

March 29, 2023

Dear Chair Liebling and Committee Members,

On behalf of the Minnesota Dental Association (MDA), I write to you regarding the Health Finance & Policy Omnibus bill as it pertains to the DE Amendment. The MDA supports the inclusion of four dental related provisions as indicated below, most notably the restoration of comprehensive adult dental Medicaid benefits. Additionally, the MDA has concerns with current language pertaining to the dentist seat on the Rural Health Advisory Committee and asks the committee to adopt the language amended by the Senate. Finally, the MDA calls attention to the absence of dental rate rebasing and urges your support in including this provision in the bill.

MDA Supported Provisions

Comprehensive Adult Dental Medicaid Benefits – Article 1, Section 10

Article 1, Section 10, would provide the same Medicaid dental benefit set for all eligible Minnesotans. This provision contains language from HF898, heard in your committee and laid over on February 28, 2023.

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.

As noted during the hearing on February 28, 2023, 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.

Dental Home Pilot Project - Article 1, Section 29

In the last few years, the MDA has participated in the Dental Home Advisory Committee under the Minnesota Department of Human Services. The report published by the committee defined the core components of a dental home and provided recommendations for a Dental Home Pilot Project.

The MDA supports the creation of the Dental Home Pilot Project as a potential method for improving oral health outcomes. The MDA has advocated for the inclusion of all provider types and is glad to see such guidance included in the bill. With locations in every community, private practice dentists are an important component in expanding dental access across the state.

Critical Access Dental Provider Infrastructure Program - Article 3, Section 187

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.

All Payers Claims Database – Article 3, Sections 29 & 32

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 this provision, we are concerned about how the data will be used and made publicly available. In particular, lines 114.7-114.10 and 114.23-114.25 indicate that APCD data may be publicly available, so long as no individual health professionals are identified. The current language permits the disclosure of the clinic name. The MDA is concerned that this disclosure may lead to the inadvertent disclosure of provider identities, particularly in clinics in which there are only one or two dental providers. Additionally, many dental clinics include the name of the dentist in the clinic name. The MDA urges that any disclosure of dental data which may inadvertently identify a particular dental provider be explicitly prohibited.

Areas of Concern

Rural Health Advisory Committee – Article 3, Section 47

The MDA believes the legislature's 2021 addition of a dentist to the Rural Health Advisory Committee should remain as a standalone position. However, to address the continued desire to modify the composition of the committee, the MDA supports the addition of an allied dental professional as a separate position. The perspective that allied dental professionals can bring to the RHAC would be valuable and would complement that of a dentist.

On March 15, 2023, this legislation was heard in the Senate Health and Human Services Committee. The Senate amended the language to add an allied dental professional while maintaining the dentist seat as a standalone position. The MDA asks this committee to adopt the same language to expand the voices of the oral health community to the committee.

Dental Reimbursement Rate Rebasing for MHCP – Not Included

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.

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.

This provision is notably absent from this bill. The MDA strongly urges members to include language pertaining to dental rate rebasing in the 2023 House Health Finance & Policy Omnibus bill.

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.