



AARP® Real Possibilities in
North Dakota

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Interim Health Services Committee
Comments on Dental Services Study
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Chair Lee, members of the Interim Health Services Committee, I am Josh Askvig, Associate State Director of Advocacy for AARP North Dakota. Thank you for this opportunity to make some comments regarding your committee's study on dental service needs in North Dakota.

AARP is a nonprofit, nonpartisan membership organization with nearly 87,000 members in North Dakota and 38 million nationwide that leads positive social change and delivers value to all people 50+ and to society through advocacy, service and information. We understand the priorities and dreams of people 50+ and are committed to helping them live life to the fullest, including here in North Dakota.

We appreciate the opportunity to be a part of the stakeholder working group on the study conducted by the University of North Dakota Center for Rural Health. Clearly, the study looked at a wide array of models and made efforts to address the entire need for dental services in North Dakota. My comments today are focused on the older population and focuses on meeting this population's dental health needs.

The oral health of older Americans is in a state of decay, and this is particularly true for citizens of North Dakota. Access to dental care is one of the greatest challenges facing older adults and their caretakers, and many of those near retirement are not aware that Medicare does not cover dental care.

According to a 2012 study funded by the Otto Bremer Foundation, the elderly, particularly those living in nursing homes in North Dakota, are at risk for not receiving oral health care because of their decreased mobility or declining mental status, a lack of financial resources to pay for care, and the lack of portable dental service programs in the state. The rural areas of the state are disproportionately elderly so geography also complicates access for many older people.ⁱ

One in three North Dakota seniors (32%) report having dental problems. They are “far more likely than any other age group” to do so.ⁱⁱ Further, poor oral health can lead to other problems including diabetes, cardiac disease, stroke and respiratory diseases, specifically pneumonia.ⁱⁱⁱ Nationally, 23% of seniors have severe gum disease, one in three seniors have untreated cavities (50% for those over 75), and 30,000 people (mostly elderly) are diagnosed with oral and pharyngeal cancers yearly.^{iv}

The lack of dental care opportunity is especially true of low-income and elderly individuals. As I stated, Medicare does not cover routine dental care. While it is true that almost half of seniors purchase Medigap supplemental insurance, it does not cover dental either.^v To further illustrate, in 2010, nearly half (44%) of all Medicare beneficiaries reported no dentist visit in the previous year, and 22% reported they had not seen a dental provider in the previous five years. Among the lower-income, one in three had not visited a dental provider in five years.^{vi} Additionally, nearly 70% of older Americans have no dental coverage.^{vii} About 10,000 Americans retire daily, but only 9.8% of them do so with dental benefits.^{viii}

Relatedly, Medicare beneficiaries who used any dental services in 2008 spent, on average, \$672 out-of-pocket.^{ix} Further, according to Oral Health America, more than half of those with incomes below \$35,000 per year reported that they do not visit the dentist regularly because they cannot afford a dentist or lack insurance. Two-thirds of this income group could not afford a procedure such as a crown, implant, or bridge if needed.^x

One of the recommendations of the stakeholder group convened by UND included expanding the safety net using models from nonprofit oral health programs similar to Apple Tree Dental in Minnesota—an example of a hub-and-spoke model that uses dental therapists to provide care to seniors in nursing homes and assisted living centers. Dr. Helgeson of Apple Tree Dental has appeared before this committee and our stakeholder group to explain his hub and spoke model in Minnesota.

Of particular interest to AARP North Dakota was how they utilized every member of their team to the top of his/her scope of practice—which includes dental assistants, dental hygienists, dental therapists and dentists—to increase access to care for the elderly in a financially sustainable way. North Dakota currently authorizes dental assistants, dental hygienists and dentists in the state, but not a mid-level dental provider like a dental therapist. These additional types of providers—similar to nurse practitioners or physician assistants on a medical team—can be educated to perform both preventive and routine restorative dental care, like filling cavities. They were just authorized in Maine and already practice in Alaska and Minnesota. Because these providers are trained to do a much small number of procedures, dental practices can add them to the team and a practice can serve larger numbers of Medicaid patients in a financially viable way.^{xi} Even for the uninsured, practices can use lower cost providers to provide care to more patients in a more affordable way.^{xiii}

Using general supervision and telehealth technology (allowing dentists to supervise staff from a different site) can allow these practitioners to bring care directly to patients in nursing homes, assisted living centers, and even patients' homes.

As a stakeholder member of the UND convened group, I realized access to dental care is a complex problem that requires multiple solutions. An expanded dental team operating in a hub and spoke model with the dentists at the head of the team will help many North Dakota citizens, including elderly individuals, children, and low-income or uninsured adults.

We would like to thank the North Dakota Dental Association and non-profit programs like Bridging the Dental Gap for the numerous volunteer hours they donate to provide dental care. Without their efforts, our problem would surely be worse.

At AARP North Dakota, we know access to dental care for the elderly is a growing problem for members in our state because we hear from them. They are counting on us to do something, and we believe the stakeholder recommendations presented today are a good step forward.

ⁱ Center for Health Workforce Studies. "Oral Health in North Dakota: Executive Summary." August 2012. Page 5.

ⁱⁱ Center for Rural Health, School of Medicine and Health Sciences, University of North Dakota. "North Dakota Oral Health Report: Needs and Proposed Models, 2014." Preliminary Report Draft August 2014, Page 22.

ⁱⁱⁱ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

^{iv} U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

^v Oral Health America, "A State of Decay: Are Older Americans Coming of Age Without Oral Healthcare?" 2014, Page 3. Accessible at http://b.3cdn.net/teeth/1a112ba122b6192a9d_1dm6bks67.pdf

^{vi} Kaiser Commission on Healthcare and the Uninsured, "Oral Health in the US: Key Facts," The Henry J. Kaiser Family Foundation, June 2012. Accessible at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8324.pdf>

^{vii} Oral Health America, "A State of Decay: Are Older Americans Coming of Age Without Oral Healthcare?" 2014, Page 3. Accessible at http://b.3cdn.net/teeth/1a112ba122b6192a9d_1dm6bks67.pdf

^{viii} Oral Health America, "A State of Decay: Are Older Americans Coming of Age Without Oral Healthcare?" 2014, Page 1. Accessible at http://b.3cdn.net/teeth/1a112ba122b6192a9d_1dm6bks67.pdf

^{ix} Kaiser Commission on Healthcare and the Uninsured, "Oral Health in the US: Key Facts," The Henry J. Kaiser Family Foundation, June 2012. Accessible at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8324.pdf>

^x Oral Health America, "A State of Decay: Are Older Americans Coming of Age Without Oral Healthcare?" 2014, Page 3. Accessible at http://b.3cdn.net/teeth/1a112ba122b6192a9d_1dm6bks67.pdf

^{xi} The Pew Charitable Trusts, *Expanding the Dental Team*, February 2014. Accessible at <http://www.pewtrusts.org/en/research-and-analysis/reports/2014/02/12/expanding-the-dental-team>

^{xii} The Pew Charitable Trusts, *Expanding the Dental Team*, June 2014, Accessible at <http://www.pewtrusts.org/en/research-and-analysis/reports/2014/06/30/expanding-the-dental-team>