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Testimony before House Finance Committee
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Chairman Oelslager, Vice Chair Scherer, Ranking Member Cera and Members of the House Finance Committee, thank you for allowing me the opportunity to provide testimony on HB 166. My name is Marla Morse and I am the Program Coordinator for Oral Health Ohio.

Oral Health Ohio works to improve the oral health of Ohio's children and families through advocacy and education. Our work's impact means greater knowledge to create better policies, more access to oral health care and a renewed perspective of how oral health affects overall health as well as our communities' prosperity.

I am here today in support of amendment language to HB 166 that would earmark a portion of line item 440482, entitled Chronic Disease and Health Promotion, in order to sustain two vital programs that the state offers underserved Ohioans. This amendment would earmark \$540,484 of a \$7.5 million-line item in order to support the Dental Safety Net Clinics and OPTIONS program (Ohio Partnership to Improve Oral Health Through Access to Needed Services). This funding has historically been provided in the Access to Dental Care line item, however in the FY '18 and '19 biennial budget, this line item was incorporated into the current "Chronic Disease and Health Promotion" line item.

When people cannot access the oral and physical health services they need, they get sicker, which in turn, makes it more difficult to work. When people lack dental care, they miss work days because of pain and suffering. Children cannot concentrate or learn when they are in pain. There is no health without oral health. Poor oral health can lead to an increased risk of cardiovascular disease, stroke and diabetes. Oral disease has been linked to complications in pregnancy and childbirth and to respiratory, gastrointestinal, rheumatologic, inflammatory and immunological issues.

Safety-net clinics provide a dental home for the underserved, uninsured and working poor. For Ohioans facing the greatest health disparities, safety-net clinics provide a pathway to health equity. Adults age 65 and older are an excellent example. Medicare does not include dental services. Seventy percent of US seniors are uninsured for dental care. According to the 2016 Behavioral Risk Factor Surveillance System (BRFSS) 39% of Ohio older adults have lost six or more teeth and 17 percent have lost all of their teeth. Without safety-net clinics, low-income older Ohioans would be unable to access dental care.

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There are 156 safety-net clinics in Ohio. These include Federally Qualified Health Centers, non-profit agencies, hospitals, dental hygiene and dental schools, school-based health centers, local health departments and school districts. FQHC's provided dental care to 170,734 consumers in 2017. This included 382,678 visits to a dentist. Ohio Department of Health funded safety-net clinics served 28,187 consumers with 79,208 services provided. These 200,000 patients represent only a portion of the total number of consumers who received dental services through safety-net clinics in 2016-2018.

The Dental OPTIONS program is a private/public partnership formed in 1997 between the Ohio Dental Association and the Ohio Department of Health. The Dental OPTIONS program serves as a statewide dental care clearinghouse, providing referral and case management services for Ohioans who need, but are unable to afford, dental care. More than \$23 million in donated and discounted care has been provided to 12,000 OPTIONS patients since the program's inception. Unfortunately, the OPTIONS program has not received earmarked funds in the past two fiscal years. The Ohio Department of Health has tried to maintain the program on a limited basis, but without funding, the waitlist of patients who are seeking care through OPTIONS has grown to over 700 individuals. Over 300 Ohio dentists currently participate in the Dental OPTIONS program.

In order to continue the necessary work of the Dental Safety Net Clinics and OPTIONS Program, Oral Health Ohio respectfully requests that this funding be specifically allocated for these programs. Without doing so, the continuation of these programs could be at risk, leaving countless of underserved Ohioans who utilize these services without access to dental care.

Again, Oral Health Ohio respectfully requests that the \$540,484 needed for these programs be appropriately allocated through the Chronic Disease and Health Promotion line item.

Thank you for your time, and I am happy to answer any questions that you might have.

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