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## **Overview**

The Alaska Dental Society is proud to represent the dentists of Alaska. Together with dental hygienists, dental therapists and other dental team members, the dentists of Alaska, whether in private practice, tribal entities or federal clinics work hard daily to improve the oral health of Alaskans.

The Alaska Dental Society, along with other dental shareholders, will continue to work to improve overall dental care in Alaska and our plan follows.

## **Medicaid System**

In 2015 Governor Walker signed into law expansion of the Alaskan Medicaid system. While controversial, the increased availability of Medicaid coverage for adults improved both oral and total

health of Alaskans. The Alaska Dental Society (ADS) hosted four charity events (Alaska Mission of Mercy) between 2013 and 2018. The first two years – prior to expansion – the lines were long and the event filled. After Medicaid expansion the lines were much shorter. This allowed the ADS to focus on other segments of the population that remain underserved.

The Denali Kid Care program, the expanded part of the Medicaid system that provides care for children, has been in place for many years and has greatly improved the oral health of children in Alaska. Whether measured by satisfaction, increased utilization or reduced cavity rates the program has been a success and provides a solid foundation of oral health for low income young Alaskans.

2019 saw the good and the bad for the Medicaid program with the Governor eliminating Adult Preventive Dental, followed by the Administration being forced to reinstate it for a month which was then followed by news of the programs reinstatement effect the beginning of 2020.

### **What can the Legislature do?**

Maintain funding for the Adult Preventive Program

## **Water Fluoridation**

Water fluoridation celebrates 75 years of success in 2020. Community water fluoridation is the single most effective way to improve oral health. Fluoride in the water system improves the resistance of teeth to cavities in the same way vitamin D added to milk prevents rickets. Community water fluoridation is supported by the American Dental Association, the American Medical Association, the Centers for Disease Control & Prevention (CDC) and the US Public Health Service and was listed as one of the 10 greatest public health achievements by Surgeon General Vivek H. Murthy.<sup>3</sup>

Water fluoridation is a cost effective method of improving oral health, costing \$32.16 per capita in 2013 or less than 1/5 of the least expensive filling.<sup>4</sup> Fluoride is adjusted to optimum levels by adding to or subtracting from natural fluoride levels and delivered by the water system where it is incorporated into developing teeth thereby strengthening the teeth of children. Water fluoridation, as the US population ages and increasingly retains their teeth, has also proved to be especially useful in preventing cavities on the roots of teeth as they are exposed with age.

A recent study<sup>5</sup> examining Juneau after water fluoridation was removed concluded children in Juneau, on average, are experiencing an additional dental procedure per year. This translates into an additional \$200-300 expenditure per child further taxing the private and Medicaid health care systems.

Water fluoridation is the cornerstone of all efforts at dental offices to strengthen teeth. Fluoride gels, often promoted as an alternative to water fluoridation, are designed to work in unison with water fluoridation. Fluoride gels and water fluoridation share much in common with construction and maintenance of a house. Framing (water fluoridation) provides support to the house (tooth) while paint

### **What can the Legislature do?**

Require all communities of over 5000 residents to maintain optimum levels of water fluoridation in their water systems. 13 states have already mandated community water fluoridation.

(fluoride gel) provides protection to the exterior of the house (outer shell of the tooth). And like paint, fluoride gel only works on a clean surface making the time immediately after a dental cleaning the most effective time to apply it.

## Opioids

Alaska, like all other states, continues to face an epidemic of opioid abuse. Recognized by the legislature in 2017 with the passage of HB159 following SB74 in 2016, opioid abuse amongst Alaskans remains higher than the US as a whole.<sup>6</sup> In 2017 there were 100 deaths in Alaska related to prescription opioid overdose-- an alarming increase from the 65 in 2015. The Alaska Dental Society developed, and provided for our members, a guideline for prescribing opioids as well as alternatives to opioid prescriptions. Designed to be utilized in conjunction with the guidelines developed by the professional boards, the ADS guideline recognizes the difference between dental procedures and other types of medical procedures. It also emphasizes the acute nature of dental pain and options for non-opioid pain control. The ADS has made this guide available to other professional societies for their usage as well. The ADS continues to work with ER's around the state to reduce the number of opioid prescriptions written in hospital ER's for dental pain and direct individuals towards treatment options instead of masking dental problems with opioids. The legislature mandated continuing education in opioid painkillers and the ADS developed a specific dental course for our members that was presented around the state in 2018 and 2019.

### What can the Legislature do?

Allow professionals to delegate lookup in the AKPDMP to non-licensed personnel reducing barriers to lookups in all nonemergency situations

The most recent PDMP report shows the message has been effective with dentists prescribing just 0.7% of the total MMEs (a measure of opioids) prescribed.<sup>7</sup>

## Volunteerism

The Alaska Dental Society continues to help those without resources receive quality dental care. The ADS currently has three projects underway, Anchorage Project Access Medical & Dental Partnership, Give Kids a Smile(GKAS) and Dental Lifeline Network. Anchorage Project A

ccess Medical & Dental Partnership, or ER Diversion, works with lower income Anchorage residents to prevent ER visits. The program diverts residents from the ERs or intercepts them before they present to an ER, provides acute dental care, then provides an avenue for more comprehensive care where recipients perform community service for the dental work. The program has seen 65 recipients providing over \$275,000 in

care with recipients doing over 2200 hours of community service for that care. GKAS provides screenings then works to find needy children a dental home. Frequently the children are Medicaid or Denali Kid Care eligible but where needed volunteer dentists fill the gap. Dental Lifeline Network, using



Figure 1 Dr. Michael with DLL patient and team

ADS dentists, provides free dental care for recipients with disabilities, who are elderly or who are medically fragile and has provided over 3.5 million dollars in care since the program’s inception.

## **SHARP Program**

The Alaska Dental Society supported passage of SB93 in 2019 and believes funding of the SHARP Loan Repayment program will help insure Alaska maintains a workforce of healthcare providers. The immediate benefit to the program – which helps repay the burdensome loans to obtain a healthcare education – is to ensure a workforce supply in tribal clinics especially in remote, hard to fill locations. Long term, the ADS believes that as these healthcare workers time out from the loan repayment program they will disperse throughout the healthcare workforce. Some will remain in the tribal clinics, some will go into private practice and some will leave Alaska but those that stay will likely spend the majority, if not the entirety, of their practicing careers in Alaska.

## **Sugar Added Beverage Tax**

An idea whose time may have finally come, the ADS has long advocated a tax on sugar added beverages in Alaska. The health benefits are obvious: a reduction in obesity, diabetes and dental cavities amongst other benefits. Financially, while admittedly it can’t be required, the infamous “may be used” clause would allow a sugar added beverage tax to partially fill the void in Dental Adult Preventive Medicaid funding through a grant program or provide funding for the SHARP program.

Any legislator wanting to sponsor legislation on a Sugar Added Beverage tax can reach the ADS office at [dlogan@akdental.org](mailto:dlogan@akdental.org)

## Resources

1. ADS prescribing guideline  
<https://www.akdental.org/docs/librariesprovider9/opioid/11-18-ads-opioid-amp-nonopioid-alternative-prescribing-guideline.pdf?sfvrsn=2>
2. Surgeon General's Perspective on Community Water Fluoridation  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4547574/>
3. 10 reasons to Fluoridate Public water [Ten Reasons to Fluoridate Public Water](#)  
Statements from leading Health authorities on Fluoridation [Letter from Three Harvard Deans on Support for Fluoridation](#)

## References

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<http://content.healthaffairs.org/content/35/12/2224>
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7. PDMP Dental Report: August 2019  
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