

3-16-22

Mich Oral Health Coalition

Ellen Sugrue Hyman



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March 16, 2022

The Honorable Mary Whiteford  
Chair, House Appropriations Subcommittee on Health & Human Services  
Room 352, House Appropriations, State Capitol Building  
Lansing, MI 48933

Dear Chairwoman Whiteford and Members of the Committee:

Thank you for the opportunity to speak today regarding the Executive Budget Recommendation to reform Michigan's dental program for FY 2023.

My name is Ellen Sugrue Hyman, and I am the Executive Director of the Michigan Oral Health Coalition, or MOHC. Our mission is to advocate for policies and resources to connect Michiganders to optimal oral health. MOHC's members and partners include a broad-based network of oral health advocates and providers, dental schools, third party payers, local oral health coalition and health departments as well as health care and advocacy organizations.

### **NOW IS THE PERFECT TIME TO FIX OUR STATE'S ADULT DENTAL FEE FOR SERVICE PROGRAM TO ENSURE ACCESS, MORE COVERED SERVICES, AND IMPROVED ORAL HEALTH FOR MICHIGANDERS**

Last year, we developed the 2025 State Oral Health Plan (<https://mohc.org/state-oral-health-plan>), which is a multi-faceted plan to increase access to oral health for all Michiganders. One of the key strategies included was to restructure the adult dental benefits to align with the rate structure and benefits of the highly successful Healthy Kids Dental program.

I want to share some of findings in the State Oral Health Plan:

Only 15 percent of the Adults on the FFS Dental Benefit access care each year; 85 percent receive NO DENTAL CARE at all. The service array of the current benefit is limited, resulting in many people having teeth extracted. Missing teeth not only exacerbates health conditions, but it also makes it harder to eat healthy food, get and maintain a job, or even have relationships.

Lack of access to oral health care has a troubling impact on the overall health of Michiganders and has shifted the cost from prevention of oral disease to the treatment of medical conditions associated with poor oral health.

## **THE ORAL HEALTH OF MICHIGANDERS IS A CRITICAL COMPONENT OF THE OVERALL HEALTH OF OUR STATE**

Michigan ranks 40<sup>th</sup> of 50 states in overall health.<sup>1</sup> Heart disease is the #1 killer in Michigan, killing over 25,000 Michiganders each year.<sup>2</sup> By 2030, instances of heart disease in Michigan are projected to quadruple—from a current 600,000 to 2.9 million.<sup>3</sup> Gum disease is strongly correlated with heart disease; treatment of gum disease is not covered benefit for adults on Medicaid.<sup>4</sup> Poor oral health is also correlated with diabetes, which affects ten percent of Michiganders, and with pre-term labor and low-birth weight babies.<sup>5</sup>

A recent study by Families USA found that people with mental health conditions contend with a variety of challenges that can impede oral health. “The connection is bidirectional: Oral health problems are often exacerbated when a person has mental health conditions, and mental health is likely to be made worse by poor oral health.”<sup>6</sup>

## **MEDICAID PROGRAMS PROVIDE DENTAL COVERAGE TO MORE THAN ONE QUARTER OF MICHIGANDERS- BUT COVERAGE DOESN'T GUARANTEE ACCESS**

Many Medicaid beneficiaries seek care in the Emergency Room because they cannot find a dentist. Only 10 percent of private dentists see adult Medicaid beneficiaries<sup>7</sup> because of the stagnant rate structure, which has not changed in over 30 years. Similarly, the current facility fee for dental procedures under general anesthesia does not even cover the cost of cleaning the room after the procedure.

Yet, ER care and hospitalization for dental infections costs health plans in Michigan more than \$58 million each year.<sup>8</sup>

For individuals who rely on the Medicaid dental benefit, having multiple programs, even different benefits between parents and children, is confusing. Parents are less likely to take their kids on HKD to the dentist if they do not have coverage themselves and the lack of a dental card makes navigating benefits and finding dentists more difficult.

