

Human Services Committee

JOINT FAVORABLE REPORT

Bill No.: SB-1299

Title: AN ACT CONCERNING MEDICAID-COVERED DENTAL CARE.

Vote Date: 3/5/2025

Vote Action: Joint Favorable

PH Date: 2/20/2025

File No.: 88

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Human Services Committee

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REASONS FOR BILL:

Current health science recognizes oral care as health care and must be managed as such to meet the basic health care needs of the population in Connecticut. Currently, only one dental cleaning is provided under Connecticut Medicaid, whereas. Two preventative examinations with dental cleanings per year are the standard of practice in oral health. Investment in best practices of oral care within Connecticut Medicaid, including two preventive visits per year and periodontal treatments will improve the health of a vulnerable population and will ultimately reduce costs as improved health outcomes and reduced emergency care create a

return on investment. Further, unbundling of payment systems in certain settings would give more flexibility in scheduling care and providing needed services within the constraints of the setting.

RESPONSE FROM ADMINISTRATION/AGENCY:

Department of Social Services (DSS) Deputy Commissioner Shantelle Varrs: opposes elimination of the annual cap on preventative dental services, the proposed expansion of preventive care and the requirement of allowing for separate billing for care provided by a mobile dental clinic or school-based health center. Although the Department expressed appreciation for the goals of expanding the frequency with which dental cleanings occur, DSS opposition is based on concerns regarding the fiscal impact of these changes and would require a corresponding appropriation not accounted for in the Governor's recommended budget.

The Commission on Woman, Children, Seniors, Equity & Opportunity (CWCSEO), Lead AAPI Analyst, Megan Baker: supports the effort to improve access to adequate preventive care essential for preventing oral disease and maintaining good oral health. Given the high burden of gum disease among adult Medicaid beneficiaries, ensuring coverage for this treatment is critical. Without care, periodontal disease can worsen and is the number one cause of tooth loss for adults under 65 years old. The proposed changes would reduce delays in receiving care, eliminate the administrative burden of prior authorizations, and lower healthcare costs associated with advanced dental treatment and systemic health conditions impacted by poor oral health. In addition to the provisions in the proposed language, CWCSEO recommends an amendment to have Connecticut join the recently established interstate Dentist and Dental Hygienist Compact to enable license portability helping to expand the workforce, attract out-of-state providers, and improve access to care.

NATURE AND SOURCES OF SUPPORT:

Community Health Center Association of Connecticut (CHC/ACT), Chief Strategy Officer, Deb Polun: supports the bill which would improve access to dental care for Husky enrollees. Exempting preventive services from the current cap has the potential to improve oral and overall health for adult Husky enrollees. Unbundling fees for certain visits would reverse a harmful provision which prohibits more than one payment for nonemergency services that need to be spread out across multiple visits. CHC/ACT analysis shows an average loss of \$121 per patient visit, for a total loss of over \$10 million annually on Medicaid dental visits for all CT health centers combined. In addition to these measures, CHC/ACT strongly encourages addressing dental rates, as the current level is unsustainable resulting in loss of providers and further limiting access to essential health care (CT rates are 71% of comparison states when including ME, NJ, NY, .MA and RI).

CT State Dental Association Executive Director, Kathlene Gerrity: supports the effort to enhance access to Medicaid-covered dental care in CT. Because dental rates have not kept pace with the costs of providing care, 39% of dentists no longer accept adult Medicaid patients, leaving patients no choice but to delay care or seek costly emergency treatment for preventable conditions. In fact, expanding dental coverage is a proven cost-saving strategy, as CT has saved an estimated \$1.25 billion since 2008 by emphasizing preventive care and

early intervention, reducing the burden of expensive emergency room visits and complex dental procedures. Substantial cost savings and increased access to care have been demonstrated by research in several other states. CSDA encourages the Committee to further strengthen this proposal by ensuring equal reimbursement rates for adult and pediatric dental services.

Health Equity Solutions, Senior Manager of Policy, Kally Moquete, LMSW, Esq.:

supports the efforts to increase access to preventive dental services and the adjustments to payment structures. Poor oral health is strongly linked to chronic conditions such as diabetes, CV disease, and adverse pregnancy outcomes. Dental decay is the most common disease among children, with over one in three children in kindergarten or third grade having dental decay in 2017. COHI reports that 50% of CT residents face barriers to dental care, highlighting the need for policy changes to improve access to care. Black and Hispanic adults in CT are more likely to suffer from untreated cavities, advanced gum disease, and tooth loss due to systemic barriers. Studies have demonstrated for every dollar invested in preventive dental care, savings of \$8 to \$50 can be realized in restorative and emergency treatments, with additional potential savings in other medical treatments, affirming these changes to policy will be a cost savings, not a fiscal drain.

