



**Legislative Alert 2008**  
**March 8, 2008**  
**Issue No. 2**

**Update on the Moratorium on Admissions to the Dental Hygiene Program at CU.**

In January, Dean Denise Kassebaum announced a moratorium on admission to the dental hygiene program at the School of Dentistry at CU. According to the Dean, reductions in State funding to higher education, the discontinuation of significant corporate funding to the School of Dental Medicine, and the Health Science Center's lack of inclusion in the Colorado Commission on Higher Education's formula to allocate resources among institutions have all contributed to the School of Dentistry's increased reliance on tuition and clinical revenues to fund its operations. Thus the Dean has taken action to enhance financial resources by shifting to programs that generate higher revenue. The dental hygiene program cannot generate enough tuition and clinical revenue to support its operations.

According to Colorado State Licensing Board statistics, in 2007 there were approximately 3,000 registered dental hygienists holding active Colorado licenses. The Colorado Health Institute's employment projections for dental hygienists in Colorado show a potential demand for 4,900 dental hygienists in Colorado by the year 2014. With less than 100 new dental hygienists graduating each year from Colorado programs, including 20 graduates from the University of Colorado, Colorado is headed for a crisis of manpower.

Currently, all the dental hygiene programs in Colorado are enrolled at full capacity - closing of any program in Colorado puts in jeopardy our continued efforts to meet the oral health care needs of our residents. Additionally, the program at CU is the only baccalaureate program in Colorado. Suspension of admissions to this program will hamper efforts to recruit dental hygiene faculty at all programs throughout Colorado and develop mid-level oral health providers.

Members of Oral Health Awareness Colorado! (OHAC!) met with Dean Denise Kassebaum on January 25<sup>th</sup> to discuss the circumstances leading up to the decision to place a moratorium on new admissions to the dental hygiene program. Based on that discussion, OHAC! sent letters of concern to Governor Ritter and legislators sitting on the House and Senate Education, Finance and Health and Human Services committees- and requested that individual members do the same. It also was decided to seek funding to contract with an independent consultant to analyze the current status of the dental hygiene program, and evaluate potential options to maintain a baccalaureate dental hygiene program in Colorado. As a result, on February 13<sup>th</sup>, the Department of Dental Hygiene at the University of Colorado contracted with JoAnn R. Gurenlian, RDH, PhD to conduct the analysis. Dr. Guernlian will prepare a report of findings and recommendations for options for the baccalaureate dental hygiene program. The report is scheduled to be delivered in April.

On March 5<sup>th</sup>, representatives of OHAC!, the Colorado Consumer Health Initiative and the Colorado Center for Law and Policy met with Dean Kassebaum and Health Sciences Chancellor Roy Wilson to discuss concerns about the admissions moratorium, provide details regarding the consultant's project, and to solicit the Chancellor's support and participation in the project. The Chancellor has indicated his willingness to participate in the process. It was noted that Dean Kassebaum will be submitting her final recommendations regarding the dental hygiene program in May/June. We stated that we hoped that the information forthcoming in Dr. Gurenlian's report would assist the Dean in the development of a transition plan for the dental hygiene program (should her recommendation be to end the program at the School of Dentistry) and would include an allocation of resources to assist in that process.

Dr. Gurenlian will be coming to Denver in mid- March for a series of meetings and interviews, including one with members of OHAC! At the same time, OHAC! is actively seeking funding for the "next steps" of the project. We continue to educate our advocacy partners and engage them in assisting us with our efforts.

### **Governor Ritter's *Building Blocks for Health Care Reform.***

On February 13<sup>th</sup>, Governor Ritter released his health care reform recommendations. Included in this is a recommendation for increasing Medicaid dental reimbursement rates to 52% of the (median of) commercial rates. OHAC! sent letters of concern to the Governor and the Joint Budget Committee that this 7.38% increase over current rates will not ensure the availability of dentists and dental hygienists to provide the care to Colorado's children.

Citing low participation by providers in the Medicaid program as the primary reason that only 27.3% of children in Colorado received any Medicaid dental services in FY 2006-2007, OHAC! has suggested that the Health Care Financing and Policy's budget be increased this year to bring rates to 65% of the median of commercial rates to help secure the safety net and, in the following year, increase rates to 80% of the median of commercial rates to improve access through increased provider participation. As the "long bill" (budget bill) progresses, OHAC! will continue to advocate for further increases in the Medicaid rate.

### **Medicaid Coverage for Dental Care for Pregnant Women.**

OHAC! has requested that Rep. Anne McGihon include Medicaid dental coverage for pregnant women in her and Sen. Hagedorn's health care reform bill, scheduled for release in late March. We have received positive feedback from Rep. McGihon that this request makes sense given current coverage under CHP+. Currently pregnant women are able to receive limited services under "non-emergency treatment of the oral cavity for adult clients with a concurrent medical condition". In 2007, it is estimated that \$6000.00 was paid for dental services for pregnant women statewide. Barriers to receiving care include: (1) the requirement that in order to receive reimbursement for treatment that the "chronic medical condition" (pregnancy) must be exacerbated by a condition of the oral cavity, and (2) that the treating dentist must submit a *Prior Authorization Request* to obtain approval to treat prior to rendering services- and the

approval is not a guarantee of payment. Given the increased evidence linking periodontal disease and low birth weight babies, OHAC! will continue its efforts to advocate for this coverage.

### **Other Legislation.**

*HB 1116- Dental Assistance Program for Seniors.* OHAC! submitted a letter supporting the legislation's removal of the services and fees from statute and allowing determination through the legislative rule process. An amendment kept the services in statute and will allow fees to be set through rules. HB-1116 passed the House and has been assigned to the Senate Health and Human Services committee.

*SB 160 and 161:* OHAC! has joined other health care advocates to support legislation to improve access to Medicaid and CHP+. SB 160 will expand and simplify health insurance coverage through Medicaid and the Child Health Plan Plus (CHP+) by:

- Expanding CHP+ eligibility from 205% to 225% of the FPL (\$46,000/year for a family of four). The bill will allow the FPL to be raised further to 250% if additional funds are appropriated.
- Covering kids in the same family with the same health insurance program with one provider network and one set of benefits. By increasing eligibility for 7-18 year olds from 100% to 133% percent of FPL, SB160 eliminates the "stair step" eligibility that varies with the age of the child.
- Providing health insurance for kids covered by Medicaid for 12 months.
- Assuring there are community sites around the state where families can get help completing an application for Medicaid or CHP+

SB 161 will reduce barriers to enrollment in Medicaid and CHP+ for currently eligible children by:

- Eliminating the requirements for families to submit paycheck stubs and instead uses available data through the Department of Labor and Employment to verify a family's income.
- Allowing the same data to be used to reenroll children at the end of their eligibility to avoid interruptions in health insurance coverage.

Thank you for your continued interest....and stay tuned!

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