



**Dr. John DuBois, DDS & Dr. Stephen Sliter, DDS
Comfort Dental Circleville, Ohio
Interested Party Testimony on House Bill 33
Finance Subcommittee on Health & Human Services
Ohio House of Representatives
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Chair Carruthers, Ranking Member Liston and members of the subcommittee, thank you for the opportunity to provide testimony on House Bill 33, specifically the provisions funding Ohio's Medicaid dental service program.

My name is Dr John DuBois and this is Dr Stephen Sliter. We are owners of the Comfort Dental office in Circleville Ohio. Comfort Dental is a doctor-owned franchise dental practice model that predominantly treats Medicaid adults and children. We are not a Federally Qualified Health Center (FQHC) nor do we receive any government or grant funding. Our doctors are largely owners who took out personal debt to buy into our offices. Our group is one of the largest Medicaid dental providers in the state. Despite our lack of outside funding, we have been able to operate with dental reimbursements that are as little as 30% of private insurance rates while treating a much more needy patient population. Our business model has been successful and allowed for significant growth into more communities. But to be effective, we are required to treat a high volume of patients, which puts a lot of added stress on doctors and staff. To combat the added stress, we are forced to hire more staff and pay our staff higher rates, but as we will explain, often times it is just not enough. We are here to give you a first-person look at why that model, and the state's safety net of Medicaid dental providers, is in jeopardy.

Before we go further, I want to emphasize that we understand your role here is not to fund specific billing codes and services. Comfort Dental has engaged for years in dialogue with the Ohio Department of Medicaid on fees and services, and we will do so again after this budget is enacted to help ODM target additional funding to critical services. We are asking the legislature to put more dollars into provider services so that the results of our dialogue with ODM moves dental fees significantly closer to those paid by private insurance.

As you have previously heard, Ohio's dental Medicaid reimbursement fees have not been increased for two decades, allowing Ohio to fall to the bottom 10-15% in the country in terms of fees. As a result, it is becoming nearly impossible for Ohio's Medicaid dentists to make their business model work and we have seen a dramatic loss of Medicaid providers in the last few years creating a more desperate situation.

We typically greet a patient by asking, "What's bringing you in to see us, today" and many times a day, a patient responds by saying "My dentist quit taking my insurance." Many patients inform us that they had to drive one or two hours to see us because they have no other options closer to home. These problems are real and we see them every day. This is making it difficult for us to give our patients the adequate time and prompt care they need, let alone providing same day emergency treatment.

Our doctors and staff work long 12-hour days and our offices are open Monday through Friday and Saturday mornings to ensure access to care for our needy patient base and treat a high volume of patients. Most of our offices see 50-100 patients a day. Approximately 80% of them are Medicaid patients.

As you might imagine, working these hours at this pace presents challenges when hiring and maintaining qualified staff. Despite above-market rates, we have high turnover. The pandemic compounded the situation by increasing employment costs. Unfortunately, in the last month our office has lost two long-term employees to non-Medicaid offices. In addition to staff hardships, rising supply and service costs, and greater difficulty operating in a predominantly Medicaid patient base are taking their toll. Medicaid and the managed care companies do not operate like private insurance companies and we have to fight much harder to obtain treatment approval prior to administering care as well as claim payments after services are rendered. These are not easy things to fix and these issues are not on your menu today. However, dramatically improving Medicaid reimbursements to much more closely align with private rates will allow our offices to hire and maintain enough staff to overcome these difficulties.

The lack of increased reimbursements for the last two decades, inflation, cost-of-doing business increases, staffing challenges on top of all of the pandemic induced challenges have all come together to threaten our business model. We know as business owners that we need to either see less volume or increase our pay rates to staff even more, neither of which we can do at current Medicaid reimbursement rates. So, we are currently faced with the difficult decision of having to drop Medicaid from our practice or close our doors unless something dramatically changes in reimbursements. If we drop Medicaid or close our doors, who will treat these patients?

We truly appreciate the proposed 15% increase in Governor DeWine's budget, however that amount will not allow us to continue to operate our business model and will lead to the loss of many more Medicaid providers. This is not a case of crying wolf. When Executive Director Owsiany testified on March 2nd, he was asked, how close does that get us? At current fees, a 15% increase would only take us from 40-46% of private insurance fees. This is simply not enough. For the first time in our franchise history, one of our offices located in Hamilton closed its doors this past year, unable to overcome these issues. That office was already being swamped by Medicaid patients unable to find a local provider.

We are asking the House to add an amendment to House Bill 33 that increases General Revenue Fund line item 651525, Medicaid Health Care Services, by an amount that will allow ODM to move its fees for dental services to 70% of the current rates being paid in Ohio by private insurers. That figure has been scored by ODM and we are aware and supportive of an amendment that is being drafted to this effect by the Ohio Dental Association.

Yes, it's more money. But it pales in comparison to money the taxpayers will spend when your safety net of Medicaid providers can no longer treat the population. *We save you money.* We prevent hundreds of patients every month from seeking treatment at emergency rooms. The average cost of an ER visit in Ohio as of December 2022 is \$1435. At current rates, we are reimbursed \$57.69 to extract a tooth from a patient who is having a debilitating dental emergency. Not only is that 25x more expensive per encounter, but also in most circumstances, no definitive care was provided to the patient and these patients are referred from the ER to us for treatment. The taxpayer pays twice.

Additionally, we provide care that is known to help prevent other systemic health concerns like diabetes, cardiovascular disease, dementia and pregnancy complications.

Chair Carruthers, Ranking Member Liston, and members of the subcommittee. Thank you for allowing us to share the provider perspective to this challenge and we are both happy to answer your questions.