



# 2023 Issue Briefs Summary Points

## Medicaid Dental – Increase Funding to Ensure Adequate Access to Care

- Texas has not increased reimbursement rates for Medicaid dental since 2007.
  - Reimbursement rates have remained the same for 16 years despite the rising costs of providing dental care.
  - A strong network of Medicaid dentists is needed to maintain good oral health for children and special needs patients, and to prevent avoidable increased program costs for the state.
  - Increase Medicaid dental funding by \$190 million GR each year to match 2007 rates in today's dollars.
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## Dental Insurance Reform – Support HB 1527

### Retroactive Denials

- Insurers can make mistakes adjudicating claims.
- It is reasonable to allow them to collect valid overpayment errors within a reasonable timeframe.
- State-regulated insurers should be prohibited from recovering an overpayment made to a dentist unless the carrier notifies the dentist in writing no later than 180 days after the dentist received the overpayment.
- The dentist should have 45 days after receiving the written overpayment notice to agree or challenge the overpayment request.
- If the dentist disagrees with the recovery of funds request, the applicable plan or policy must provide the dentist with an opportunity to challenge or appeal the overpayment recovery request.

### Prohibit Disallow Clauses

- Dental benefits exist to help patients with the cost of dental care, not to determine the clinical decisions made by dentists and their patients.
- State-regulated insurers should be prohibited from using disallow clauses to both deny a dental benefit and prohibit the dentist from collecting any fees associated with the services provided.
- Healthcare decisions are personal, and treatment plans should be made in an informed, transparent, and fair way between the patient and their dentist.

### Silent Insurance Networks (Network Leasing)

- Insurance carriers must properly notify dentists when the insurance plan they join is sold, leased, or rented to a different payor.

- Dentists must have an opportunity to review the network sale or lease agreement, enabling the dentist to proactively decide whether to participate.
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## Texas Dental Students and Schools

### Dental Education Loan Repayment Program Funding

- The DELRP provides a dental school loan repayment incentive to dentists in return for their practice in underserved areas throughout the state.
- History proves the program works and increases access to care by increasing the number of dentists in areas of need.
- Texas needs only 475 existing dentists practicing in underserved areas to meet 100% of the need.
- Reinstating funding to this successful and valuable program means that more dentists will connect with more patients, increasing access to oral health care for more Texans.

### Dental School Funding

- Texas dental schools provide critically needed oral health care to underserved populations.
  - Texas dental schools train a diverse group of future clinicians for important roles in Texas' oral health workforce, improving the oral health of individuals and communities throughout the state.
  - The state provides much of the funding to the dental schools.
  - State dollars to the schools must be increased to ensure that the schools can continue operating their dental clinics and educating and training the state's dental workforce.
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## Access to Oral Health Care

### State Dental Director

- There is no statutory requirement that the dental director for the OHIP at DSHS be a Texas-licensed dentist.
- Mandating in law that the program be led by a dentist ensures that it is directed by a person with the most appropriate level of education and training that the position demands.

### Oral Health Improvement Program Funding

- Failure to treat dental disease has serious economic and medical consequences.
- The OHIP at the DSHS encourages Texans to improve and maintain good oral health.
- The OHIP works with various partners across the state to identify the oral health needs of Texans and the resources to meet those needs.
- Adequate funding helps ensure that the OHIP has the resources necessary to collect, analyze, and disseminate essential oral health data, develop and implement comprehensive oral health education campaigns, and possibly expand the direct delivery of dental services for uninsured children, pregnant women, and other at-risk populations.

### Enhancing Oral Health Care Options for Texans

- Properly trained and educated Texas-licensed dentists can safely administer neurotoxins and dermal fillers for esthetic purposes to patients and should have authority to do so in law.
  - Being able to perform both therapeutic and cosmetic neurotoxin and dermal filler injections expands minimally invasive treatment options to address dental conditions.
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### **Dental Practice Models**

- Texas must ensure that citizens have access to high-quality dental care delivered by licensed dentists.
  - Only dentists have the training and experience required to make appropriate clinical dental treatment decisions.
  - The following principles, which are codified in statute–coupled with strong, effective laws and regulations of dentists and dentistry–protect Texas dental patients:
    1. Dental practices in Texas must be owned by dentists.
    2. Dentists are the head of the dental team.
    3. Dentists must make all decisions regarding clinical care without improper influence from non-dentists, as dentists are ultimately and appropriately held accountable for the care rendered.
  - Non-dentists who influence clinical care should be held accountable for their illegal actions, as they undermine the safety of patients and sanctity of the dentist-patient relationship.
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### **Scope of Practice**

- The TDA is committed to working with state and community leaders to identify and advance solutions that meaningfully address barriers to oral health care for Texans.
- Dentists, as the head of the dental team, are properly educated and trained to provide comprehensive care to patients.
- Every Texan–regardless of where they live or their socio-economic status–deserves to be treated by a dentist.