid recipients.

SB2459 offers a common sense approach to ensuring appropriate and timely oral health care for adults covered by Medicaid, reducing pain and suffering among some of our most vulnerable community members, saving the State of Hawai‘i and taxpayers money and reducing the burden on our over-stretched hospital emergency departments.

I **strongly support SB2459** and respectfully ask you to pass this bill out of committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Kea‘au, HI

TESTIMONY FOR SENATE BILL 2459
RELATING TO MEDICAID BENEFITS

Date of Hearing:
February 5, 2020

Committees:
Committee on Human Services
Senator Russell E. Ruderman, Chair
Senator Karl Rhodes, Vice Chair

Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

February 1, 2020

Dear Committee Chairs, Vice Chairs, and members:

My name is Andrew Tseu and I am submitting testimony as a Hawaii resident.
I am writing in strong support of SB 2459. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include reinstate basic preventive and restoration benefits.

Hawaii's oral health services has not been given adequate attention and resources necessary to support good oral health care in our state since Medicaid adult dental benefits were drastically cut in 2009.

Oral health is a crucial part of a person's physical, psychological, social and economic health and well-being. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

As a result of our past decade of minimal coverage for dental care, our emergency room have been overutilized for unmet oral health needs to the tune of thousands of visits per year, costing millions of dollars.

As a part of our commitment to improve oral health in Hawaii, we believe that basic coverage of dental services for adults is a critical factor in ensuring access to appropriate and timely oral health care.

Please feel free to contact me at (808) 781-3613 to discuss my testimony further.

Thank you for the opportunity to testify in strong support of this very important health bill.

Best regards,

Andrew Tseu, D.D.S., J.D.

To: Hawaii State Legislature - COMMITTEE ON HUMAN SERVICES; COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing: Date/Time: Wednesday, February 5, 2020 at 2:45 PM
Place: Hawaii State Capitol, Room 016
Re: Judith Ann Armstrong is in support of SB 2459 relating to Medicaid Benefits.

Aloha Chair Russell E. Ruderman, Chair Rosalyn H. Baker, Vice Chair Karl Rhoads, Vice Chair Stanley Chang, and Committee members,

I am writing in strong support of SB 2459. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include reinstate basic preventive and restoration benefits

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

As a result of our past decade of minimal coverage for dental care, our emergency room have been over utilized for unmet oral health needs to the tune of thousands of visits per year, costing millions of dollars. On our neighbor islands, dental care provided for DoD training purposes (TropicCare) attracts large numbers of residents who cannot afford to pay for the prohibitive costs of their care in dental offices. Our adult dental Medicaid provider system is inadequate to care for the numbers of persons needing care. Needless pain and suffering is common due to our indifference to adults needing care in dental homes.

I strongly urge our legislators to support this important benefit change.

Thank you for this opportunity to testify in support of this important measure.

Sincerely,
Judith Ann Armstrong
1717 Ala Wai Blvd
Apt 3006
Honolulu, HI 96815

baker8 - Jessica

From: Troy Abraham <wmrfdocdoescfel@ujoin.co>
Sent: Tuesday, February 4, 2020 9:36 AM
To: CPH Testimony
Subject: Support SB 2459

From: tabraham08@gmail.com <Troy Abraham>

Message:

Aloha Chairs Baker and Ruderman, Vice Chairs Rhoads and Chang and members of the committee,

I write you today to ask that you support SB 2459.

Troy Abraham

Hilo

Hawaii

baker8 - Jessica

From: Luana Keakealani <cybffcnxpfvdsbu@ujoin.co>
Sent: Tuesday, February 4, 2020 10:06 AM
To: CPH Testimony
Subject: Support SB 2459

From: sonyandluana@yahoo.com <Luana Keakealani>

Message:

My name is Luana Keakealani and I am a licensed Social Worker. I write to you to share my thoughts on how restoring comprehensive dental coverage is in the best interest of Hawaii's adult population. A growing body of evidence has linked oral health, particularly periodontal disease, to several chronic diseases, including diabetes, heart disease, and stroke. Given what we already know about chronic disease in Hawaii, lack of dental coverage has a compounding effect upon our adult population, many of whom are already grappling with chronic disease health disparity. Please support SB 2459. Mahalo, Luana Keakealani, LSW

Aloha Chairs Baker and Ruderman, Vice Chairs Rhoads and Chang and members of the committee,

I write you today to ask that you support SB 2459.

Luana Keakealani

Kamuela

Hawaii

baker8 - Jessica

From: Michelle Lam <wuuqtvwgiaqjcvn@ujoin.co>
Sent: Tuesday, February 4, 2020 10:38 AM
To: CPH Testimony
Subject: Support SB 2459

From: michelle_l_808@yahoo.com <Michelle Lam>

Message:

I write you as a parent of a special needs adult asking that Medicaid benefits for dental is restored. As an involved member to this population, too often I see many of them with poor dental hygiene and very bad teeth. One of the things I cannot comprehend is why preventive care such as regular cleaning is not covered. To a population like this, such care should play a stronger role as most of the time they lack the ability to take better care of their teeth. This is also a population that is financially inept and relies on benefits from Medicaid to take care of their medical needs. I plead with you to strongly consider restoring dental Medicaid benefits. Thank you very much.

Aloha Chairs Baker and Ruderman, Vice Chairs Rhoads and Chang and members of the committee,

I write you today to ask that you support SB 2459.

Michelle Lam

Honolulu

Hawaii

SB-2459
Submitted on: 2/4/2020 9:13:52 AM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebecca Hartman	Individual	Support	No

Comments:

As a care coordinator, I frequently work with young adults with disabilities who transition to adulthood. During that transition, these individuals are frequently reliant on Medicaid services for all medical, behavioral health, and dental needs. When young adults transition from EPSDT to adult care on their 21st birthday, nothing significant has changed in their life except a sudden and rapid ineligibility for multiple types of care, dental care being one example. Access to appropriate dental care tends to be a struggle throughout the livespan of many of these individuals. In individuals who do not communicate verbally, challenging or self-injurious behaviors can arise as a result of dental pain that is not diagnosed or treated. In worst-case scenarios, these behaviors can cause a rise in need for one-to-one services, or may be treated utilizing chemical restraints and medications, when in fact it is a simple dental issue that can be treated. It is known that preventive care, particularly for our most vulnerable populations, saves money.

SB-2459
Submitted on: 2/4/2020 10:13:14 AM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Barry	Individual	Support	No

Comments:

Aloha,

Please restore adult dental Medicaid benefits.

Oral health is important to overall health.

Mahalo,

Ms. Barbara Barry

SB-2459
Submitted on: 2/4/2020 9:50:44 AM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Franz Weber	Individual	Support	No

Comments:

SB-2459
Submitted on: 2/4/2020 1:07:15 PM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	Testifying for We Are One, Inc. - www.WeAreOne.cc - WAO	Support	No

Comments:

Strongly Support SB2459 and all health care services for all as a human right!

www.WeAreOne.cc

SB-2459
Submitted on: 2/4/2020 1:21:30 PM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Kobayashi	Individual	Support	No

Comments:

Date: February 4, 2020

To: The Honorable Senator Russell E. Ruderman

Chair Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker,

Chair Senate Committee on Commerce, Consumer Protection, and Health

Re: Strong Support for SB2459 Making an Appropriation to Restore Certain Adult

Dental Benefits to Medicaid Enrollees

Hrg: Wednesday, February 5, 2020 at 2:45 PM at Conference Room 016

My name is Michelle Kobayashi. I am a pediatric dentist with offices in Honolulu, Aiea, and Kahului. I am writing in strong support of SB2459. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include reinstate basic preventive and restoration benefits.

Hawaii's oral health services has not been given adequate attention and resources necessary to support good oral health care in our state since Medicaid adult dental benefits were drastically cut in 2009.

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic

co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

As a result of our past decade of minimal coverage for dental care, our emergency room have been overutilized for unmet oral health needs to the tune of thousands of visits per year, costing millions of dollars. On our neighbor islands, dental care provided for DoD training purposes (TropicCare) attracts large numbers of residents who cannot afford to pay for the prohibitive costs of their care in dental offices. Our adult dental Medicaid provider system is inadequate to care for the numbers of persons needing care. Needless pain and suffering is common due to our indifference to adults needing care in dental homes.

As a part of our commitment to improve oral health in Hawaii, we believe that basic coverage of dental services for adults is a critical factor in ensuring access to appropriate and timely oral health care,

Mahalo for the opportunity to testify in strong support of this very important health bill.

Sincerely,

SB-2459
Submitted on: 2/4/2020 10:46:57 PM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Debbie Drummondo	Individual	Support	No

Comments:

Bill: SB2459, Relating to Medicaid Hearing Date &Time: Weds, February 5, 2020, 2:45 pm Committees: Senate Committee on Human Services and Committee on Commerce, Consumer Protection and Health

Testifier: Debbie Drummondo, MSW Candidate

Myron B. Thompson School of Social Work-UH Manoa

Aloha Senator Ruderman, Senator Baker, and Members of the Senate Committee on Human Services and Senate Committee on Commerce, Consumer Protection and Health

I am writing in strong support of SB2459. This bill proposes an appropriation for the expansion of adult dental benefits under Medicaid to include reinstate basic diagnostic, preventive and restoration benefits. Hawaii's oral health services have not been given adequate attention and resources necessary to support good oral health care in our state since Medicaid adult dental benefits were drastically cut in 2009.

Oral health is a crucial part of a person's physical, psychological, social and economic health and wellbeing. In fact, pain due to oral disease in children results in thousands of hours of missed school every year; while adults with poor oral health often struggle to manage chronic co-conditions such as diabetes and heart disease. Missing or broken teeth also create social barriers for adults to find and maintain gainful employment in our service-based economy.

I strongly support SB2459 and respectfully ask you to pass this bill out of the committee.

I strongly urge our legislators to support this important benefit change. Thank you for this opportunity to testify in support of this important measure.

Sincerely.

Debbie Drummondo

MSW Candidate MBT SW-UH Manoa

SB-2459
Submitted on: 2/5/2020 7:52:33 AM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Strauss	Individual	Support	No

Comments:

Oral health is directly related to the overall health of the individual. Therefore, lack of access to care for dental health leads to poorer health outcomes overall, ultimately leading to a lower quality of life for the individual and higher health costs for everyone in the state of Hawai'i.

SB-2459
Submitted on: 2/5/2020 6:46:25 AM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
carol lee kamekona	Individual	Support	No

Comments:

SB-2459
Submitted on: 2/5/2020 10:28:11 AM
Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kahealani	Individual	Support	No

Comments:

DELTA DENTAL

HDS
Hawaii Dental Service

Date: February 5, 2020

To: The Honorable Senator Russell E. Ruderman
Chair, Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker
Chair, Senate Committee on Commerce, Consumer Protection, and Health

From: Mark H. Yamakawa, President & CEO

Re: Strong Support for SB2459
Making an Appropriation to Restore Certain Adult Dental Benefits to Medicaid Enrollees

As Hawaii's largest dental benefits provider, Hawaii Dental Service (HDS) strongly supports SB2459, which would appropriate funds to the Hawaii Department of Human Services to restore basic diagnostic, preventive, and restorative dental benefits for adult Medicaid enrollees.

Oral health is an important component of an individual's overall physical, psychological, social, and economic health and wellbeing. Providing needed dental benefits for Hawaii's adult Medicaid population will not only provide access to quality preventive and restorative dental care, but also help to improve overall health. This ultimately will improve individual lives and lower healthcare costs for the state.

Good oral health is a foundation of good overall health. Due to drastic cuts to adult dental benefits since 2009, Hawaii has seen emergency room visits overutilized for unmet oral health needs, costing millions of dollars in unnecessary expenses. There were reported just over 3,000 emergency room visits for acute oral health conditions in 2016, totaling over $17 million in direct costs, compared to 1,800 visits in 2006, with $4 million in costs. For all dental emergency services that were provided in 2015-16 in Hawaii, 56% were disproportionately Med-QUEST recipients, who represent about 25% of the overall Hawaii population.

Having strong teeth and healthy gums allows us to eat for proper nutrition and enjoy speech and communication that are essential for work and socialization. A lack of access to oral health care results in productivity loss from absenteeism as well as underemployment or unemployment, causing adverse economic impacts for individuals and our community.

