



**TO: Assembly Committee on Health, Aging and Long-Term Care**  
**FROM: Michael Boeder, Chief Operating Officer, Chorus Community Health Plans**  
**DATE: November 15, 2023**  
**RE: Support for Dental therapy licensure – AB 668**

Chair Moses and members of the Committee,

Thank you for holding the hearing today on AB 668 which would authorize the practice of dental therapy in Wisconsin. My name is Mike Boeder and I'm the Chief Operating Officer at Chorus Community Health Plans (CCHP), an affiliate of Children's Wisconsin. We appreciate the work of the bill authors, including Senator Felzkowski and Representative Plumer, and their passion for improving oral health care access in Wisconsin. I look forward to sharing brief written remarks outlining our support for dental therapists in Wisconsin.

CCHP is a mission centric licensed Health Maintenance Organization and since our inception in 2006 we have been dedicated to providing our members with access to high quality health care with community partners and providers of care to improve health outcomes and to design unique programs that are specifically designed to support our member's needs. We believe health starts in our communities, our homes, schools and workplaces. We work to strengthen and support our communities through strategic partnerships focused on increasing access to fresh food and healthy lifestyles by offering healthy shopping classes at local grocery stores, discounts on fresh produce and access to free registered dietician consultations. We offer free transportation options to members with complex needs to ensure they receive the care they need, including transportation to dental services, if needed. We offer access to safe and affordable housing via our collaboration with Milwaukee County's Housing First Program and we establish employment connections by sponsoring events with W2 and career development organizations. We offer innovative care coordination programs for members with complex conditions and wellness programs in order to support new parents and their infants as well as to strengthen an individual's ability to improve their management of asthma, diabetes, behavioral health and smoking cessation. We also offer member advocates to provide personalized support to members, including the offering of a dental advocate whose role is to specifically support the dental needs of our members. In short, we are much more than the "average" insurance company.

Currently we serve 160,000 individuals and families across eastern Wisconsin in a variety of products with approximately 52% of our membership being kids and 48% being adults. CCHP serves 140,000 members participating in the BadgerCarePlus program in 29 counties (making us the 3<sup>rd</sup> largest HMO serving the Medicaid population in the state and the largest in southeastern WI), nearly 3,000 youth in foster care in 6 southeastern Wisconsin counties through the Care4Kids program and more than 16,000 individual and family plan members in 15 counties in eastern Wisconsin through Marketplace coverage both on and off the federal Exchange. And in 2022, CCHP also began offering stand-alone dental plans for kids and adults.

While CCHP utilization rates for dental care routinely surpass that of other HMO's, we still face many challenges in supporting our members' access to dental care, notably in the BadgerCarePlus Medicaid program in particular. More than 1 million Wisconsinites receive dental coverage through Medicaid, however just over one-third of dentists in our state are able to care for these patients. Further, nationally, Wisconsin ranks at the bottom in access to dental care for kids covered by Medicaid.

Each year in Wisconsin, more than 80,000 kids under age 5 who are covered by Medicaid visit a physician, but don't visit a dentist. Within CCHP, 48.2% of our covered children and adolescents saw a dentist in 2022. This means that over half (51.8% or 38,412) of our members ages 2 - 20 did not have any contact with a dentist during the year. We believe that this statistic could be significantly improved if dental therapists were available and accessible. We know that strong oral health is critical to overall health, and especially important to patients with diabetes, heart disease, pregnant women and children.

Poor oral health, including tooth decay and gum disease, can cause significant pain resulting in days of missed work or school, and may result in potential infection or other disease. As we all know, it's important to start good oral health habits early among children as poor oral health can impact a child's ability to learn, their speech, overall nutrition and their social interactions. Lack of access to oral health care can result in individuals visiting the emergency department, which is costly and often does not address the underlying health issues. Importantly, many oral health conditions are preventable and dental therapists could be an important part of the solution to help individuals obtain timely and cost-effective care.

Adequate access to oral health care also helps reduce the likelihood of future poor oral health outcomes and keeps health care costs low. As a responsible steward of Medicaid program funding, we believe that efforts to increase access to lower cost preventive care as well as restorative services, like some of the care that could be provided by dental therapists, would be a smart investment in the overall health of our members. Licensed dental therapists working under a dentist's supervision could provide basic, yet important, restorative treatments, like filling cavities. They are trained to perform a limited number of restorative procedures, beyond the scope of a dental hygienist, which would allow dentists to focus on more complex care and treatment. Improving oral health care access requires a multi-faceted approach and several solutions. However, by working collaboratively with dentists, dental therapists could help provide much needed oral health care to some of our most vulnerable community members.

One example would be members who receive care as part of a school-based program. Currently when dental hygienists deployed in a school setting identify the need for follow up care, most often being restorations, we at times struggle to get these child members treated by a dentist in a timely manner. If dental therapists were allowed to practice in Wisconsin, a child would be able to obtain care from a dental therapist in a school setting, saving parents and caregivers time from having to leave work and allowing the child to receive care sooner. This lessens the likelihood that the child will develop more complex dental issues that when untreated or delayed cost the Medicaid program more for something that could have been easily addressed by a more efficient and safe model. Furthermore, allowing members to access appropriately trained providers like dental therapists might lead to a reduction of visits to the emergency department for dental pain which often can't be comprehensively treated in that setting leading to costlier, inefficient care. More than a dozen states have implemented a dental therapist model and the Health Resources Services Administration recommends dental therapy to better serve those lacking access to oral health care.<sup>1</sup>

Making more providers available in more locations to meet basic restorative needs means that we save on the more costly procedures that become necessary when care is delayed too long. We also know that dental health affects overall physical health, so by utilizing dental therapists, we'd be keeping our population healthier and keeping our overall health care expenditures down, which is a proven way to

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<sup>1</sup> <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/primarycare-dentist/reports/actpcmd-19th-report-dental-therapy.pdf>

bend the health care cost curve and improve access, especially for those who need it the most. Dental therapy alone will not completely solve Wisconsin's dental access issue, but we believe it will improve it.

Chorus Community Health Plans & Children's Wisconsin encourage your support of this legislation and we are glad to serve as a resource on this important topic to help improve care and services for some of our most vulnerable kids and families. Thank you again to the bill authors, and to this Committee for holding a hearing on this proposal. If you have any questions, comments or concerns regarding my remarks after the hearing, please contact me at [mboeder@chorushealthplans.org](mailto:mboeder@chorushealthplans.org).

Thank you once again for your time and attention to this matter.