

Interested Party Testimony  
House Bill 33

House Finance Subcommittee on Health and Human Services

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Chair Carruthers, Ranking Member Liston and members of the Ohio House Finance Subcommittee on Health and Human Services—my name is Matt Messina, and I am a practicing dentist and an Ohio dental Medicaid provider. In addition to my educational responsibilities at The Ohio State University College of Dentistry, I treat patients four days a week at two outpatient clinics for Ohio State. For the past four years, I have been the Director of Dental Oncology for the College of Dentistry.

While I work and teach at Ohio State, it is important for me to note that I am appearing today in my capacity as an individual with knowledge of the dental Medicaid reimbursement process in Ohio. None of my testimony today should be attributed to Ohio State, or to the College of Dentistry.

Thank you for the opportunity to present this testimony on House Bill 33 – the state’s operating appropriations for fiscal years 2024-25. I appreciate the DeWine administration including a 15% increase in the dental Medicaid program in the introduced version of House Bill 33. While this increase is meaningful and necessary, I would urge the committee to consider raising dental Medicaid reimbursements to levels closer to commercial rates.

Other than a minor targeted fee adjustment in 2016, Ohio dental fees have not had a substantial across the board increase since 2000. This has led to Ohio’s Medicaid dental reimbursements becoming some of the lowest in the country, well below the national average and our neighboring states of Indiana, West Virginia, and Kentucky. Today, Ohio’s dental Medicaid reimbursements are around 40% of private dental insurance reimbursements. This represents a significant barrier to dental practices providing care to Medicaid recipients.

The lower rates compared to state peers and commercial providers has led to fewer providers in Ohio’s dental Medicaid program. This also means fewer dental specialists like oral surgeons and pediatric dentists, and those dentists who have remained are seeing fewer Medicaid patients because the reimbursement levels are simply not keeping up with the cost of overhead in most the dental offices.

Increasing Medicaid dental fees closer to private insurance fee levels has a significant impact on dental care utilization and unmet dental need among Medicaid eligible children. We know that poor oral health leads to pain, discomfort, lost school and work hours and reduced job prospects. Moreover, better oral health has a positive impact on overall health. Recent studies have linked poor oral health with diabetes, cardiovascular disease, and pregnancy complications. Better

dental care leads to a healthier public, who are less likely to need treatment in the emergency room for dental disease, and who feel better about themselves and their overall health.

Today, I would like to highlight another aspect of the effect that appropriately funded Medicaid dental reimbursement would have on the overall health of the public. The Dental Oncology Clinic at the College of Dentistry provides a dental home for patients from all over Ohio who are undergoing treatment for cancer. We treat the oral effects of chemotherapy for patients with breast, lung, and prostate cancer; radiation therapy for patients with carcinoma of the mouth, tongue, throat, and the neck; as well as patients undergoing bone marrow transplant for hematologic cancers. These patients are adults who have extensive dental needs and many of whom have Medicaid insurance.

Their dental care is necessary for the successful treatment of their life-threatening cancers. In most cases, their dental treatment must be accomplished quickly, prior to beginning the active phase of their cancer treatment. Medicaid insurance provides the opportunity for patients to receive the dental care necessary to allow them to beat their cancer.

Last year, 54% of the patients seen in the Dental Oncology Clinic at OSU were covered by Medicaid dental insurance. The amount reimbursed to this clinic by Medicaid was 20% of the fee charged for these services. There is no billing to the patient for the balance on these services, so the College of Dentistry absorbs the difference in cost vs reimbursement. The dental needs of the patients in the Dental Oncology clinic are more challenging than the average patient and require more prosthetic services (dentures, partials, root canals, extractions), so the discrepancy in care vs reimbursement is larger than most clinics, however this example highlights why there are so few providers able to provide care, especially in rural areas. I routinely have patients who drive as much as 2 hours each way to come for their appointments, demonstrating the rural/urban divide in access to specialized care. While I am proud to be able to provide care for the patients, I am sad that they must travel so far for their appointments, as patients are best served by receiving treatment close to their homes.

Better dental care is made possible when the reimbursement level for Medicaid coverage is appropriate to allow an increased number of qualified dental personnel to provide the care that the patients desperately need. We know that paying closer to market rates will substantially improve access to dental care and oral health outcomes. I know from personal experience that providing appropriate dental care in a timely manner improves the overall health of a person, especially those in need of medically necessary dental care.

I urge you to support raising Ohio's dental Medicaid fees to levels that are closer to market fees. The oral health, and overall health, of so many Ohioans is at stake.

Thank you for your attention to this matter. I would be happy to answer any questions you may have, or you may contact me at 614-366-3400, or by email: [messina.55@osu.edu](mailto:messina.55@osu.edu).