We respectfully urge the Committees to thoughtfully consider restoration of full adult dental benefits for adult Medicaid enrollees to improve quality of life in our state. Thank you for the opportunity to offer testimony on this bill.

Mahalo,

Mark H. Yamakawa
President and CEO

LATE

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Transportation

Friday, February 7, 2020
12:00 p.m.
State Capitol, Conference Room 225

On the following measure:
S.B. 2232, RELATING TO PEER-TO-PEER VEHICLE SHARING

Chair Inouye and Chair Baker and Members of the Committees:

My name is Colin M. Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments only with respect to section 2 of this bill.

The purpose of this bill is to establish a statutory framework for regulating peer-to-peer vehicle sharing in the State. Section 2 establishes a new part in Hawaii Revised Statutes (HRS) chapter 431, article 10C, addressing insurance coverages of peer-to-peer motor vehicles during peer-to-peer periods.

Page 13, lines 1 to 10 requires a peer-to-peer program to be liable for "any bodily injury (BI) or property damage (PD) to third parties, uninsured (UM) and underinsured (UIM) motorist benefits, and personal injury protection (PIP) losses during the peer-to-peer period and which amount may not be less than those set forth in section 431:10C-

301." While this section establishes minimum coverage limits for PIP, BI, and PD, it does not set forth any coverage limits for UM and UIM. Section HRS 431:10C-301(d)(2) establishes only a maximum coverage limit for UM and UIM (i.e., not more than a BI coverage policy limit). Thus, this bill makes unclear the UM and UIM coverage requirements for a peer-to-peer program. In addition, the Department is unsure whether the bill intends to apply the required proposed BI and PD coverages only to third parties, as BI and PD liability coverages can sometimes apply to second parties.

Page 13, lines 17 to 21 exempts a peer-to-peer program from liability when a peer-to-peer owner makes a material, intentional, or fraudulent misrepresentation or omission to a peer-to-peer program prior to a "loss." The proposed exclusion reads: "Notwithstanding the definition of 'termination time' as set forth in section 431:10C-A, a peer-to-peer program shall not be liable when . . . ." This language may cause confusion when read in conjunction with the previously discussed required coverages (page 13, lines 1 to 10), which mandate that "[n]otwithstanding any other law to the contrary, or any provision to a motor vehicle policy, in the event of a loss or injury, that occurs during a peer-to-peer period, a peer-to-peer program shall: be liable for any bodily injury or property damage to third parties, uninsured and underinsured motorist benefits, and personal injury protection losses[.]"

Page 14, line 4 to page 16, line 17 uses the term "financial responsibility" when requiring peer-to-peer programs to ensure that vehicles have proper insurance coverages. However, this term is not defined in HRS chapter 431, article 10C, and in practice, this term generally is associated with an SR-22 certification that is required to be filed with the State. This certification is usually associated with high-risk drivers who have been convicted of traffic violations, and SR-22 certificates of financial responsibility verify that the named individuals are carrying at least the mandated amounts of auto insurance. It is not clear if this bill intends to associate the term "financial responsibility" with an SR22 certification for peer-to-peer programs.

Page 17, line 6 to page 18, line 2 permits insurers to exclude coverages in a peer-to-peer owner's motor vehicle insurance policy. As these exclusions are placed in a new part titled "Peer-to-Peer Motor Vehicle Industry," it is not clear if the policy

referred to is the peer-to-peer owner's personal policy or the policy offering coverage during the peer-to-peer period. The exclusion language may be interpreted to only apply to peer-to-peer policies and not the peer-to-peer owner's personal policy.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committee on Transportation
and
Senate Committee on Commerce, Consumer Protection, and Health

Friday, February 7, 2020
12:00 p.m.
State Capitol, Conference Room 225

On the following measure:
S.B. 2232, RELATING TO PEER-TO-PEER VEHICLE SHARING

Chair Inouye, and Chair Baker, and Members of the Committees:

My name is Stephen Levins, and I am the Executive Director of the Department of Commerce and Consumer Affairs' Office of Consumer Protection (OCP). The OCP appreciates the intent of and offers comments on this bill.

The purpose of this bill is to prohibit vehicle owners from making a vehicle subject to a manufacturer's recall available as a shared car on a peer-to-peer car sharing program, until the vehicle has undergone safety recall repairs, defines terms relating to peer-to-peer car sharing, sets out unfair deceptive trade practices, and establishes insurance coverage requirements during the car-sharing period.

The business model of peer-to-peer car rental differs markedly from that of the existing traditional car rental, which Hawaii Revised Statutes chapter 437D currently regulates. Consequently, the OCP believes that the creation of a new chapter

governing peer-to-peer car sharing in Hawaii is a sensible legal adaptation to address this new business model. The OCP also believes that to ensure that consumers are adequately protected, the new chapter should require consumer disclosures, such as clear and conspicuous disclosures to consumers of the terms and conditions associated with the car sharing agreement, all required taxes and fees, and the total price to rent the vehicle.

Since it is axiomatic that consumer safety is of paramount importance in renting a vehicle to a consumer, the prohibition on shared vehicle owners allowing a vehicle under a manufacturer's recall to be available for vehicle-sharing, until necessary safety recall repairs have been made, is a critical component of this bill and should be required in any comprehensive law regulating the industry. The recall provision will help to protect consumers who rent vehicles from a peer-to-peer car-sharing program by removing potentially unsafe vehicles from the road, such as those with defective Takata airbags.

Lastly, the OCP is concerned that the unfair trade practices provision in paragraph (4) on page 10, lines 5 to 7 is problematic, since it appears to validate a legal claim that may not exist—namely, the ability of the peer-to-peer program to be compensated for the loss of income for a vehicle the program does not own. Unlike a traditional car rental model in which the vehicles used in a rental operation are either owned or controlled by the car rental company, the peer-to-peer program relies upon others to provide their vehicles to the platform. Since the peer-to-peer company has no ownership interest in the vehicles rented, the right of the peer-to-peer program to recover directly from a consumer is extremely tenuous. Accordingly, the OCP recommends deleting the per se violation of HRS section 480-2.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR

JOSH GREEN M.D.
LT. GOVERNOR

RONA M. SUZUKI
DIRECTOR OF TAXATION

DAMIEN A. ELEFANTE
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF TAXATION
P.O. BOX 259
HONOLULU, HAWAII 96809
PHONE NO: (808) 587-1540
FAX NO: (808) 587-1560

To: The Honorable Rosalyn H. Baker, Chair;
The Honorable Stanley Chang, Vice Chair;
and Members of the Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Lorraine R. Inouye, Chair;
The Honorable Breene Harimoto, Vice Chair;
and Members of the Senate Committee on Transportation

From: Rona M. Suzuki, Director
Department of Taxation

Re: S.B. 2232, Relating to Peer-to-Peer Vehicle Sharing
Date: Friday, February 7, 2020
Time: 12:00 P.M.
Place: Conference Room 225, State Capitol

The Department of Taxation (Department) appreciates the intent of the tax provisions in S.B. 2232 and provides the following comments.

S.B. 2232 is effective January 1, 2021 and Section 3 amends the RVST by:

- Adding new definitions for "peer-to-peer motor vehicle," "peer-to-peer program," and "peer-to-peer sharing";
- Adding a new section levying a peer-to-peer motor vehicle sharing surcharge tax of $5 per day on any day or portion of a day a peer-to-peer vehicle is shared and specifying that the tax shall be collected and paid over by the peer-to-peer program; and
- Requiring peer-to-peer programs to register with the Department and receive an RVST license.

The Department appreciates the intent of this measure because it believes this is the most efficient way to collect RVST. Collection of tax from one source is more efficient than collecting from each of the underlying taxpayers. The most well-known example of this is income tax withholding by employers.

As currently written, S.B. 2232 (1) imposes the RVST on peer-to-peer rental motor vehicle transactions twice and (2) requires both peer-to-peer programs and peer-to-peer vehicle owners to register for RVST licenses. Peer-to-peer motor vehicle owners are already subject to the RVST under current law. To correct this, peer-to-peer owners engaging in peer-to-peer rental transactions would need be specifically exempted from the RVST and the owners would need to be exempted from the requirement to register for an RVST license if they are engaging exclusively in peer-to-peer rental transactions.

Instead, the Department offers the approach taken in S.B. 2924, our Administration bill to address the imposition of RVST. The renting of cars by individuals is substantively no different than the renting of cars by a company. As such, the Department does not believe that a separate imposition as proposed by this measure is appropriate. S.B. 2924 takes the same approach as Act 2, Session Laws of Hawaii 2019 (Act 2).

Finally, the Department is able to administer the tax provisions of this measure with its current effective date.

Thank you for the opportunity to provide comments.

HAWAII INSURERS COUNCIL
A trade association of property and casualty insurance companies

Pauahi Tower, Suite 2010
1003 Bishop Street
Honolulu, Hawaii 96813
Telephone (808) 525-5877

Alison H. Ueoka
President

TESTIMONY OF MICHAEL TANOUE

COMMITTEE ON TRANSPORTATION
Senator Lorraine R. Inouye, Chair
Senator Breene Harimoto, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Friday, February 7, 2020
12:00 p.m.

SB 2232

Chair Inouye, Vice Chair Harimoto, and members of the Committee on Transportation, and Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health, my name is Michael Tanoue, counsel for Hawaii Insurers Council. The Hawaii Insurers Council is a non-profit trade association of property and casualty insurance companies licensed to do business in Hawaii. Member companies underwrite approximately forty percent of all property and casualty insurance premiums in the state.

Hawaii Insurers Council submits the following comment on the bill. This bill calls for regulation of peer-to-peer sharing of vehicles and some of its provisions pertain to insurance in general and motor vehicle insurance specifically.

We ask for amendment in Section 431:10C-H, Insurable Interest, to delete subsection (b) which reads, "(b) Nothing in this section shall impose liability on a peer-to-peer program to maintain the coverage mandated by section 431:10C-B." We believe this subsection could be construed to negate the mandatory insurance requirements of that section.

Thank you for the opportunity to testify.

SanHi
GOVERNMENT STRATEGIES
A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 6, 2020

TO: Senator Rosalyn H. Baker
Chair, Committee on Commerce, Consumer Protection, and Health

Senator Lorraine R. Inouye
Chair, Committee on Transportation
Submitted Via Capitol Website

FROM: Matthew Tsujimura

RE: **S.B. 2232 Relating to Peer-to-Peer Vehicle Sharing**
Hearing Date: Friday, February 7, 2020 at 12:00pm
Conference Room: 225

Dear Chair Baker and Chair Inouye:

We submit this request on behalf of Enterprise Holdings, which includes Enterprise Rent-A-Car, Alamo Rent-A-Car, National Car Rental, Enterprise CarShare and Enterprise Commute (Van Pool).

Enterprise **supports** S.B. 2232 which creates a new chapter in the Hawaii Revised Statutes regulating peer-to-peer vehicle sharing in Hawaii.

The evolution of the rental car industry has created new and innovative ways to rent a car. Enterprise supports the evolution of the industry so long as consumer safety and accountability remain the priority.

S.B. 2232 creates a new chapter in the Hawaii Revised Statutes to regulate peer-to-peer vehicle sharing in Hawaii. Currently, peer-to-peer companies are operating in the state unregulated. This bill codifies regulatory standards, insurance requirements, and applicable fees and taxes.

The insurance language and most of the regulatory language is based off the National Council of Insurance Legislators model language with a few notable exceptions to ensure conformity and continuity with the Hawaii Revised Statutes.

The notable additions include: (1) stricter motor vehicle language, based on legislation passed in California; (2) requirements that peer-to-peer organizations contract with the Department of Transportation in order to operate at state airports; (3) additional language codifying unfair and deceptive practices; and (4) creating a peer-to-peer motor vehicle surcharge tax.

Enterprise strongly supports the passage of S.B. 2232 which ensures consumer safety while simultaneously providing a fair and competitive market.

Thank you for the opportunity to testify on this measure.

First Hawaiian Center
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TECHNET
THE VOICE OF THE
INNOVATION ECONOMY

TechNet Southwest | Telephone 916.600.3551
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www.technet.org | @TechNetUpdate

February 6, 2020

Senator Inouye
415 South Beretania St
Honolulu, HI 96813

RE: OPPOSE SB 2232

Dear Senator Inouye,

On behalf of TechNet, I am writing today in opposition to SB 2232, related to Peer-to-Peer Car Sharing. TechNet is the national, bipartisan network of innovation economy CEOs and senior executives. Our diverse membership includes dynamic American businesses ranging from startups to the most iconic companies on the planet and represents over three million employees and countless customers in the fields of information technology, e-commerce, the sharing and gig economies, advanced energy, cybersecurity, venture capital, and finance.

