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Dear Chair Black and Members of the House Health Care Committee,

I am writing as a practicing pediatric dentist in the Upper Valley and as a former President of the Vermont State Dental Society.

Several years ago, I worked closely with colleagues and policymakers to secure the first meaningful increase in Medicaid dental reimbursement in sixteen years. That effort was not about increasing income; it was about stabilizing participation in a program that was rapidly becoming unsustainable for many private practices.

The incentive payments currently under consideration for elimination play an important role in maintaining access to care for Medicaid patients. Medicaid reimbursement for dental services continues to fall significantly below the actual cost of delivering care. The incentive structure does not overcompensate providers — it helps partially offset structural underpayment for those practices that commit to serving a substantial number of Medicaid patients.

Dental participation in Medicaid is voluntary. When reimbursement does not align with costs, practices must make difficult decisions about how many Medicaid patients they can responsibly serve while maintaining financial viability. The incentive payments have helped preserve access, particularly for children in rural communities.

If these payments are removed:

- Some providers will reduce their Medicaid participation.
- Wait times for children will increase.
- Travel distances for families will expand.
- Preventive care will decline, leading to higher rates of untreated disease.
- More children will ultimately present in hospital or emergency settings, which are significantly more expensive to the system.

In addition, eliminating the incentive payments without reinvesting those funds into dental reimbursement results in the loss of associated federal matching dollars. From a fiscal perspective, this represents a reduction in healthcare investment rather than a responsible reallocation of resources.

Vermont has made progress in improving dental access after many years of stagnant reimbursement. Reversing course now risks destabilizing that progress and sends a concerning signal to providers who are already balancing workforce shortages, rising overhead, and increasing demand.

I respectfully urge the Committee to reject the proposed elimination of Medicaid dental incentive payments and to continue supporting policies that preserve access to oral healthcare for Vermont's most vulnerable children.

Thank you for your consideration and for your work on behalf of Vermonters.

Respectfully,

Steve K. Rayes, DDS