



WDA Proposals to Address the Disparities in Accessing Dental Care

The Wisconsin dental workforce report released in January 2010 indicated that while Wisconsin is expected to have enough dentists through the next decade, there continues to be a gap in percentage of low-income individuals who access dental care compared to those with higher incomes or private sector coverage. **The WDA seeks legislative support for a variety of legislative initiatives that will help address this issue:**

- (1) Increased Investment in Medicaid Dental Care Services – Wisconsin’s Medicaid dental care services are greatly underfunded. The patients on dental Medicaid/BadgerCare programs need to be given the economic purchasing power to access dental care at a local dental office. This requires an investment in the dental Medicaid program that raises the reimbursement for dental Medicaid services to that which is similar to the reimbursements of private sector dental plans. By providing more comprehensive care now, the state will save money in the long term. The WDA is fully supportive of enactment of a dental Medicaid pilot program to test fair market rates in a few counties before expecting the state to roll out a statewide reimbursement increase. The WDA would recommend that a rural, urban and mid-sized county be chosen for the purposes of this pilot project. By testing the rates on a pilot basis, we believe the state will have the information it needs in order to either pursue the concept in a greater number of counties or to drop the rate concept altogether.
- (2) Loan Forgiveness and Grant Program to Encourage New Dentists to Settle in Underserved Areas– The creation of a meaningful loan forgiveness program for graduates of accredited dental schools who settle in Dental Health Professional Shortage Areas will enhance the ability of individuals to access quality oral health care services in low-income and underserved areas of the state.
- (3) Dental Prevention Educational Component to the Medicaid/BadgerCare Program – The most cost-effective means for the state to pay for the treatment of dental disease is to prevent the disease from developing. Education is the key to a successful prevention program. Medicaid and BadgerCare patients must be educated on how important it is to implement daily brushing and flossing and dietary habits to prevent small oral health problems from growing into big (and expensive) health crises. The quality of oral health is directly related to success in implementing good daily oral health habits. The WDA welcomes an opportunity to interface with the state Department of Health Services on the feasibility of creating and implementing a program to educate low-income patients on the importance of preventive care.

- (4) Expanded Function Dental Assistants – Changing the Wisconsin Dental Practice Act to allow dentists to delegate a broader scope of services to trained dental assistants will expand the capacity of dental offices that currently treat low-income and Medicaid patients.
- (5) Public Health Hygiene Model Expansion – Changing the Wisconsin Dental Practice Act to allow for dental hygienists to provide preventive services in a wider array of settings while maintaining a connection with either the state Bureau of Public Health, or with a private practicing dentist. This proposal will have a positive impact on the availability of preventive hygiene services to more Medicaid and low-income patients while maintaining a very important link to comprehensive services in a dental practice.
- (6) Removal of the HMO Program from Dental Medicaid in Southeastern Wisconsin - The Legislative Audit Bureau's June 2008 report on dental Medicaid HMO program provided proof that the HMO dental Medicaid system costs the state more money while providing less access to dental care than occurs under the Medicaid fee-for-service model. Despite this data, the state not only failed to remove the HMO component from the current four counties (Milwaukee, Waukesha, Racine and Kenosha), it actually decided to expand the program to include both Washington and Ozaukee Counties, beginning August 1, 2010. Data indicates that Medicaid patients in the HMO dental Medicaid counties have lower access to dental care than what exists in the rural parts of the state and, as such, the WDA believes that the HMO dental Medicaid program should be replaced with the standard fee-for-service program.

The WDA looks forward to working with any and all legislators on the proposals outlined above. Please feel free to contact Mara Brooks of the WDA Madison office at #250-3442 if you have any further questions or would like to discuss the dental access issue in further detail.