Unfortunately, SB 2232 would negatively impact the availability of peer-to-peer car sharing in Hawaii.

Peer-to-peer car sharing companies host a platform that connects vehicle owners with people who need access to a car, including Hawaii residents. It provides users with more choice and allows car owning Hawaii residents to create passive income opportunities. They are innovative and have a fundamentally different business model from traditional rental car companies which purchase large swaths of vehicles and rent them to consumers in a more static and less environmentally friendly manner. SB 2232 places ill-suited requirements on peer-to-peer car sharing and limits dynamism in the marketplace, forcing consumers into a one-size-fits all economic choice.

SB 2232 takes the peer-to-peer car sharing model bill, which is supported by TechNet and was approved in Colorado and by the National Conference of Insurance Legislators (NCOIL), and makes significant changes by treating peer-to-peer car sharing platforms like a rental car under existing Chapter 251 and includes multiple attempts to place burdensome responsibilities on peer-to-peer car sharing not otherwise required of traditional car rental. SB 2232 would treat peer-to-peer car sharing the same as rental cars without any of the benefits car rental companies are currently afforded in Hawaii. Hawaii policymakers have always recognized what makes the sharing economy unique and have worked hard to create regulations that foster innovation while protecting the public. This legislation would be a step in the opposite direction, away from the progress made towards making Hawaii a haven of innovation.

SB 2232 also introduces a new surcharge or fee on peer-to-peer car sharing and changes the existing vehicle rental surcharge law to impact additional industries. The fee proposed would apply a flat per day surcharge tax for each day a peer-to-peer car is shared or any portion of the day. This contradicts existing statute (251-2.5) that allows car-sharing programs to charge a prorated amount if a vehicle is rented by a car-sharing organization. A flat per day fee does not reflect the peer-to-peer car sharing model and this fee was established exclusively for motor vehicle rentals and should not apply to a new and different mobility model like peer-to-peer car sharing.

Under the model bill peer-to-peer car sharing companies have to verify that every shared vehicle on the platform is free of active safety recalls. SB 2232 would introduce a new overburdensome requirement that peer-to-peer car sharing platforms would have to re-verify the status of safety recalls every 72 hours, even when a car is not being shared. In the peer-to-peer car sharing model, individual Hawaiians are sharing their personal vehicles on the platform and, consequently, are already meeting the safety and emissions inspection standards mandated by Hawaii law. Even traditional car rental companies are not required to verify any safety recalls every 72 hours.

SB 2232 also makes changes to the insurance language that are inconsistent with the model bill, language that was reviewed and approved by Insurance Legislators from throughout the country. SB 2232 allows peer-to-peer car owners, platforms, and drivers to voluntarily maintain financial responsibility, which creates a significant safety gap in financial responsibility and insurance coverage for a shared car.

Finally, SB 2232 includes language that limits and restricts the operation of peer-to-peer car sharing at an airport. This would significantly limit the ability of a car owner in Hawaii to share their car on a platform and potentially take advantage of a passive income option.

Peer-to-peer car sharing has become an incredibly convenient way of connecting people wishing to utilize internet-based platforms to safely and securely share their personal vehicle with drivers seeking affordable, convenient, accessible and locally sourced mobility options. We urge you to **OPPOSE SB 2232** which TechNet believes will remove the ability of every day Hawaii residents to use their vehicle to create passive income for themselves and their families and request that the Committee substitute the contents of SB 2232 with the contents of HB 1833 HD1.

If you have any questions regarding TechNet's opposition to SB 2232, please do not hesitate to contact Courtney Jensen, Executive Director, at 916-600-3551 or cjensen@technet.org.

Thank you,

Courtney Jensen
Executive Director, Southwest
TechNet

SB2232

RELATING TO PEER-TO-PEER VEHICLE SHARING.

Creates a new chapter in the Hawaii Revised Statutes regulating peer-to-peer vehicle sharing in Hawaii.

Michael Ferreira,
Chair, Transportation Committee
Kapolei / Honokai Hale
Neighborhood Board #34
92-7049 Elele St.
Kapolei, HI. 96707
808-861-7115
MickFerreirais@gmail.com

I am submitting testimony in support of creating a new chapter regulating peer-to-peer vehicle sharing in Hawaii. I recently rented a car in this manner and suffered a broken windshield. I would like to see that my insurance company would be forced to cover me no matter if I am driving a rental car or a peer to peer service. My Geico policy had a ***specific exclusion*** against covering my loss and I think any verbiage in the Bill should be revised that a person's private policy should protect them and the it shall be illegal for insurance companies to reject a claim just because it was a peer to peeer automobile that their covered driver had in place at the time of the loss. Thank you.

Michael Ferreira
Chair, Transportation Committee
Kapolei / Honokai Hale
Neighborhood Board #34
808-861-7115

SB-2232
Submitted on: 2/4/2020 7:03:14 PM
Testimony for CPH on 2/7/2020 12:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerard Silva	Individual	Oppose	No

Comments:

baker8 - Jessica

From: Michelle Lam <wuuqtvwgiaqjcvn@ujoin.co>
Sent: Tuesday, February 4, 2020 10:38 AM
To: CPH Testimony
Subject: Support SB 2459

LATE

From: michelle_l_808@yahoo.com <Michelle Lam>

Message:

I write you as a parent of a special needs adult asking that Medicaid benefits for dental is restored. As an involved member to this population, too often I see many of them with poor dental hygiene and very bad teeth. One of the things I cannot comprehend is why preventive care such as regular cleaning is not covered. To a population like this, such care should play a stronger role as most of the time they lack the ability to take better care of their teeth. This is also a population that is financially inept and relies on benefits from Medicaid to take care of their medical needs. I plead with you to strongly consider restoring dental Medicaid benefits. Thank you very much.

Aloha Chairs Baker and Ruderman, Vice Chairs Rhoads and Chang and members of the committee,

I write you today to ask that you support SB 2459.

Michelle Lam

Honolulu

Hawaii

LATE

Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lokahi
894 Queen Street
Honolulu, Hawaii 96813
Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi
is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

Board of Directors
Member Organizations

Hoola Lahui Hawaii

Hui No Ke Ola Pono

Hui Malama Ola Na Oiwi

ALU LIKE

Ke Ola Mamo

E Ola Mau

University of Hawaii

Hawaii State Department of Health

Na Puuwai

Office of Hawaiian Affairs

Kupuna
Aunty Betty Jenkins

Executive Director
Sheri-Ann Daniels, EdD

SENATE COMMITTEE ON HUMAN SERVICES
Sen. Russell E. Ruderman, Chair
Sen. Karl Rhoads, Vice-Chair

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION and HEALTH
Sen. Rosalyn H. Baker, Chair
Sen. Stanley Chang, Vice-Chair

IN SUPPORT
SB 2459 - RELATING TO MEDICAID BENEFITS

Wednesday, February 5, 2020, 2:45 PM
Conference Room 016, State Capitol

Aloha to the Chairs, Vice-Chairs and members of the committees.

Papa Ola Lōkahi (POL)—the Native Hawaiian Health Board established 30 years ago—is in strong support of SB 2459, which will restore adult Medicaid coverage for adult dental care services that were revoked in 2009.

Papa Ola Lōkahi is authorized by the federal Native Hawaiian Health Care Improvement Act (Title 42 USC 122), or NHHCIA, to address the health and well-being of native Hawaiians, which we do through multiple strategies: policy, research and data, traditional Hawaiian healing, education and training, workforce development, and more. The NHHCIA also created five Native Hawaiian Health Care Systems that serve seven islands by providing primary, behavioral health, outreach and enrollment services. Two provide dental services directly, the others provide referrals to dental health partners.

The Systems have all witnessed increasing numbers of patients and clients in need of dental benefits. Gum disease and cavities are rising in adults throughout Hawai'i. Most significantly, The Hawai'i Department of Health reported that in 2017, 3,000 residents visited emergency rooms around the islands for preventable dental health services.

This bill is open of the most important to our Native Hawaiian Health Care Systems this year. With Medicaid coverage for adults, preventive oral health care will save millions of dollars in restorative services and relieve emergency care.

We strongly urge the passage of this bill. Mahalo nui for the opportunity to provide testimony IN SUPPORT of SB 2459.

E OLA MAU A MAU

THE NEXT GENERATION OF NATIVE HAWAIIAN HEALTH

ORAL HEALTH REPORT

E OLA MAU A MAU – THE NEXT GENERATION OF NATIVE HAWAIIAN HEALTH

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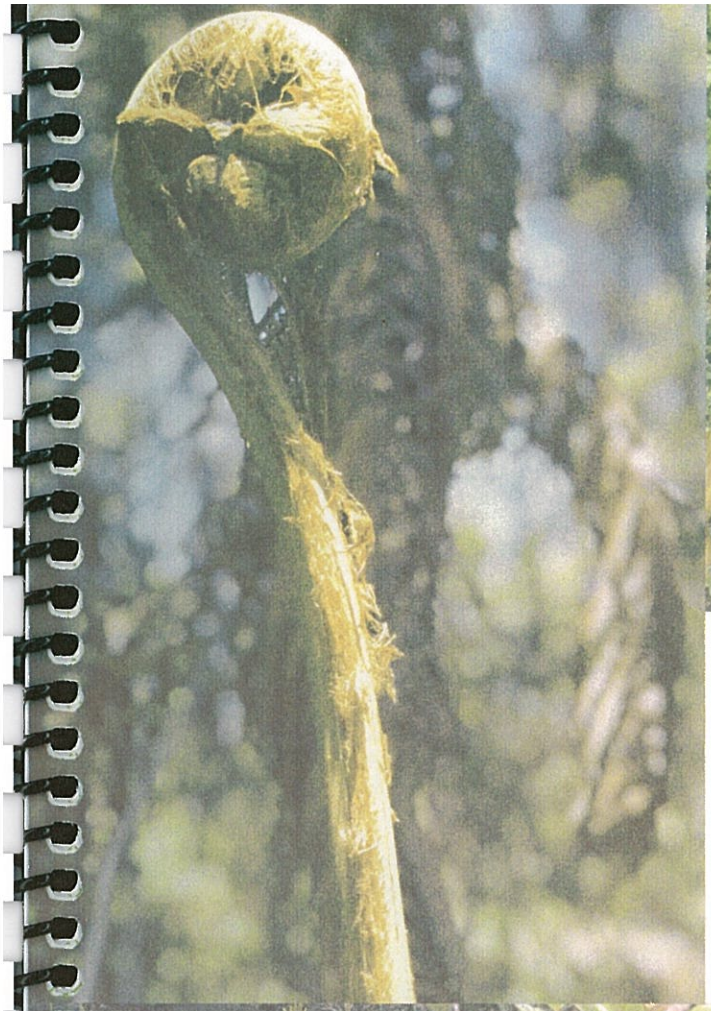
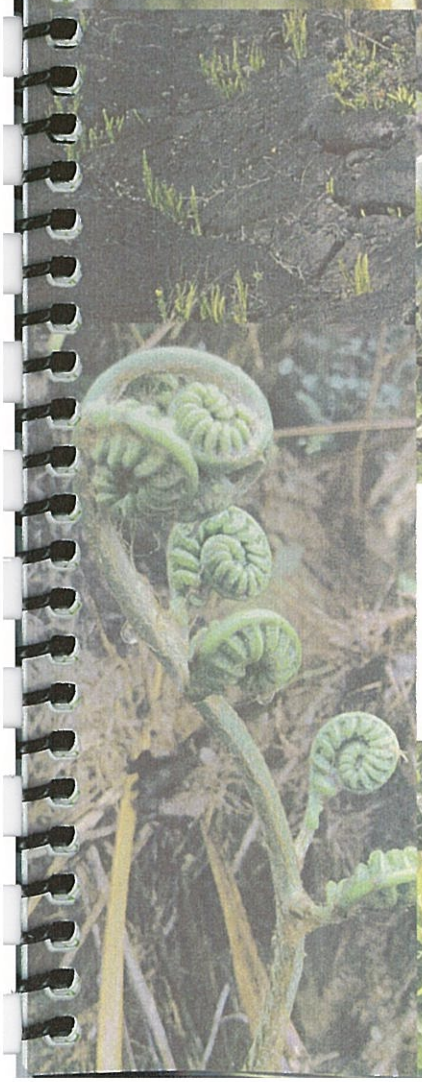
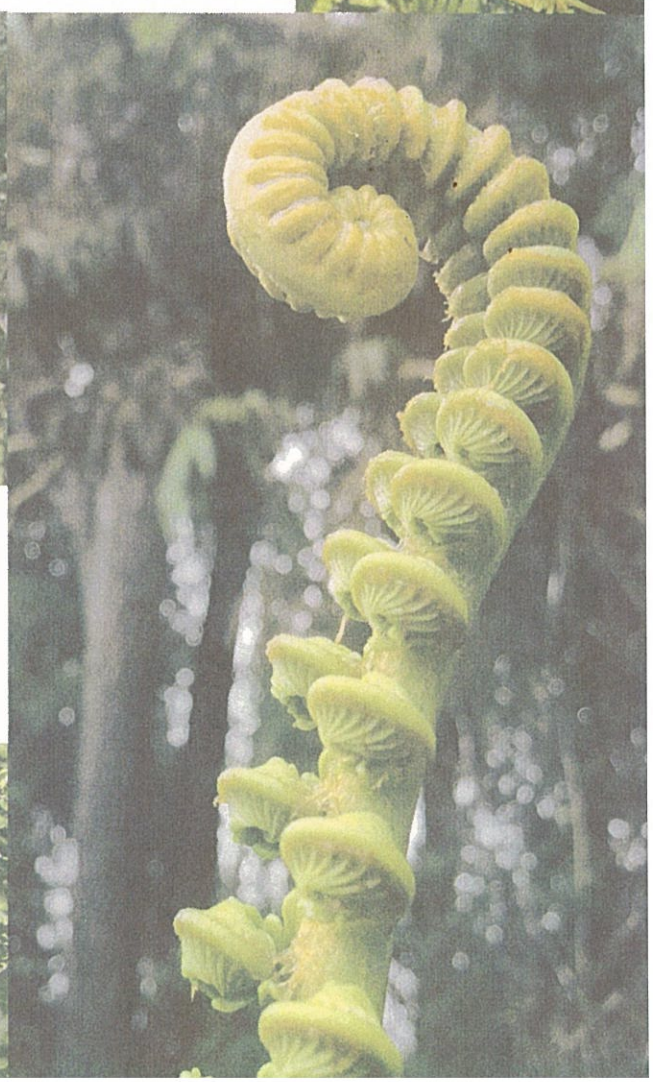
For the electronic version and additional resources on Hawaiian health and well-being please visit:
www.papaolalokahi.org







