

HOUSE BILL REPORT

HB 2905

As Reported by House Committee On: Appropriations

Title: An act relating to increasing outreach and engagement with access to baby and child dentistry programs.

Brief Description: Increasing outreach and engagement with access to baby and child dentistry programs.

Sponsors: Representatives J. Johnson, Riccelli, Caldier, Doglio, Pollet and Ryu.

Brief History:

Committee Activity:

Appropriations: 2/5/20, 2/8/20 [DPS].

Brief Summary of Substitute Bill

- Directs the Health Care Authority (HCA) to develop a local Access to Baby and Child Dentistry (ABCD) program fund allocation formula, key deliverables, and target metrics for increased outreach and provider engagement and support.
- Directs the HCA to monitor progress toward reducing racial and ethnic disparities in access to care and oral health outcomes and increasing the percentage of Medicaid-enrolled children under the age of two accessing dental care, and to support local ABCD programs and providers.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 31 members: Representatives Ormsby, Chair; Robinson, 1st Vice Chair; Bergquist, 2nd Vice Chair; Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Chopp, Cody, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Kilduff, Kraft, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Schmick, Senn, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Staff: Meghan Morris (786-7119).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Background:

The Health Care Authority (HCA) administers the Medicaid program, which is a state-federal program that pays for health care for low-income state residents who meet certain eligibility criteria. Benefits under the program vary according to a person's eligibility category which is determined by several factors, including income, age, health condition, and disability status. Dental services for Medicaid clients are provided through a fee-for-service arrangement in which the dentist bills the HCA directly.

Children of certain ages enrolled in Medicaid may participate in the Access to Baby and Child Dentistry (ABCD) program at the HCA. The ABCD program provides enhanced fees to participating health care providers who provide additional services to participating children. The University of Washington's School of Dentistry and the Arcora Foundation provide management services, technical assistance, and provider recruitment and training for the ABCD program. The objective of the ABCD program is to identify and remove obstacles related to early preventive treatment such as transportation and language interpretation barriers. The additional services include family oral health education, application of fluoride, oral evaluations, restorations, therapeutic pulpotomies, amalgam and resin restoration on primary teeth, and services related to crowns. Participating providers include ABCD program-certified dental providers and other health care providers who have been approved by the HCA, including physicians, osteopathic physicians, advanced registered nurse practitioners, physician assistants, and osteopathic physician assistants.

Summary of Substitute Bill:

The HCA must contract with the statewide managing partner of the ABCD program to develop a local ABCD program fund allocation formula, key deliverables, and target metrics for increased outreach and provider engagement and support. The HCA must collaborate with stakeholders to monitor progress towards reducing racial and ethnic disparities in access to care and oral health outcomes and increasing the percentage of Medicaid-enrolled children under the age of two accessing dental care. The HCA must also support local ABCD programs and providers.

Substitute Bill Compared to Original Bill:

The appropriations clause is removed.

Appropriation: None.**Fiscal Note:** Not requested.**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The ABCD program is a cost-effective and proven example of how public-private partnerships can work to improve child health overall. The program has demonstrated reductions in future dental costs by giving low-income children access to ABCD certified providers. Oral health affects overall health development and school performance, and, in fact, cavities are the number one chronic disease that affect children—more than five times that of asthma or 20 times that of diabetes. Children of color and low-income families, in particular, are impacted by tooth decay and about one quarter of the total children in the United States ages 2 to 4 have oral health concerns. Children with dental problems have to undergo multiple rounds of anesthesia, which is detrimental to development. The ABCD program is a recognized model nationwide that focuses on prevention rather than waiting for more urgent, painful, and costly problems.

When the program started, many families were not aware that children needed care and often waited until there was visible decay or pain. Many families had no prior experience accessing regular dental care and there were few dentists serving Medicaid patients. The solution was to establish local ABCD programs at health departments and other local coordinating agencies to find and educate families and recruit dentists. There are 25 local ABCD programs across all 39 counties doing excellent outreach to ABCD-eligible families and connecting them to care. The local ABCD program work is ever-changing, expanding, and adapting to community needs. Local programs also support, recruit, and assist with the training of the ABCD program dentists. Spokane, for example, now has over 40 participating dentists. House Bill 2905 would add capacity for these local ABCD programs across the state and expand the goals of reducing racial and ethnic inequities in accessing care. The regional ABCD programs are uniquely able to implement local solutions. Local ABCD programs have changed the picture of oral health access for eligible children. When the ABCD program was launched only one in five eligible children up to age 6 were receiving essential dental care. Today more than 54 percent of eligible low-income children under the age of 6, or about 178,000 kids, are receiving essential dental care through the ABCD program. Two decades ago only 6 percent of eligible infants and toddlers were receiving dental care. Today almost 34 percent are receiving that care.

Further support for the ABCD program will help certified providers and pediatricians perform better oral screenings, educate families, and provide services in their own clinics, giving children better access in both their pediatrician and dental offices. The program is working, but more can be done to reach more Medicaid-eligible children. Prevention is more cost-effective for state Medicaid funding. The Legislature appropriated funding for the program in 2012, but there are five more counties participating and staffing costs have increased. Increased staff and support will increase the ABCD program's ability to recruit, retain, and keep dentists. This is an investment in a proven program to expand access for families, prevent more costly diseases, and most importantly make sure kids are ready to learn and thrive in school.

(Opposed) None.

Persons Testifying: Julie Campbell, The Washington Chapter of the American Academy of Pediatrics; Scott Rowley, Access to Baby and Child Dentistry Program; Jean Clark, CHOICE Regional Health Network; and Heather Gallagher, Spokane Regional Health District.

Persons Signed In To Testify But Not Testifying: None.