March 2, 2017

Connecticut General Assembly – Human Services Committee
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

Testimony in opposition to Sections 11 and 24 of Governor’s Bill H.B. 7040 - An Act Implementing the Governor's Budget Recommendations for Human Services Programs: HUSKY A eligibility (Section 11) and a cap on adult dental Medicaid (Section 24)

Dear Senator Moore, Senator Markley, Representative Abercrombie, and members of the Human Services Committee,

As the Executive Director of the Connecticut Oral Health Initiative and a Registered Dental Hygienist, I am asking you to reject Sections 11 and 24 of the Governor’s budget proposals. If you cannot reject the Adult Dental Cap, I propose recommendations to clarify Section 24 language (see below).

Section 11 calls for a reduction in income eligibility for HUSKY A Adult Medicaid from 155% of the Federal Poverty Level (FPL) to 138%.

The consequences of reducing eligibility to 138% of FPL:
• Would cut off about 9,200 low-income parents from health benefits.
  o During the last shift from 201% to 155%, only 16% (3,100 out of 18,900 people) were able to get and keep insurance through the Access Health Connecticut exchange because, even with subsidies, they could not afford the premiums.1
• Would mean NO dental benefits for these 9,200 citizens.
  o Since dental insurance is expensive, they are more likely to forgo dental visits, and may need to rely on more costly emergency departments visits for dental pain.
• Would decrease the number of children receiving necessary dental care.
  o When parents don’t get dental care, their children are less likely to as well.2

Section 24 calls for a cap of $1,000 on the annual benefit amount for Medicaid Adult Dental Services.

The consequences of a $1000 cap on adult dental Medicaid:
• Would cut off about 16,200 low-income adults from comprehensive dental care, including parents, persons with disabilities and seniors. Most are working but earning low wages.
  o Poor oral health is widespread among adults in the United States and especially affects low-income adults. Nationally, 39% of adults aged 20-64 who are between 100-199% of the FPL have untreated dental caries.
  o Unlike privately insured persons, Medicaid patients typically cannot pay the amount above the cap needed to get the comprehensive care they require for good oral health.
• Would decrease access to care, as there would be fewer dentists treating HUSKY Adults.
  o The cap could result in dentists refusing to request, or not getting prior authorization to provide, dental services that exceed the $1000 annual limit.
“Oral health for all”

- It may result in dentists refusing to take Medicaid patients entirely because of the costly administrative burdens of keeping track of per-person-per-year claims and requesting prior authorization where it is about to be exceeded.
- Dentists may refuse to treat patients with complex dental or medical needs as it would be unethical to stop treatment because of the $1000 cap.
- **Would increase use of emergency departments** by HUSKY Adults experiencing dental pain.
  - Research shows that when states reduce or eliminate adult dental benefits, unmet dental care needs increase, preventive dental service use decreases, and the use of emergency departments for dental problems increases.³
  - When dental services are not available in the hospital, patients may be prescribed unnecessary antibiotics and pain medications.
  - Emergency Department visits can cost up to 10 times more than a dental office visit and often provide only temporary relief of pain, rather than resolving the dental problem.⁴
- **Would lead to higher costs to the state.**
  - Unfinished cases would get worse, leading to higher costs for the dental and medical care needed to deal with gum disease and loss of teeth.

**If, in light of the State Budget, you must allow the cap on Dental Medicaid, COHI recommends the following amendment to HB 7040, Sec. 24: (new language in blue underlined)**

> “Payment for nonemergency dental services shall not exceed one thousand five hundred dollars ($1500) per fiscal year for an individual adult, provided that any dental services in excess of this amount shall be approved by the Department where medical necessity is met in accordance with the provisions of section 17b-259b, provided further that emergency dental services and denture-related services shall not be calculated in this annual limit and that emergency dental services shall not be subject to prior authorization.”

The proposed language change by the Governor in Sec. 24 implies that ALL adult dental services must have prior authorization to prove they are medically necessary. This would cause unnecessary burden to the Department of Social Services and dental practices. Medicaid-covered adults should be able to receive preventive, diagnostic, and basic restorative services without prior authorization as is the practice today, to avoid further burden on the Department of Social Services. Dental providers should not be hampered in providing basic services by additional paperwork. Their patients should not have basic dental care delayed by the process. Prior authorizations will increase the cost to the state through increased administrative time. Delayed service may require more expensive care later on, when, for example, a delayed or unaddressed simple restoration devolves into the need for a crown or root canal.

COHI proposes the cap be increased to $1500 in order to cover the costs associated with preventive, diagnostics, and basic treatment. This is more in line with private insurance which covers preventive and diagnostic and then imposes a cap of $1000 – $2000 for treatment.

We have further concerns that a patient who receives care during the year and later in that same year requires emergency care, should not have to wait for prior authorization to receive relief from pain or infection. Postponing a dental infection can lead to multiple health-related problems and even death.
Lastly, a single denture (meaning an upper or lower plate) is reimbursed at a rate of more than $1000. Though it already requires prior authorization, our recommended language would make it less burdensome for dentists to receive authorization to give their patients needed preventive, diagnostic and treatment prior to the placement of the denture.

**HUSKY Dental Successes**

HUSKY Dental runs efficiently, in a fiscally conservative manner, providing only appropriate services.

- According to a report by the Department of Social Services enrollment in HUSKY has increased by 20% from September 2013 to August 2014, and it has experienced a slight decrease of less than 2% in total Incurred Cost of Care from 2010 to 2014.
- The state now enjoys an adequate number of Dental Medicaid providers, which has increased from 300 in 2007 to over 1500 today.
- HUSKY Dental has made great strides in reducing disparities in oral health over the last 9 years.
- It has increased utilization by children and adults, with more requiring only preventive care and not more basic or major services.

Dental Medicaid is a good investment. Why make a cut that will negatively impact the health of our most vulnerable population and inevitably increase costs to the state?

Oral health is important for overall health and well-being. Access to dental care is a right for all Connecticut residents. I urge you to oppose any measures that interfere with continuity of dental care for our low-income, working adults.

If I can be of any assistance, please contact me at 860-246-2644 ext. 203 or maryb@ctoralhealth.org. Thank you for your time and your commitment to this issue.

Sincerely,

Mary Moran Boudreau
Executive Director

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