



November 28, 2017

Assembly Committee on Health  
Representative Sanfelippo, Chair  
State Capitol, Room 306 North  
Madison, WI 53708

Dear Representative Sanfelippo and members of the committee:

Thank you for the opportunity to provide public comment on AB 627. Access to dental care—especially preventative dental care—is a perpetual challenge for many individuals with intellectual and developmental disabilities (I/DD) and their families across the state.

Research indicates that people with disabilities—including those with I/DD—are less likely to have access to dental services and experience more oral health disease than people without disabilities.

The Arc estimates that 35% of people with I/DD have oral health issues, which impact learning, communication, behavior, nutrition, and can affect activities in school, work, and at home. People with I/DD have more cavities and gum disease than the general population<sup>1</sup>. Left unaddressed, oral health issues can lead to loss of teeth and infection. The rate of missing teeth for people with I/DD is 2.5 times greater than the general population.

According to the Wisconsin State Health Plan, 29% of adults with disabilities reported having at least one permanent tooth removed over the past year, and 26% said they had not visited a dentist within the past year. Poor oral health has consequences for overall health; malnutrition, speech problems, behaviors in response to persistent tooth pain, serious—sometimes fatal—infections, and can be a contributing factor to other serious health conditions including heart disease, diabetes, and strokes.

Poor access to dental care is one of the major factors contributing to poor oral health for people with I/DD. In 2012, only 20% of practicing dentists in the United States participated in Medicaid programs<sup>2</sup>.

BPDD supports the expansion of the pilot program to increase Medicaid dental service reimbursement rates for children and emergency dental services for adults. The required report on dental reimbursement rates is important; low Medicaid reimbursement rates are one of the contributing factors cited for inadequate access to oral health care for people with I/DD.

BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities.

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<sup>1</sup> <https://healthjournalism.org/blog/2014/10/dental-care-and-the-developmentally-disabled/>

<sup>2</sup> [http://www.gih.org/files/FileDownloads/Returning\\_the\\_Mouth\\_to\\_the\\_Body\\_no40\\_September\\_2012.pdf?123](http://www.gih.org/files/FileDownloads/Returning_the_Mouth_to_the_Body_no40_September_2012.pdf?123)

Our role is to seek continuous improvement across all systems—education, transportation, health care, employment, etc.—that touch the lives of people with disabilities. Our work requires us to have a long-term vision of public policy that not only sees current systems as they are, but how these systems could be made better for current and future generations of people with disabilities.

Thank you for your consideration,

A handwritten signature in black ink that reads "Beth Swedeen". The signature is written in a cursive, flowing style.

Beth Swedeen, Executive Director, Wisconsin Board for People with Developmental Disabilities