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Proponent Testimony
Substitute House Bill 33
Senate Finance Committee
May 25, 2023

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Executive Director
Ohio Dental Association

Chairman Dolan, Vice Chair Cirino, Ranking Member Sykes, and Members of the Senate Finance Committee-

My name is David Owsiany, and I am the Executive Director of the Ohio Dental Association. As many of you know, the ODA represents more than 5,000 member dentists across the state. Thank you for the opportunity to present this testimony in support of the provisions of Substitute House Bill 33 related to the funding of Ohio's dental Medicaid program.

Other than a minor targeted fee adjustment in 2016, Ohio dental fees have not had a substantial across the board increase since 2000. This neglect has led to Ohio's Medicaid dental reimbursements becoming some of the lowest in the country. See the attached bar graph from the American Dental Association's Health Policy Institute showing that in 2021 Ohio ranked 42nd in Child Dental Medicaid Reimbursements, far below the national average and our neighboring states of Indiana, Pennsylvania, West Virginia, and Kentucky. Today, Ohio's dental Medicaid reimbursements are around 40% of private dental insurance reimbursements.

This neglect has led to fewer providers in Ohio's dental Medicaid program, including 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 not keeping up with the cost of overhead in the dental office.

In an effort to respect the time of this committee, we have also submitted written testimony (instead of in-person) from certain Medicaid dentists. I would like to draw your attention to one of these dentists. Dr. Mark Bronson is a general dentist in Cincinnati and is a Vice President of the American Dental Association and a Past President of the Ohio Dental Association. Along with his father before him, Bronson Family Dental Practice has served the needs of the local community in their area of Cincinnati since 1973. Dr. Bronson has come to the realization that without substantial changes to dental Medicaid reimbursements he will have to stop seeing Medicaid patients. He wrote in his testimony the following:

> "My current situation is that because of the extremely low reimbursement rates, increasing business costs, and administrative matters, I am at the point where I may not be able to continue seeing patients covered by Ohio dental Medicaid. As one of the longest continuously operating African American-owned and operated dental offices in the Cincinnati area, I do not want to close my doors to the Medicaid patients in my community. However, without substantial increases in dental Medicaid funding, I will have no choice since the current levels of reimbursement do not even cover my overhead costs related to providing the care."

In a moment you will hear testimony from Dr. Hal Jeter, who is the ODA's Vice President and a general dentist in South Point on the Ohio River. He has been a Medicaid provider since he graduated from dental school more than

20 years ago but is facing the same issues as Dr. Bronson. Dr. Jeter will explain his situation further but I want to high-light these two examples – one from an urban area in Cincinnati and one from a small town in southern Ohio - because they illustrate what Medicaid dentists across Ohio are facing after more than 2 decades of neglect. Long-time Medicaid dental providers are being forced to reduce the number of Medicaid patients they see because current reimbursements do not even cover the cost of overhead in providing care. The dental safety net in Ohio is crumbling.

In her testimony before the Senate Medicaid Committee on April 27, 2023, Ohio Department of Medicaid Director Maureen Corcoran singled out concerns about lack of access to dental services as being "particularly significant." She pointed out that 40% of Ohio Medicaid-eligible children between the ages of 3 and 17 had a dental appointment within the past year, compared to approximately 74% nationally.

