

Proponent Testimony
House Bill 33
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Scott Schwartz, DDS, MPH
Division of Pediatric Dentistry and Orthodontics
Cincinnati Children's Hospital Medical Center

Chairwoman Carruthers, Ranking member Liston, and members of the Committee, my name is Scott Schwartz and I am a board-certified pediatric dentist and the director of the pediatric dentistry residency program at Cincinnati Children's Hospital Medical Center. Thank you for the opportunity to testify in support of the proposed 15% increase in Medicaid reimbursement for dental care contained in House Bill 33. While any increase is beneficial, increasing the reimbursement to 70% of the usual and customary fees in the private insurance market would augment access and greatly improve the oral health status of the children of Ohio.

Dental caries, the disease that causes cavities, is the most common chronic illness of childhood. Unfortunately, in Ohio we don't have an adequate amount of providers to meet the need. According to HRSA, 36 Ohio counties and parts of 19 others have been designated as Dental Health Professional Shortage Areas. These shortages disproportionately affect children in rural areas and those in poverty in our urban centers. According to the Ohio Department of Health report on oral health status among third graders: "Put simply, children covered by Medicaid had the poorest oral health – more cavities, more fillings and other evidence of past tooth decay, and a greater need for prompt dental care."

At Cincinnati Children's we provide high-quality, evidence-based oral health across three different sites. Annually, we manage over 30,000 clinic visits and another 2,000 after-hours emergency department visits. Demand grows substantially year over year for our services. Appointments for regular cleanings routinely fill up within 30 minutes. Should cavities be diagnosed at this visit, the wait to have a filling is often three months, which is not aligned with evidence-based care recommendations. The chronic use of medications to treat pain and infection before the cavities can be treated have harmful long-term effects, such as Tylenol toxicity, antibiotic resistance, and rare blood conditions from the use of topical numbing gels.

While obtaining oral health care for well-children with Medicaid can be difficult, the struggle for children with special health care needs and Medicaid is nearly insurmountable. At Children's, 60% of our patient population has some special health care need. Children with complex medical histories require additional attention and time in the chair, which further dilutes the financial incentive to treat them. When they finally age out of our clinic, they face the same struggles—there are not enough Medicaid providers in their community willing to treat them as adults.

As a safety-net clinic, over 80% of the children we serve are covered by Medicaid. This fiscal year, our cost to provide dental care to Medicaid patients is approximately \$5.6 million dollars, and we expect to have a loss of \$1.8 million dollars. These numbers certainly do not incentivize dental providers to accept Medicaid patients.

It has been 20 years since an across the board Medicaid dental rate increase in Ohio...and it shows. Ohio Medicaid reimburses at just 44% of private insurance fees--the lowest compared to every surrounding state and 42nd in the country. If Ohio were to pass a 15% Medicaid reimbursement increase, evidence from a bevy of other states demonstrates that providers would be more inclined to accept Medicaid patients, which would help lower the demand for services at our hospital dental clinic, giving us bandwidth to treat those with higher disease burden in a more timely fashion.

Frequently, the burden of disease is so significant and the effects so acute, that these children must be treated in the operating room, an expensive place to receive dental care. As of February 1, the wait list for our operating room was 821 children, many of whom hop from the end of the line to the front because they show up to our clinic with swollen faces that need immediate treatment or hospitalization. I can supply a myriad of examples where life-saving medical therapies such as organ transplants and chemotherapy are delayed due to substantial dental infection.

Imagine a child in your life – be it your child, grandchild, niece, nephew – now imagine them in constant pain from a preventable disease because they cannot access the care they need. You have the power to reduce suffering, and we all have the responsibility to ensure no child, irrespective of wealth or health suffers.

Thank you very much for your time.

References

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<https://hcup-us.ahrq.gov/kidoverview.jsp>

CCHMC Patient Volumes and Medicaid Percentages FY18-23

	Patient Volume	Medicaid %
FY23 thru January	16892	81.1%
FY22	30450	80.8%
FY21	28593	78.9%
FY20	26167	75.6%
FY19	33163	77.2%
FY18	33547	78.7%

<https://odh.ohio.gov/know-our-programs/oral-health-program/media/dental-hpsa-sn-map>