



# Community Health Center Association of Connecticut

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Testimony of

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Regarding

*HB 7122: An Act Concerning Mobile Dental Clinics*

Human Services Committee

February 19, 2019

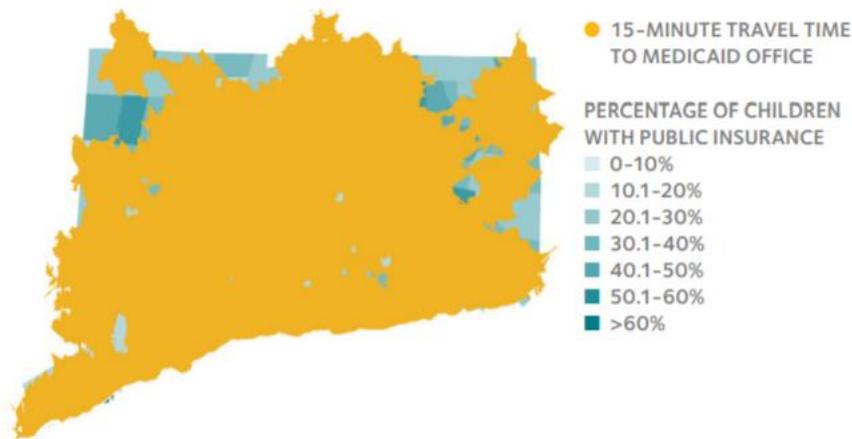
Thank you for the opportunity to provide comments on House Bill 7122, An Act Concerning Mobile Dental Clinics.

On behalf of the Community Health Center Association of Connecticut (CHCACT), and its sixteen member federally-qualified health centers, I want to thank the Committee for raising this bill, which is part of an important conversation around efforts to increase access to oral health services in Connecticut. As background, Connecticut's federally-qualified health centers provided over 285,000 dental visits in 2017, including screenings, cleanings, fluoride, dental sealants, fillings and restorative care. Health centers are located across the state and provide oral health care in dozens of locations, including fixed sites and through some mobile vans and portable equipment that reach even more cities and towns.

**CHCACT supports this bill, with modifications.** I have included substitute language for the Committee's consideration.

Over the past decade, Connecticut has made a concerted effort to improve access to oral health care for people on HUSKY, by raising dental reimbursement rates and recruiting more dentists to the program. As a result, the American Dental Association (ADA) reports that 99% of children enrolled in HUSKY live within 15 minutes of a dentist who will see them. However, barriers to care remain; specifically, as demonstrated in the graphic below, there are rural areas of the state with limited access.

## GEOGRAPHIC COVERAGE OF MEDICAID DENTISTS



Source: “Geographic Access to Dental Care: Connecticut”, American Dental Association Health Policy Institute, <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/AccessToDentalCare-StateFacts/Connecticut-Access-To-Dental-Care.pdf>

### ***Why Mobile Dental?***

You may wonder, if access to dentists has improved, why does Connecticut need mobile dental services? Most of Connecticut’s health centers utilize either mobile vans or portable equipment to provide dental care, in addition to providing this care in their brick-and-mortar sites located throughout the state. Providing care through a mobile van or portable equipment brings health care to where people are, instead of bringing people to existing health care facilities.

Mobile dental:

- helps reduce transportation barriers, which are particularly substantial for people in rural areas of Connecticut (also the areas with the lowest access to dentists);
- allows children to receive care at their schools, reducing missed classroom time and helping families; and,
- expands access to areas of the state that may not be able to support a full-time dental office.

When done best, the provider who is running the mobile or portable equipment is also a **local dentist**, who can provide continuous care for people in need of follow-ups or more extensive services. Some services are more appropriately provided in the fixed dental location; having the mobile care provided by the same organization as the fixed location means a seamless provision of care, including health records.

### ***About the Bill***

In essence, House Bill 7122 seeks to define “local dentist.” It allows HUSKY dental claims for services provided within 50 miles of a fixed dental clinic location associated with the service provider.

As background, in 2017, the state Department of Social Services proposed dental regulations (not yet approved) that would have limited billing from mobile vans to fixed sites within 15

miles. CHCACT believes that 15 miles is too restrictive. For example, Generations Family Health Center's mobile van provides services in over 25 locations over a 1,700 square mile area in northeastern Connecticut.

However, 50 miles seems excessive in most situations. Allowing billing within 50 miles means that dental organizations from as far as Bridgeport could send a van to Hartford to provide dental care – and then recommend those people receive follow-up care 50 miles away, skipping over many local dental facilities in order to receive care from the dentist associated with the van.

CHCACT recommends a limit of 30 miles, except for rural counties, which would be allowed a 50-mile radius. Litchfield, New London and Windham Counties have lower access to care and more transportation barriers than the rest of the state.

Thank you for your consideration and your hard work on behalf of Connecticut residents. Please feel free to reach out with any questions: [dpolun@chcact.org](mailto:dpolun@chcact.org) or 860.667.7820.

### *Suggested Language*

#### AN ACT CONCERNING MOBILE DENTAL CLINICS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (Effective from passage) (a) For purposes of this 1 section, (1) "mobile dental clinic" means preventative or restorative dental services offered by a licensed dentist or dental hygienist from a van or through the use of portable equipment at various locations, and (2) "fixed location" means the permanent office of a licensed dentist who contracts with a mobile dental clinic and (A) is enrolled as a Medicaid provider; (B) maintains the diagnostic imaging, tests and charts of patients treated by the mobile dental clinic; (C) accepts and treats patients from the mobile dental clinic; and (D) and provides a continuum of dental care.

(b) A mobile dental clinic may submit claims for Medicaid reimbursement to the Department of Social Services for dental treatment of Medicaid beneficiaries that occurred not more than [fifty] thirty miles from the dentist's fixed location, provided that mobile dental clinic located in the counties of New London, Litchfield and Windham may submit claims for Medicaid reimbursement to the Department of Social Services for dental treatment of Medicaid beneficiaries that occurred not more than fifty miles from the dentist's fixed location.

(c) The Commissioner of Social Services shall adopt regulations to implement the provisions of this section. The commissioner may adopt policies and procedures to implement the provisions of this section while in the process of adopting regulations, provided such policies and procedures are published on the eRegulations System before such policies and procedures are implemented.