



House Finance Subcommittee  
March 16, 2023

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Proponent Testimony, HB33

Chair Carruthers, Ranking Member Liston, and members of the Ohio House Finance Subcommittee on Health & Human Services, thank you for the opportunity to provide testimony supporting HB33 related to oral health.

My name is Marla Morse, and I am the Executive Director of Oral Health Ohio, a statewide coalition of partners who advocate for and educate to improve the state's oral and overall health. Our work impacts Ohioans who face the greatest oral health disparities, which includes the poor of all ages, communities of color, those living in rural communities, persons with a disability, older adults, and veterans. From infancy to older adulthood, oral health affects a person's overall health and well-being. Poor oral health impacts a person's ability to learn, to engage in social relationships, to gain employment, and complicates management of many chronic diseases. We look forward to a future where all Ohioans have optimal oral health, a vision that will be reached only when there is sufficient access to oral health care. Low Medicaid reimbursement rates are a barrier to dental care access and to achieving this vision. The proposed 15% increase in the Medicaid dental reimbursement rates in the current budget bill for the Ohio Department of Medicaid is a step in the right direction to achieving this vision. Increasing dental fees closer to private insurance levels would go further in having an impact on the unmet dental needs of Ohio Medicaid beneficiaries.

Despite Medicaid's dental benefits, beneficiaries are simply not receiving the care they need when they need it. This is in part due to the fact that dentists cannot afford to provide care at the current reimbursement rate, which has resulted in considerable gaps

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in dental care access across Ohio, both in terms of the ability to afford dental care and in geographic distribution of oral health providers.

A few statistics demonstrate these gaps: Ohio ranks 42<sup>nd</sup> in child dental Medicaid reimbursement rates, far below the national average and our neighboring states of Indiana, West Virginia, and Kentucky. In fact, Kentucky and West Virginia have the highest reimbursement rates in the country.

According to a 2021 research brief by the American Dental Association, Health Policy Institute, 22.2% of Ohio adults (those aged 18-64) and 47.7% of Ohio children (ages 0-17) had Medicaid coverage. Yet, a 2017 analysis found that only 14% of Ohio dentists saw more than one hundred Medicaid patients over a year. According to the 2023-2027 Ohio State Oral Health Plan there are seven counties in Ohio without a single dentist that billed Medicaid for at least 100 services in 2021. There are nine counties with only one such Medicaid dentist and seven counties with two dentists. Additionally, several of the counties with the highest need do not have a safety net dental clinic. The result of these data points: With fewer Medicaid providers, especially in rural areas, patients frequently have to travel to another county to receive needed care or go without care. And the rising cost of fuel over the last year has made transportation to a dental office or clinic more expensive and less accessible to those who need it.

As part of the development of the 2023-2027 State Oral Health Plan, the Health Policy Institute of Ohio and Oral Health Ohio hosted five virtual focus groups with healthcare providers, which included oral health and non-oral health providers. When asked what they consider Ohio's greatest challenges related to oral health, the top-rated response was "Ohio Medicaid provider reimbursement rates and administrative burden." When asked what strategies or policy recommendations should be included to address Ohio's oral health challenges, the most common recommendation was "Increase Medicaid reimbursement rates." We also hosted in-person consumer focus groups in five Ohio cities, with participants ranging in ages 18 to 85. Across all the focus groups, community members frequently talked about challenges to accessing care, affordability, and acceptance of Medicaid patients.



The consequence of Medicaid provider shortages is that children and adults suffer.

Forty percent of children between the ages of 3 and 17 on Medicaid had a dental appointment within the past year, compared to approximately 74% nationally. Hispanic and Black children and children living in Appalachian counties were also more likely to have unmet dental needs. According to the 2023-2027 Ohio State Oral Health Plan, 14.3 percent of Ohio adults had an unmet need for dental care in 2019. Adults living with a cognitive or developmental disability were more than twice as likely to have an unmet need for dental care.

What does unmet need look like in Ohio?

In 2021 a Scioto County school superintendent reached out to Oral Health Ohio about the high need for dental care among students in his district and wanted to build a dental clinic on the school campus. Due to the lack of Medicaid dental providers in Scioto County, there was no dentist to provide care for students or to supervise fourth-year dental students who could rotate through a school clinic. Increasing dental reimbursement rates would be a step in the right direction in addressing this need.

Head Start programs around the state have also contacted us seeking help with access to care for their young students because there is no pediatric dentist or oral surgeon who accepts Medicaid in their county or surrounding counties. These young children are referred for care available at large academic centers, which have long waiting lists due to the lack of access to Medicaid providers in local communities.

It is not only our youngest residents who experience barriers to accessing oral health care. Ohioans with special healthcare needs, especially those with intellectual and developmental disabilities (I/DD), have limited opportunities for good oral health. For many people with I/DD, Medicaid generally is the only source of funds allowing them to live and work. We are most fortunate in Ohio to have the Nisonger Center at Ohio State University providing exceptional care to Ohioans with I/DD. However, Nisonger currently has over 150 patients, from counties across Ohio, on their waiting list for dental services.



This is due to both the lack of dental providers who are trained to care for persons with I/DD and overall lack of Medicaid providers statewide.

When Ohioans experience pain, fevers, and infections as a result of poor oral health, families with limited access to dental care often have little choice but to seek care at their local hospital emergency department. Emergency department care -- for what are preventable dental problems -- is both more expensive and a poor use of taxpayer and family dollars and does not address the root cause of the dental problem. According to research from the CareQuest Institute for Oral Health, national estimated total charges for emergency department visits for non-traumatic dental conditions were nearly \$3.4 billion in 2019.

School-based health care and Ohio's safety net infrastructure have long been a strength in our state but also struggle with workforce shortages and adequate resources to address the unmet oral health needs of children and adults. Safety net providers play an essential health role in Medicaid, by virtue of their location in high-risk communities. However, schools wanting to include dental care in their school-based health services struggle to find dentists who accept Medicaid.

Ohio's Federally Qualified Health Centers are feeling the operational impact of the pandemic, workforce shortages, inflationary pressures, and static reimbursements. According to the Ohio Association of Community Health Centers, the average statewide wait for new patients to see a dentist is approximately 8-12 weeks.

How can we increase access and decrease the impacts on Ohioans' health? Studies have shown that increasing Medicaid dental fees closer to private insurance fee levels has a significant impact on dental care utilization and unmet dental needs among Medicaid-eligible children ("Association Between Medicaid Dental Payment Policies and Children's Dental Visits, Oral Health, and School Absences," JAMA Health Forum, Sept. 9, 2022).

Today you have the opportunity to address these barriers to access by ensuring that the dental Medicaid budget is funded at a level that raises reimbursement rates closer to



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market rates and support a 20% increase for transportation. Both of these actions will help reduce the barriers to access to oral health care and result in healthier Ohioans.

Thank you for your time today and for your attention to this matter. I am happy to answer any questions you may have.

Sincerely,

Marla Morse  
Executive Director