



December 18, 2019

Representative Summerfield
Chair, Assembly Committee on Medicaid Reform and Oversight
Wisconsin State Capitol, Rm 308N
Madison, WI 53708

Dear Representative Summerfield and Committee members:

The Wisconsin Board for People with Developmental Disabilities (BPDD) thanks the committee for the opportunity to provide testimony in support of Assembly Bill 81.

There is a clear correlation between oral health and overall health; the mouth is the gateway to the rest of the body. Oral health is directly related to general health throughout a person's life. Many systemic diseases may initially start with or be identified through oral symptoms. Lack of preventative dental care is a contributing factor to other chronic conditions that impact people with I/DD.

Wisconsin wisely included Dental Services as part of its Medicaid plan because we recognize the importance of comprehensively covering all factors that contribute to a person's well-being and quality of life. Unfortunately, the low number of dentists willing to accept Medicaid patients has resulted in a huge unmet need with costly health consequences.

The lack of dental care for people with I/DD is almost universal and of crisis proportions; AB 81 will improve access for some people with I/DD, and every step taken is significant.

Many people with disabilities cannot access the basic dental care which prevents more significant oral health issues and can lead to other health problems. For many people who rely on medications with side effects that can negatively impact oral health, routine cleanings are desperately needed but often unattainable.

Many can only visit a dentist when something is wrong or causing pain/other health impacts, and often they may have to wait weeks or months for an appointment even in these situations. Frequently, by the time a person with I/DD is finally seen, tooth extraction is the only option. For people with I/DD, especially those who have difficulty communicating or explaining/identifying their pain, chronic tooth pain is often correlated with challenging behaviors.

In Wisconsin more than 50% of adults with disabilities have had at least one permanent tooth removed due to tooth decay or gum disease in the past year; 35% have not been to a dentist in the past year¹. To think about that statistic in a different way, for every 100 people only 65 see a dentist in a given year, and 33 are ending up

¹ Healthiest Wisconsin 2020 Baseline and Health Disparities Report, Wisconsin Department of Health Services, January 2014. <https://www.dhs.wisconsin.gov/hw2020/baseline.htm>

getting a tooth or teeth extracted; many of those extractions may have been preventable if they had had access to basic dental care.

People with I/DD are not the only populations that are impacted by a lack of access to basic dental care. Many private sector or employer sponsored insurance plans do not include dental coverage. For people with I/DD who are not in one Wisconsin's Medicaid programs, they face the same challenges as the large population of people without dental coverage. Oral health access is also limited for low-income, rural, and underserved populations. People with I/DD are an underserved population, and many (44%) are also low-income and live in rural areas with limited service capacity.

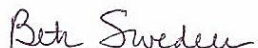
AB 81 expands the pool of professionals that can provide basic dental care and can make it easier for people to get preventative care, especially when many dentist appointment slots are needed for more complex procedures. Improving access to routine oral health care especially for Medicaid participants has real value in terms of reducing the number of more complex (and expensive) dental procedures and other health impacts.

This bill does not address the lack of accessibility in dental offices that can accommodate people with mobility equipment, the extremely limited specialized facilities available for sedation dentistry, or low Medicaid reimbursement rates, all of which contribute to a lack of dental care and long (6 months or more) wait times for appointments for people with I/DD. Additional public policy changes are needed to address these issues.

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 (more about BPDD https://wi-bpdd.org/wp-content/uploads/2018/08/Legislative_Overview_BPDD.pdf) .

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 cursive script that reads "Beth Swedeen".

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