

# Senate Medicaid Committee Testimony

## Substitute H.B.33

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Pediatric and Public Health Dentist

Chair Romanchuk, Vice Chair Wilson, Ranking Member Ingram and members of the Senate Medicaid Committee, my name is Vinod Miriyala. I am a Pediatric and Public Health dentist working in a private practice and a community health center in Dayton area for the last 4 years. Before that, I worked in Southeast Ohio in Lawrence County for a decade. I understand the needs of patients from rural Ohio and Urban Ohio as a pediatric dentist who treats special needs patients and oversees general dentists.

I thank the committee for the opportunity to testify today and taking the time to listen to me and others regarding the budget. We value your commitment and work on the committee.

I cancelled my workday at a community health center where I provide care to children and special needs most of whom are Medicaid patients, to provide this testimony because I feel it is imperative for me to stand before you and present my case on behalf of my patients and the community at large.

I have trained and worked in multiple states over the past 25 years and spent most of my adult life in Ohio working with Medicaid population of all ages and geographic backgrounds. Access to oral health care is a real difficulty for the Medicaid population in Ohio. I am here to testify on the need to maintain the increased funding for oral health care currently in Substitute House Bill 33.

Ohio has around 7000 licensed practicing dentists according to 2022 data and only 33% of them accept Medicaid and of those only 14% see more than 100 Medicaid patients a year. One of the main reasons for the low participation by dentists in Medicaid program is that our Medicaid reimbursement rates have not increased in general since 2000, **almost a quarter century**.

Let me take you back to year 2000 for few moments-

The average hourly wage for all employees in 2000 was \$13.06, while in 2023, it is projected to be around \$27.00. This represents an approximate increase of 106% over the 23-year period.

In the United States, you could buy a dozen eggs in 2000 for around \$0.97, while a loaf of bread cost around \$1.01. In 2023, the average cost of a dozen eggs is around \$3.00, and a loaf of bread is around \$3.50.

According to the Bureau of Labor Statistics, the average cost of dental services in Ohio have increased approximately 97% over the 23-year period.

Ohio now ranks 44<sup>th</sup> in Child oral health care reimbursements behind a growing number of neighboring states like KY, WV and IN.

We have a growing number of practices that have stopped accepting new and existing Medicaid recipients...yes, I did say existing recipients. One such practice is where I work in Dayton. We are not accepting new siblings of the same family as we stopped accepting new patients. We have families come from 2-2.5 hours away to get care from us as we are one of the few dwindling practices that still treat Medicaid patients. Some of such families have special needs children and adults, who are referred to us from other safety net clinics and private practices. I have a family from Portsmouth, Ohio who drives to Dayton with their special needs child who has been following me for care. They could not find a Medicaid provider in their area who would accept a IDD (Intellectual and developmentally disabled) patient. It is an added burden for dental practices to treat an IDD patient who often require double the time and double the number of staff members to treat them.

Since 2019, my participation in Medicaid went from 65% to 20% of my total patients. Skilled workforce staffing has been an issue lately and the salary expectations have gone up. The staff salaries have increased, and the material costs have increased over the past 20 years since the last Medicaid fee increase. Today we are not able to attract dentists and skilled staff to work in a practice which treats Medicaid population. Our Medicaid patient population has high needs due to various reasons and oral health is not their priority. Many of our patients are hard-working families who many times can barely make ends meet and cannot afford to take time off to get oral health care.

Oral health is part of overall health and dental health neglect affects the whole-body health. Increased costs of care to the system are also due to inefficient utilization of urgent care and emergency rooms for dental needs not related to trauma. When a patient cannot find a Medicaid dental provider, they have no choice but to access such high-cost centers for dental infections that could have easily been treated in the dental clinic.

I am clear in mission to serve the underserved. Even in public health services, we have a saying – no margin no mission. Without a margin, we cannot fulfill our mission to provide care to the needy. If we do not cover our costs we cannot continue to serve the populations that we desperately want to serve. As a Medicaid provider, it is becoming impossible to work in an environment where I lose money when I treat a patient compared to providing care to privately insured and self-pay patients.

I do regularly consider moving out of state to practice dentistry.... not far off....Kentucky, Indiana, Michigan, Illinois and West Virginia. Each of these states had higher Medicaid reimbursement rates even before COVID hit and have addressed the issue further since then to effectively address the same issue that we in Ohio are dealing with.

Many safety net clinics like hospitals, academic centers and community health centers are burdened now with the increase in number of Medicaid patients that cannot find a dental home and must wait months to be seen even for emergency care – infections and pain should not and cannot wait for months. Even safety net clinics cannot find dental specialists who would accept Medicaid patients without waiting for months if not a year. We accommodate new Medicaid patients when we get a call from our local safety net clinics, because we care about the effective use of health care systems.

There are many barriers to care for the Medicaid population and the one that is a major barrier in oral health is finding a dental provider who accepts and treats the Medicaid population. Increasing the Medicaid reimbursement rates in general will increase the acceptance by dental providers and allow those of us who do accept Medicaid to keep our doors open and provide timely oral health care. This

would decrease expensive emergency room visits, medication visits and improve better health outcomes.

In the backdrop of rising inflation, expecting dentists in the year 2023 to provide oral health services at rates established nearly a quarter century ago is unsustainable; and it only sets the stage for increasing the gaps in essential care.

I humbly request the committee support and keep the increase in the dental Medicaid budget for oral health services that the Ohio House passed in Substitute House Bill 33. This increase will raise Medicaid Dental reimbursement to 65% of private pay insurance. While this will not attract every provider in the state to accept Medicaid patients, it will make a significant difference with improved access to patients and participation of providers.

Thank you for your time and giving me an opportunity to provide this testimony.

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