

Friday, May 22, 2020

The Honorable Dr. Richard Pan
Chair, Senate Budget Subcommittee 3 on Health and Human Services
California State Senate
State Capitol, Room Sacramento
CA 95814

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee 1 on Health and Human Services
California State Assembly
State Capitol, Room 5155
Sacramento, CA 95814

RE: May Revision Proposal to Reduce the Medi-Cal Dental Benefit

Dear Dr. Pan and Dr. Arambula

The California Oral Health Progress and Equity Network (CA-OPEN) and the undersigned organizations write to urge the Legislature to protect the oral health of Medi-Cal consumers by rejecting the May Revision proposal to cut critical adult dental benefits including partial dentures, gum treatment (scaling/root planing), lab-processed crowns, and rear root canals. California cannot afford to reduce these services for Medi-Cal consumers, a population that already disproportionately bears the brunt of the pandemic's economic and health consequences.

Background

We recognize the unprecedented impact of COVID-19 on our economy and the significant fiscal challenges ahead. However, austerity measures in response to a health crisis do not help save money but instead push the damage down the line and cost the state more in health care expenses.

Medi-Cal's existing oral health system is fragile. Not enough dentists participate in the Medi-Cal program.¹ Many members face high costs for critical dental procedures, along with huge gaps in care that result in physical and mental health issues, unemployment, and the furthering of health disparities. Communities of color, older adults, limited English proficient individuals, and persons with disabilities are most likely to go without dental care. Despite these disparities, California's recent investments to Medi-Cal's dental program have yielded a reduction in Emergency Room (ER) visits and a steady increase in the utilization of services among Medi-Cal consumers over the past two years.²

A partial disruption in Medi-Cal dental benefits would undo two years of progress.

¹As of September 2019, California has 487 Health Professional Shortage Area (HPSA) designations <https://www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas/>

² For detailed information about statewide dental utilization: <https://www.dhcs.ca.gov/Documents/MDSD/Stakeholder%20Docs/Statewide-Fact-Sheet-Feb-2020.pdf>

This state legislature has changed the scope of Medicaid adult dental benefits three times in the past decade. Should the Legislature move forward with the May Revision proposal to reduce adult dental benefits back to 2014 levels, gum treatments, rear root canals, laboratory-processed crowns, and partial dentures will no longer be covered Medi-Cal benefits. The previous cuts led many Medi-Cal providers to leave the program or to opt to provide services for free, causing incredible confusion and variability in the program. The impact was not limited to adult dental but was instead felt across the entire Medi-Cal dental program, including by children who did not see their benefits reduced. Over the last two years, much progress has been made.³ Cutting benefits again would have the same deleterious impact on the program across populations.

A partial disruption in Medi-Cal dental benefits will have long-term, negative consequences for Medi-Cal patients.

*Cutting Medi-Cal adult dental is not a quick budget fix. It has long-term consequences on access to care and overall health.*⁴ Data indicates that past cuts to the Medi-Cal oral health benefit had – and are continuing to have – a lasting, negative effect on the ability for low-income adults to access oral health care in California.⁵ In previous years, cuts to the Medi-Cal dental benefit disproportionately impacted young adults, communities of color, urban communities, and persons with disabilities.⁶ Even after the state fully reinstated benefits in 2018, utilization rates have not returned to pre-elimination levels.⁷ A significant number of adults with Medi-Cal don't know that their Medi-Cal benefit also covers oral health services, don't understand how to access these services, or cannot find a provider. This is especially true for enrollees with limited English language proficiency.

These benefit cuts would also have a significant impact on Medi-Cal consumers' overall health – particularly for those populations at most risk of disease and death from COVID-19. Gum treatment prevents serious gum infection, which, left untreated, leads to tooth loss and raises the risk for infection, diabetes, and heart and lung disease.⁸ The non-coverage of root canals on the back teeth led to preventable tooth extractions and increased the risk for additional tooth loss. Cutting partial dentures put dentists back in the untenable position of having to pull healthy teeth to qualify for full dentures. When the Legislature partially restored benefits in 2014, they did not take into consideration the impact on health. This decision had a devastating but foreseeable impact. We should not repeat this mistake.

A partial disruption in Medi-Cal dental benefits will compound the pandemic's damage to our existing oral health system.