MOHC supports the dental benefit restructure because it will:

- Increase the rates for oral health care for the first time in 30 years so private practice dentists do not lose money serving these beneficiaries.

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<sup>1</sup> [https://www.americashealthrankings.org/explore/annual/measure/Overall\\_a/state/MI](https://www.americashealthrankings.org/explore/annual/measure/Overall_a/state/MI)

<sup>2</sup> [www.cdc.gov](http://www.cdc.gov); [www.heart.org](http://www.heart.org)

<sup>3</sup> [https://www.michigan.gov/documents/mdch/CVH\\_fact\\_sheet\\_update-\\_Final\\_3.4.15\\_\\_483077\\_7.pdf](https://www.michigan.gov/documents/mdch/CVH_fact_sheet_update-_Final_3.4.15__483077_7.pdf)

<sup>4</sup> [https://www.michigan.gov/documents/mdch/Final\\_Copy\\_CVH\\_OralHealth\\_Fact\\_Sheet\\_485713\\_7.pdf](https://www.michigan.gov/documents/mdch/Final_Copy_CVH_OralHealth_Fact_Sheet_485713_7.pdf)

<sup>5</sup> <https://www.todayssrdh.com/research-links-poor-dental-hygiene-to-low-birth-weight-preterm-babies/>

<sup>6</sup> [https://familiesusa.org/wp-content/uploads/2019/09/OH\\_Mental-and-Oral-Health\\_Fact-Sheet.pdf](https://familiesusa.org/wp-content/uploads/2019/09/OH_Mental-and-Oral-Health_Fact-Sheet.pdf)

<sup>7</sup> <https://www.todayssrdh.com/research-links-poor-dental-hygiene-to-low-birth-weight-preterm-babies/><https://www.dhhs.nh.gov/ombp/medicaid/hb692/documents/adahpidentistparticmedicaid.pdf>

<sup>8</sup> <https://www.andersoneconomicgroup.com/Portals/0/upload/AEG-Delta%20Dental%20Report%20FINAL%204.4.14.pdf>

- Increase funding for dental programs will increase the provider network and improve access to care.
- Cover a wider array of dental procedures for Medicaid patients.
- Make oral health care easier to access by having one plan for the entire family.
- Improve access to dental care under general anesthesia, when medically necessary.

In summary, I want to emphasize that prevention is more effective than treatment—for the patient and for the taxpayer, too.

I appreciate this opportunity to provide testimony today. Please feel free to contact me with any questions or follow-up at [hyman@mohc.org](mailto:hyman@mohc.org).

Sincerely,

Ellen Sugrue Hyman  
Executive Director  
Michigan Oral Health Coalition

#### **MOHC 2022 Partner Organizations**

Delta Dental Plan of Michigan, Ohio, and Indiana/Delta Dental Foundation  
Michigan Dental Association  
University of Detroit Mercy School of Dentistry  
Blue Cross Blue Shield of Michigan  
DentaQuest  
Michigan Department of Health and Human Services  
Michigan Primary Care Association  
DenCap  
My Community Dental Centers  
Dental Clinics North  
Michigan Council for Maternal and Child Health  
Community Mental Health Association of Michigan  
District Health Department #10  
Genesee Health Plan  
Kent County Oral Health Coalition  
MyCare Health Center  
UM School of Dentistry  
Wayne County Oral Health Coalition

3-16-22

Michigan General Assembly  
Corey Taylor

## **House Appropriations Subcommittee on Health & Human Services**

### **Fiscal Year 23 Executive Recommendations**

**March 16, 2022**

#### **Corey A Taylor, Dental Health Coordinator, Oral Health Coalition Lead, Genesee Health Plan**

Good morning, Chairperson Whiteford and Committee Members:

Thank you for the opportunity to speak today regarding the Executive Budget Recommendation to reform Michigan's dental program for FY 2023.