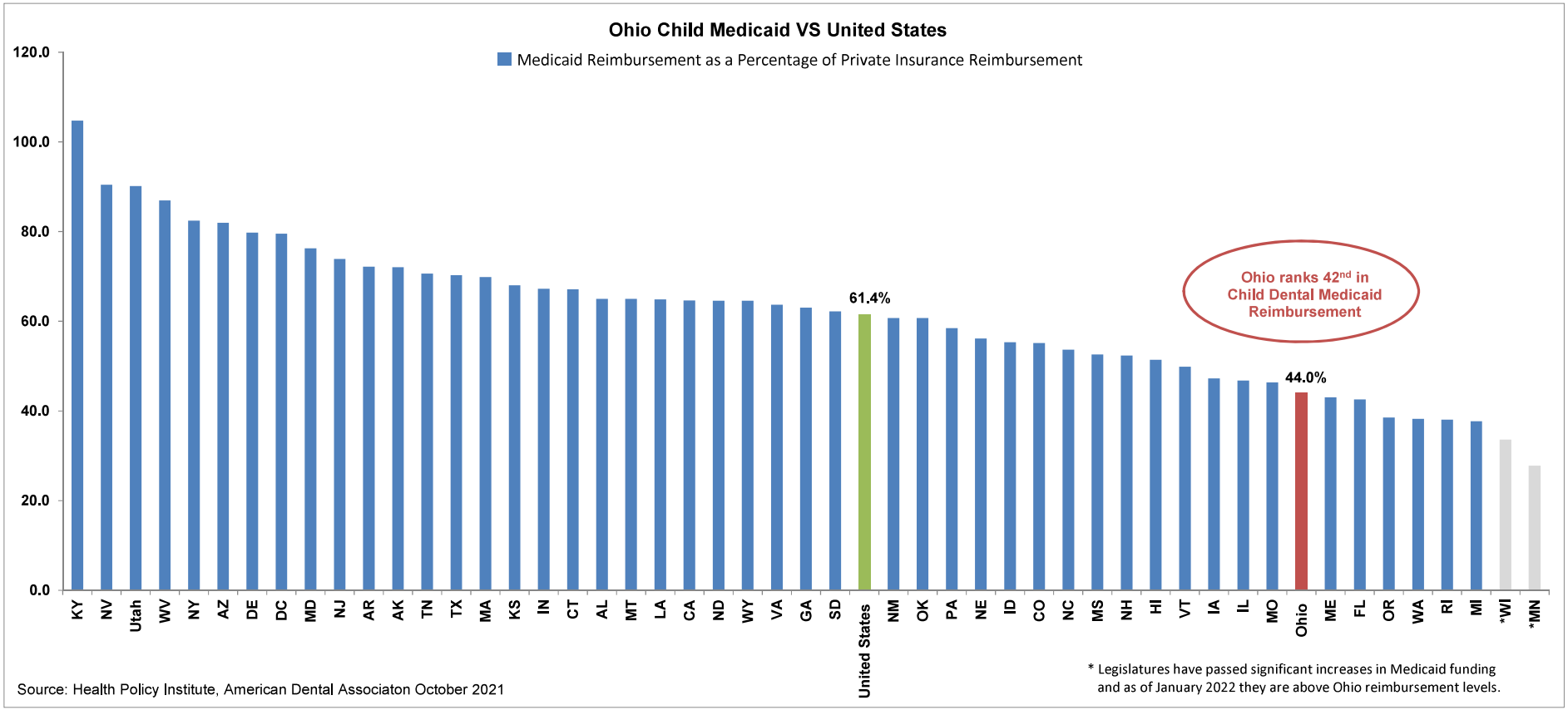
The consequences of lack of access to dental care are particularly devastating for Ohio's Medicaid population because poor oral health leads to pain, discomfort, lost school and work hours and reduced job prospects. Moreover, studies show that oral health has an impact on overall health and that poor oral health is linked to diabetes, cardiovascular disease, and pregnancy complications.

Recent studies show that increased Medicaid dental reimbursement rates are related to improved access to care and better oral health for low-income populations. For example, a recent study published in the Journal of the American Medical Association concluded that more generous Medicaid dental payment policies are associated with improvements in children's outcomes, including increases in children's preventive visits and excellent oral health. (See attached summary "Original Investigation: Association Between Medicaid Dental Payment Policies and Children's Dental Visits, Oral Health, and School Absences" in JAMA Health Forum, Sept. 9, 2022).

Similarly, a recent examination of the impact of dental fee increases in Connecticut, Maryland and Texas concluded "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 also know that continued Medicaid dental coverage for adults not only helps low-income adults but also improves access to care for low-income children. See the attached abstract of "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services" in PEDIATRICS December 2017, which concluded that "Medicaid expansions targeted at low-income adults are associated with increased receipt of recommended pediatric preventive care for their children. This finding reveals an important spillover effect of parental insurance coverage that should be considered in future policy decisions surrounding adult Medicaid eligibility."

