

Testimony for the Senate Committee on Health and Welfare

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Good morning, my name is Vaughn Collins and I am the Executive Director of the Vermont State Dental Society, which represents over 85% of licensed dentists in Vermont and is the state affiliate for the American Dental Association.

I am pleased to be joining you today and would like to thank Chairwoman Lyons and the entire Committee for extending this opportunity to testify on the Vermont Dental Medicaid program, and the status of oral healthcare in Vermont. Thanks also for your concern and leadership for the overall health of Vermonters.....including their oral health.

As a starting point and to give you a base of reference I would like to share a few facts about the Vermont Dental Medicaid program and how Vermont dentists participate.

- 1) The total Medicaid DENTAL Claims paid in 2018 were about 27 million dollars.
- 2) The total Medicaid MEDICAL Claims paid in 2018 were about 932 million dollars.
- 3) The percentage of Licensed Dentist in Vermont that were Medicaid Providers in 2018 was about 73%, with most providers seeing a mix of children and adults.
- 4) Medicaid reimbursement rates have largely not been increased for over 10 years.
- 5) Currently in Vermont, Medicaid Reimbursement Rates average about ½ of Usual Cost of dental procedure normally charged in a Dental Office.

In my comments today, I will address some access challenges for both children and adults that are covered by the Vermont Medicaid Dental program. Please know that we work closely with the staff and leadership at the Medicaid office at the Department of Health Access or DVHA. As such we respect them and please don't construe any of my comments today as being critical of DVHA or the staff that manage the Medicaid Program.

First, I will describe a challenge with the Adult Medicaid program. As most of you know, Vermont offers Medicaid eligible adults an annual dental benefit that is capped at \$510. Today I would like to outline and discuss some of the challenges

that are a result of having an Adult Medicaid Dental Cap. Here are some of those issues:

First, patients who have reached their annual spending cap tend to delay any additional oral health treatment that is needed until the next program year. This often leads to making their oral health issues get worse. Second, adult patients who have reached the annual \$510 cap will often chose to go to a hospital Emergency Room to seek further dental care when they are in pain. Also, uninsured Vermonters often use the Emergency Room as their dental provider. These visits to the Emergency Room cost the hospital, and state through the Medicaid program, an average of about \$1,400 per visit. Treating dental problems in the Emergency Room normally only involves dealing with the infection and the resulting pain by prescribing anti-biotics and pain medicine (often Opioids). So not only is this practice expensive but it is ineffectual and does not treat the underlying dental issue.

I would like to give you a real-world example of this particular challenge. A couple of years ago a 23-year-old woman from central Vermont who was covered by Medicaid, needed to have several teeth removed, which lead to her exhausting annual \$510 benefit. She still had a problem tooth and did not have the money to pay out of pocket to have it extracted, so she decided to delay further treatment until the following program year. Soon after that she developed very bad infection in the tooth that needed to be extracted. At that point, she immediately contacted her dentist and he tried to get her into an Oral Surgeon. That proved challenging because of how busy that Surgeon was so she could not get an appointment for almost a month. During that time the infection got much worse, so she needed to go to the Emergency Room, and then was admitted to the Hospital. After over 10 days in the Hospital and at a cost of well over \$25,000, the patient got in to see the Oral Surgeon and had the problem tooth surgically extracted for about \$400 in the Oral Surgeon's Clinic. This is the kind of situation that I lose sleep over, as it would be absolutely terrible, if a Vermonter were to develop serious problems from a tooth infection that did not get appropriate treatment. Hopefully, if reforms are made to exclude all medically necessary extractions from the Adult Medicaid Cap, visits to the ER for dental treatment will be reduced.

The Third reason the Adult Medicaid \$510 cap is a challenge, is that for patients who have exhausted their entire annual dental benefit of \$510 while getting treatment

for medically necessary dental issues (usually extractions) they never get into a cleaning and exam routine, which would help prevent future oral health issues. Lastly, the annual cap can create a disincentive for dentists to see adult patients as the dentist might anticipate not being able to finish the dental work that they have started in an effort to stabilize the patient, and that potentially puts the dentist in an ethically challenging position, due to possible patient abandonment issues.

A little over a year ago a few members of the Vermont State Dental Society Executive Board joined me to meet with the leadership of the Department of Vermont Health Access to discuss the Adult Medicaid cap issue. At that meeting we proposed the idea that medically necessary oral health emergency procedures (extractions) be excluded from the annual \$510 Adult Medicaid Cap. The leaders at DVHA liked the concept and so directed their policy staff to investigate the potential costs and how any change to the adult Medicaid cap might be implemented. Today the Vermont State Dental Society would like to respectfully ask this Committee to write a letter to the Department of Vermont Health Access in support of removing medically necessary dental procedures from the \$510 Adult cap, thus supporting our collective efforts.

