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Governor's Health Reform Commission  
Office of the Governor  
Patrick Henry Building, 4<sup>th</sup> Floor  
Richmond, VA 23219

Dear Commission Members:

The Virginia Board for People with Disabilities appreciates the opportunity to provide public comment on the "Roadmap for Virginia's Health", published in September 2007. The Health Reform Commission did an outstanding job in identifying and addressing health reform needs in the Commonwealth.

The Board is very supportive of the recommendations set forth in this report, particularly (but not limited to) those relating to:

- increasing the direct care workforce, evaluating Medicaid provider access,
- expanding FAMIS eligibility for children and pregnant women,
- maximizing choice for Medicaid Long Term Care consumers by providing consumer directed options,
- rebasing personal care and skilled/private duty nursing by 10 percent,
- improving the auxiliary grant program, supporting the creation of a state housing partnership revolving fund,
- expanding No Wrong Door,
- increasing transportation options for seniors and persons with disabilities, and
- providing annual inflation adjustments to all Medicaid home and community based waivers.

For purposes of specific comment, however, the Board would like to focus on coverage of dental services under Medicaid for adults who currently do not have this coverage. The lack of available and affordable dental coverage for adults was addressed in the Board's 2006 *Biennial Assessment of the Disability Services System in Virginia* and is a specific objective priority in the Board's 2007-2011 federal State Plan.

As noted in the Commission's report, Virginia is one of only 8 states that do not provide dental services to adults on Medicaid. The Commission has recommended the following:

Access to Care: Include routine dental services as part of any Medicaid eligibility expansion for parents or include routine dental services for existing parents enrolled in Medicaid; and

Prevention: Provide funding to DMAS for dental care for pregnant women in Medicaid and FAMIS Moms.

The Virginia Board strongly supports these recommendations but encourages the Commonwealth to go further and to **include coverage of dental care for all adults enrolled in Medicaid.**

The 2000 publication ***Oral Health in America: A Report of the Surgeon General*** was a milestone, providing overwhelming evidence that dental caries is now known to be an infectious disease caused by the transmission of bacteria. It has been referred to by many experts as "the silent epidemic."

Significantly, the preface to the report states, "those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable." Citing the association between poor oral health and a variety of serious medical conditions such as diabetes, heart disease, and adverse pregnancy outcomes, the report makes it clear that oral health is integral to overall health. The report goes on to state that oral health care should be included in the provision of primary health care and incorporated into the design of community health programs.

These report further states, "serious oral disorders may undermine self-image and self-esteem, discourage normal social interaction, and lead to chronic stress and depression as well as to incurring great financial cost". In addition, the report notes that these disorders "may also interfere with vital functions such as breathing, eating, swallowing, and speaking. The burden of disease restricts activities in school, work, and home, and often significantly diminishes the quality of life."

According to ***Medicaid: Good Medicine for State Economies***, a report by Families USA released in January 2003, when low-income, uninsured people must find health care, they go to local public hospitals, health departments, state and county health clinics and other state financed programs and services. "Thus, as states reduce the number of people served by the Medicaid program, the funding demands for other public programs go up and must be met by the state and local communities ... By paying for that care through Medicaid (instead of other state programs), states can, in essence, buy these services at a 50-76.6% 'discount' provided by the federal government through the federal-state matching formula."

There is an unrecognized economic benefit when federal dollars enter the state through the Medicaid program. According to the Families USA report, these funds are a powerful stimulus to state economies "generating new business activity, increasing the output of good and services, creating new jobs, and increasing aggregate state income."

The lack of basic and restorative dental care can result in untreated dental problems that exacerbate into expensive and sometimes life threatening emergencies. Adults in Medicaid programs without dental care describe living with pain, diminished self-esteem, and negative effects on employment and their families' finances due to dental problems.

Massachusetts eliminated coverage of most dental services for adults in its Medicaid program in 2003. In its publication ***Eliminating Adult Dental Coverage in Medicaid: An Analysis of the Massachusetts Experience***, MassHealth reports that the dental benefit reductions resulted in savings

of less than one percent of the state's share of total program spending and that some dental costs appear to have been shifted to other areas.

Again, the Virginia Board commends the Governor's Health Reform Commission study panel members for their work and diligence in developing this comprehensive report. For the reasons cited above, the **Board urges the Administration to move forward with the recommendations to provide dental coverage to parents and pregnant women and to further expand this coverage to all adults enrolled in Medicaid.** The Board also supports the Commission's other recommendations that seek to improve health care and community-based services for persons with disabilities. Thank you for the opportunity to provide comment.

Sincerely,

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