In closing, dental Medicaid reimbursements in Ohio have been neglected for too long and this neglect is negatively impacting the number of providers able to participate in the dental Medicaid program and negatively impacting access to dental care for Ohio's most vulnerable populations. These issues are leading to poor oral health and systemic health outcomes. We know from experiences in other states that paying closer to market rates will substantially improve access to dental care and oral health outcomes. Accordingly, we urge you to support the provisions in Substitute House Bill 33 that target dental Medicaid reimbursements to 65% of private dental insurance reimbursements.

Thank you for your attention to this matter. I would be happy to answer any questions you might have.


Ohio Child Medicaid VS United States
Medicaid Reimbursement as a Percentage of Private Insurance Reimbursement
120.0
100.0
80.0
60.0
40.0
20.0
0.0
61.4%
44.0%
Ohio ranks 42nd in Child Dental Medicaid Reimbursement
KY NV Utah WV NY AZ DE DC MD NJ AR AK TN TX MA KS IN CT AL MT LA CA ND WY VA GA SD United States NM OK PA NE ID CO NC MS NH HI VT IA IL MO Ohio ME FL OR WA RI MI *WI *MN
Source: Health Policy Institute, American Dental Associaton October 2021
* Legislatures have passed significant increases in Medicaid funding and as of January 2022 they are above Ohio reimbursement levels.

JAMA Health Forum™

Original Investigation

Association Between Medicaid Dental Payment Policies and Children's Dental Visits, Oral Health, and School Absences

Brandy J. Lipton, PhD; Sandra L. Decker, PhD; Brittney Stitt, MPH; Tracy L. Finlayson, PhD; Richard J. Manski, DDS, MBA, PhD

Abstract

IMPORTANCE Although all state Medicaid programs cover children's dental services, less than half of publicly insured children receive recommended care.

OBJECTIVE To evaluate the association between the ratio of Medicaid payment rates to dentist charges for an index of services (fee ratio) and children's preventive dental visits, oral health, and school absences.

DESIGN, SETTING, AND PARTICIPANTS In this cross-sectional study, a difference-in-differences analysis was conducted between September 2021 and April 2022 of 15 738 Medicaid-enrolled children and a control group of 16 867 privately insured children aged 6 to 17 years who participated in the 2016-2019 National Survey of Children's Health. Exploratory subgroup analyses by sex and race and ethnicity were also performed. A 2-sided $P < .05$ was considered significant.

MAIN OUTCOMES AND MEASURES Past-year preventive dental visits (at least 1 and at least 2), parent-reported excellent oral health, and number of days absent from school (at least 4 days and at least 7 days).

RESULTS The Medicaid-enrolled sample included a weighted estimate of 51.20% boys and 48.80% girls (mean age, 11.24 years; Black, 21.65%; Hispanic, 37.75%; White, 31.45%). By weighted baseline estimates, 87% and 48% of Medicaid-enrolled children had at least 1 and at least 2 past-year dental visits, respectively, and 29% had parent-reported excellent oral health. Increasing the fee ratio by 1 percentage point was associated with percentage point increases of 0.18 in at least 1 dental visit (95% CI, 0.07-0.30), 0.27 in at least 2 visits (95% CI, 0.04-0.51), and 0.19 in excellent oral health (95% CI, 0.01-0.36). Increases in at least 2 visits were larger for Hispanic children than for White children. By weighted baseline estimates, 28% and 15% of Medicaid-enrolled children had at least 4 and at least 7 past-year school absences, respectively. Regression estimates for school absences were not statistically significant for the full sample but were estimated to be significantly reduced among girls.

CONCLUSIONS AND RELEVANCE This cross-sectional study found that more generous Medicaid payment policies were associated with significant but modest increases in children's preventive dental visits and excellent oral health. Further research is needed to understand the potential association between policies that improve access to dental care and children's academic success.

JAMA Health Forum. 2022;3(9):e223041. doi:10.1001/jamahealthforum.2022.3041

Key Points

Question Are increases in the ratio of Medicaid payment rates to dentist charges for an index of services associated with improvements in children's outcomes?

