

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

Senator Jane Nelson, Chair

Interim Charge 5

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TEXAS DENTAL ASSOCIATION

Testimony of Dr. Rick Black

Chair, TDA Council on Legislative and Regulatory
Affairs

Introduction

- The subject of today's hearing, the current and long-range need for physicians, nurses, dentists and other health professionals, is a very important issue. On behalf of the Texas Dental Association, thank you for the opportunity to be here with you and to share a few successes and challenges dentistry faces with regard to ensuring the State of Texas has sufficient providers in medically underserved and rural areas of the state as well as the border region. As a practitioner in El Paso, I'm acutely aware of the need for, and challenges faced by, dentists along the border.

Expanded Duties for Dental Assistants – Senate Bill 455 by Shapiro

- Madam Chair and members of the committee, with your assistance this past session, the legislature passed a bill initiated by the TDA that will improve access to dental care by enabling dentists to delegate additional duties to properly trained and educated dental assistants.
- Dentists can now delegate under direct supervision the placement of pit and fissure sealants, application of fluoride varnish, and coronal polishing.
- In addition, under general supervision, dental assistants may also take dental radiographs (x-rays) and provide interim treatment for certain minor emergencies.

TDA Helps Implement *Frew* Agreement

- The agreement that you and other members of the legislature endorsed during the 80th session to settle the *Frew* lawsuit has underscored the importance of the supply of dentists and other dental professionals. Since the 80th legislative session ended, TDA has been working with the Health and Human Services Commission and other state officials to help implement the agreement. A big part of that effort centers on persuading more dentists to enroll as Medicaid providers, especially in the Texas-Mexico border region and in other underserved communities that are a focus of the *Frew* lawsuit.
- Fortunately, the 80th Legislature provided a substantial increase in funding for Medicaid dental services in state Fiscal Years 2008 and 2009. As members will recall, the Legislature directed much of that additional funding to increase fees for dental treatment. The Health and Human Services Commission ultimately used those funds to increase fees for the 48 most commonly-billed dental treatment codes by approximately 100 percent.

- Those fee increases appear to have had the desired effect: according to the state's most recent figures, the number of dentists enrolled as Medicaid providers has increased by approximately **21%** in the months since the fee increases took effect. The state gained **670** new dentist Medicaid providers from SFY 07 to SFY 08.
- While that is a significant overall increase, we're also working with HHSC and other state officials to attract more dentists to the Texas-Mexico border region and other underserved areas of the state.
- In addition, **49%** of Medicaid enrolled children (1,428,376) received dental services in SFY 08 as compared to **45%** in SFY 07 (1,318,107).

Frew Strategic Initiatives

- As part of the *Frew* agreement, the state Medicaid program received \$150 million budgeted for "strategic dental and medical initiatives" to increase access to care, including dental treatment, in underserved areas. Dental related initiatives approved by the *Frew* advisory committee and implemented by HHSC include the "First Dental Home (FDH)," the "Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV)," and the "Medicaid Children's Loan Repayment Program."

Medicaid Loan Repayment Program

- TDA worked with HHSC to create the “Medicaid Children’s Loan Repayment Program.” The program provides student loan repayment assistance to physicians and dentists who agree to treat Medicaid patients in an underserved area for 4 years.
- Out of the **300** available awards, **101** went to dentists.

First Dental Home Project

- The FDH initiative provides training for pediatric and general dentists who agree to provide specific exams and other care for very young children (i.e., those aged 6 months to 3 years) enrolled in the Medicaid program.
- A cornerstone of the FDH initiative is to promote the concept of establishing a dental home for all THSteps clients. The dental home provides comprehensive oral health care, assessment, an individualized dental health program, anticipatory guidance, a plan for acute dental trauma, information about proper oral care, dietary counseling, referrals to dental specialists, and education about future oral health care treatments.

Results: First Dental Home Project

From March 08 – February 09

- 66,161 (11.1 percent) THSteps class members participated in FDH visits; 11,178 were less than or equal to 12 months of age.
- 815 pediatric and general dentists participated in FDH training, with 674 who billed FDH services during the evaluation period
- 243 pediatric dentists participated in FDH training with 193 who billed FDH services during the evaluation period
- There were 572 general dentists who participated in FDH training with 481 who billed FDH services during the evaluation period

Oral Evaluation and Fluoride Varnish in the Medical Home

- OEFVMH, reimburses Texas Health Steps (THSteps) medical providers, including physicians, physician assistants, and advanced nurse practitioners to provide oral health evaluations and fluoride varnish applications to very young children enrolled in Medicaid.
- The goal OEFV strategic initiative is to work with THSteps medical checkup providers to introduce class member parents/caregivers to the importance of early dental care.

