

**PUBLIC HEALTH COMMITTEE PUBLIC HEARING
TESTIMONY REGARDING
H.B. 7069, *An Act Concerning Access to Oral Health Care***

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Good morning. I am Dr. Joanna Douglass, a pediatric dentist and associate professor at the University of Connecticut School of Dental Medicine. I have directed the UCONN-Burgdorf Pediatric Dental Clinic, a large facility serving Medicaid children, and worked throughout the state to increase access to oral health care. I also have authored three Connecticut Health Foundation policy briefs examining methods to expand access to dental care for children insured under HUSKY. My testimony is built on the findings in those briefs and is in support of House Bill 7069, *An Act Concerning Access to Oral Health Care*.

There is no dispute that access to dental care among Medicaid children is in crisis. Approximately one-quarter of Connecticut's children are insured under HUSKY. Yet less than 18 percent of HUSKY children receive a treatment visit each year even though more than 30 percent have untreated tooth decay. Data also reveals that HUSKY children rarely get more than one dental visit per year, even though an average child with tooth decay needs two to three visits to complete care.

The question is how to solve this problem. Conversations have largely focused on whether the solution lies entirely with the safety net system or whether private providers should be or are willing to be part of the solution.

Safety Net Providers

At present one-third of the care for HUSKY children is provided by safety net providers, mostly community health centers (CHCs) and federal qualified health centers (FQHCs). However, these providers are stretched to the limit. Most have no additional capacity to accept new patients resulting in long waiting lists for appointments.

While increasing the efficiency of these providers could net modest service capacity expansion, this approach is hampered by the low level of Medicaid reimbursement. These

clinics cannot cover their costs or provide competitive salaries to attract quality staff that keep programs running.

To double the number of children receiving Medicaid services using the safety net system alone, Connecticut would need to add 139 dental chairs, 84 hygienists and assistants, and 70 dentists. Additional specialists, who typically operate private practices, also would be needed to provide more complicated services. It would be difficult, even if the safety net's financial and workforce challenges could be overcome, to provide comprehensive oral health care to HUSKY patients without participation from private providers.

Private Providers

The other two-third of care for HUSKY children is provided by private dentists. However, only a small percentage of private providers accept HUSKY patients. Most do not participate because reimbursement rates are now in the lower 1st to 7th percentiles of dental fees in New England states -- meaning that dentists lose money every time they treat a HUSKY child.

However, local and national data illustrate that dentists would participate in Medicaid if the fees were raised to the 70th percentile (70 percent of Connecticut dentists charge this fee or less as their usual and customary fee). A recent survey by the Connecticut State Dental Association shows that 300 dentists would become new Medicaid providers and 79 existing Medicaid providers would treat more HUSKY patients if reimbursement rates were raised to the 70th percentile.

If these dentists just saw one new HUSKY child per week (current Medicaid providers accept at least three HUSKY patients a week) this would mean that 60 percent of continuously enrolled children could access oral health care. Further, a review of other states that raised rates to comparable levels demonstrated that private provider participation in the Medicaid program significantly increased after the rate increase. For example, Indiana increased rates to the 75th percentile and private provider participation jumped from 770 dentists to 1,096, a 42 percent increase. Perhaps most importantly, tapping this provider source requires no infrastructure modifications and translates into expanded service capacity quickly.

Conclusion

Supporting House Bill 7069 will play to the strengths of both care systems. The solution is neither one system nor the other -- it must be a partnership of both. Increasing the reimbursement rate will enable safety net providers to generate enough revenue to continue providing existing services and attract private providers back into the HUSKY oral health care system.

If the members of the Public Health Committee are serious about increasing access to oral health services for HUSKY children, Medicaid fees cannot be ignored any longer. Without increasing reimbursement rates to an adequate level, 25 percent of children living in this country's wealthiest state will continue to suffer from under an oral health care system that promises coverage but does not provide access.