Before I address the next Medicaid access issue, I would like to give the Committee an update on the Dental workforce in Vermont and our continuing efforts to recruit new dentists. Vermont has the second oldest average age of dentists in the country, but it is worth noting that we also have the second oldest average age of our population. Because of this the Vermont State Dental Society has been working hard to recruit new dentists to replace our retiring dentists. Towards that end 10 years ago we developed a recruitment program and have grown the program to now having a fulltime recruiter who travels to dental schools and helps dentists with their practice transitions. This staff person is partly funded by a grant from the Vermont Department of Health and partly by nominal fees charged to the dentists for placements. Over the past 4 years there have been 149 new dental licenses issued in Vermont and of those the Vermont Dental Society had a hand in recruiting 22 of those dentists. Fortunately, over the past 15 years the dental workforce has been remained stable and the population of Vermont has been level at around 620,000 people. The national workforce average of dentist per state is 60 dentists per 100,000 people, and in Vermont we have 59 dentists per 100,000 in population.

This leads me to another issue that impacts access to oral health care for Vermonters, which is the current shortage of key dental specialists in certain areas of the state, in particular Pediatric Dentists and Oral Surgeons in south central Vermont and the North East Kingdom. In Rutland and Windsor Counties there is one Pediatric Dentist in Norwich and one in Rutland.... but the Rutland dentist is nearing retirement age, and in 2017 he had the 3rd highest annual Medicaid billing (mostly children). Also, there is only one Oral Surgeon that is fulltime in those two counties, and they are based in Rutland. Currently in Caledonia, Essex and Orleans counties there are NO Pediatric Dentists and NO Oral Surgeons. This creates a real access problem in the Northeast Kingdom Right Now!!

Here is another real-world example, that illustrates how a shortage of Dental Specialists really has an impact on access to oral health care, especially for Medicaid patients, and in this example, specifically access for children. Last year the only Pediatric Dentist in the Northeast Kingdom had a health challenge and needed to stop practicing. Prior to that he was one of the top 5 dentists for Medicaid billing in 2017, mostly all children. Now children in the Northeast Kingdom must travel to Chittenden, Lamoille or Windsor Counties to be seen by a Pediatric Dentist.

Earlier this month, several Executive Board members of the Vermont Dental Society and I were fortunate enough to have a meeting with Senate Pro Tem Tim Ashe. At that time, when we told Senator Ashe about this shortage of dental specialists in certain rural areas, and he had a great idea and referred us to a law that passed several years back. In 2011 the Legislature passed a law (Act 52), which created an incentive program to attract a large animal veterinarian to Vermont as there was a great need at that time. That program was a loan repayment incentive program. We would like to explore creating an Oral Health Specialist Incentive program to attract Pediatric Dentists and Oral Surgeons to come to Vermont and open practices in one the five counties previously mentioned. Today the Vermont State Dental Society would like to respectfully ask this Committee for your guidance and assistance to explore this dental workforce incentive program idea further, and if appropriate to then give us input during the drafting of a proposed bill for consideration by the Legislature.

Finally, I would like to announce that on Monday Feb 4th the Vermont State Dental Society and the Vermont Dental Foundation have teamed up with the UVM Medical Center, the UVM Medical School, the Vermont Medical Society and the Delta Dental

Insurance Company to bring a Nationally known speaker to Vermont to discuss the Opioid Crisis. The prescribing of Opioids is of great interest to my member dentists and so we wanted to create an opportunity to bring together dentists, doctors, legislators and policymakers to learn more about the Opioid challenge. We specifically planned the event for a Monday to attract legislators. The speaker is Austin Eubanks, who is a recovering opioid addict and a Columbine High School shooting survivor. He has a powerful message to deliver. I had the pleasure of hearing him this past summer at an ADA meeting in Chicago. The Vermont State Dental Society has designed the event to provide Continuing Education credit for our dentists, and as such the Health Commissioner Mark Levine will be speaking, as will officials from the Vermont Prescription Drug Monitoring System. This looks to be a great event. Therefore, the Vermont State Dental Society respectfully invites all of you to attend this event in South Burlington at 1:30pm on Monday February 4th.....you should have received a mailing about the event and may have gotten a flyer in your Statehouse mailbox.

THANK YOU for your time and the opportunity to testify today, and I would be happy to answer any questions. I certainly hope that this Committee is supportive of changes to the Adult Medicaid cap, and that you are interested in helping us explore incentive programs that could be used to attract dental specialists to rural Counties in Vermont.

As I noted earlier, I am joined today by Dr. Thomas Connolly, a retired oral surgeon from Burlington and a past President of the Vermont State Dental Society. Dr. Connolly is also available for questions.