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Senate Health and Welfare Committee
State of Vermont
115 State Street
Montpelier, VT 05633

Re: S. 94 – An act relating to expanding Medicaid beneficiaries' access to dental care and establishing the VDent dental assistance program

Sent via email to msuttonsmith@leg.state.vt.us

Dear Chair Lyons and Members of the Senate Health and Welfare Committee,

Bi-State Primary Care Association appreciates the opportunity to provide comment on S. 94 – An act relating to expanding Medicaid beneficiaries' access to dental care and establishing the VDent dental assistance program. We believe that oral health is important for overall health. Study after study has demonstrated that access to dental services is invaluable for individuals with diabetes, cardiovascular disease, HIV/AIDs, eating disorders, and mental health conditions.

Established in 1986, Bi-State Primary Care Association (Bi-State) is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State's Vermont membership includes 12 Federally-Qualified Health Centers (FQHCs) delivering primary care at 64 sites and serving over 177,000 Vermonters. Our members also include Area Health Education Centers, Grace Cottage Rural Health Clinics, Planned Parenthood of Northern New England, and Vermont's free clinics.

Bi-State and our members are committed to ensuring Vermonters have access to the necessary oral health services. The majority of our FQHCs have dental operatories and provide critical oral health services. Additionally, some of the free clinics provide oral health services. Our members also provide education and information in schools and at local community events. We are treating Medicaid beneficiaries throughout the state and see first hand the struggles these individuals have with access to services.

Our health centers appreciate the attention being given to Medicaid beneficiaries' access to dental services and especially appreciate any opportunity to enable greater access. According to a recent data analysis, we identified a significant need to provide more access to adults on Medicaid- only 29% of our adult Medicaid patients are accessing oral health services. Given this low number, we believe

there are many opportunities to improve. We offer the following suggestions to improve access (these are not in priority order):

1. Raise the \$510 cap. This cap is a barrier to individuals receiving care. Our members report that 2-3 services (preventive, extraction, etc...) result in an individual hitting this cap. The cap results in delayed care.
2. Exclude certain services from the \$510 cap. S. 94 offers excluding preventive services from the cap. This would be of enormous relief and enable our dental practices to provide additional restorative care. Alternatively, or in addition, extractions could be excluded from the cap providing similar relief.
3. Incentivize dentists to take more Medicaid patients beyond reimbursement (ie. some states offer add-on codes for certain populations; others allow dentists to limit the number of patients they accept. Would we want to set up an equivalent to DSH for dental?)
4. Expanding school-based/school-linked services. We have some incredibly successful programs throughout the state. Expanding these can help increase access to services for children and result in better health outcomes later in life.
5. DVHA offers *general assistance vouchers* for certain types of dental services. In our experience, DVHA approves nearly all of these. However, they require 24-48 hours approval time so a patient has to come back for additional services once the approval is received. This process results in many patients foregoing those additional services due to scheduling challenges. We wonder if it is possible to reduce the administrative timeline for these vouchers to enable same-day treatment.
6. Allow purchase of dentures. There are many individuals for whom this is the only option (or implants), but the cost is prohibitive. Currently, there are few ways in which an individual can afford dentures in addition to other medical/dental costs.
7. Teledentistry- this would be a new area of coverage and could be particularly beneficial to those individuals who are homebound or who reside in institutions. It is cost prohibitive to send a dentist out for home visits at the current reimbursement rate, but additional access could be accommodated if the dentist could stay at the practice site and a hygienist could go into the community.
8. Public service announcements or other general outreach. Given the low rate of access, it would be beneficial to engage in some time of general outreach and education that would impact the greater community.

Thank you for your consideration. If you have any questions, please let me know. I can be reached at gmaheras@bistatepca.org or 802-229-0002 ext. 218.

Sincerely,



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