This report is dedicated to Dr. Kekuni Blaisdell for his steadfast beliefs in raising the health of our lāhui through his hard work, dedication, and inspiration of others and of the coming generations of Native Hawaiians.

WELINA – A MESSAGE FROM PAPA OLA LŌKAHI

Despite the hectic life we live sometimes, there's an essence of peace when the eye catches a plant, like that of the budding 'ama'u fern puka through the earth's ground, serving as a sign that a new generation of life is upon us. It is the privilege of Papa Ola Lōkahi to present *E Ola Mau a Mau – The Next Generation of Native Hawaiian Health*, an updated summary of achievements and challenges across key areas in Hawaiian health and well-being

This work honors those kūpuna whose 'ike Hawai'i forged the path for this and future generations of our lāhui. Through the vision and work of pioneers, such as Dr. Kekuni Blaisdell, the landmark 1985 study set the foundation for Hawaiian health in identifying key areas and disparities that plagued our people. It has also been the catalyst for change in health policy, Native Hawaiian healing traditions, research and data ethics, health care, programs, and services.

SHERI-ANN DANIELS
EXECUTIVE DIRECTOR

E Ola Mau a Mau could not have been completed without the many hands, knowledge, and passion of our kānaka for their well-being. That is the Hawaiian way—to come together around a common goal, building upon the 'ike of those who came before us who also visualized a thriving island people. Our lāhui is made up of Native Hawaiians who are responsible, capable, worthy, creative, motivated, and engaged family and community members. We collectively develop and effectively deploy resources from ancestral, cultural, linguistic, and traditional healing knowledge and practices. We wisely manage our natural resources; blend traditional, western, andcomplementary medicine; practice responsible science and research; and efficiently optimize use of private, public, and personal resources.

Mahalo for the brilliance of our ancestors!

This report is the joint creation of many in the community whose contributions enable us to partner efficiently to address the recommendations in each of the chapters. These recommendations provide measurable goals that will lead to an overall improvement of Native Hawaiian health and well-being.

We know that when we thrive, all of Hawai'i thrives. Our deepest mahalo to all who devote themselves to Native Hawaiian health and well-being.

E ola mau!

On June 1, 2016, Papa Ola Lōkahi hosted a meeting in Honolulu brining together more than 100 people devoted to uplifting Native Hawaiian health and well-being. It was from that initial meeting that the task force working groups were formed and moved forward toward updating the 1985 report which has become *E Ola Mau a Mau – The Next Generation of Native Hawaiian Health.*

It has been an honor coordinating this compilation made possible by the commitment and dedication by task force chairs – Hardy Spoehr, Naleen N. Andrade, Sheri Daniels, Deborah Goebert, Earl Hishinuma, J. Keawe'aimoku Kaholokula, Martina L. Kamaka, Selene LeGare, Heather Haynes, Claire Hughes, Jodi Leslie Matsuo, Kim Ku'ulei Birnie, Mikako Deguchi, Emi Eno Orikasa, Emily Makahi, Jaclyn Kanilehua Kim, Stephanie Bell and Thomas Chock – along with supporting authors.

TERCIA KU
PROJECT COORDINATOR

We acknowledge the many hours of writing, research and editing that has gone into this publication. Within each chapter lies the mana and the 'ike of these contributors.

Ua lehulehu a manomano ka 'ikena a ka Hawai'i.
Great and numerous is the knowledge of the Hawaiians.

Our journey is of self-determination, our destination is mauli ola! E Ola Mau a Mau provides guidance as we address the challenges ahead.

'Ike no i ka lā o ka 'ike; mana no i ka lā o ka mana.
Know in the day of knowing; mana in the day of mana.
Knowledge and mana – each has its day.
Another day may bring greater knowledge and great mana than today.

Chapter Five:
Oral Health

ORAL HEALTH

Mikako Deguchi, Emi Eno Orikasa
Nancy Partika, Ciera Pagud, Kim Puente, Malia Tector-Agustin

Executive Summary

Increased Understanding

There has been increased research over the last 30 years, with more scholarly publications and increased interest in and understanding of oral health needs.

- Oral health affects the ability to eat and enjoy a full range of dietary choices. It also affects speech, communication, socializing, general health (diabetes and cardiovascular diseases), sleep, general well-being, learning, and employment.
- Vulnerabilities and risks for oral health diseases have changed over time. Oral health inequity persistently affects Native Hawaiian adults and children.
- Financial barriers are one of the primary reasons that patients are not able to see a dentist. Medicaid currently does not offer comprehensive dental care benefits for adults.
- To provide culturally competent oral health care to Native Hawaiians, there is a need for a dental workforce that represents the population.
- Fluoride occurs naturally in groundwater, and community water fluoridation can be one of the most cost-effective ways to deliver fluoride to the people of Hawai'i.

Effective and Promising Approaches

- A full array of dental services is provided statewide by the Federally Qualified Health Centers and the Native Hawaiian Health Care Systems at two clinic locations, one on Kaua'i and the other on Maui.
- Bringing preventive care to children instead of waiting for children to come to care is proven to be highly effective. School-based sealant and fluoride mouth rinse programs increase access to preventive care for children who otherwise do not access care.
- Linkage to dental case management promotes oral health for children needing specialized care.
- Linking patients to prevention and treatment through school-based oral health education, screening and referral programs, dental case management, and pediatricians' offices is effective.

Gaps

- There is a lack of funding for capital expansion for Native Hawaiian Health Care Systems and Federally Qualified Health Centers to enhance access to services (dental care, screening, referrals, education, etc.) for all, including children, adults, kūpuna,[1] and low-income families.
- School-based sealant and fluoride mouth rinse programs need to be expanded to more schools, especially schools with high needs.
- Funding for school-based programs is lacking. Medicaid/MedQUEST needs policies and a billing system that are amenable to school-based programs.
- Medicaid adult dental benefits, which include prevention and treatment, have been discontinued.
- There are inadequate funding and programs to increase the number of Native Hawaiian dental professionals, especially in Native Hawaiian communities.
- Few programs and educational resources address oral health in terms of Native Hawaiian health concepts and values.
- Water fluoridation is proven to be cost-effective and reaches many but has not been implemented.

[1] elders

- There is a lack of oral health data across the lifespan, especially clinical data and information specific to Native Hawaiians.

Recommendations for Impact

- **Address oral health in connection with overall health.**
  - Require continuing education on oral health for medical professionals, and on overall health (diabetes, coronary artery disease, HIV, pregnancy, stress) for dental professionals.
- **Increase oral health literacy and awareness.**
  - Create awareness through media about the importance of good dental hygiene.
  - Develop and implement oral health educational programs for health care providers, families, schools, and communities.
- **Develop a diversified oral health workforce, including rural areas.**
  - Create and implement workforce development programs and higher education programs to increase the number of Native Hawaiian dental professionals in Hawai'i.
  - Provide funding for workforce development for Native Hawaiians.
  - Develop and establish policies at the state and organizational levels to support Native Hawaiian dental professionals.
  - Foster the development of a collaborative system among families, schools, universities, and workplaces.
- **Invest in prevention.**
  - Provide low-income families with dental supplies (toothbrush, toothpaste, dental floss) through public and private means.
  - Develop policies and programs to promote prevention in the community.
  - Develop policies and practices to increase preventive care in dental clinics.
- **Increase access to care (decrease oral health care disparities).**
  - Restore Medicaid adult comprehensive dental benefits including prevention and treatment.
  - Develop school health policies that address and improve children's oral health status.
  - Develop sustainable school-based sealant and fluoride mouth rinse programs.
  - Develop and implement community-based programs that improve the oral health of keiki, adults, and kūpuna, especially those who are from low-income families.
  - Provide funding for capital expansion to start up school-based and community-based programs and establish Medicaid policy to make programs sustainable.
  - Strengthen collaboration among State of Hawai'i Department of Human Services Medicaid program, Native Hawaiian Health Care Systems, Federally Qualified Health Centers, schools, and communities to enact a policy that supports school-based and community-based programs; secure funding for these programs.
- **Implement culturally-adapted programs and practices.**
  - Foster collaboration between Native Hawaiian health experts and dental professionals to develop educational materials.
  - Develop educational programs for dental and medical health care professionals to increase understanding of oral health in the context of Native Hawaiian health concepts and values, and how to adapt practices accordingly.
  - Revisit traditional practices and revitalize them to fit contemporary lifestyles.
- **Systematically improve data collection relevant to Native Hawaiian oral health.**
  - Establish policies and systems to collect data on Native Hawaiian representation in the dental workforce.
  - Improve data collection across the lifespan, especially with respect to clinical data and information delineating Native Hawaiians.
  - Analyze data to improve oral health programs and to support increased representation of Native Hawaiians in the dental workforce.
  - Establish policies to ensure open and responsible data sharing among agencies.

Introduction

The 1985 *E Ola Mau* report highlighted the change in tooth decay from virtually non-existent prior to 1778 to endemic in 1930. Early research identified dental caries as a major public health problem, with the highest rates of decayed, missing, and filled teeth among Native Hawaiian children. Research also showed a changing diet from a high starch, low refined sugar diet to a high sugar, low starch diet, in the context of negligible fluoride content in Hawaii's civilian water supply. At the time of the 1985 report, programs in the community had demonstrated minimal impact on improving dental health either through education or treatment on an individual or statewide basis. Four primary strategies were recommended, including enhanced fluoridation; dental educational programs for families and school children; regular surveys of the dental status of Hawaii's population, especially of children, followed by immediate and appropriate treatment at sites demonstrating need, at little or no cost to those without dental insurance; and dental protection in competitive sports.

