

Written testimony as prepared for delivery in support of HB19-1038 Dental Services For Pregnant Women On Children's Basic Health Plan Plus [Duran & Lontine/Ginal & Story]

by Erin Miller, Vice President of Health Initiatives at the Colorado Children's Campaign

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Senate Health and Human Services Committee

Upon Adjournment

LSB-B

- Chair Fields and members of the Committee, my name is Erin Miller and I'm Vice President of Health Initiatives at the Colorado Children's Campaign.
- Thank you for the opportunity to testify in support of House Bill 1038 and thank you to Senators Ginal and Story for bringing this bill forward and being strong leaders on the issue.
- The All Kids Covered Coalition has been working to improve child wellbeing in Colorado through health insurance coverage for more than a decade – and has been working, along with our partners, including Oral Health Colorado, on this policy for several years.
- The Child Health Plan Plus (or CHP+), the Colorado CHIP program, has been in existence for over 20 years. It serves children and pregnant women from families who make too much to qualify for Medicaid, but not enough to afford private health insurance.
- Nearly 900 pregnant women use CHP+ for their health insurance each year and do not have access to dental care through the program.
- Approximately 25% of all pregnant women in Colorado lacked dental insurance in 2016, and about 18% of expecting mothers reported not going to the dentist because they could not afford to go.ⁱ
- For a small cost, Colorado can add dental benefits for these women, improving their health, their pregnancy outcomes, and the health of the new baby, and reducing avoidable costs to the state.
- During pregnancy, changes to a woman's hormone levels and diet increase her risk for a number of oral health conditions, including dental caries (the disease that causes tooth decay and cavities), gingivitis and periodontal disease.ⁱⁱ
- Periodontal disease in pregnant mothers has been linked to adverse birth outcomes such as preterm birth and low newborn birth weights.^{iii,iv}

- One mechanism that may explain this connection is that, according to an article in the journal *Obstetrics and Gynecology*, active maternal periodontal disease during pregnancy is associated with an increased risk for the development of preeclampsia, even with other factors are controlled.^v
- This bill has the potential to invest in upstream care that improves health and avoids downstream costs to the state.
- Nationally, Medicaid and CHIP pay roughly 9 times more to care for a premature or low birthweight baby compared to normal newborn care.^{vi}
- And all-payers pay 70 percent more for a birth involving preeclampsia and/or eclampsia compared to a normal birth.^{vii}
- However, preeclampsia costs can vary dramatically, ranging from between \$1311 and \$150,000 per episode based on gestational age.^{viii}
- Preterm birth, low-birth weight, and preeclampsia are complex and multi-factorial conditions, so there isn't evidence to show that addressing dental disease alone would directly prevent all of these outcomes, but there's correlation and evidence that better oral health can produce better maternal outcomes. Better oral health care could directly contribute to substantial cost savings in this program.
- Even preventing a few bad outcomes due to increased access to oral health care, or one episode of preeclampsia at an early gestational age at \$150,000, would easily pay for the CO's CHP dental program annual costs.
- As we've heard, oral health care for pregnant women also has an impact on the oral health of their children.
- I am excited for the opportunity to expand access to critical oral health services for our pregnant women with a small state investment, due to the enhanced federal match received through the CHIP program.
- Thank you again to Senators Ginal and Story. We urge your support of this critical bill.

ⁱ <https://www.ncbi.nlm.nih.gov/pubmed/12576243#>

ⁱⁱ Kloetzel, M. K., Huebner, C. E., & Milgrom, P. (2011). Referrals for dental care during pregnancy. *Journal of midwifery & women's health*, 56(2), 110-7.

ⁱⁱⁱ U.S. Department of Health and Human Services. (2015). <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>

^{iv} American Academy of Periodontology. (2013) Expectant Mothers' Periodontal Health Vital to Health of Her Baby. https://www.perio.org/consumer/AAP_EFP_Pregnancy

^v <https://www.ncbi.nlm.nih.gov/pubmed/12576243#>

^{vi} IBM Watson Health. The excess cost of premature or low birthweight births and complicated deliveries to Medicaid. Data from 2008–10 MarketScan Multistate Medicaid Database

vii Healthcare Cost and Utilization Project. (2017). Statistical brief #222. Delivery hospitalizations involving preeclampsia and eclampsia, 2005-2014.

viii American Journal of Obstetrics & Gynecology. (2017). Short-term costs of preeclampsia to the United States health care system.