



May 2, 2023

Senator Melissa Wiklund
Senator Kelly Morrison
Senator Liz Boldon
Senator Robert Kupec
Senator Jim Abeler

Representative Tina Liebling
Representative Robert Bierman
Representative Dave Pinto
Representative Heather Keeler
Representative Joe Schomacker

Dear Chair Wiklund, Chair Liebling, and Conferees,

On behalf of the Minnesota Dental Association (MDA), I ask for your support in including various dental related provisions in the final Health and Human Service Conference Committee Report. In particular, the MDA is grateful for the inclusion of the restoration of comprehensive adult dental Medicaid benefits in both the House and Senate versions of SF2995. The MDA further appreciates the inclusion of legislation that would rebase dental reimbursement rates for Minnesota Health Care Programs and urges the committee to adopt the Senate language. The MDA also expresses concerns pertaining to language requiring dental clinics making over \$50 million in annual revenue to make their current standard charges publicly available. The MDA appreciates your attention to these matters.

Comprehensive Adult Dental Medicaid Benefits (HF2930 Art. 1, Sect. 12; SF2995 Art. 1 Sect. 9)

Minnesota currently has two different dental benefit sets for enrollees in Minnesota's Medicaid program (Medical Assistance); (1) a benefit set for pregnant adults and children, and (2) a benefit set for non-pregnant adults. In 2009, benefits for non-pregnant adults were significantly limited due to budget cuts. While pregnant adults and children experience extensive dental benefits, many of our vulnerable adult residents enrolled in Medicaid lack coverage of basic dental services. This provision takes the benefit set currently available for pregnant adults and children and makes it available to every medical assistance recipient regardless of age.

This provision could save long term costs on emergency dental care. Recent data obtained from the Minnesota Hospital Association indicates that in 2021, approximately \$22 million was spent on dental care in the emergency room. \$8.1 million was spent providing emergency dental care to recipients on the adult dental benefit set. Spread over a biennium, approximately \$16.2 million could be saved if comprehensive adult dental Medicaid benefits are restored.

The MDA asks for your support in including this legislation in the final conference report.

Dental Reimbursement Rate Rebasing (HF2930 Art. 1 Sect. 27; SF2995 Art. 1, Sect 35)

In February 2022, the Minnesota Department of Human Services produced a Legislative Report recommending rebasing rates with an inflationary factor. In April 2022, the Department

published a report that concluded low provider reimbursement rates was the top issue driving provider hesitancy to participate in Medicaid and MinnesotaCare. It is evident that rebasing should motivate further provider participation in these programs.

Prior to the 2021 legislative session, Minnesota nationally ranked toward the bottom in dental Medicaid reimbursement rates. A 2021 study by the American Dental Association ranked Minnesota at 47th out of 50 states for adult dental reimbursement, and 49th for pediatric dental reimbursement. The 2021 Health and Human Services Finance omnibus bill appropriated approximately \$61 million to increase reimbursement rates, resulting in an approximate increase of 98% for many dental providers. Despite this increase, rates are still based on average costs from 1989. This provision ensures that Minnesota does not fall behind again and maintains its place as a nationwide leader in dental care.

The MDA appreciates the inclusion of ongoing dental rate rebasing in both the House and Senate versions of SF2995. Despite being included in both versions, the date in which rebasing would occur with an inflationary factor differs. The MDA urges you to adopt the Senate language, which would rebase rates every three years with the inflationary factor starting in 2027. The House version would start this process in 2028, beyond the current budget horizon. This would require funding in future legislative sessions.

Dental Claims Added to APCD (HF2930 Art. 3, Sect. 29-34; SF2995 Art. 2, Sect. 36-41)

The MDA supports adding dental claims to Minnesota's All Payer Claims Database (APCD). The MDA believes that adding dental claims can positively impact research on oral health and dental benefit trends in Minnesota.

While the MDA supports the bill, the MDA is concerned about how the data may be used and made publicly available. Primarily, the MDA is concerned that a disclosure of data may lead to the inadvertent disclosure of provider identities, particularly in clinics with only one or two dental providers. Additionally, many dental clinics include the name of the dentist in the clinic name. Should this provision be amended, the MDA requests that any disclosure of claim data which may inadvertently identify a particular dental provider be explicitly prohibited.

Critical Access Dental Provider Infrastructure Program (HF2930 Art. 3, Sect. 186)

Critical Access Dental (CAD) providers see a high volume of patients enrolled in Minnesota's Health Care Programs (MHCP); Medical Assistance and MinnesotaCare. To qualify as a CAD provider, a dentist must work in a nonprofit setting, a federal qualified health setting, a city or county owned hospital-based setting, or be affiliated with an oral health or dental educational program. Private practice dentists can also qualify as a CAD provider if a percentage of annual patient encounters consist of patients who are uninsured or are enrolled in MHCP.

Given the fact that CAD providers treat many of Minnesota's most vulnerable residents, access to convenient and high-quality dental care is paramount. To do so, further investment is needed for infrastructure and workforce development projects that will be utilized by those most in need.

This provision is only included in the House version. The MDA asks for the committee to adopt this provision in the final conference report.

Areas of Concern

Dental Clinic Current Standard Charge Disclosure (HF2930 Art. 3, Sect. 7; SF2995 Art. 2, Sect. 14)

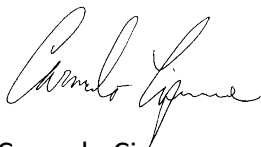
Included in both the House and Senate versions is a provision requiring dental practices that make over \$50 million in annual revenue to make their current standard charges publicly available. The MDA has concerns pertaining to this provision, especially the requirement for dental clinics to provide the charges negotiated with a third party payer. Oftentimes, dental practices are unaware what a third party would reimburse for a specific procedure. The reimbursement amount may also vary from payer to payer. The requirements in this provision are difficult for dental clinics to abide by and may set up dental clinics to be noncompliant.

Also contained in this provision is a requirement for dental clinics to provide current standard charge information to the Minnesota Department of Health. This requirement would be burdensome to dental clinics. The current standard charge is often not the cost a patient ends up paying. If the intention is to be transparent on healthcare costs, the information made available to the Department of Health and to the public may be misleading and could put dental clinics at risk of engaging in false advertising.

The MDA appreciates your consideration of our concerns pertaining to this provision.

Should you have any questions, please contact the MDA's Government Affairs Manager Dan Murphy at dmurphy@mndental.org or 612-767-4255.

Sincerely,



Carmelo Cinqueonce, MBA
Executive Director

The Minnesota Dental Association is a statewide professional membership organization representing Minnesota-licensed dentists and dental students, with a membership of over 3,000.