



Greater Hartford Legal Aid, Inc.

Testimony of Jamey Bell
Greater Hartford Legal Aid
re
Proposed HB 5790
AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE
March 13, 2006

The Medicaid dental program is in a state of crisis due to a dramatic scarcity of participating dental providers. For the past 13 years, less than 30% of Connecticut's children on Medicaid have seen a dentist even once a year, even though the American Academy of Pediatrics recommends children get check-ups and cleanings every six months. The results are lost school days, costly emergency room care, *preventable* poor health, pain and impaired childhoods for the most vulnerable children in our state.

Medicaid dental providers, both "safety net" providers as well as private providers, are so scarce primarily because rates paid under the Medicaid programs-- fee-for-service and HUSKY-- are often too low to cover overhead costs. DSS has not raised its dental services rates since 1993 (for children) and 1989 (for adults), and the HUSKY A managed care organizations simply import DSS' rates into the amounts they allocate to their dental services contractors. Furthermore, resources to assist parents in locating, getting to and coordinating oral health care services are not readily available.

In 2000 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 result of this scarcity. Claims on behalf of the 212,000 children in the class, for the denial of dental services guaranteed under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions of the Medicaid Act, are being readied for trial.

This bill begins to remedy some of the deficiencies in the Medicaid dental program by requiring increased reimbursement for Medicaid dental services provided to children under age thirteen, to the level of 70% of the average insurance reimbursement for such dental service, for a period of two years.

The intent of this bill is positive, but the language used would result in a fee increase insufficient to make any real difference in the provider participation levels. If you translate "70% of average insurance rates" into percentiles it translates to the 10th percentile or less. The 10th percentile means that 10% of dentists charge this fee or less – in other words you cannot expect more than 10% of dentists to sign up for this program as these fees would be less than the fees of 90% of dentists. The recommendation of the multi-disciplinary Oral Health Task Force convened by Representatives Sayers and Nardello under Speaker Amman's Healthy Kids CT umbrella, which recommendation is consistent with those of the CT Health Foundation and public health experts retained by the plaintiffs in Carr v. Wilson-Coker, was to **increase fees to**



the 70th percentile. This would mean that 70% of dental providers would consider the Medicaid fees equal to their usual fees.

Second, the bill does not go far enough in that it covers only children under age 13.

Federal law requires children under age 21 to be provided with EPSDT services, including dental care. This bill as it stands would cover only 0-12 year olds. This age restriction makes no sense in either health or cost effectiveness terms. Dental disease causes pain and impedes healthy functioning in a child of any age, not just those under age 13. In fact, an argument can be made that the closer a child is to adulthood, with the expectation of independence and employment, the more important good oral health is. The cost difference of covering all eligible children is also not significant. According to DSS, as of January 2006 the numbers of children in HUSKY A in varying age ranges were:

Under 1:	14,066
1-5:	61,838
6-14:	<u>98,598</u>
	174,492

Therefore, this bill, applying to only 0-12 year olds, covers fewer than 174,492 children. Numbers of children in the remaining age ranges are:

15-18:	37,489
19-20:	<u>10,188</u>
	47,677

Thus, covering all children eligible for EPSDT services (adding 13-20 year olds) would mean covering only about another 30% more children.

Attached to my testimony is substitute language proposed by the Connecticut Oral Health Initiative (COHI), which would address the language error in the present bill, particularly by clarifying that *reimbursement rates would be increased to the 70th percentile*. I strongly urge you to adopt these well-documented and analyzed recommendations, which reflect the recommendations of the 2006 Legislative Oral Health Task Force.

Thank you for your attention.