

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 20, 2018
TIME: 3:00 P.M.
PLACE: Room WW54
MEMBERS PRESENT: Chairman Heider, Vice Chairman Souza, Senators Martin, Harris, Foreman, Potts, and Jordan
ABSENT/ EXCUSED: Senators Lee and Agenbroad
NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.
CONVENED: **Chairman Heider** called the meeting of the Health and Welfare Committee (Committee) to order at 3:06 p.m.
APPROVAL OF MINUTES: **Senator Harris** moved to approve the Minutes of January 31, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

Senator Jordan moved to approve the Minutes of February 1, 2018. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

Senator Potts moved to approve the Minutes of February 5, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

H 0465

Medicaid, Dental Services. **Representative Rubel** explained preventive dental care was covered by basic Medicaid until 2011, when preventive dental care coverage was cut as a result of the economic recession. **Representative Rubel** asserted this cut was intended to be temporary; Medicaid coverage of preventive dental care was supposed to be reinstated after the recession. There are currently 29,000 adults on Medicaid in Idaho. Individuals in this category earn less than 26 percent of the federal poverty limit and have minor children. This population also has high rates of mental illness.

Representative Rubel explained a lack of preventive dental care can cause or worsen serious health problems such as diabetes, heart disease, etc. Untreated dental pain can also be a driver of opioid addiction. Data show that preventive dental care can reduce the incidence and cost of subsequent medical conditions. This bill would have a fiscal impact of \$1.1 million to the General Fund, but would result in estimated savings of \$2.5 million. **Representative Rubel** asserted this bill would save taxpayer money and alleviate human suffering. She noted lack of dental care can also have adverse effects upon employment opportunities.

Representative Packer noted this bill would not expand the population covered by Medicaid, but would improve the management of Medicaid coverage for that population. She asserted preventive care is less expensive than emergency care. Idaho has seen an increase in trips to the emergency room caused by a lack of preventive oral care.

DISCUSSION: **Senator Jordan** asked how this bill would affect the Catastrophic Health Care (CAT) Fund and county spending. **Representative Rubel** stated most of the medical costs will be absorbed by Medicaid. The bill would likely have a positive effect upon counties and the CAT Fund because it would result in fewer hospitalizations.

Vice Chairman Souza asked what percentage of the 29,000 Idahoans with Basic Medicaid have a mental illness. **Representative Rubel** stated the unofficial estimate is over half.

Senator Potts asked how many people with Basic Medicaid would utilize preventive dental care coverage. He noted many people with mental illnesses have an aversion to dentists. He asked if having dental insurance will lead people to use dental insurance. **Representative Rubel** acknowledged mental issues can be a barrier for individuals seeking dental care. She asserted a lack of insurance is also a barrier. **Representative Rubel** noted that drugs for mental illness can cause serious dental problems. This can exacerbate dental issues for individuals who lack preventive dental care coverage. She stated she did not have statistics showing the percent of individuals who used Medicaid dental coverage before it was cut; however, there has been an increase in dental emergency treatment costs.

Senator Potts asked if there were statistics regarding dental costs before and after 2011. **Representative Rubel** stated there has been a 20-25 percent increase in dental emergencies, which only constitute a fraction of downstream costs caused by a lack of preventive dental care. Dental problems can cause or worsen many conditions, such as diabetes. However, when such conditions require treatment, they are not tracked as dental cases. **Senator Potts** asserted factors other than oral care can worsen diabetes. He noted many providers do not accept Medicaid. He asked if there is any concern regarding access to dentists who will accept Medicaid. **Representative Rubel** explained studies control for other factors in order to determine the effect of preventive dental care on health conditions and costs. Studies utilize control groups and are able to isolate variables. Regarding Senator Potts' question about access, **Representative Rubel** acknowledged Idaho's Medicaid reimbursement rates are quite low. She noted people may end up on waiting lists for dental care, but she asserted being on a waiting list is better than lacking access altogether.

TESTIMONY: **Bill Roden** spoke on behalf of Delta Dental of Idaho and voiced his support for this bill. He noted preventive dental care coverage for Medicaid recipients was cut due to the recession, but the cut was intended to be temporary. He also mentioned 50 percent of Idahoans lack dental insurance.

