

Chairman Craig, Senator Breaux, Senators \_\_\_\_\_, distinguished members of the panel, and guests – I am profoundly honored to be here today at this hearing. Along with my associate and friend Dr. Folse, I feel that as a dentist who has worked with Louisiana’s program for the last 10 years and as an educator who has devoted countless hours studying and debating policy issues on a state and national basis, that I represent the dentists of America in this battle for appropriate and necessary access to care for optimum oral health for this deserving cohort of our population, many of whom have great need.

I was shocked to receive an invitation to participate, and immediately contacted the committee staff to find out why me. I was informed that I was to serve as a spokesman for all of the Medicaid programs throughout America. What a tremendous honor and responsibility. How could I possibly impart the triumphs, the needs, and the problems of so many varied programs? How can I answer the question asked by the committee – What are the greatest problems that America’s seniors face where oral health is concerned?

I can tell you that nationally, programs for adult Medicaid have been brought into sharp focus the past two years. About two years ago there was talk that finally “the stars were aligning” for the overall improvement of oral health in America – Surgeon General Satcher’s Report on Oral Health in America released in 2001 was followed in early 2003 by Surgeon General Carmona’s National Call to

Action to Promote Oral Health. These followed the 1995 study by the IOM of dental education and a later IOM panel that studied the possible inclusion of partial dental coverage in Medicare for patients with certain diseases that are adversely impacted by oral conditions. Similarly within very recent times we have been informed of the relationship between oral health and low birth weight babies, oral health and diabetes, and oral health and cardiac disease.

Why do these problems exist? Unfortunately for adults, including the elderly enrolled in Medicaid throughout the states, the stars' alignment has turned into a sort of eclipse due to the serious and severe budget shortfalls experienced in many statehouses.

Why the disproportionate impact on adult dental programs? Because under Title XIX of the Social Security Act (Medicaid), dental care, except for that mandated in the EPSDT Program for children, is an optional service. When the dollars are tight, optional services are sliced. The committee asks if ageism is involved or neglect or a lack of societal awareness. In my opinion its not overt neglect, or societal indifference, or even ageism, but something I'll term "teethism". A lack of proper oral health is not seen as a true health need nor is it properly funded even when included. A survey of state programs for Adult Medicaid in April of 2003 received responses from 29 states – only 10,000,000 adult lives (of all ages) were covered and an average of less than \$100.00 was spent per enrollee. Try to

get your teeth examined, x-rayed and cleaned for less than \$100.00, much less have any teeth filled or receive any type of periodontal treatment.

But I do see a light at the end of the tunnel. I believe the stars are still aligned – why? Well for starters, my state, Louisiana actually slightly increased its budget for the Adult Program in this fiscal year. In many other states where the adult programs were threatened with elimination or severe cutbacks, advocates for oral health were able to stave off either the elimination or reduce the scope of the cutbacks. The directors of Medicaid dental programs are speaking to each other, exchanging ideas that have worked or are working, and have even formed a national association. Add to this the increasing realization by physicians and dentists as well as the population in general that the mouth actually is part of the human body and should be treated and receive appropriate medical and dental care as such. Finally, baby boomers are, unlike the generations of Americans before them, keeping their teeth as they age and they are going to demand that the dental profession and those who pay the bills (Medicaid and Medicare among them) step up to the plate. I hope they hit a homerun.

Thank you for listening to me.

Do I have any recommendations or solutions for these problems?

Yes I do, I only hope that this committee can help to implement them.

Oral health must be recognized as an essential part of over all health. Treatment for oral conditions must be as readily available as treatment for medical conditions.

Funds must be available to underwrite the cost of this care. The mechanism for patients accessing the care and for the healthcare professionals receiving reimbursement for delivering the care must be similar to for this population, if not essentially the same as, the mechanism for the population as a whole.

Medical and dental professionals must be competent in recognizing and orchestrating treatment for oral conditions in this population.

Successful programs must be replicated in new locales. We must learn from our successes as well as from our mistakes. I believe that Medicaid of Louisiana and the elderly residents of our state have profited greatly from the relationship that the LSUHSC School of Dentistry through its Department of Dental Health Resources has enjoyed with the Department of Health and Hospitals. This blending of expertise has resulted in sound policy decisions

that have been beneficial to all concerned. In every state, all of the stakeholders in this situation must talk and share ideas – as a teacher I greatly respect told me many years ago – “none of us are as smart as all of us.” All of us must work together.

Thanks you.