Aging CT, Southwestern CT Agency on Aging, President, Marie Allen and Stamford Senior Center, Executive Director, Christina Crain:

support these policy changes as oral health impacts the general health of individuals and their quality of life. NIH data suggest that 78% of elderly people have missing teeth, and when oral pathologies exist, older adults forego healthy fruits and vegetables in favor of soft, high fat foods, leading to nutritional deficiencies. Better oral health will improve the overall management of chronic illness and reduce the need for more costly care.

CT Association of School-Based Health Centers, Executive Director, Melanie Wilde-

Lane: supports this bill, as even among the most actively treated group, 6-9 year-olds, 66% of school age children receive preventive services and 30% receive treatment, and the proportion declines as age increases. There are 141 mobile dental sites across Connecticut, where families often struggle to find Medicaid accepting dentists. However, bundled payment structures prevent providers from being reimbursed if a child has an assigned dentist, even if the mobile hygienist is the first to provide care. This discourages provider participation and reduces access for children who rely on school-based programs as their primary source of dental care. Expanding Medicaid reimbursement and unbundling payments will allow mobile programs to sustain and expand their services, ensuring that all eligible children receive the care they need, regardless of who provides it first.

CT Institute for Communities, President & CEO, Katherine McKeon Curran, Esq.:

supports the provisions of this bill and emphasizes the significance of "unbundling" the payment structures. Under current rules, they are required to schedule a hygienist and dentist at these sites together to provide dental services even if only one dental chair is available, creating wasteful, inefficient time for the dentist who could otherwise be serving other patients. The ability to schedule a dentist at the main site and a hygienist at the school site would accommodate more patients and provide greater access at the schools. They encourage the Committee to consider adding the "unbundling" exception to all FQHC sites, as workforce shortages make bundled scheduling difficult even when multiple dental chairs are available.

Foundation for Community Health, Inc., (FCH) President & CEO, Nancy L. Heaton,

MPH: supports the provisions of this bill. FCH has been supporting free screening, cleanings, and sealants in our local school districts, and has also invested in the expansion of community health centers adult oral health services. These services are now at serious risk of closing due to long-outdated Medicaid reimbursements and policies. Expanded services would prevent minor dental issues from developing into serious conditions requiring expensive emergency treatment.

Nonprofit Accountability Group, Program Manager, Tenaya Taylor: supports the expansion of access to oral healthcare, as limited access and untreated oral health issues can escalate into costly emergency visits. Lack of these resources leads to tooth loss, reduces confidence, affecting employability, education, and social opportunities. Expanding Medicaid coverage is not just a healthcare issue—it's a matter of equity, dignity, and long-term cost savings for our state.

Additional Supportive Testimony

Oral Health clinicians and administrators expressed strong support for expansion of access to dental health services to improve health outcomes and ultimately save money for the state:

Barton, David, DDS

Barton, Brandon, DMD, MDS

Bruce, Jessica, Pediatric Dentist & Director of Dental Services, Cornell Scott Hill Health Center

Das, Adelina, DMD

Delisso-Matta, Annemarie, DMD

Fenton, David

Fried, David, DMD

Friedman, Roberta, ScM, Secretary, CT Oral Health Initiative (COHI)

Henion, Jolene, APRN, Provider, Rogers Park Middle School-Based Health Center, Danbury

Hindin, Allen, DDS, MPH

Kennedy, Adam, DMD

Mokotoff, Gregory, DMD

Munoz, Brianna, DMD, MPH

Strick, Robert, DMD

Ureles, Steven, DMD

Individuals giving testimony in support of increased access to preventive oral care and gave their own stories of access/lack of access to services:

Dickey, Sharon, Oral Health Parent Leader & former Medicaid recipient.

Maldonado Mendez, Doris, person w/complex health needs; lost dental coverage after adjustment of HUSKY eligibility.

Mayo, Quiana

Scher, Asha

Toth, Jennifer, personal story of delayed preventive oral care.

NATURE AND SOURCES OF OPPOSITION:

Bryan, John
Tyo. Joyce
Vos, Heidi

Reported by: Rebecca McClanahan

Date: March 31, 2025