

**Testimony Supporting:
Raised Bill No. 7069 An Act Concerning Access to Oral Health Care**

Mary Alice Lee, Ph.D.

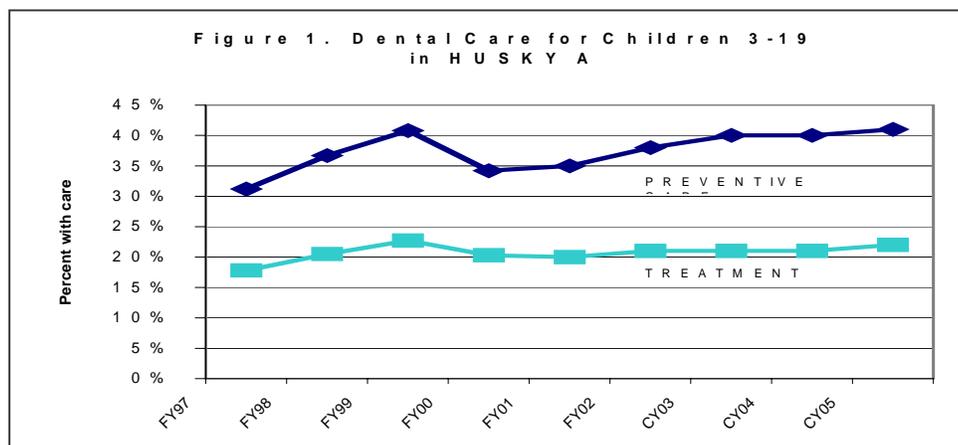
**Public Health Committee Public Hearing
March 5, 2007**

Dear Senator Harris, Representative Villano, and Members of the Human Services Committee:

I am Mary Alice Lee, a Senior Policy Fellow with Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well being of Connecticut's children, youth and families. I am here today to testify on behalf of the sister lobbying organization – Advocates for Connecticut’s Children and Youth (ACCY), a statewide, independent, citizen-based organization dedicated to speaking up for children, youth and families.

We strongly support **Raised Bill No. 7069 An Act Concerning Access to Oral Health Care**. Access to oral health care is a long-standing problem in the Medicaid program nationwide and in Connecticut. Raising reimbursement for dental services for children will go a long way toward improving provider participation. We commend members of the Legislature for recognizing that oral health is an essential component of the care children need for optimal growth and development, good nutrition, and successful learning in school.

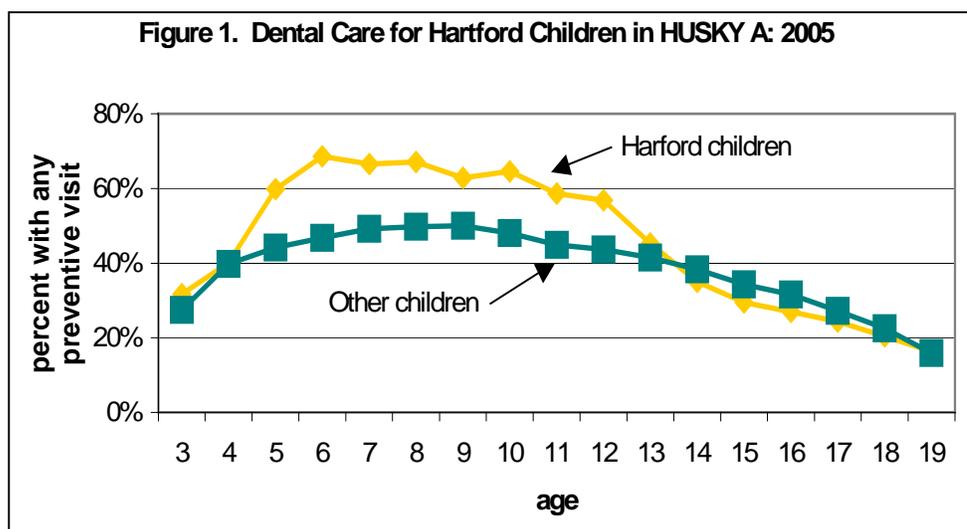
Every child in HUSKY A should receive preventive dental care services twice a year, beginning with an initial screening visit at 2 years of age.¹ Under contracts with the Connecticut Department of Social Services (DSS), HUSKY A managed care plans and their respective dental care subcontractors are responsible for maintaining adequate provider networks and for helping families get preventive care and all necessary dental treatment for their children.



