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**House Bill 153
Proponent Testimony
House Finance and Appropriations Committee
April 15, 2011**

My name is Linda Hewetson and I am the President of the Ohio Dental Hygienists' Association (ODHA). I am writing to support the Governor's Fiscal Years 2012 and 2013 budget, specifically with regard to the Medicaid dental benefit.

As a dental professional I can attest firsthand that this funding is critical to serving those in our state who do not have other options to receive dental care. **The members of my Association respectfully request that this funding be maintained as proposed.**

Why is providing any funding for Medicaid dental services necessary? Research is emerging everyday about the links of proper oral health to the healthy operation of other systems of the human body and the prevention of various diseases. Among the diseases and conditions that are linked to oral health include cardiovascular disease, premature births, diabetes, HIV/AIDS, osteoporosis and most recently, pancreatic cancer. With regard to the Medicaid dental benefits that are proposed, while the balance sheets show an expenditure, what is actually being proposed is a method to provide potential long-term cost savings to the taxpayers of Ohio.

Citizens who utilize Medicaid or other payment methods to obtain oral health care on a regular basis can help prevent more costly diseases and conditions that Medicaid or insurance will have to cover, likely in expensive emergency scenarios. Consider that gum disease may increase the risk of premature delivery¹. On average, treatment costs per first-year survivor for premature infants can range from \$93,800 to \$273,900². As the Governor indicated in his State of the State address, Ohio needs to do a better job to lower the rate of low-birth weight babies.

¹ M. Jeffcoat, J. Hauth, N. Geurs, M. Reddy, S. Cliver, P. Hodgkins, and R. Goldenberg. "Periodontal Disease and Preterm Birth: Results of a Pilot Intervention Study." *Journal of Periodontology*; August 2003 (Vol. 074, No. 08).

² J. Rogowski. "Cost-Effectiveness of Care for Very Low Birth Weight Infants" *Pediatrics*, Vol. 102 No. 1 July 1998, pp. 35-43. Accessed October 10, 2004, at <http://pediatrics.aappublications.org/cgi/content/abstract/102/1/35>.

We also applaud the forward thinking concept of patient centered medical homes. ODHA believes that oral health care should be a significant part of any effort to establish these “homes”. Our members stand ready to join the fight to improve the oral health statistics we have all lamented for too long in published study after study. Dental hygienists are a major focus of a new effort to take oral health care to those in need of care. We thank those members who voted in the 128th General Assembly in support of House 190, a new law that would allow a hygienist to go to settings outside the dental office and work with a patient to get appropriate medical and dental histories and coordinate with a dentist to determine the appropriate care. With the rise of PCMHs the dental team can be seamlessly integrated into any patient’s care plan.

An example of a possible connection to PCMHs is the fact that there are 12 dental hygiene schools geographically distributed around Ohio that can connect with FQHCs, doctors’ offices and hospitals and cross-serve patients for low costs. Consider that Sinclair Community College dental hygiene students working under the tutelage of dental hygiene professionals and dentists served approximately 1,500 patients and provided over \$500,000 in services to these patients last year³. The story is nearly identical at dental hygiene programs in Lima and Cleveland and other dental hygiene schools.

Prevention efforts take many forms, including promotion of fluoridated water, habitual daily oral health practices (brushing and flossing) and regular dental visits. But oral health prevention may not only lead to better overall health for Medicaid patients it can become an economic engine to prevent the exodus of our state’s young people. While Ohio has 12 dental hygiene programs in Ohio and the Ohio State Dental Board issued nearly 400 new dental hygiene licenses in 2010 because of a challenging economy where dental insurance is being cut in the private sector, dental procedures are being delayed and Ohio’s practice act is more rigid than other states, dental hygiene positions are difficult to secure and many graduates are leaving for other states. Ohio needs to take full advantage of the possibilities of House Bill 190 and make it a priority to create jobs in one of the fastest growing fields in the nation. Our graduates are leaving because of opportunities in other states, professionally and economically; we must do better!

Again, while we are appreciative of the Governor’s action and recognition that Ohioans need a Medicaid dental option and patient centered medical homes are critical to utilizing those services, as Ohio is transforming its health care and safety net services, oral health and oral health professionals

³ Rena Shuchat, RDH MS, Chairperson/Professor, Dental Health Sciences, Sinclair Community College

must be a key component of this transformation. The Ohio Dental Hygienists' Association and Ohio's dental hygienists are ready to assist in this new system.

We appreciate your support for these initiatives!