Results: Oral Evaluation and Fluoride Varnish in the Medical Home

From September 08 – February 09

- 5,733 paid OEFV services during the evaluation period
- 396 THSteps medical checkup providers who participated in OEFV training with 161 individual providers and/or practices that billed for OEFV services during the evaluation period

Dental Workforce

- Regarding workforce, experts believe the number of dentists graduating from our state's dental schools, coupled with the significant number of dentists moving to Texas from other states, is sufficient to meet the demand for dental care. The shortage of dentists in certain parts of the border region, as well as in other parts of the state, stems from a mal-distribution of dentists, rather than an undersupply. Programs such as loan-repayment are vital to getting dentists into needed areas.
- Operating a dental practice is a business subject to the same economic constraints that all businesses face. Like other small businesspersons, a dentist must have enough paying customers (patients) to maintain a viable practice. For example, pediatric dentists report that a successful pediatric dental practice requires a patient base of approximately 30,000 individuals.
- In addition, while most dentists provide at least some charitable (free) care, to keep their practices viable, the bulk of their prospective patients must have a way to pay for care, either through dental insurance, access to public health programs such as Medicaid or CHIP, or the ability to pay for care on a fee-for-service basis. Given that our state has no public health program for adults who need dental care, securing the necessary patient base can be a challenge in low-income or sparsely-populated communities on the border or in other underserved parts of the state.

Rebuild State's Public Health Infrastructure

- One possible solution to increase access to dental care on the border and in other underserved communities would be to rebuild the state's Oral Health Program at the Department of State Health Services (formerly, the Texas Department of Health). The Oral Health Program sustained deep budget cuts following the 2003 legislative session and the consolidation of state health and human service agencies, including the elimination of funding for the dental fee-for-service voucher program.
- The 82nd Legislature should consider reinstating funding to support a statewide dental fee-for-service voucher program as was operated by the Oral Health Program prior to 2003. Such vouchers would enable community-based nominators, such as school nurses, to coordinate dental treatment provided by community-based dentists, for children with unmet dental needs whose families do not have resources to meet these needs and would otherwise fall through the state's oral health safety net.
- Similarly, authorizing additional dentist and dental hygienist positions in each of the state's health service regions would enable the Department's Oral Health Program to significantly increase the number of children in underserved areas who receive preventive dental services including dental screenings, pit and fissure sealants, topical fluoride varnish application, and other oral health-related services.

Head Start Dental Home Initiative

- Head Start provides comprehensive health and education services for low-income preschool children between the ages of three and five including support service for their families. As a part of the health services, Head Start is obligated by Federal regulations to ensure that each enrolled child has an ongoing source of continuous, accessible health care including a dental home.
- To help Head Start achieve their goals, TDA has been working with the American Academy of Pediatric Dentistry (AAPD) along with the Texas Academy of Pediatric Dentistry, the Texas Academy of General Dentistry, the Texas Department of State Health Services – Oral Health Branch (OHB), and the Texas Dental Hygienists' Association to establish dental homes for Texas children enrolled in Head Start .
- Work is well underway to reach the goal of placing every Head Start child into a dental home before the 2011 legislative session and creating an extensive network of dentists willing to provide needed dental care to Head Start enrollees .

Children's Health Insurance Program (CHIP)

- TDA is actively involved in efforts to improve dental benefits as part of State's Children's Health Insurance Program (CHIP). The Association recently submitted a CHIP dental proposal to HHSC recommending that the State's revised CHIP dental plan include:
 - \$1,500 Annual Maximum. This is consistent with the State of Texas "Dental Choice" plan through Humana Dental. Orthodontic services have an additional \$1,500 lifetime benefit in the Humana Dental Plan.
 - Remove the existing tier-benefit structure as it is overly burdensome for both providers and CHIP recipients.
 - Have no distinction between monies allocated for preventive and therapeutic dental services. Give the dentist and the patient's parent flexibility to determine preventive and therapeutic services based on the patient's individualized treatment needs.

Community Health Centers and Charitable Clinics

- In recent years, our state has increasingly relied on community health centers (CHCs) and other public health clinics to provide a safety net for individuals who need medical or dental care. Although the federal government requires newer CHCs to offer comprehensive dental care to their patients, many older CHCs do not. We believe that the state should work with the Texas Association of Community Health Centers and dental charitable organizations such as Community Dental Care in Dallas to increase the availability of dental care for adults who would otherwise be unable to obtain it.

Conclusion