My name is Corey Taylor. I am a licensed, registered dental hygienist, and I am the Dental Health Coordinator and Oral Health Coalition Lead for the Genesee Health Plan Oral Health Coalition. Our mission is to improve access to health and oral health care services for low-income and underserved residents of Genesee County by providing a flexible array of direct services and community partnerships to help individuals make informed decisions to better their overall health.

Last year, the Genesee Health Plan Oral Health Coalition helped develop the 2025 State Oral Health Plan, which Ellen touched on. I wanted to once again emphasize that one of the key strategies included was restructuring the adult dental benefits to align with the rate structure and benefits of the very successful Healthy Kids Dental program.

Currently, the service array for adults on the fee-for-service Dental Benefit is extremely limited. This gives many dentists only one option to treat patients with oral health pain, which is to extract teeth. Missing teeth leave a significant impact on the patient, affecting their physical and mental health, including poor self-esteem and appearance, speech impairment, anxiety, chronic pain, or depression.

In Genesee County, many Medicaid beneficiaries across the state travel to this region, specifically Flint, to receive dental treatment because they cannot find a local dental provider. This is especially true for individuals living in rural communities where longer travel time may be required to seek treatment. Restructuring the dental benefit would allow for providers in other parts of the state to care for Medicaid beneficiaries and be adequately reimbursed for their time. Additionally, restructuring the dental benefit will keep patients out of the Emergency Room because they will have a more adequate network.

Prevention is key for oral health care and when a patient cannot receive preventative care, costs are shifted to the treatment of medical conditions, which often are far more costly to the patient and taxpayers.

Thank you for your time today. I welcome any questions or follow-up.

Corey Taylor

3-16-22

Mich Oral Health Coalition  
Karen Trompeter (did Not speak)

March 16, 2022

Chairwoman Whiteford and Committee Members,

Thank you for the opportunity to provide written testimony regarding the Fiscal Year 2023 Executive Budget Recommendation that addresses decades-long problems with the Adult Fee-for-Service (FFS) Dental Program.

My name is Karen Trompeter and I have devoted the last 35 years of my public health career as the Director of Tri-County Dental Health in metropolitan Detroit. Our organization began providing dental referrals to people in metropolitan Detroit since the inception of the Medicaid Program in the 1960s. I have talked to tens of thousands of our most vulnerable Michigan residents and have heard heart-wrenching stories about their struggles to find accessible dental care.

You may know that current dentists in the FFS program are receiving the same payments for their services as dentists did in the year 2000. There is a direct correlation between those payments and the decline in the number of dentists treating Medicaid beneficiaries. In 1983, 419 dental offices in Wayne, Oakland and Macomb Counties were available to treat Medicaid patients, and by 2000 that dropped to 170. Our recently updated list for the same region shows that only 77 general practice offices and clinics accept Medicaid. There are no oral surgeons, zero, in private practice willing to accept patients with FFS Medicaid benefits. Four out of five facilities that accept surgical patients under Medicaid are either affiliated with a dental school or a hospital. The other is a federally qualified health center (FQHC). All have months-long backlogs of patients seeking an appointment and many of these patients suffer with mouth pain until they are able to see a dentist.

The lack of access to general dental care is not about the number of dentists who practice in our area. Many of them accept adults in the Healthy Michigan Plan and children in Healthy Kids Dental because their reimbursement rates are higher. People in the adult FFS dental program are poor and disabled adults, senior citizens, those with intellectual and developmental disabilities, and very low-income parents. Those who can't be treated in a traditional office environment are especially disadvantaged because facility fees are so abysmally low that ambulatory surgery centers and hospitals will not provide their services for treatment. To discriminate against these Michigan residents when other adults and children in Medicaid programs are given access to better networks of dentists is truly unfair.

The Medicaid Program should ensure health equity for all beneficiaries. Recommended changes that would create one managed-care type of program under a central administrator and provide quality metrics with a wider service array is preferable to the current fragmented administration. This would encourage dentist participation and would be less confusing to beneficiaries. I urge you to improve the broken Medicaid Adult FFS Program.

Sincerely,

Karen Trompeter, MPH  
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