*Source: Connecticut Voices for Children analysis of HUSKY A enrollment and encounter data

Unfortunately, not all children get the preventive care or treatment they need. In 2005, the latest year for which HUSKY Program data are available, just 41 percent of children who were enrolled for the entire year received any preventive dental care. Only 35 percent of children who had any preventive care received two or more preventive dental care services, as recommended by dental care professionals and required under EPSDT in Connecticut. Utilization of preventive care and treatment has not improved remarkably in recent years (Figure 1). *At the current rate of improvement, it will be 2044 before all children in the HUSKY Program receive preventive dental care.*

We know that the dental care safety net works. For example, elementary and middle school-aged children living in Hartford have the highest preventive care rates of all, in large part due to the school-based dental clinics (Figure 2). Treatment rates are also higher among children living in Hartford.



*Source: Connecticut Voices for Children analysis of HUSKY A enrollment and encounter data

We support a significant increase in the Medicaid fee schedule for dental care. The Medicaid fee schedule for dental care is woefully out of date with the current cost of providing dental care. The current reimbursement rates are well below the 10th percentile of dental fees in New England.² For example, the fee schedule calls for reimbursement at just \$24 for a child’s initial exam and even less-- 55% of that amount--for care of an adult 21 and over.³ The fee schedule has not been adjusted for nearly 15 years! Virtually all children and parents in Medicaid are in managed care plans that can negotiate reimbursement with network providers; however, the Medicaid fee-for-service schedule is the very low baseline from which these negotiations begin. Thus, somewhat higher reimbursement rates can be found in parts of the state where there are few willing providers. In areas that are well served by safety net providers, managed care plans have little incentive to pay more than the low fee-for-service rates.

We recommend that provider reimbursement for adult dental services be increased as well.

Children are largely dependent on their parents for health care, health education, and health promotion. So their parents also need preventive dental care and treatment to maintain their own health and to foster good oral health habits in their children.

We support formal evaluation of the effect of these measures on increasing provider participation.

Raising reimbursement rates may help increase provider participation, but additional steps must be taken to help families in HUSKY A find dental care providers for their children. We recommend strengthening the existing HUSKY managed care contractual obligations and intensifying oversight. We also recommend that the Connecticut Department of Social Services (DSS) work with United Way/Infoline and HUSKY Infoline to expand and promote the assistance they can provide to families with access problems.

In sum, we support a meaningful increase in the Medicaid fee schedule for children’s dental services and urge the Committee to consider a commensurate rate increase for adult care. In addition, we suggest the following important changes to language in the proposed bill:

- **Apply the fee schedule increase to dental services all children eligible for EPSDT:** Under Medicaid’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, children under 21 are entitled to preventive dental care and treatment. In order to be consistent with the federal definitions and requirements for children’s health care in Medicaid, we suggest that Section 2(f) be revised to read: “...services provided to children under the age of twenty-one...”
- **Allow HUSKY managed care plans to negotiate even higher reimbursement for dental care:** In a managed care program, it is important to ensure that targeted fee increases aimed at increasing access to care actually get to the providers of that care. Requiring HUSKY managed care plans to pass on the fee increase is good, but these plans may need to negotiate even higher reimbursement in relatively underserved areas. We suggest that Section 2.(f) be revised to read “...shall reimburse its dental providers...at or above the fees established in accordance with the fee schedule established pursuant to subsection (e) of this section.”

Recommendations:

¹ EPSDT periodicity schedule for HUSKY A.

² Beazoglou T, Douglass J. HUSKY A dental care: financial strategies (policy brief). New Britain, CT: Connecticut Health Foundation, January 2006. Available at: www.cthealth.org.

³ Connecticut Department of Social Services. Medical assistance policy fee schedule. Dental services. Hartford, CT: CT DSS. Available at: www.ctmedicalprogram.com.