

Making Elder Care Better Since 1975

Kansas Advocates
for
Better Care



March 7, 2012

Chairwoman Schmidt, and members of the Senate Public Health & Welfare Committee:

Thank you for the opportunity to testify on HB 2631. My name is Mitzi McFatrach and I am the director of Kansas Advocates for Better Care (KABC), a not-for-profit membership organization whose mission is to improve long term care for elder and disabled Kansans. KABC was originally formed in 1975 as Kansans for the Improvement of Nursing Homes by volunteers throughout our state.

KABC supports any effort to improve access to dental care for elders. Oral health is central to an older person's overall general health, well-being and quality of life, but is often overlooked as part of their holistic health care. Not only are oral health problems painful, they can complicate a person's ability to speak, chew and swallow. Those resulting difficulties often result in poor nutrition, weight loss, an increased susceptibility to infections and impact other systemic health conditions. These health problems are compounded by a loss in dignity, self-esteem, self-confidence and a poorer general quality of life.

Today's seniors are a shining example of how well preventive dental services and public education works. As a result of a sustained preventative approach to oral health, starting in childhood, the proportion of persons 65 years of age and older who have lost all their teeth has significantly declined.

The good news is that we have found that oral diseases and tooth loss are not an inevitable aspect of aging. The bad news is that we have failed to help seniors maintain the good oral health that they have worked a lifetime to achieve at the time when their overall health most depends on it.

However, the creation of new permit levels such as the Extended Care Permit III or expanding the scope of practice with the Registered Dental Practitioner, does seniors no good if Medicaid doesn't cover dental coverage for adults.

The populations an ECP III could serve would be limited but includes residents, age 65 and older, who live in a residential center, an adult care home, subsidized housing, a hospital long term care unit or a state institution. It also would allow services to those who are served in a community senior service center, elderly nutrition program or even at the home a person who is served by the HCBS/FE waiver. But without Medicaid funding, these dental professionals can't be paid for providing this critical care for serving our elders on Medicaid.

The importance of oral health for seniors has been consistently overlooked as a matter of public policy. Most people lose their dental insurance coverage when they retire from the workforce. Medicare does not cover routine dental care for older adults, providing only a few, very limited services considered to be "medically necessary." Medicaid in Kansas no longer covers oral health care for adults, except for limited, emergency services only. The need for oral health care was demonstrated by the 7,800 Kansas seniors who received dental care and dentures in 2007 after the Kansas legislature approved \$3.3 million to fund oral health care under the HCBS/Frail Elderly waiver. The number of dental providers also increased during that time. Funding for this program was cut due to budget constraints, but the real need for dental coverage remains.

According to the U.S. Centers for Disease Control and Prevention, “older persons with the poorest oral health are those who are economically disadvantaged, lack insurance, and are members of racial and ethnic minorities. Being disabled, homebound, or institutionalized also increases the risk of poor oral health.”

Seniors who live in nursing homes and other congregate settings have very limited, if any, access to dental care. Nursing homes don't employ dental staff and transportation is often a nearly insurmountable obstacle, especially in rural areas. While there may be an assumption that residents receive regular dental care, the reality is that nursing home staff is not required to be trained in areas related to geriatric dental care and don't routinely assist residents with oral hygiene and denture care.

For example, gum disease and tooth decay are the most frequent causes of tooth loss. The prevalence of gum disease increases with age with more than 40% of seniors having some form of these infections; 23% of persons 65-74 olds have severe gum disease. People with gum diseases are prescribed a daily regime of brushing and flossing which may be difficult for a senior to follow without help. Deep cleaning at a dentist's office is also required every three months which may be a difficult, if not impossible, trip for the senior to make. But preventing gum diseases among seniors should be a priority since studies are showing an association between these diseases and diabetes and cardiovascular diseases, both of which are major causes of death among seniors.

It also should be noted that most older Kansans take both prescription and over-the-counter drugs. More than 400 commonly used medications can be the cause of a dry mouth. Reduction in the saliva flow increases the risk for oral disease.

The critical need for dental services, for Kansans of all ages, was illustrated by a number of dental professionals during the March 2011 hearing on HB 2280. It was also well-documented that there is a current shortage of dentists, a problem that will be exacerbated by a large percentage whom are approaching retirement age. HB 2631 can help bridge the gap while addressing current and growing needs.

The current system is too costly to maintain. Without funding for dental coverage, there are huge collateral expenses in both direct health care costs and the cost to human lives. The current system sets up a perilous domino effect. A lack of regular dental care causes seniors to adjust the quality, consistency and balance of their diet as oral health problems arise. This then leads to poor nutrition, weight loss and a tendency toward infections. In seniors, side effects of infections can include increased falls and can cause confusion and affect their mental health. Additional side effects of poor nutrition and dental problems can be amplified by medications.

One conferee in March 2011 suggested that “it's time to do something different” because the current system leaves too many Kansans with too many unmet oral health needs. KABC agrees. If we are serious about improving health outcomes for seniors then we urge you to support Medicaid funding for HCBS/FE recipients and the passage of HB 2631.