



Matt Whitehead
House Bill 11 Testimony on AM 2542
Senate Health, Human Services, and Medicaid Committee
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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the committee, my name is Matt Whitehead and I am a lobbyist for the Ohio Dental Hygienists' Association (ODHA). On behalf of the members of ODHA I am here to express opposition to amendment AM 2542 proposed for addition to House Bill 11. AM 2542 would make permissive a program that would have previously required Medicaid to administer a prenatal dental program for pregnant Medicaid recipients and eliminates a \$2.5 million allocation to fund the services. In the bill, the coverage of a second dental cleaning (prophylaxis) during the mother's pregnancy and the ability for a dental hygienist to educate in group care education settings to expectant mothers are key factors to potentially help Ohio address the infant mortality problems of the state.

Our state is in an infant mortality crisis and Ohio's dental hygienists have the education and expertise to share potentially life-saving information with Ohio's expectant mothers. Ohio has made small strides in addressing the infant mortality crisis, but we must do better. One of the under-discussed approaches to attack the infant mortality crisis is through oral healthcare. Using oral healthcare services was addressed as a positive action by over a dozen proponents on the bill. The bill received no opponents.

Studies show that women who have periodontal disease while pregnant—an estimated one in five pregnant women—have been reported to be at increased risk of adverse pregnancy outcomes including increased risk of developing pre-eclampsia compared to those with normal oral hygiene. The adverse pregnancy outcome most often associated with periodontal disease is preterm delivery. A large prospective study showed that the prevalence of extremely preterm delivery (<28 weeks gestation) was increased tenfold in women with moderate-severe periodontal disease as compared to women without periodontal disease: 11.1% versus 1.1 %, respectively. Other adverse pregnancy outcomes that have been associated with periodontal disease include low birth weight, preeclampsia, and being small for gestational age.

Consider these statistics presented from other witnesses on this bill and on this topic in general as you vote on AM2542 and possibly House Bill 11:

- In 2017, black babies in Cuyahoga County died at a rate of 6 times that of white babies.
- Of the 118 deaths in 2017, 82 of them were born premature.
- The City of Cleveland's pre-term birth rate is 14%; the national level is 9.6%.

- The National Academy of Medicine published a 2006 report examining 2003 medical billing data to find that preterm births cost the US \$26.2 billion dollars annually; with 40% of that cost coming from Medicaid and about 50% coming from employers, private insurance, and individuals. **Ohio's share is \$968 million dollars annually in 2003 dollars, which equates to about \$1.68 billion dollars annually in 2019 dollars.**
- According to the March of Dimes (MOD), the average cost of a preterm birth was \$62,000.
- Using the above MOD numbers, preventing 40 births would pay for the proposed dental cleanings.

These adverse outcomes can be tackled through routine dental cleanings during pregnancy, especially of those women that are more likely to have at-risk births, Medicaid-recipient mothers. Over 50% of the births in Ohio are to Medicaid recipients. Medicaid oral health care coverage for adults only covers one prophylaxis (cleaning) per year. If a pregnant mother was able to receive a second cleaning during the year of the pregnancy, the effects of this preventive care can possibly make the difference between a full term pregnancy and a premature birth or averting a host of other conditions identified previously, which if they happen can be very costly for the Medicaid program. Furthermore, it is not just polishing of teeth for cosmetic reasons. The prophylaxis cleans the entire mouth cavity, removing harmful bacteria. There is also dietary and tobacco cessation counseling that occurs with the patient at these appointments, all leading to improved total health of the mother and a healthier birth outcome.

In closing, as prevention specialists, Ohio's dental hygiene workforce are licensed professionals that stand ready to assist through their practices to raise awareness and to improve the oral health of Ohio's expectant mothers and the overall health of their babies. House Bill 11 is a unique solution to Ohio's specific problem. We ask the Ohio Senate Health, Human Services and Medicaid Committee to reconsider the decision to add AM 2542 to House Bill 11.

I would be happy to answer any questions.