

Good morning,

It is my honor to speak with the Legislative Committee on Health Care, and I would like to thank the committee chair Assemblywoman Cohen and vice-chair Senator Ratti for this opportunity to present on oral health delivery from our nonprofit, Future Smiles, which has been providing much-needed community services since 2009.

An example of a dental health crisis happened recently. A mom and her 9-year old little girl, Yazmin, came to the NWP Dental Wellness Center. Unfortunately, on this particular day we did not have a dentist working. I could see a large swelling almost the size of a tennis ball on the left side of her face. Immediately, I took a good look at her and asked the mom to give me a minute to make a phone call to Dr. Davis, the dental director with Nevada Health Centers. Swelling of this size could be life-threatening, and I knew that immediate action was needed. Dr. Davis took my call on his cell phone and made the appropriate arrangements for Yazmin to be seen that afternoon. Later that night, he sent me a text message that the tooth was removed and that she was placed on antibiotics. He said, “hopefully, she will be able to sleep tonight and we will always find a way to help children.”

The uninsured will defer dental care until problems become acute and then seek treatment in a hospital emergency room, where there is no dentist to treat the immediate health issue. Another barrier to care is the higher cost for hospitals to operate than compared to a dental office. A simple toothache can be fatal. That is the sobering message a 12-year-old Maryland boy left when, after his dental problems went untreated, he succumbed to a severe brain infection and died.

I’ve provided the committee with a summary of Future Smiles to include data points and health outcomes. Our greatest concern is that 70% of the children served at the NWP Dental Wellness Center have untreated tooth decay, and 25% of them are in urgent dental need with chronic disease and dental pain. These are working families who typically have four family members living in the home with an average monthly income of \$1,200 to \$1,400. Our families share a common struggle of limited health insurance with 7 out of 10 children being uninsured.

Also, pay close attention to our funding. We have a \$1.4 million annual budget. 50% of Future Smiles’ annual budget is supported by two local Foundations, the Elaine P. Wynn and Family Foundation and Engelstad Foundation. Our funding balance is fragile, with most of our grants only supporting our mission yearly. 67% of our grants come from Foundations, and 21% of our funding is earned income from Medicaid and other dental insurances.

In 2018, Future Smiles was the proud recipient of a three-year community impact grant from the Nevada Women’s Philanthropy. Currently, we are in the second year of the NWP grant, with only one more year in our grant award. This funding has enabled Future Smiles to open the NWP Dental Wellness Center and to hire a dentist to provide the vital dental treatment needed by our children. Once the NWP grant is complete, our biggest concern is long-term funding of

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the Dental Wellness Center. Without adequate funding, we will not be able to support the dentist's salary, support staff and supplies.

Funding is one of the biggest limitations to dental access and treatment. Other elements that impede the expansion of programs, like Future Smiles, include limited parental consent, an efficient system to link school enrollment to school health programs, too many children not enrolled in Medicaid, and limitation in the insurance contract that fail to contract school health programs.

I'd also like to point out that support of the Oral Health Program and the Dental Health Officer is critical to expanding a program like Future Smiles. The Dental Health Officer is the dental expert in our State and, as such, can provide a certification course on Silver Diamine Fluoride (SDF) treated lesion using the silver modified atraumatic restoration technique (SMART). The SDF SMART is a useful tool that does not require anesthesia or mechanical drill and can be an alternative treatment option performed by Registered Dental Hygienists. It could expand access to care opportunities for the public, especially among young children, those with intellectual/developmental disabilities, and older adults.

Other strategies include stipends for State-supported financial funding and student loan repayment to support school health programs and to attract dental professionals to Health Practitioner Service Areas (HPSA) and rural communities.

We also propose a shift to SB185 that requires employees or volunteers to pay the background check and fingerprinting fee multiple times if they are to work or volunteer in different neighboring counties. We propose a system that allows for background and fingerprinting clearance to be transferable to all counties in the state. This will reduce the cost imposed on the employee or volunteer, streamline administration, and bookkeeping of the system, and create more opportunities for collaboration across county lines.

Additionally, the Robert Wood Johnson Foundation released a State Health and Value Strategies Report that details the proposed changes to how Medicaid is funded, shifting from federal government matched state expenditure without any cap (or limit) to a capped amount under a block grant, or per capita. This federal capped proposal will limit health care to include dental services for Nevadans.

This testimony is in respect to Yazmin and many other Nevada children and adults who suffer daily from dental disease and pain. Thank you for your time and support in identifying solutions to equitable dental health care for all Nevadans.

Sincerely,
Terri Chandler, RDH
Future Smiles Founder and Executive Director