Findings This cross-sectional study used a difference-in-differences analysis to evaluate 15 738 Medicaid-enrolled and 16 867 privately insured children aged 6 to 17 years who participated in the 2016-2019 National Survey of Children's Health. Increasing the Medicaid fee ratio was associated with significant but modest improvements in children's dental visits and oral health and had no significant association with school absences.

Meaning More generous Medicaid dental payment policies are associated with improvements in children's outcomes.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services

Maya Venkataramani, MD, MPH,[a] Craig Evan Pollack, MD, MHS,[a] Eric T. Roberts, PhD[b]

abstract

BACKGROUND: Since the passage of the Affordable Care Act, Medicaid enrollment has increased by ~17 million adults, including many low-income parents. One potentially important, but little studied, consequence of expanding health insurance for parents is its effect on children's receipt of preventive services.

METHODS: By using state Medicaid eligibility thresholds linked to the 2001–2013 Medical Expenditure Panel Surveys, we assessed the relationship between changes in adult Medicaid eligibility and children's likelihood of receiving annual well-child visits (WCVs). In instrumental variable analyses, we used these changes in Medicaid eligibility to estimate the relationship between parental enrollment in Medicaid and children's receipt of WCVs.

RESULTS: Our analytic sample consisted of 50 622 parent-child dyads in families with incomes <200% of the federal poverty level, surveyed from 2001 to 2013. On average, a 10-point increase in a state's parental Medicaid eligibility (measured relative to the federal poverty level) was associated with a 0.27 percentage point higher probability that a child received an annual WCV (95% confidence interval: 0.058 to 0.48 percentage points, P = .012). Instrumental variable analyses revealed that parental enrollment in Medicaid was associated with a 29 percentage point higher probability that their child received an annual WCV (95% confidence interval: 11 to 47 percentage points, P = .002).

CONCLUSIONS: In our study, we demonstrate that Medicaid expansions targeted at low-income adults are associated with increased receipt of recommended pediatric preventive care for their children. This finding reveals an important spillover effect of parental insurance coverage that should be considered in future policy decisions surrounding adult Medicaid eligibility.

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Dr Venkataramani conceptualized and designed the study, performed the initial analyses, and drafted the initial manuscript; Drs Pollack and Roberts conceptualized and designed the study and critically reviewed and revised the manuscript; and all authors approved the final manuscript as submitted.

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

WHAT'S KNOWN ON THIS SUBJECT: Cross-sectional studies have revealed inconsistent relationships between parental insurance coverage and children's health care use. To our knowledge, no studies have investigated the link between parental insurance and pediatric care by using more robust quasi-experimental methods.

WHAT THIS STUDY ADDS: We found that parental Medicaid enrollment is associated with a 29 percentage point higher probability that low-income children received annual well-child visits, highlighting a link between parents' Medicaid coverage and their children's health care use.

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HSR Health Services Research

DOI: 10.1111/1475-6773.12265
RESEARCH BRIEF

The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland, and Texas

Kamyar Nasseh and Marko Vujicic

Objective. To measure the impact of Medicaid reforms, in particular increases in Medicaid dental fees in Connecticut, Maryland, and Texas, on access to dental care among Medicaid-eligible children.

Data. 2007 and 2011–2012 National Survey of Children's Health.

Study Design. Difference-in-differences and triple differences models were used to measure the impact of reforms.

Principal Findings. Relative to Medicaid-ineligible children and all children from a group of control states, preventive dental care utilization increased among Medicaid-eligible children in Connecticut and Texas. Unmet dental need declined among Medicaid-eligible children in Texas.

Conclusions. 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.

Key Words. Dental care utilization, Medicaid reform, Medicaid dental fees

It is recommended that children have their first dental visit no later than their first birthday and thereafter have a visit every 6 months (American Academy of Pediatric Dentistry 2012). In Medicaid, states must guarantee eligible children access to comprehensive dental benefits (Centers for Medicaid and Medicare Services [CMS] Undated). However, a variety of reasons, including multiple claim forms and low reimbursement rates, may limit the number of providers that accept Medicaid (Government Accountability Office 2000).