

SUBJECT: Developing a dental services pilot program in border region

COMMITTEE: Public Health — favorable, without amendment

VOTE: 7 ayes — Gray, Coleman, Capelo, Glaze, Longoria, Maxey, Uresti
1 nay — Wohlgemuth
1 present not voting — Delisi

WITNESSES: For — *Registered but did not testify:* Leticia Moreno Caballero, Texas Academy of Internal Medicine; Susan Baumbach, Texas Dental Association
Against — None
On — *Registered but did not testify:* Dr. Jerry Felkner, Texas Department of Health

DIGEST: HB 2614 would direct the Texas Department of Health (TDH) to develop and implement a dental care pilot program designed to improve the dental health of indigent residents of the border region.

The Texas Board of Health would adopt rules for the implementation of the program and would establish eligibility criteria based on income level.

TDH would determine which services the pilot program could provide at no cost, including screening, fillings, cleanings, and other dental services. TDH also would monitor and evaluate the quality of dental service provided.

TDH would report to the Legislature on the program's cost-effectiveness, its effect on the quality of dental care received by participants, and would make recommendations for the project's future by December 1, 2002.

The bill would take effect September 1, 2001, and the pilot program would expire September 1, 2003.

SUPPORTERS
SAY:

HB 2614 is needed to provide dental care to poor children in the border region. Poor access to dental care can lead to serious medical problems. The screening, prevention, and treatment from this pilot program could be the only dental care many of these children have ever received.

Dental care can keep children healthy and could reduce the state's Medicaid expenditures. Regular screening and education can prevent dental problems such as decay from becoming serious medical problems that could cost more to treat and have less certain outcomes.

A dental services pilot program could educate the state about unique health care issues on the border that might not be evident until a program was in place. Also, a pilot program would allow the Legislature to test and evaluate the program before it became permanent.

OPPONENTS
SAY:

HB 2614 would not target children. Unless the bill was amended to specify children, it would provide dental services to any indigent individual in the border region, regardless of age. Given that the fiscal note was based on providing dental care to children, the cost to the state to provide dental health to any indigent individual along the border could be much higher.

Even if amended, this bill would not provide new dental care. Children who live in families with income below 100 percent of the federal poverty level (FPL) and resources below a certain level are eligible to receive Medicaid, which already provides dental care.

The money that this bill would require could be better spent. The fiscal note estimates \$1.1 million in fiscal 2002-03. That funding could be used to provide outreach to enroll eligible children in Medicaid or inform Medicaid recipients that they were eligible for dental services.

NOTES:

The author intends to offer an amendment to specify that only children would be eligible for dental services under the pilot program. The amendment also would define eligibility in the bill, rather than by board rule.

The fiscal note attached to HB 2614 estimates a cost for the programs of \$1.1 million in general revenue in fiscal 2002-03. It assumes a 12-month delay for implementation of rules and that TDH would pattern the program after the Dental Public Health Fee for Service Program and provide services

to children under the age of 18 in families below 185 percent of the Federal Poverty Level (FPL) who were not eligible for Medicaid or CHIP.

The House-passed version of SB 1 by Ellis, the fiscal 2002-03 general appropriations bill, included a contingency rider in the Article 11 “wish list” for \$1 million for Strategy D.1.1, Women’s and Children’s Health Services for providing dental care to children in underserved areas.