

VaOHC legislative committee
September 5th 2017 – 2pm

In attendance: Cheryl Harris Sutton, Patrick Finnerty, Maghboeba Mosavel, Matt Mansell, Nicole Pugar, Jennifer Wicker, Julie Duregger, Tricia Rodgers, Margie Towmann; Donovan Caves

Attached please find:

- Copy of Nicole's legislative update slide
- Copy of value-add benefits, which include limited adult dental, in CCC+ program

Meeting Agenda:

Welcome and Introductions
Legislative Process - budget/rebasing - update
Adult Dental in Medicaid - update
Adult Dental in Expansion - update
CHIP
Legislative Priorities for 2018 - discussion

- Budget amendment
- Partner Priorities

Workgroup Policy updates/ Partner updates
Next Steps

Meeting notes:

Welcome and Introductions: Pat welcomed everyone and everyone shared introductions

Legislative Process and Update (Nicole Pugar)

- VaOHC has met with policy reps from the Governor's office, Sec. of Health and DMAS as well as the policy directors for the Northam and Gillespie campaigns
- Budget process underway now
- Medicaid rebasing year, which means Medicaid costs will increase.
- CHIP funding expires September 30 – if it is not renewed at current funding level will impact Va budget as CHIP with enhanced match of 23% is already embedded in current budget
- Governor's budget release on December 18th
- Election year for Governor, Lt Gov and AG. Will result in new Secretaries and Commissioners as well.

CHIP (Sarah)

- CHIP funding expires at the end of the month
- Hearing in DC regarding program on Thursday September 7
- Federal partners indicate that funding will likely be extended, but may not include 23% Match and is unclear how long the funding extension will be
- Federal partners also express concern that CHIP funding could be used as a vehicle to impact Medicaid funding or other health related policies

- Discussion/Recommendation (all): continue to remain vigilant, educate and activate state partners and advocates, determine advocacy priority when funding outcome is clear

Adult Dental in Medicaid and in Medicaid Expansion (Sarah):

- Medicaid expansion will be in the budget, Governor's policy folks have expressed some interest in including an adult dental benefit as well.
- It appears adult dental will not be included in the Medicaid budget; Medicaid has agreed to provide cost estimates to us for three scenarios (comprehensive, comprehensive with \$1,000 cap + dentures, comprehensive with \$500 cap + dentures)
- Discussion: discussion about type of ideal/reasonable dental benefit to promote/seek:
 - States with adult dental control costs by either limiting procedures (i.e. prevention only, limited restorative codes) or utilizing a yearly cap. \$1,200/year is the most generous cap. No state provides a comprehensive benefit for all adults without benefit limitations or a cap.
 - Concern that cap is confusing to consumers – they may not understand the true costs of procedures and a cap may make it impossible to get all the services they need.
 - Concern that curbing costs by limiting types of services (i.e. prevention only) does not enable consumers to access the care they may need most (i.e restorations) or that will improve health and save Medicaid money long-term (i.e periodontal treatment)
- Discussion: discussion about pros/cons of trying to add a dental benefit through a budget amendment:
 - Always simpler to play defense (i.e. protect something in the Governor's budget) b/c you don't have to find the money
 - A budget amendment sponsored only by Democrats could make the issue appear partisan, may tougher to get Republican support
 - Dental benefit for preg women almost passed with only democratic patrons
 - A budget amendment provides the opportunity to educate legislators about the issue and this is likely a multi-year issue
- Decision/Recommendation: after the election, seek bipartisan support for a budget amendment. If we can't secure bipartisan support hold off on a budget amendment for 2018 and work through the Governor's budget process. Seek a full comprehensive benefit.

Partner/Workgroup items (all)

- Several workgroups that VaOHC convenes are interested in exploring the benefits of a mandated dental visit prior to kindergarten enrollment. At this point, this is just an FYI to the legislative committee but as the workgroups continue to research what is working effectively in other states this may be something that comes to the legislative committee to consider.

Other updates:

- Adult dental is a value-add (limited benefit) that each plan providing coverage on CCC+ included. VHCA (and VaOHC and others) will share information about the benefit and monitor utilization
- VaOHC asked VHI to provide data related to ED visits for dental issues and subsequent prescription fills for an opioid:
 - Virginia Medicaid spent \$3.31 million on 12,617 visits to the emergency room for dental related issues (no treatment is provided in emergency departments)
 - 56% of the Medicaid beneficiaries who visited the ED for dental issues filled an opioid prescription within 30 days at a cost to Medicaid of \$121,269

- SWVa Virginia reports the highest percentage of opioid prescriptions filled (66%) after an ED visit.
- One urban hospital in Virginia reports \$1.4 million in charges for 889 ED visits
- Likelihood of hospital admission following an ED visit for pneumonia increased 19% for patients with dental infections and increased 29% for patients with caries

Next Meetings:

Monday November 20th at 3pm

Tuesday December 19th 3pm (webinar)