Opening Statement
Dennis Kucinich, Chairman
Domestic Policy Subcommittee
Oversight and Government Reform Committee
"Necessary Reform of Dental Care in Medicaid"
September 23, 2008
2154 Rayburn HOB
10:00 A.M.

Nearly a year and a half ago, a twelve-year old boy named Deamonte Driver died of a brain infection caused by untreated tooth decay. Deamonte lived in Prince George's County, Maryland and was a Medicaid beneficiary, and as such was entitled to dental care paid for by American taxpayers. But he hadn't seen a dentist in more than four years.

Since then my Subcommittee began an investigation into the adequacy of pediatric dental care under Medicaid. In May 2007, my Subcommittee held a hearing to examine the circumstances that led to Deamonte's preventable death. Nine months later, we examined what corrective actions the Center for Medicaid and State Operations ("CMS") had taken since Deamonte's death to reform the pediatric dental program for Medicaid eligible children. Today we seek to move beyond identifying problems with our pediatric dental program under Medicaid and start identifying the reforms necessary to fix a broken system. Moreover, we will have the opportunity to recognize federal

and state officials who have taken the lead in fixing this system by implementing some of those reforms.

After our May hearing, I instructed my Subcommittee staff to investigate the adequacy of the dental provider network available to Medicaid eligible children enrolled in the same managed care company that was responsible for Deamonte.

My Subcommittee investigated UnitedHealthCare's dental network and records of claims submitted for services rendered to United beneficiary children in 2006. What my staff found was appalling: Deamonte was far from the only child in Maryland who hadn't seen a dentist in 4 or more consecutive years. In fact, nearly 11,000 Maryland children enrolled in United had not seen a dentist in four or more consecutive years, putting them in the same precarious position that Deamonte was in at the time of his death. The investigation also revealed that United's dental provider network was not nearly as robust as they claimed. We discovered that only seven dentists provided 55% of all dental services rendered in 2006 in the county where Deamonte resided.

Shortly after the release of our investigatory findings in October 2007, I instructed my Subcommittee staff to expand its investigation to three

managed care organizations (MCOs), in addition to United, in three other states and counties. The survey, the results of which I made available to the Center on Medicaid and State Operations by letter last week, assessed United and Healthchoice in Apache County, Arizona; United and Amerigroup in Essex County, New Jersey; United and Keystone Mercy in Philadelphia County, Pennsylvania; and Amerigroup in Prince George's County, Maryland. I ask unanimous consent to enter my letter into the record.

The findings of this expanded investigation reveal that inadequate dental provider networks and poor utilization rates are not limited to any single MCO or to any single jurisdiction. The problems are system wide. Our survey revealed that many, many thousands of children enrolled in Medicaid are not receiving dental care for up to six consecutive years. **[POINT TO SLIDE ONE]** This slide indicates how many children did not see a dentist in four or more consecutive years. The percentage of children enrolled in Medicaid without dental services for four consecutive years between 2003 and 2006 ranged between 25 and 31 percent across all states and MCO's. But percentages are one thing and numbers are another—this means that in Philadelphia County, for example, 34, 947 children enrolled in Key Stone Mercy did not see a dentist between 2003 and 2006. Are any of

those children suffering from untreated tooth decay? If so, will it be caught before it leads to another tragic story?

Our survey also revealed that dental provider networks are as woefully inadequate in these other jurisdictions and MCOs as they were in Prince George's County in 2006. **[POINT AT SLIDE TWO]** In all jurisdictions and among all MCOs examined, only between two and nine dentists performed half of all services rendered to children enrolled in Medicaid in FY 2006. United's dental provider network in Essex County, New Jersey boasts of 203 dentists. At first glance it appears that parents in Essex County can easily access a dentist to treat their child. But look a little closer and you'll find that only 9 dentists of the 203 enrolled in United's network provided 50% of all services to children enrolled in the MCO.

Why are large numbers of dentists enrolled in the Managed care organization's network but not providing care? What will it take to change their status from inactive to active providers of dental care for Medicaid eligible children?

We began to explore answers to this question earlier this year. In February, this Subcommittee held a hearing to evaluate CMS's reforms in pediatric dental care under Medicaid since the death of

Deamonte. The hearing revealed the inadequacy of the Agency's reforms, prompting this Subcommittee to press CMS to do more to achieve greater access to, and utilization of, pediatric dental care. My Subcommittee made six policy recommendations to CMS in this vein **[POINT TO SLIDE 3].** I ask for unanimous consent to enter my letter into the record. **Since that time, CMS has come under new leadership.** Today we will hear from CMS and learn that the Agency has taken great strides in responding to these recommendations. CMS's accomplishments since our last hearing mark a significant and positive shift in its approach to providing dental care for our country's poorest children.

We will also hear from representatives of several state Medicaid agencies whose programs provide instructive lessons for other states struggling to improve their pediatric dental program under Medicaid. We will hear about the positive impact of increasing reimbursement rates in Maryland; about the positive impact of a disease management model in North Carolina; and about the positive impact of creating a single vendor administrator for dental care in Virginia.

The history of pediatric dentistry under Medicaid is deeply disturbing. The system of government and private managed care companies that was entrusted by the American people to take care of children like

Deamonte Driver has been in shambles. According to the Government Accountability Office's most recent report on oral health, not much has changed over the past two and a half decades. GAO's report is the first of its kind since 2000 when the Surgeon General released a report on oral health in the U.S. which found that low-income children suffer twice as much as from tooth decay than do more affluent children.

But our hearing today is going to show that over the past year and one-half, through congressional oversight, the tireless work of advocates, and the dedication of state and federal officials, lessons have been learned since Deamonte's death; initiatives have been undertaken, and a federal agency, long accustomed to a laissez-faire attitude toward Medicaid, has finally awakened. I look forward to hearing the testimony from our witnesses and believe that it will demonstrate to the American people that reform has come to Medicaid, and society can be guardedly optimistic.