DISCUSSION: **Vice Chairman Souza** asked if Delta Dental of Idaho would have any role in facilitating dental access for the individuals affected by this bill. **Mr. Roden** responded in the negative. He noted Delta Dental of Idaho does facilitate dental care clinics for low-income families.

TESTIMONY: **Jim Baugh** introduced himself as the Executive Director of DisAbility Rights Idaho, which advocates for Idahoans with disabilities. **Mr. Baugh** explained dental coverage was restored for individuals with enhanced and coordinated Medicaid plans in 2013. However, dental coverage was never restored for basic Medicaid plans. This lack of coverage affects many people with chronic mental illnesses. **Mr. Baugh** noted many medications taken to treat mental illness negatively impact oral health. He asserted that individuals with disabilities want access to dental care.

DISCUSSION: **Vice Chairman Souza** asked how many individuals on basic Medicaid plans have a serious mental illness and take psychotropic drugs. **Mr. Baugh** explained there is a distinction between individuals with a serious mental illness and individuals taking psychotropic drugs. He also noted there are multiple definitions of "serious mental illness." Individuals with serious mental illnesses are intermittently functional and may maintain employment for periods of time. Changes in employment status alter an individual's Medicaid eligibility category. **Mr. Baugh** explained individuals taking psychotropic drugs have an increased need for preventive dental care. **Vice Chairman Souza** inquired as to how many individuals on a basic Medicaid plan take psychotropic drugs. **Mr. Baugh** responded he was unsure.

Senator Jordan noted individuals who need emergency dental care due to a lack of preventive dental care may be prescribed opioids. She sought information regarding the interaction between opioids and psychotropic drugs. **Mr. Baugh** stated he did not have that information. **Senator Jordan** asked if this issue could be investigated. **Mr. Baugh** responded in the affirmative.

TESTIMONY: **Dr. Ernest Meshack-Hart, D.D.S., F.A.G.D.** introduced himself as a general dentist, the Dental Director for Terry Reilly Health Services, and a member of the Idaho State Dental Association (ISDA) Medicaid Committee. He shared the story of a Medicaid patient who lacked preventive dental care coverage and developed a serious medical condition as a result. The necessary medical treatment cost \$70,000.

According to the American Dental Association, the number of dental-related emergency room visits doubled between 2011 and 2014 in the United States. **Dr. Meshack-Hart** asserted this trend occurred in Idaho as well. He noted preventive dental care can greatly reduce the State's health care expenditures.

DISCUSSION: **Senator Potts** asked if the bill would cover the cost of root canals, caps, and bridges. **Dr. Meshack-Hart** explained this bill would restore the Medicaid dental benefits that existed prior to 2011. He noted the Idaho Department of Health and Welfare works with other groups to determine which procedures are covered. He also commented it is less costly to treat dental conditions at an early stage.

Senator Potts asked if psychotropic drugs cause dental problems that need a permanent solution and cannot be solved simply by maintenance. **Dr. Meshack-Hart** stated, if this bill passed, there would be a catch-up period in which some patients' dental conditions have progressed so far as to need more advanced treatments. He noted advanced treatments, such as root canals, are still cheaper and more effective than sending a patient to an emergency room.

TESTIMONY: **Michael McGrane** represented the Idaho Dental Hygienists' Association (IDHA) and voiced his support for this bill.

Elizabeth Criner spoke on behalf of ISDA. She stated only half of all Idahoans have dental insurance and explained dental insurance premiums are costly. She emphasized this bill would save taxpayer dollars by preventing more costly medical conditions caused by a lack of preventive oral care. **Ms. Criner** shared the story of a young Idahoan who passed away due to complications resulting from tooth decay. She also noted there are currently discussions regarding work requirements for Medicaid. She asserted poor oral care has a negative impact upon job opportunities and stressed the importance of adequate preventive dental care.

DISCUSSION: **Senator Jordan** asked if certain dental surgeries are considered preventive care. **Ms. Criner** stated such services are coverable under the federal Medicaid law. **Senator Jordan** noted ISDA members often volunteer at community dental care events. She asked if providing preventive dental care coverage to individuals would allow dentists to focus their volunteer efforts on other community needs. **Ms. Criner** asserted many dentists assist patients on Medicaid who lack dental coverage. She stated dentists will continue to look for opportunities to support their community.