The current report is based on a review of the literature and interviews conducted with Native Hawaiian and non-Native Hawaiian professionals who serve the Native Hawaiian community. It also includes responses from Native Hawaiian patients, patient advocates, and public health organizations. The interview questions focused on obtaining information to improve oral health among those who are currently underserved, particularly within Native Hawaiian communities. This report updates our understanding of the needs, gaps, and effective and promising programs for Native Hawaiian oral health. It emphasizes areas with the greatest disparities in oral health and makes recommendations to ensure impact.

Increased Understanding

- **Oral health affects the ability to eat and enjoy a full range of dietary choices. It also affects speech, communication, socializing, general health (diabetes and cardiovascular diseases), sleep, general well-being, learning, and employment.**

There has been increased research over the last 30 years, with more than 900 scholarly publications on Native Hawaiian oral health, and increased interest in and understanding of oral health needs. Studies have shown that oral health status affects our overall well-being and functioning in a variety of ways. Studies also have shown that oral health inequity exists and is associated with income, education, race and ethnicity, place (rural vs. urban), and disability status.

Untreated dental decay compromises a child's well-being at home and at school; over time, chronic untreated oral disease adversely impacts an individual's systemic health, quality of life, and economic productivity (The California Society of Pediatric Dentistry, 2017; Hyde, Satariano, & Weintraub, 2006). Oral health status can affect people physically and psychologically, affecting their enjoyment of life; their ability to chew, taste, and savor food; how they look, speak, and socialize; and their self-esteem, self-image, and feelings of social well-being (Sheiham et al., 2001). In recent years, studies have found a two-way association between periodontitis and diabetes, and a relationship between periodontitis and cardiovascular disease (Nazir, 2017; Preshaw et al., 2012). Native Hawaiians are one of the highest-risk populations for cardiometabolic diseases in the United States. Many studies have found increased prevalence of diabetes, obesity, and cardiovascular risk factors among Native Hawaiians and other Pacific Islanders (Mau, Sinclair, Saito, Bauhofer, & Kaholokula, 2009).

The teeth and your mouth are an expression of yourself. Just like any other part of your body, but teeth are what you smile with...and that self-image is what's going to impact how you take care of yourself and your health status.

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- **Vulnerabilities and risks for oral health diseases have changed over time. Oral health inequity persistently affects Native Hawaiian adults and children.**

Clinical and behavioral information related to oral health throughout the lifespan is limited. Moreover, studies on Native Hawaiian perspectives on oral health are limited. Before European contact, Native Hawaiians had excellent oral health. Examination of skeletal remains revealed that the prevalence of caries was 9.6% among children 6-11 years old, and 1.9% among children 12-17 years (Keene, 1986). A study of surveys conducted in 1989 and 1999 found that among Native Hawaiian children 6-8 years old, those with actively carious teeth in need of treatment were 46.1 % in 1989 and 39.6% in 1999, compared to Caucasian children at 25.6% and 22.2%, respectively (Greer, Tengan, Hu, & Takata, 2003). A survey conducted in 2015 found that the untreated decay rate in Native Hawaiian children was 28.5%, compared to 13.2% in Caucasian children (State of Hawai'i, 2016).

A study conducted in 2017 found that Native Hawaiians had the largest proportion of excess tooth loss (Deguchi, Mau, Davis, & Niederman, 2017).

Table 1
Oral Health Disparities

Oral Health Over Time	Pre-European Contact	1989	1999	2014 2015
Keiki: Decay	9.6%*[b] 1.9%*[d]	46.1%*[a] 25.6%**[a]	39.6%*[a] 22.2%**[a]	28.5%*[c] 13.2%**[c]
Adults: Removal	NA	NA	NA	48.8%* 36.9%**
*Native Hawaiian; **Caucasian; [a]Ages 6-8; [b]Ages 6-11; [c]Ages 8-9; [d]Ages 12-17				

Several federal reports have called attention to the disproportionate impact of oral disease on vulnerable populations. In each report, lack of information about the complex issues involved in meeting the needs of the vulnerable population was identified as a significant barrier to efforts to understand and improve their oral health (Morgan et al., 2015).

Poor oral health and dental hygiene are particularly prevalent among vulnerable populations. Oral health status has been found to be associated with socioeconomics, race and ethnicity, and rurality (Arcury, Preisser, Gesler, & Powers, 2005; Doescher & Keppel, 2015; Huang & Park, 2015; Kumar, Kroon, & Lalloo, 2014; Makhija et al., 2006; Rural Health Information Hub, 2014; Vargas, Dye, & Hayes, 2003; Vargas, Ronzio, & Hayes, 2003). Oral health inequity persistently affects Native Hawaiian adults and children (Greer et al., 2003; State of Hawai'i, 2015, 2016). Native Hawaiian adults have higher rates of tooth loss than Caucasians and Japanese, and Native Hawaiian children have higher rates of dental decay than their Caucasian and Japanese peers (State of Hawai'i, 2015, 2016). Native Hawaiians are overrepresented in the lower socioeconomic strata, under-represented in higher education, and more likely to be marginalized from the larger society (Mau et al., 2009).

Health disparities in oral health and dental care utilization have been found in minority groups, in rural areas, among those of low socioeconomic status, and in people with disabilities (Armour, Swanson, Waldman, & Perlman, 2008; Doescher & Keppel, 2015; Edelstein, 2002; Pourat & Finocchio, 2010). According to the Hawai'i Behavior Risk Factor Surveillance System 2015 report, nearly twice as many Native Hawaiians as Caucasians had not visited a dentist for more than five years (14.2% vs. 7.5%; State of Hawai'i, 2015). Emergency usage data shows that the rate of preventable emergency oral health visits for Native Hawaiians was more than 1.55 times greater than for non-Hawaiians (27.3 per 10,000 for Native Hawaiians vs. 17.6 for non-Hawaiians; Hayes, 2018). These data suggest that Native Hawaiians lack access to preventive and treatment visits, and that the need for prevention and treatment is great. This is not surprising, given Native Hawaiians are over-represented in other risk groups such as those with low socioeconomic status and rural residence.

In the 2015 report *Needs and Assets Assessment of Oral Health Services in Hawai'i: Results and Recommendations* (Sugimoto-Matsuda & Stridiron, 2017), only 30% of adults (>18 years of age) reported seeing a dentist in the past year, and more than 3,000 emergency room visits occurred annually due to preventable dental problems. Importantly, persistent dental health disparities were identified in groups with greater proportions of Native Hawaiians, such as those with low socioeconomic status, rural residence, pregnancy, and disability. For example, low-income residents were more likely to have dental problems and less likely to see a dentist each year, with 51% of low-income adults having lost teeth from dental disease, compared to 32% of higher-income adults. Likewise, 29% of low-income children reported dental problems in the past six months, compared to 13% of high-income children. 82% of high-income adults saw a dentist each year, compared to 52% of those categorized as low-income. Among children enrolled in Hawai'i's Medicaid/QUEST program, 59% saw a dentist in 2013, which was higher than national Medicaid statistics (50%); however, it is important to note that children in Hawai'i's Medicaid program were receiving more treatment services, rather than preventive care, compared to national trends. These

disparities were greatest for Native Hawaiians (see the section on Gaps later in this chapter).

Overall, the state's estimated ratio of residents per dentist was 1,283 to 1 (Sugimoto-Matsuda & Stridiron, 2017). However, the gap widened on the more rural neighbor islands, with the highest ratios in Kaua'i County (1,813:1), followed by Hawai'i County (1,698:1) and Maui County (1,613:1). Of note, Native Hawaiians reside more often in rural communities.

Furthermore, only 41% of pregnant women in Hawai'i reported seeing a dentist during their pregnancy (Sugimoto-Matsuda & Stridiron, 2017). Pregnant women living in Hawai'i County, those with less than a high school education, younger mothers (20-29 years old), and women who were low-income and on Medicaid/QUEST had the lowest rates of visits to a dentist during pregnancy.

Nationally, people with disabilities are more likely than people without disabilities to have poor oral health. Native Hawaiians experience higher age-specific levels of disability when compared with their Japanese and White counterparts (Pobutsky, Hirokawa, & Reyes-Salvail, 2003). People with disabilities are less likely to have visited a dentist or dental clinic in the past year and more likely to suffer edentulism (toothlessness) compared with those without disabilities (Armour et al., 2008). Individuals with intellectual and developmental disabilities are more likely to have poorer oral hygiene, increased decay, and increased periodontal (gum) disease than the general population (Binkley et al., 2014).

Low health literacy is associated with poorer health outcomes and use of health care services (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011). Although culturally adapted health education programs for Native Hawaiians have been developed and made systematically available in regard to diabetes and cardiovascular disease, there are as yet no such programs related to oral health (The Center for Native and Pacific Health Disparities Research, 2017; The Queen's Medical Center, 2017). Medical education programs to increase cultural competency have been shown to be effective and have been integrated at the University of Hawai'i John A. Burns School of Medicine (Beach et al., 2005; Native Hawaiian Center of Excellence, 2015). However, the State of Hawai'i lacks a dental school; dentists are trained outside of Hawai'i and have limited education in cultural competency to treat Native Hawaiian patients.

And so, for health care, it's so important because people are passing away way sooner than they should be [and losing their teeth before they should]. Dealing with health disparities, we want to hear the stories so that it can impact our children, you know, and we can start to turn around – those children can start to turn around and help the kūpuna...and in this quest that we have, we're trying to ask questions about what, you know, what our kūpuna [are] recommending us to do, and so, can you talk about your community and what their values are, and if there was something that we could do to help the culture become something greater and people to instill that more so within their children.

Dental patient interview

Referral services, case management, and medical-dental integration are pathways to increase access to oral health care for Native Hawaiian communities. Place-based screening seems to increase awareness of the importance of oral health and the need for professional oral health care. However, screening itself does not directly translate to access to care. Referral services, case management, and medical-dental integration must be thoroughly planned and implemented to ensure that patients receive care (Nelson, Rashid, Galvin, Essien, & Levine, 1999). A shared vision among potential collaborators facilitates communication regarding strategies to achieve common goals.

- **Financial barriers are one of the primary reasons that patients are not able to see a dentist. Medicaid currently does not offer comprehensive dental care benefits for adults.**

The Affordable Care Act mandates that states must provide dental benefits to children covered by Medicaid and the Children's Health Insurance Program (CHIP), but states are allowed to choose whether to provide dental benefits for adults (Center for Medicaid and CHIP Services, n.d.). Hawaii's Medicaid currently does not offer comprehensive dental care benefits for adults and only covers emergency visits with limited services (tooth extraction and pain medication; Fink, 2009). The negative public health effects and increased economic impact of eliminating basic dental care demonstrate the importance of affordable and accessible preventive oral health care (Salomon, Heidel, Kolokythas, Miloro, & Schlieve, 2017).

In one study, the need for dental services was found to be high among the dentate elderly (those with teeth), with nearly three-quarters reporting having visited a dentist within the past year (Warren, Cowen, Watkins, & Hand, 2000). However, Medicare does not cover most dental care, including dental procedures such as cleanings, fillings, and tooth extractions, or supplies such as dentures, dental plates, and other dental devices. Coverage under Medicare Part A (Hospital Insurance) is limited to certain dental

services during hospitalization (U.S. Centers for Medicare & Medicaid Services, 2013). The lack of public health policy to support access to regular dental care among the elderly seems to conflict with Native Hawaiian culture which values its kūpuna.[2]

- **To provide culturally competent oral health care to Native Hawaiians, there is a need for a dental workforce that represents the population.**

Ambrose et al. (2012) reported that having a Native Hawaiian physician caring for a Native Hawaiian patient improved patient-physician interactions and several patient-related outcomes such as satisfaction, provider preference, and quality of care. Several other studies have found similar effects of ethnic concordance between patient and physician (Saha, Arbelaez, & Cooper, 2003). There is a need to investigate whether cultivating a proportionate representation of Native Hawaiians in the dental workforce might promote better oral health among Native Hawaiians. Further discussion related to this issue may be found in Chapter 7: Workforce Development.

Data on Native Hawaiian representation within the dental workforce are not readily available. The Professional & Vocational Licensing Division of the State Department of Commerce and Consumer Affairs, which licenses dentists and dental hygienists, does not collect data on the ethnicity and race of applicants. Also, the Hawai'i Dental Association – a statewide professional association of approximately 1,000 members representing over 92% of all dentists practicing in Hawai'i in general dentistry and the eight dental specialties recognized by the American Dental Association – does not collect nor provide race or ethnicity information regarding their membership (Hawai'i Dental Association, 2017).

