



Testimony Supporting S.B. No 191 An Act Concerning Federally Qualified Health Center Payments and the Provision of Nonemergency Dental Services at Such Centers

Karen Siegel, MPH
Human Services Committee
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Dear Senator Moore, Representative Abercrombie, and esteemed members of the Human Services Committee,

Thank you for the opportunity to submit testimony on behalf of Health Equity Solutions in support of S.B. 191 An Act Concerning Federally Qualified Health Center Payments and the Provision of Nonemergency Dental Services at Such Centers. Health Equity Solutions (HES) is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Health Equity Solutions supports this proposal to clarify Medicaid payment practices.

Access to dental care is a crucial part of overall health. Inequities in oral health, like all health inequities, are rooted in structural racism and lead to preventable death and disease. For example, Black and Hispanic residents of Connecticut are disproportionately likely to have lost teeth due to gum disease or tooth decay.¹ Preventive care is a direct solution to these inequities. Requiring Medicaid enrollees to attend multiple visits for services that could be provided in a single visit is an undue burden—causing enrollees to miss work, spend time and money on transportation, and identify additional dependent care, for example. ***By preventing unnecessary inconveniences, S.B. 191 could increase access to preventive oral health care.***

Unfortunately, dental services are not the only health services affected by efforts to maximize visits to maximize reimbursement. HUSKY programs primarily pay for the volume of services received. FQHCs receive a per-visit or per-encounter rate and other providers are paid on a fee-for-service basis. This system incentivizes increasing the number of appointments or billable services.² There are pros and cons to all approaches to payment. One significant concern about a volume-driven system is that it leads to shorter and more frequent appointments. In addition, a fee-for-service or fee-for-encounter system makes it difficult and expensive to incorporate services like nutritional consulting, conversations with a primary care provider about the side effects of psychiatric medications, or support identifying and enrolling in social services, for example. Such systems also limit the ways care can be integrated and coordinated. Value-based payment models that intentionally incentivize reducing disparities in health

¹ Connecticut Department of Public Health. Healthy Connecticut 2020. Retrieved from: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/hct2020/hct2020statehlthassmt032514pdf.pdf?class='no-direct-text-content'

² Berenson, R. A., Upadhyay, D., Delbanco, S. F., & Murray, R. (2016, May 3). Full report. Urban Institute. Retrieved from https://www.urban.org/research/publication/payment-methods-how-they-work/view/full_report

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outcomes could enable providers to employ community-based community health workers, address social and economic factors that impede patients' ability to get and stay healthy, and coordinate with community-based supports. By intentionally centering equity, such models can drive positive change.

Federally qualified health centers are well-positioned to address disparities, serve high rates of Medicaid patients, and are key local partners in addressing social determinants of health and meeting local needs, as evidenced by their role during the pandemic. As early adopters of the patient-centered medical home model³ and as comprehensive sites for medical, oral, and behavioral health services, FQHCs have demonstrated their adaptability and suitability to innovation and centering patient needs in health care. Thus, FQHCs should be included in Medicaid value-base payment models.

Payment models that intentionally address inequities in health care quality and health outcomes could transform Connecticut's health systems to truly meet the needs of all of Connecticut's residents. To this end, ***HES recommends a thorough review of opportunities to advance equity in Connecticut through Medicaid by leveraging value-based payment models that include and extend beyond FQHCs.***

HES also recognizes the constraints of a short session and respects the focused content of this proposal. We aim for these recommendations to inform future efforts to focus Connecticut's public health insurance programs on promoting equity.

Thank you for the opportunity to submit this testimony in support of S.B. 191 An Act Concerning Federally Qualified Health Center Payments and the Provision of Nonemergency Dental Services at Such Centers. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.

³ Changes at community health centers, and how patients are benefiting. Changes at Community Health Centers, How Patients Are Benefiting | Commonwealth Fund. (2019, August 20). Retrieved from <https://www.commonwealthfund.org/publications/issue-briefs/2019/aug/changes-at-community-health-centers-how-patients-are-benefiting>