



TESTIMONY REGARDING H.B. 7069
An Act Concerning Access to Oral Health Care

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Good afternoon. I want to thank Sen. Mary Ann Handley for inviting me to testify today about oral health research commissioned by the Connecticut Health Foundation (CHF), where I serve as President & CEO.

Despite the foundation's investment of around \$8 million over the past seven years to improve dental care utilization among children insured under HUSKY, access to oral health care remains a major barrier in treating the most common and treatable chronic childhood disease – tooth decay.

In conjunction with our grants to improve utilization rates in eight Connecticut communities, the foundation also has commissioned several public policy studies to address the gap between dental care coverage and access to services. The most recent set of three policy briefs are attached to my written testimony.

Our research illustrates that a diminishing oral health work force, a limited capacity safety net system and low Medicaid reimbursement rates all contribute to Connecticut's access crisis. The percentage of HUSKY children able to see a dentist is the *lowest* among all the New England states. Less than one-half of those requiring treatment actually receive it.

Community and school health clinics provide about one-third of the dental care that HUSKY children receive, while private dentists provide two-thirds of the care. While most would agree that expanding the safety net's capacity could help more children receive services, increasing reimbursement rates for private providers could close the access gap more quickly and efficiently.

National research shows that low reimbursement rates are the biggest impediment to dentist participation in Medicaid. Connecticut's reimbursement rate, last adjusted in 1993, is one of the lowest in New England.

As you can see in the third policy brief, private providers will participate in Medicaid in significant numbers if fees are increased to the 70th percentile -- meaning that 70 percent of Connecticut's private dentists charge this fee or less as their normal and customary fee. The brief illustrates the example of South Carolina, where the number of participating providers increased by 43 percent when reimbursement rates were raised to the 75th percentile.

Based on the experiences of other states across the nation, it is reasonable to assume that more Connecticut private providers would accept HUSKY patients if reimbursement rates were increased to the 70th percentile. Moreover, a recent Connecticut survey revealed that 300 new dentists would participate in the HUSKY program if fees were raised to the 70th percentile.

Our studies show that raising reimbursement fees to an adequate level will expand service for HUSKY children by both maximizing efficiencies of the private sector, and utilizing the skills and reach of safety net providers. Connecticut's oral health care system needs both a strong public safety net system as well as an improved participation rate among private providers to ensure that HUSKY children have real access to services.

If the members of the Public Health Committee are serious about increasing access to dental care for HUSKY children, low reimbursement fees cannot be ignored. With an initial investment of \$21 million in the first year, half of which would be eligible for a 50 percent federal match, Connecticut can begin to fulfill its obligation to HUSKY children to provide real access to oral health services.

Thank you and I would be happy to answer any of your questions.