

REPORT ON BILLS FAVORABLY REPORTED BY COMMITTEE

COMMITTEE: Human Services Committee

File No.:

Bill No.: HB-5697

PH Date: 3/3/2005

Action/Date: JF Change of Reference

3/15/2005

Reference Change: Appropriations

TITLE OF BILL:

AN ACT CONCERNING REIMBURSEMENT RATES PAID BY THE DEPARTMENT OF SOCIAL SERVICES TO DENTISTS PROVIDING SERVICES TO THE MEDICAID POPULATION.

SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

There is a dearth of dentists willing to take Medicaid patients. This bill would ensure that dentists who participate in the Medicaid program are adequately compensated for their services by appropriating funds to DSS for increased reimbursement rates.

RESPONSE FROM ADMINISTRATION/AGENCY:

None expressed.

NATURE AND SOURCES OF SUPPORT:

Robert Slate/Executive Director, CT Oral Health Initiative, testified: "There can be no fiscal health without physical health for our state's residents. We know that smart dollars invested in preventive health care (and most dental problems are preventable) reap huge savings later in reduced care for emergency use. The average cost for a dental visit before age 1 was \$262. This doubles to

\$546 when a child's first visit wasn't until age 4 or 5. The facts are clear:

- There is an oral health crisis in CT.
- Dental decay is the most common chronic disease among CT's children.
- Dental disease is the No. 1 reason new military recruits cannot be placed on active duty.
- 1 in 4 CT children is on Medicaid, but 2 of 3 CT children receive no dental care.

Medicaid reimburses state dentists at only about 30%-40% of their usual fees, so fewer than 5% of CT's 2,500 dentists accept Medicaid patients. CT's dental reimbursement rates are hopelessly low, do not cover the costs of care, and haven't been adjusted since 1989 for adults and 1993 for children. . . . Medicaid waiting lists exceed one year. It has gotten so bad that the state is being sued in federal court for non-compliance with federal law. A number of states . . . have demonstrated that structural 'fixes' - including market-based payment rates to providers, administrative streamlining, and better case management - can result in very rapid increases in dental utilization by Medicaid-enrolled children. So we know that better dental reimbursement rates will save our children's teeth, keep them in school and prepare them for the working world."

Jamey Bell/Greater Hartford Legal Aid, testified: "In 2000, I and other legal services lawyers filed suit against DSS on behalf of a now 300,000-member class of Medicaid recipients for violations of federal law as a result of this scarcity (of dentists accepting Medicaid patients) - among them, failure to provide equal access to care for the entire class, and on behalf of the 200,000 children in the class, denial of services guaranteed under the Early and Periodic Screening, Diagnostic and Treatment provision of the Medicaid Act. Experts we hired concluded that DSS would need to spend at least 3 times the amount it was now spending to attract enough providers to meet the needs of Medicaid recipients."

Dr. Robert Schreiber/President, CT State Dental Assn., testified: "The CSDA strongly supports increased funding for Medicaid services. Increased funding is necessary for dentists to continue to address the access problems in CT. . . . Under-funding and under-payment remain the greatest problems plaguing most Medicaid dental programs around the country. Most reimbursement rates fail to cover dentists' reported costs of delivery care." He submitted data showing that in CT Medicaid dental reimbursement rates are lower for all services than the lowest rates paid by private insurers.

Arvind Shaw/Executive Director, Generations Family Health Center, testified: "There are approximately 12,700 HUSKY recipients in Windham County who are without access to comprehensive oral services. There are few other oral health service providers outside of Generations in all of Windham County. There are waiting lists for both the dental van and the clinic in Willimantic that Generations operates. . . . We have started to address preventive care needs, but are unable to keep up with the demand for more extensive oral health care and are unable to refer our patients to other specialty oral health providers in the local area. . . . *The Medicaid rates that are paid for dental services are below the costs for these services.* When a major payer like the state does not pay for services and transfers the cost to the health center, this has a devastating effect on our ability to serve the rest of our patients and our ability to retain and attract staff. In the last five years, four have been in the red for our health center. . . . *The state has continued to pay tens of millions of tax dollars to the participating HMOs annually, even though they have minimal provider networks (medical and dental) here in Windham County.* Nowhere is this more pronounced than in the area of oral health. . . . The state should create an

uncompensated pool for oral, medical and mental care so that not-for-profit providers can get paid for their services and private providers get a tax benefit for the provision of these services."

Gretchen Vivier/Director, Health Care for All Coalition, testified: "It is well known that CT's dental reimbursement rates are so low that very few dentists accept Medicaid patients. We promise Medicaid recipients dental care, but make it nearly impossible for them to get it. . . . Lack of dental care can cause problems beyond the mouth. . . .As with all health care, prevention is much less expensive than paying for more complicated conditions later."

CT Assn. of Not-for-Profit Providers for the Aging submitted testimony: "CANPFA supports any effort to encourage dentists to serve the Medicaid population. Nursing homes in particular are finding it extremely difficult to find dentists who are willing to treat their residents. Nursing homes are required to provide appropriate dental care, but are unable to do so if there are no dental providers participating in the program. This is a critical problem that must be addressed."

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Art Mongillo

04/06/2005

Nancy V. Ahern

Reported by

Date