



Kansas Advocates
for
Better Care

Making Elder Care Better Since 1975

Founded in 1975 as Kansans for Improvement of Nursing Homes by concerned citizens like you.

February 23, 2015

Madam chair and members of the Senate Public Health and Welfare Committee;

KABC is a not-for-profit organization, beholden to no commercial interests and is supported almost entirely by donations from citizens who support our mission of improving the quality of care in all long-term settings. KABC was among a handful of non-profit consumer advocacy groups which worked to win passage of the Nursing Home Reform Act of 1987.

Thank you for the opportunity to express support for SB 49 which would create a Registered Dental Practitioner. 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. The addition of this mid-level dental professional would enhance and increase dental services to, and improve the oral health of, Kansas elders.

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, and 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.

The importance of oral health for elders is too often 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 annual check-ups and emergency services. The need for oral health care is illustrated in the 7,800 persons 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. Although oral health funding was cut due to budget constraints, the need remains.

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

Practioner, elders could regularly receive services where they live, eliminating the barrier to access.

The current system is costly. Even 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 leaves too many Kansans with too many unmet oral health needs, setting up a perilous domino effect. A lack of regular dental care causes elders 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. 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.

Including a new mid-level practioner broadens and strengthens the dental provider. KABC urges you to support SB 49.

On behalf of KABC members and volunteers,
Mitzi E. McFatrach, Executive Director