³ See recent story: <https://calmatters.org/health/coronavirus/2020/05/california-medi-cal-budget-cuts-benefits>

⁴ For more information on the long-term consequences of cutting adult dental benefits:

<https://familiesusa.org/resources/the-long-term-consequences-of-cutting-adult-dental-californias-access-problems-persist/>

⁵ <https://familiesusa.org/resources/the-long-term-consequences-of-cutting-adult-dental-californias-access-problems-persist/>

⁶ For more information, see Health Affairs article on how eliminating Medi-Cal adult dental coverage in California led to increased dental emergency visits and associated costs

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.1358>

⁷ For more data, see: <https://familiesusa.org/resources/improving-adult-access-to-oral-health-care-in-california-medicaid-recommendations-for-advancing-oral-health-from-coverage-to-care/>

⁸ For more information on how restored Medi-Cal dental adult benefit is improving access to periodontal treatment in adults https://cpehn.org/sites/default/files/resource_files/medi-cal_dental_gum_treatments_one-pager.pdf

Medi-Cal consumers' oral health needs will grow exponentially in the post-COVID-19 period.

Over 25% of dental practices in California closed after statewide safer-at-home orders.⁹ Although California recently issued guidelines¹⁰ to help health care providers return to practice - an effort to begin the process of resuming non-emergency, non-COVID-19 health care services - the state should not overlook the oral health care consequences resulting from fears over accessing dental care by both providers and consumers. We have heard stories of consumers practicing dangerous oral self-care in their own homes, removing their own teeth, and seeking dental care in emergency rooms, even though dentists were advised to remain open for emergency dental care throughout the state. Millions of Medi-Cal consumers, many of whom postpone both routine and necessary care, will need to pursue or continue treatment once dental practices re-open.

The availability of personal protective equipment and complying with stricter infection control standards for dentists is a major constraining factor in the re-opening of dental offices. These factors may limit how rapidly dental offices across the U.S. can re-open, giving us reason to anticipate a decrease in the number of dentists participating in the Medi-Cal program.¹¹

The May Revision's reductions in Proposition 56 supplemental payments will make provider participation even more challenging.¹² The decrease in the number of dentists and dental providers, especially culturally and linguistically competent ones, will be severely impacted if the proposed supplemental payments from the Proposition 56 funding is taken away from the already low reimbursement rates for dentists and physicians. Furthermore, with a significant increase in unemployment projected in the coming months, there is a major risk that demand for dental care will increase significantly without corresponding supply, as many dentists are on the brink of closure due to months of shuttered practice and new costs associated with infection control.

Despite a budget crisis, California can ensure proposed decisions are based on the science-based evidence and not merely on cost.

In *Fixing Denti-Cal*, the Little Hoover Commission, an independent state oversight agency, recommended California develop an evidence-based dental-only advisory board to look at the best evidence for particular procedures and provide outside advice that can achieve cost savings and improve health outcomes.¹³ *This recommendation was never adopted but is crucial now more than ever.*

Finally, we believe it is short-sighted to impose these cuts to the Medi-Cal Dental Program at a

⁹<https://surveys.ada.org/reports/RC/public/>

¹⁰<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx>

¹¹ Pryor C , Monopoli M . *Eliminating adult dental coverage in Medicaid: an analysis of the Massachusetts experience* [Internet]. Washington (DC) : Kaiser Commission on Medicaid and the Uninsured ; 2005 Sep [cited 2015 Mar 23]. Available from: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7378.pdf> [Google Scholar](#)

¹² <https://www.cda.org/Home/News-and-Events/Newsroom/Article-Details/gov-newsom-unveils-deep-cuts-in-2020-21-state-budget-revisions>

¹³ See Dr. Paul Glassman's recommendations on page 38 of the Little Hoover Commission. <https://lhc.ca.gov/report/fixing-denti-cal>

time that access oral health and other health care services are so critical. The relatively small cost savings will be far outweighed by the increased costs from the impact of the proposed cuts to dental benefits and dental providers.

Conclusion

Once again, the undersigned organizations urge the Legislature to reject the May Revision proposal to cut critical dental benefits. We remain committed to partnering with the Governor, Legislature, and federal officials to find creative solutions to protect the oral health of Medi-Cal consumers. Thank you for your time. If you have questions about this letter, please contact the undersigned organizations.

If you have questions about this letter please contact Linda Tenerowicz via email at ltenerowicz@cpehn.org or via phone at (916) 447-1299 ex.102.

Sincerely,