- **Fluoride occurs naturally in groundwater, and community water fluoridation can be one of the most cost-effective ways to deliver fluoride to the people of Hawai'i.**

Most common oral diseases, such as tooth decay and periodontitis (gum disease), can be prevented through a combination of community, professional, and individual strategies. Such strategies include disease prevention and health promotion interventions to create a healthy environment, reduce risk factors, inform target groups, and improve knowledge and behaviors. These can be implemented community-wide through the efforts of health professionals and policy-makers, or through the exercise of individual responsibility (National Institute of Dental and Craniofacial Research, 2014).

More than 70 years of scientific research has consistently shown that an optimal level of fluoride in community water is safe and effective in preventing tooth decay, reducing the incidence of cavities by at least 25% in both children and adults (American Dental Association, 2017). A systematic review published in 2000 cautioned that the evidence of a beneficial reduction in caries should be considered together with the increased prevalence of dental fluorosis. There has been no clear evidence of other potential adverse effects (McDonagh et al., 2000). A 2015 systematic review published found that water fluoridation is effective at reducing levels of tooth decay among children (Iheozor-Ejiofor et al., 2015). Legislative bills regarding water fluoridation have been heard in the past, meeting with much opposition. However, it is unclear to what extent the opponents represented Native Hawaiian communities or values.

Tooth decay (dental caries) is damage to a tooth that can occur when decay-causing bacteria in the mouth come into contact with sugars and starches from foods and drinks, forming an acid which destroys the tooth's enamel by causing it to lose minerals. This can lead to a small hole in the tooth, called a cavity. If tooth decay is not treated, it can cause pain, infection, and even tooth loss (National Institute of Dental and Craniofacial Research, 2018). Making dietary choices that limit foods high in sugars and starches, eating nutritious and balanced meals, helps lessens the chance of developing tooth decay. A study found that child/adolescent exposure to food-related ads, particularly for sugar-sweetened beverages and fast-food restaurants, was significantly higher in areas with higher proportions of black children/adolescents and lower-income households (Powell, Wada, & Kumanyika, 2014). Further, a study found that despite overwhelming consensus on the causal role of sugars in tooth decay and recommendations by expert committees, quantitative targets restricting the intake of sugars to control dental caries have not been widely implemented (Kearns, Glantz, & Schmidt, 2015).

Along with water fluoridation, a greater diffusion of other preventive interventions could reduce the incidence of caries at an affordable cost. Topical application of fluoride (through fluoride gel, toothpaste, and mouth rinses) and fluoride supplements would be convenient and inexpensive tools to reduce dental caries. In addition, pit and fissure sealants and fluoride varnishes appear likely to effectively reduce the risk of caries. To prevent the progression of tooth decay, 38% silver diamine

[2] elders

fluoride (SDF) arrests active caries at 81% success rate (Gao et al., 2016). Apart from staining the arrested lesion black, no significant complication of SDF use among children is reported. SDF treatment is noninvasive and easily implemented. It can be a promising strategy to manage dental caries in young children or those who have special needs (Gao et al., 2016).

Further, natural preventive care that can be integrated in clinical and home care is gaining interest. Though limited, some studies have suggested the effectiveness of natural products, such as baking soda to reduce plaque. Plaque is a sticky, colorless film of bacteria that continually forms on our teeth and along the gum line. Plaque contains bacteria that cause cavities and gum disease (Ghassemi, Vorwerk, Hooper, Putt, & Milleman, 2008; Putt et al., 2008). A study compared the effectiveness of coconut oil vs. chlorhexidine (a prescription mouthwash with antibacterial properties) and found no statistically significant difference between them in the reduction of S. mutants, a bacterium commonly found in the human oral cavity and a significant contributor to tooth decay (Peedikayil et al., 2016).

According to the Pew Charitable Trust's report on children's dental health, Hawai'i meets only one of the eight policy benchmarks aimed at improving children's dental health, making it the worst overall performer among the 50 states and the District of Columbia. Hawai'i does not fully use proven preventive strategies. It lacks a school sealant program and has the lowest rate of fluoridation of any state. Residents living on military bases are the only ones who receive fluoridated water (The Pew Charitable Trust, 2011).

There are growing interest in and need for mobile dentistry and place-based care and referral (based in schools, community centers, churches, Head Start programs, WIC programs, senior centers, home care services, etc.) (Branson, 2014; Rural Health Information Hub, 2017; Sugimoto-Matsuda & Stridiron, 2017). Place-based care is defined as providing direct access where people live, work, go to school, worship, or receive social services. A systematic review of preventive dental visits indicated that a focus on making care a positive experience is likely to be particularly beneficial (Harris, Pennington, & Whitehead, 2017). Interviews conducted for this report revealed interest in and need for place- and community-based care. Native Hawaiians appeared to prefer care close to their community, delivered through outreach programs. However, the interview results indicated that funding and billing policies do not seem to support outreach programs such as school-based and other place-based care. Increased interest in teledentistry may help overcome this barrier in the future.

Sometimes organizations and individuals step up beyond their comfort zones and take on new responsibilities to address health issues. When we expand our roles, and take action to ease the suffering of others, we immediately improve our lives and others'. Our community needs more people stepping up and taking action to prevent individual disease and improve community health.

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Effective and Promising Approaches

Since 1988, great strides have been made in improving the oral health status of Native Hawaiians. Cooperative efforts of the Native Hawaiian Health Centers, Federally Qualified Health Centers, and various community entities have resulted in projects with the potential for far-reaching effects in enhancing the oral health of Native Hawaiians. These endeavors not only improve access to care, but more importantly, provide oral health education that can help break the cycle of poor oral health through the generations.

- **A full array of dental services is provided statewide by the Federally Qualified Health Centers and the Native Hawaiian Health Care Systems at two clinic locations, one on Kaua'i and the other on Maui.**

Federally Qualified Health Centers and Native Hawaiian Health Care Systems located near Native Hawaiian communities are currently providing dental care integrated within a larger comprehensive health center. Both patients and providers cite this centralized health care system as a successful way of reducing barriers to care. Health care is conveniently centered in one clinic, providing patients access to a wide range of resources, including medical, dental, vision, behavioral health, and traditional healing services. Some centers also include services to transport their clients to and from appointments.

Federally Qualified Health Centers and Native Hawaiian Health Care Systems also allow providers to focus on health care outcomes rather than the financial pressures with which many in the private sector may be burdened. Appointment times can be lengthened so providers can include oral health education tailored to a patient's cultural influences. In view of the holistic

Native Hawaiian conception of health, it is vitally important to form a strong patient-provider relationship and address oral health in the context of overall health. The Native Hawaiian Health Care System was designed from a holistic perspective, and many interviewees expressed that they are more comfortable obtaining care in such an environment. The Federally Qualified Health Care System and Native Hawaiian Health Care Centers allow providers the time to design and implement programs that result in a broader, community-wide reduction in disease. These programs include oral health education in schools and other community organizations and events, and school-based sealant and fluoride programs.

- **Bringing preventive care to children instead of waiting for children to come to care is proven to be highly effective. School-based sealant and fluoride mouth rinse programs increase access to preventive care for children who otherwise do not access care.**

Some of the Federally Qualified Health Centers and Native Hawaiian Health Care Systems have implemented mobile dentistry and place-based dental services outside the traditional office setting, providing greater accessibility and convenience for patients and their families. Services include education, screenings, fluoride varnish, prophylaxis, and sealants. These services are currently being offered at Head Start, preschools, elementary schools, after-school programs, and community health fairs.

More comprehensive care has also been offered through establishing a virtual dental home for patients, with a pilot project currently underway on Hawai'i island at Head Start and WIC locations, and a project pending on Maui in partnership with Head Start, WIC, and a long-term care facility. Virtual dental homes provide onsite education and preventive oral health services two to three days a week at the above locations. Their continual presence serves as a reminder for students and staff of the importance of regular oral hygiene care, providing reinforcement that serves to develop healthy lifelong habits.

- **Linkage to dental case management promotes oral health for children needing specialized care.**

Oral health programs through Federally Qualified Health Centers and Native Hawaiian Health Care Systems have helped parents and children establish a dental home. On Maui, student participants who have indicated they do not have a dentist, those who have not seen a dentist in over a year, or those who have rampant, active decay are provided with information about how to receive services at the Native Hawaiian Health Care System. Health care workers from the Native Hawaiian Health Care System also follow up with phone calls and letters to aid parents in obtaining an appointment. This approach has been marginally successful in helping to establish care for participants in need of a dental home.

- **Linking patients to prevention and treatment through school-based oral health education, screening and referral programs, dental case management, and pediatricians' offices is effective.**

A key component in improving oral health is education. Oral health directors at Federally Qualified Health Centers and Native Hawaiian Health Care Systems, dental hygienists, and dentists in private practice all agree that education is the prevailing force that can ultimately lead to better long-term oral health outcomes. Improving oral health literacy in the dental office is a key component in this education. To this end, providers are focusing on effective communication with patients. Techniques including open-ended questions, the use of patient-friendly visual materials, and the teach-back method serve to empower patients to become their own health advocates.

Efforts are also being made to provide oral health education outside the dental office, such as at Head Start and Early Head Start programs, preschools, elementary schools, after-school programs, and long-term care facilities across the state. Students, teachers, school administrators, health aides, parents or guardians, and caregivers have been able to benefit from such outreach programs provided primarily by the Federally Qualified Health Centers and Native Hawaiian Health Centers.

Interdisciplinary education is also an important component in improving oral health outcomes, especially in children, pregnant mothers, and those with diabetes. Short informational briefings at monthly meetings have been successful in providing updates and recommendations to pediatricians, OB/GYNs, and nurses. The Native Hawaiian holistic approach to health may benefit both Native Hawaiians and non-Hawaiians, leading to positive correlations among oral health, overall health, and general well-being.

As my kumu, my Aloha says, Hawaiians didn't have the Western afflictions because we were an isolated island chain and we didn't have visitors. For instance, dental caries, we didn't have dental caries, we didn't have the same kind that we have today. La'au

lapa'au[3] *evolved over hundreds of years to treat the afflictions that we had at the time. But now we get exposed to all of this stuff, so we have these diseases and symptoms and maladies that came from the Western world. So that is what Western medicine has evolved to treat. It's almost that the two of them are two different worlds, because they came out of two different worlds...but they are very complementary because of that. So, in the Western world, TMJ, temporal mandibular joint dysfunction syndrome, it's pain in your jaw joint that causes headaches. It's a stress-related thing...In the '80s and '90s it was a big thing in the dental world for very hands-on treatment with these very intricate ways of treatment and they had different schools of thought...But it boiled down to what research has told us is that it has nothing to do with the mechanics of the bite and that it is mostly a stress-related thing. And so, of course, Hawaiians, with the cultural baggage that we have, there's a lot of stress-related problems and it becomes a pattern, and now, you look at it now, in lapa'au you look at the whole person, you look at not only the whole person but their spirituality and their ancestors, okay, and it gives you a great understanding for...these stress-related afflictions. The voids in one are filled by the attributes of the other. That's why I think it's the most effective way to heal people. So...although there's times we are with certain patients I can't tell them, oh this, you don't tell them, people. It's how you present things...if you tell a Hawaiian person that you are bringing in lapa'au principles, it's immediately accepted, and they prefer that, especially the older ones.*

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Native Hawaiian health care was learned through the mo'olelo[4] passed down from generation to generation. The practice of la'au lapa'au by kahuna[5] includes gathering, preparing, and administering plant, animal, and mineral remedies from the land and sea with prayer to heal mind, body, and spirit (Hilgenkamp & Pescaia, 2003). The following story illustrates the importance of learning and teaching the protocols of health to the Native Hawaiian people, and the relevance of these to oral health.

One by one the coals in the fire-pit died down as the cold-bite of predawn spread through the small grass house. But neither the shaggy-haired old man nor the beardless youth sitting by his side moved as they waited...to start the trip up the valley back of their home to gather medical herbs. Through the chants and riddles, prayers, allegories, and stories, the boy had learned about the plants and their uses. From the shoreline to the peaks of the mountains the gods gave the plants that could be used to repair mana-drained bodies. And it was the kahuna-trained la'au lapa'au who was the keeper of the secrets (huna) of the plants, who knew their compounding uses. The kahuna la'au lapa'au combined the knowledge of the agriculturalist with that of the medical scientist. Few plants escaped his attention, and most were used in some form of treatment.

Before beginning his formal apprenticeship the young la'au lapa'au trainee knew how to identify many of the basic plants, their growth patterns, and popular uses. As his training began, this basic knowledge was put in order. He learned the families of plants that assigned relationships on the basis of sex, leaf structure, appearance of flowers, and other growth characteristics. While learning the names of the plants, the trainee also learned all the variations that a plant name might have so that his choice of plants for medical use might utilize the power of the words used for the plant name.

(Gutmanis, 1976, pg. 44)

With the knowledge of the 'āina[6] passed down for generations, Native Hawaiians were able to find cures for a multitude of illnesses. Some examples of la'au lapa'au to treat oral health issues include inserting a plug from the root of the puakala into the cavity; or rubbing the watery sap from a green kukui nut picked from a tree in the morning sun, or the sap from a banana flower, to cure bad breath or a coated tongue (Gutmanis, 1976).

Combining traditional Native Hawaiian approaches to health with Western methods may provide an optimal way to prevent and treat oral health problems. Indeed, "Western" studies are now finding what Native Hawaiians have known for generations: that oral health, overall health, and general well-being are inextricable from one another.

Community Meetings

Community meetings are an important way of gathering information about an area's perceived oral health needs and developing customized solutions to meet those needs. These meetings help build relationships with the community, provide an

[3] healing remedies
[4] stories
[5] priest, minister, shaman, expert in medicine
[6] land

opportunity to educate and promote oral health, and develop activities that will best assist the local population in receiving dental care. Bright Smiles Hawai'i (2017) held a series of focus groups around the state to ask communities how oral health could be improved. Four community initiatives were implemented as a result of these meetings. Among these initiatives include Bright Smiles Ka'u, in which organizers have offered oral health education and distributed oral health kits to various community groups and events; and Brightest Smiles Maui, in which organizers have held several talk-story sessions on Maui and Moloka'i with various small groups affected by oral health disparities.

Ka 'ike a ka mākua he hei na ke keiki.

The knowledge of the parent is absorbed by the child.

'Ōlelo No'eau #1397
(Pukui, 1983, p. 155)

Private Grants

Private foundation grants have been instrumental in supplementing federal dollars to support Native Hawaiian oral health initiatives. Although Federally Qualified Health Centers and Native Hawaiian Health Care Systems apply a sliding fee schedule based on patients' ability to pay, some services, including dentures, crowns, and bridges, still accrue charges that are unaffordable to many. Private foundation grants have allowed these patients to obtain treatment that they otherwise could not afford. Private foundation grants have also allowed for the expansion of services to remote areas, and the implementation of outreach programs.

Gaps

- **There is a lack of funding for capital expansion of Native Hawaiian Health Care Systems and Federally Qualified Health Centers to increase access to services (dental care, screening, referrals, education, etc.) for all, including children, adults, kūpuna, and low-income families.**

Gaps in access to oral health care are a universal issue in the United States but are particularly prevalent in minority and low-income populations that lack health equity. These groups receive fewer preventive services and lower quality health care in general. Language barriers and the lack of cross-cultural medical education negatively affect clinical decision-making in their care. Dental health has been largely disconnected from overall health, and, as a result, is even more susceptible to these inequities. Communities statewide need to be directly engaged as active partners with the oral health system to address these disparities and improve oral health outcomes for Native Hawaiians. Federal funding for capital expansion for Native Hawaiian Health Care Systems and Federally Qualified Health Centers would permit greater access to dental care, screening, referrals, education, and other related services to children, adults, and kūpuna, particularly those from low-income families.

Outreach Programs

The tele-dentistry model is spreading across the country, and a pilot project was initiated on the island of Hawai'i; however, insurance plans, including Medicaid, are slow to change their reimbursement policies, making it difficult to sustain these programs. Mobile dentistry and place-based care, which eliminate barriers such as transportation and the challenges of navigating through a health care system, are grossly underutilized.

Health Policy

Water fluoridation is widely considered one of the most effective public health measures available to help prevent dental decay in a community. Despite repeated attempts to institute water fluoridation over several years at the state and county policy levels, Hawai'i currently has fluoridated water only within federally-controlled military communities, which constitute about 11% of the statewide population. Other current mechanisms for delivering fluoride to children include treatment programs in selected DOE elementary schools.

- **School-based sealant and fluoride mouth rinse programs need to be expanded to all schools, especially schools with high needs.**
  - **Funding for school-based programs is lacking. Medicaid/MedQUEST needs policies and a billing system that are amenable to school-based programs.**

Prevention

School-based sealant and fluoride treatment programs are an effective primary prevention measure and need to be expanded into more Hawai'i schools, especially schools with greater numbers of Native Hawaiians students and higher oral health needs. This would require more sustainable funding for school-based oral health programs. Preventive measures are

proven to be cost-effective and far-reaching in their impact.

Local diet in Hawai'i is a key factor in poor oral health, often reflecting limited access to healthy foods that are affordable. It is cheaper to eat unhealthy foods from fast-food establishments, which are more accessible. High-sugar foods and beverages are a pervasive presence in society. Other unhealthy eating habits, from an oral health perspective, include chewing on food before feeding infants, which promotes exchange of bacteria that can cause tooth decay. Also, "bottle mouth" occurs when babies drink milk or juice while resting or sleeping.

Exposure to food-related television advertising is associated with children's purchase requests, consumption patterns, and adiposity. Nutritional content studies show that despite industry pledges to promote only healthy products, relatively little progress has been made; the vast majority of television advertisements seen by or directed at children consist of unhealthy foods and beverages that are high in saturated fat, sugar, or sodium (Powell et al., 2014).

Interviewees for our task force report shared a motivation to address oral health in a holistic way with their 'ohana and the community. Several interviewees spoke of links among oral health, diet, and stress. Revisiting and revitalizing traditional practices, and reducing the consumption of a high-sugar, high-carbohydrate Western diet, may be a strong interest and need for many Native Hawaiians. Inhibitors and enablers of the consumption of a traditional Native Hawaiian diet need to be investigated from a public health perspective, and policies implemented to increase access to traditional foods.

Education Programs

In the past, elementary schools often created interactive visual methods of teaching children good oral health, along with offering routine visits by dental hygienists from the State of Hawai'i Department of Health to carry out primary dental hygiene activities. These services have largely been discontinued. It appears that educating the younger generations about oral health is not a priority in schools, although schools might be the best venue for disseminating information to Native Hawaiian children and youth.

More programs and educational resources are required statewide to address oral health in relation to Native Hawaiian health concepts and values. Lack of access to Native Hawaiian Home Lands and loss of land contributes to a loss of cultural traditional living practices that affect oral health.

Disparities in Health Outcome

- **Medicaid adult dental benefits, which include prevention and treatment, have been discontinued.**

Socioeconomic status is a major contributor to oral health disparities. Native Hawaiians on Medicaid are covered only through age 20 for complete preventive and restorative services. Beyond age 20, adults on Medicaid receive only emergency services, which are often defined as pulling badly decayed teeth. Many dental providers are unwilling to accept adult patients on Medicaid because the reimbursement for services is low in comparison to other coverage. There are widely-known differences in oral health access for children and adults in Hawai'i due to broader Medicaid oral health coverage for children, encompassing a greater variety of preventive and treatment services.

Medicare does not offer a dental plan; thus, dental plan coverage must come out-of-pocket (Medicare.gov, n.d.). As persons on Medicare – aged 65 or over, blind, or disabled – are usually on fixed incomes, these out-of-pocket costs for dental coverage or co-payments are often prohibitive. Even for those Native Hawaiians with some form of medical and dental health coverage, co-payments are increasingly costly, particularly with advanced restorative oral health services such as dentures, partial dentures, and crowns. Many cite their need to make regular payments for rent, transportation, food, utilities, and other basic household needs as outweighing their oral health needs. Hence, the largest gaps are financial; many people feel that they cannot afford dental health services. More funding for programs that effectively reach Native Hawaiians communities to promote oral health are needed, as well as more funding for existing oral health programs that are proven to work well.

With Native Hawaiian Health Care Systems and Federally Qualified Health Centers at over-capacity, with shortages of dentists and hygienists, Native Hawaiians tend to go instead to the private dental care sector if they can afford it or avoid seeking care altogether until it becomes an urgent issue. The consequences of dental disease often make it challenging for Native Hawaiians to complete their schooling and maintain steady employment. Higher dropout rates, increased unemployment, and lost tax revenues diminish economic stability at the local, state, regional, and national levels. There are disproportionate and serious effects of provider shortages on low-income and rural community members as well as on people with disabilities. These groups struggle to find providers who accept public dental insurance, serve patients in rural areas, or serve persons with disabilities or other special needs.

Disparities in Utilization of Care

We do have those who fall through the cracks and those are the ones we care about; those are the ones we want to help.

Tasha Kama
Patient Advocate/Community Member
Maui's Brightest Smilers

Transportation to oral health services is an issue for many in rural locations. There is a need for enhanced access for residents of these locations through such innovative programs as mobile dental service vans. There are areas of the state where a single provider is currently the sole source of oral health care in the community. In many areas, there is a need for after-hour and weekend services for people who work Monday through Friday and cannot take time off work to be seen for oral health care. There have been 4,000 emergency room visits by Native Hawaiians for oral health-related problems in 2011-2014 statewide – i.e., 1,000 visits per year. Native Hawaiians have the highest rate of emergency room use for oral health problems in Hawai'i – 8 times higher than all other populations combined (Hayes, 2018). More data and analyses are needed to determine why this is occurring since emergency rooms are not effective at serving as a dental home and are more expensive than other oral health service options. Moreover, dental services are generally not available there. Emergency room personnel are typically ill-equipped to address oral health problems. Frequent use of emergency rooms to address non-traumatic oral health needs is a clear indication that the existing oral health system is failing Native Hawaiians.

Medical-Dental Integration

Hawai'i lacks an integrated oral health system of services, particularly for those with minimal if any oral health coverage. This problem is more severe in rural areas such as the neighbor islands, where the delivery system depends on a few dental businesses that may not have the capacity to provide access for all in the community who need it or who might not accept persons without more comprehensive oral health coverage.

Better collaboration between the medical and dental professions would also improve the oral health status of community members across entire socioeconomic lines. There are many who regularly seek care from a physician for specific conditions, such as pregnancy, diabetes, or heart conditions, but never set foot in a dental office. Obstetricians/gynecologists and pediatricians need to emphasize the importance of prenatal and infant dental care, reinforcing the recommendation set forth by the American Academy of Pediatric Dentistry that all children see a dentist by age one. Similarly, primary care physicians, endocrinologists, and cardiologists can counsel their patients on the importance of seeking regular dental care. Other screening and preventive procedures, such as fluoride varnish, can also be done in a physician's office.

Oral Health and Overall Health

There is a wide gap between medical and dental knowledge and practice, and a great need for integrated services delivery. On many levels, health care providers and consumers alike do not consistently act upon the knowledge that the mouth is an important part of the body, and its health has significant effects on overall health and well-being. A multifaceted approach oriented toward public health is needed to improve oral health status and provide a range of services from prevention to repair, restoration, and stabilization. Widespread community education is needed to link oral health conditions to overall health, and to prioritize oral health promotion to prevent adverse effects to overall health. We need to make clear the connection of oral health to diabetes and cardiac status. We need to emphasize that poor oral health can increase stress, and thereby give rise to a host of other problems in the body. In addition, there is social and personal stigma attached to having visibly bad teeth, which can detract from self-esteem and thus affect success in life, including work and relationships.

Culture

The Western approach to oral health has tended to localize treatment to body parts (tooth, gums, jaw, etc.). By contrast, the traditional Hawaiian approach to health is to view and treat the patient holistically. Indeed, many interviewees expressed their interest in approaching oral health holistically. However, not all oral health care providers are trained in holistic approaches, nor do they possess the cultural competency to adapt their practice to meet the patient's health culture.

...Segments of sugar cane were peeled with the teeth and chewed, and chunks of dried squid were given the growing youngster to chew on to develop good jaw muscles and strong teeth. Wood ash or charcoal was rubbed on and between the teeth for cleansing, after which the mouth was rinsed with fresh or sea water.

(Handy & Pukui, 1950, pp. 89-90)

This account shows that Native Hawaiians knew the importance of oral health and prevention. It indicates their recognition that good habits start early in life and are transmitted across generations. Revisiting traditional wisdom and practices and revitalizing them to fit the "modern" lifestyle may greatly benefit oral health among Native Hawaiians.

Workforce Development

- **There are inadequate funding and programs to increase the number of Native Hawaiian dental professionals, especially in Native Hawaiian communities.**

There is a need for increased representation of Native Hawaiians within the local workforce of oral health care providers at both professional and para-professional levels. Hawai'i lacks a dental school, and a report by the Hawai'i Dental Service indicates that only 11% of the survey participants' academic institutions have programs that are culturally based or culturally adapted (Sugimoto-Matsuda & Stridiron, 2017). Increased efforts to recruit, educate, and retain Native Hawaiians in Hawai'i will help build a culturally competent workforce from whom Native Hawaiians feel comfortable seeking care. Programs and educational resources to address oral health in relation to Native Hawaiian health concepts and values are also currently lacking. Finally, data collection and dissemination regarding Native Hawaiians' oral health status and related disparities are required to shape policies and strategies.

Data Availability and Research

- **There is a lack of data across the lifespan, especially clinical data and information specific to Native Hawaiians.**

There is a need for improved collection, analysis, and dissemination of data related to oral health disparities affecting Native Hawaiians, including access and barriers to oral health care, and other community-voiced oral health needs. There are approximately 68,000 Native Hawaiians on Medicaid in Hawai'i. Low reimbursement rates and lack of providers willing to treat Medicaid recipients are issues on which data and analysis are required to develop and implement improved care options for this population.

Recommendations for Impact

'A'ohe mea nana e ho'opuhili,
he moho no ka lā makani.

There is no one to interfere,
for he is a messenger of a windy day.

Said in admiration of a person
who lets nothing stop him from
carrying out the task entrusted to him.

'Ōlelo No'eau #189
(Pukui, 1983, p. 23)

Interview results yielded recommendations for policy, systems, and environmental (program) changes to improve oral health status among Native Hawaiians. Recommended policy changes include policies at the legislative and organizational levels. Systems change involves the rules within an organization. Systems change and policy change often work hand-in-hand. Often, systems change focuses on changing infrastructure within a school, park, worksite, or health setting, or instituting processes or procedures at the system level that ensure a healthier workplace. Environmental change may include physical (programs, structures, or services), social (attitudes or behaviors with respect to policies that promote health), and economic (financial incentives or disincentives) factors that influence people's practices (The Food Trust, 2012). We focus on describing program changes as an environmental component in the following section. Policy, system, and program changes need to work in synergy for greater impact and sustainability. Further, both state-wide systemic change and autonomy in community-level decision-making may be critical in leveraging resources to create impact.

- **Address oral health in connection with overall health.**
  - **Require continuing education on oral health for medical professionals, and on overall health (diabetes, coronary artery disease, HIV, pregnancy, stress) for dental professionals.**

The interconnections between physical and emotional health, which have been the subject of much contemporary research in Western medicine, have long been known to Native Hawaiians. As Native Hawaiians have traditionally addressed oral health from a holistic perspective, we recommend modifying current practices to understand patients' overall health and to address oral health within the context of overall health, including patients' lifestyles. We recommend establishing policies to promote inter-professional continuing education on oral health for medical professionals and on overall health conditions such as diabetes, coronary artery disease, HIV, pregnancy, and

stress for dental professionals; systems to deliver inter-professional health trainings; and programs that address holistic approaches to oral health.

- **Increase oral health literacy and awareness.**
  - **Create awareness through media about the importance of good dental hygiene.**
  - **Develop and implement oral health educational programs for health care providers, families, schools, and communities.**

We recommend developing and providing culturally tailored education programs for patients, families, schools, communities, and providers. Education programs for patients, families, schools, and communities need to create awareness about the importance of good hygiene, good food and drink choices, and utilization of check-ups, preventive care, and early treatment. Education programs for providers need to create understanding of Native Hawaiian health concepts and to enhance provider-patient communications. Education programs need to be delivered through various media to reach a wide audience. We recommend establishing policies to allocate adequate funding to develop and sustain a system that delivers culturally tailored oral health education programs systematically through the Native Hawaiian community.

- **Develop a diversified oral health workforce, including rural areas.**
  - **Create and implement workforce development programs and higher education programs to increase the number of Native Hawaiian dental professionals in Hawai'i.**
  - **Provide funding for workforce development for Native Hawaiians.**
  - **Develop and establish policies at the state and organizational level to support Native Hawaiian dental professionals.**
  - **Foster the development of a collaborative system among families, schools, universities, and workplaces.**

Currently, Native Hawaiians are not proportionately represented in the oral health workforce. We recommend assessing the current dental workforce in the State and developing policies to increase Native Hawaiian representation in the dental workforce. The development of a collaborative committee among secondary education, post-secondary education, licensing agencies, professional associations, and residency programs is recommended to increase the numbers of Native Hawaiian students and professionals. Funding and programs to support the practice of Native Hawaiian dental professionals, especially in Native Hawaiian communities, are strongly recommended.

Referral/Case Management/Medical-Dental Integration

We recommend policies to build a collaborative system among families, early-childhood programs, schools, universities, workplaces, senior care programs, medical care providers, and dental health care providers in the Native Hawaiian community. We recommend developing a referral program among organizations and implementing it system-wide, with adequate funding to develop and sustain the system.

- **Invest in prevention.**
  - **Provide low income families with dental supplies (toothbrush, toothpaste, dental floss) through public and private means.**
  - **Develop policies and programs to promote prevention in the community.**
  - **Develop policies and practices that increase preventive care in dental clinics.**

There are multiple ways to prevent tooth decay: delivery of fluoride through fluoride varnish, fluoride gel, fluoride foam, fluoridated toothpaste, and fluoridated water; dental sealants; silver diamine fluoride; brushing and flossing; and avoiding acid-causing food and beverages. We recommend developing policies and systems that promote preventive care at home, in the community, and at the clinic. For example, providing economically challenged families and individuals with dental supplies (toothbrush, toothpaste, and dental floss) is one way to promote preventive care at home. Funding school-based preventive care programs is one way to promote prevention in the community. Providing patient-centered, evidence-based, and culturally adapted dental care is one way to promote prevention in clinics.

- **Increase access to care (decrease oral health care disparities).**
  - **Restore Medicaid adult comprehensive dental benefits including prevention and treatment.**
  - **Develop school health policies that address and improve children's oral health status.**
  - **Develop sustainable school-based sealant and fluoride mouth rinse programs.**
  - **Develop and implement community-based programs that improve the oral health of**

keiki, adults, and kūpuna, especially those who are from low-income families.

- **Provide funding for capital expansion to start up school-based and community-based programs and establish Medicaid policy to make programs sustainable.**
- **Strengthen collaboration among State of Hawai'i Department of Human Services Medicaid program, Native Hawaiian Health Care Systems, Federally Qualified Health Centers, schools, and communities to enact a policy that supports school-based and community-based programs; secure funding for these programs.**

To decrease disparities in care utilization we recommend policies, systems, and programs that increase access to care for all. Policies that promote regular check-ups, preventive care, and early treatment are critical, as avoiding or not being able to utilize dental care at an early stage can lead to progression of tooth decay and gum diseases that require more painful and costly procedures. Painful experiences increase fear and anxiety, and these negative feelings lead patients to avoid regular and timely dental care utilization. Currently, MedQUEST does not offer comprehensive dental care coverage for adults. All, regardless of income or employment status, should have equal rights and opportunities to access care. Further, the current Medicaid policy that excludes comprehensive dental care for adults teaches communities and families that oral health is not an important aspect of overall health. This notion conflicts with the Hawaiian value to achieve health holistically within the 'ohana[7] and community. We strongly recommend restoring adult comprehensive dental services to Medicaid participants, including prevention and treatment.

We also recommend establishing health policies that promote and sustain outreach programs (care provided on portable units and on vans/buses); systems that connect care with keiki,[8] adults, and kūpuna,[9] especially the economically challenged (Title I schools, homeless shelters, etc.); and programs that are affordable, evidence-based, and culturally adapted. Medicaid policies need to increase the number of Medicaid participating providers; support community-based (school-based, WIC-based, etc.) services; and promote regular, preventive, and early treatment dental care utilization. This would include restoration of Medicaid adult dental benefits.

- **Implement culturally adapted programs and practices.**
  - **Foster collaboration between Native Hawaiian health experts and dental professionals to develop educational materials.**
  - **Develop educational programs for dental and medical health care professionals to increase understanding of oral health in the context of Native Hawaiian health concepts and values, and how to adapt practices accordingly.**
  - **Revisit traditional practices and revitalize them to fit contemporary lifestyles.**

We recommend developing policies aligned with and reflective of Native Hawaiian culture. Native Hawaiians are highly interconnected with family and community, value relationships, and view health holistically. As Native Hawaiians appear to have had good oral health during the pre-European contact period, we recommend establishing health policies and systems that support Native Hawaiians in revisiting and revitalizing traditional cultural health practices that can be incorporated into their current lifestyles.

We recommend collaboration among Native Hawaiian dental health care professionals to develop culturally tailored oral health education programs for patients, families, communities, and non-Native Hawaiian providers. We also recommend that Native Hawaiian dental health professionals, as a hui,[10] promote oral health in Native Hawaiian communities, and collaborate with Native Hawaiian physicians and other medical professionals.

The following prayer given by Mary Kawena Pukui was used when 'awa[11] was not obtainable and a pōpolo[12] plant was substituted, called 'awa pōpolo, which could be used to treat a toothache. It was chanted while gathering the plants.

[7] family
[8] children
[9] elders
[10] organization
[11] kava
[12] black nightshade

E ka 'awa a Kane
I ulu i Kahiki
I a'a i Kahiki
I kumu i Kahiki
I lala i Kahiki
I lau i Kahiki
I mole i Kahiki

I pua i Kahiki
I ki'i mai nei au i ko kino
I la'au no
E Kane e, ho mai i ola

O 'awa of Kane,
That grew in Kahiki
Rooted in Kahiki,
Bore rootlets in Kahiki,
Grew a stalk in Kahiki
Branched in Kahiki,
Leafed in Kahiki,
Bore leaf buds in Kahiki,
Blossomed in Kahiki,
I have come to take your body
To be used for medicine for [patient's name],
O Kane, grant him health.

(Pukui, n.d.)

- **Systematically improve data collection relevant to Native Hawaiian oral health.**
  - **Establish policies and systems to collect data on Native Hawaiian representation in the dental work force.**
  - **Improve data collection across the lifespan, especially with respect to clinical data and information delineating Native Hawaiians.**
    - **Analyze data to improve oral health programs and to support increased representation of Native Hawaiians in the dental work force.**
    - **Establish policies to ensure open and responsible data sharing among agencies.**

We recommend establishing policies to collect data on oral health outcomes (clinical data) and dental workforce development outcome on a regular basis; develop integrated data collection systems among organizations (for example, a system linking community health centers and schools); and establish survey protocol that ensures that data collected are reliable, comparable, and available across the lifespan. Additionally, we recommend policies to enable responsible, open, convenient, and non-bureaucratic data sharing to analyze and improve program operations. (See Chapter 6: Data Governance.)

Conclusion

In the past 30 years, Papa Ola Lōkahi has been at the forefront of advocating for Native Hawaiian health. The five Native Hawaiian Health Care Systems have been at the forefront of providing services in the Native Hawaiian community. To improve oral health among Native Hawaiians, systematic changes beyond the Native Hawaiian community are required. Restoration of Medicaid comprehensive dental coverage that includes prevention and treatment is one of the critical systematic changes that need to occur and that will benefit not only Native Hawaiians but all populations statewide. The revitalization of Native Hawaiian holistic approaches to oral health is another important change that will benefit all.

Today, oral health disparities persist among Native Hawaiians and other groups. Without change, many will continue to suffer from oral health diseases and overall health conditions that are associated with poor oral health. Over the next 30 years, we must remain in the forefront to advocate, serve, and collaborate for systematic change that will improve oral health for Native Hawaiians and all.

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‘A‘ohe hana nui ke alu ‘ia.
No task is too big when done together by all.

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