Vice Chairman Souza noted many dentists have concerns about low Medicaid reimbursements in Idaho. She asked if ISDA members support providing dental coverage to an additional 29,000 Idahoans. She also stated there are community clinics that provide health care for low-income individuals. **Vice Chairman Souza** asked why there are not similar clinics for dental care. **Ms. Criner** acknowledged ISDA has concerns about the level of Medicaid reimbursements. However, she explained, ISDA views the issue of Medicaid reimbursement as separate and distinct from the issue of dental coverage for Medicaid recipients; therefore, ISDA supports this bill. **Ms. Criner** noted it can be difficult for dentists to work in clinics similar to community health clinics because the equipment dentists use is not portable. The Idaho Primary Care Association runs various health centers which include dental services. Idaho State University's dental hygienist program also holds dental events throughout the year.

Vice Chairman Souza suggested there is not enough dental health education for Idahoans. She asked **Ms. Criner** if more dental health education is needed for the low-income population. **Ms. Criner** noted ISDA runs a TV program on a local news channel that discusses oral health issues. ISDA also partners with other entities such as Public Health Districts and dental hygiene programs to educate citizens about oral health. **Ms. Criner** acknowledged that Idahoans need more dental health education.

Senator Jordan asked how much of the State economy dental care represents. **Ms. Criner** was unsure. **Senator Jordan** asked if the \$3.8 million required to provide dental coverage for 29,000 Idahoans was a small percentage of the annual Statewide dental care costs. **Ms. Criner** responded in the affirmative.

TESTIMONY: **Representative Rubel** gave details about the per-person cost of preventive dental care coverage for Medicaid recipients. She stated 34 states provide preventive dental care coverage through Medicaid. Other states that cut and then reinstated dental benefits saw substantial savings after reinstatement.

DISCUSSION: **Vice Chairman Souza** asked if this bill would place a cap on the amount of care that is covered by Medicaid. **Matt Wimmer** introduced himself as the Administrator for the Division of Medicaid within the Idaho Department of Health and Welfare (DHW). He explained Medicaid would cover root canals, bridges, fillings, and other procedures typically included in a dental plan. The bill would impose limitations, but would cover services that are medically necessary.

MOTION: There being no more testimony or questions, **Senator Jordan** moved to send **H 0465** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion.

- DISCUSSION:** **Senator Potts** expressed concern that Medicaid recipients will not use the dental care coverage or will not be able to locate a dentist who will accept Medicaid.
- Senator Jordan** reminded the Committee that the elimination of Medicaid dental coverage was meant to be temporary. She stated this bill would offer relief to many people and mitigate a potential barrier to employment.
- Vice Chairman Souza** expressed concern that this bill is not fair to individuals who are not on Medicaid but who still cannot afford dental insurance. However, she voiced her support for providing dental coverage for Idahoans with mental disabilities. She stated she would support this bill because the fiscal impact would be minimal.
- VOICE VOTE:** The motion carried by **voice vote**. **Senator Potts** and **Senator Foreman** voted **nay**. **Senator Jordan** will carry the bill on the floor of the Senate.
- H 0409** **Nursing Home Administrators.** **Kris Ellis** spoke on behalf of the Idaho Health Care Association. She explained this bill would reduce the time required to become a nursing home administrator from one year to approximately six months. This would facilitate the implementation of a health services executive license, which would allow an individual to serve as the administrator of a nursing home, assisted living facility, or home health provider. Currently, these categories require separate licenses. **Ms. Ellis** asserted this bill would also make it easier to recruit out-of-state administrators.
- MOTION:** **Senator Martin** moved to send **H 0409** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. **Senator Martin** will carry the bill on the floor of the Senate.
- TESTIMONY:** **Tana Cory** introduced herself and the Bureau Chief for the Bureau of Occupational Licensing. She spoke on behalf of nursing home administrators and voiced her support for **H 0409**.
- ADJOURNED:** There being no further business, **Chairman Heider** adjourned the meeting at 4:20 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary