

Date: March 5, 2025

To: Senate Committee on Ways and Means

From: Kevin J. Robertson, CAE
Executive Director

RE: Increasing Access for Dental Services

Chairman Billinger and members of the Committee, I am Kevin Robertson, Executive Director of the Kansas Dental Association (KDA) representing the dentists of Kansas. The KDA has three requests we would like the Committee to consider.

First, the KDA asks you to support the House-approved increase of \$4 million SGF (\$10 million all funds). This is less than a requested increase of \$16.9 million from SGF in order to raise the dental reimbursement to near commercial levels, however, the KDA appreciates the commitment to impact dental Medicaid. This request is critical to increasing the number of dental providers who accept KanCare/Medicaid and is a key strategy of a partnership of diverse organizations, led by Oral Health Kansas (OHK), designed to increase dental access to Kansas' most vulnerable populations. This partnership is modeling its efforts off a successful program from Missouri which has seen substantial increases in dental provider participation and enrollee care since changes were made in 2022.

How did Missouri do it? They decreased the administrative burden on dental offices who are on Medicaid and also increased dental reimbursement rates to 99% of commercial rates. In many cases, Missouri reimbursement is now 2x that of Kansas. Kansas' low reimbursement rates for dental services is currently 37% of average fee-for-service rates while overhead in a dental office is 60%. This fact makes it difficult for these small businesses to treat Medicaid patients as they actually lose money on nearly every Medicaid procedure.

The OHK has already taken the first step of helping dentists navigate the burdensome administrative issues associated KanCare Medicaid with assistance enrolling, filing claims, working through claims errors, etc. This is being done with the addition of a "Dental Facilitator" to the OHK staff who is currently in training. I ask you to support the "second" step by recommending an increase in dental Medicaid funding.

Second, the KDA asks the Committee to support the House-approved funding for the Donated Dental Services program be increased to \$125,000 to more adequately cover the costs of the program.

In 1996, Dental Lifeline Network and the Kansas Dental Association established the Kansas **Donated Dental Services (DDS) Program** to provide dental care to Kansans with disabilities, are elderly or medically fragile. To date, almost 4,400 Kansans in every county have received \$16.2

million in comprehensive care from a volunteer network that currently has nearly 320 dentists and 46 dental laboratories.

Last year each patient received on average, \$5,512 in comprehensive dental care. Volunteer dentists treat DDS patients in their own dental offices, which allows them to use their own equipment and staff. Dental labs also have been very generous, and several manufacturers donate materials for dentures, crowns, bridges and implants.

While dentists generously donate their services, program funding is necessary to support program coordination, oversight and covering program costs such as the coordinator's salary and benefits, office and administrative expenses and lab reimbursements when volunteer labs cannot afford to donate. A paid DDS Program Coordinator manages services and is critical to the program's success. The Program Coordinator conducts telephone interviews to screen the applicants and determines eligibility, links eligible patients with nearby volunteer dentists, monitors patient progress, arranges lab services, acquires the help of specialists as necessary and follows up with the patient and volunteers.

Since 2013, the state has provided an annual appropriation of \$70,000 to the DDS program through the KDHE budget. As you might expect, since that time operational costs have increased, necessitating raising additional revenue through private grants and personal donations. That funding, however, is not sustainable as projected expenses for FY 24/25 are \$125,000. Without an increase in state financial support, it may become necessary for DDS to reduce coordinator hours which will ultimately mean fewer patients will receive treatment.

The KDA asks for your support of the DDS Program by recommending an increase in funding for this important.

Third, the KDA asks that the Senate Committee on Ways and Means support the Special Committee on Sedation Dentistry and House-approved recommendation to increase funding \$742,601 million SGF (\$1.9 million all funds) in order to raise the CPT G0330 code

reimbursement for facility services for dental procedures that require monitored anesthesia in an operating room setting to \$3,007. Raising the reimbursement for this code will allow persons with disabilities better dental access as their care often requires anesthesia services in a hospital setting.

Thank you for your time today. I'll be happy to answer any questions you may have at the appropriate time.