

2022 -- S 2693

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

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A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

Introduced By: Senators Mendes, Calkin, Bell, Anderson, Mack, and Acosta

Date Introduced: March 17, 2022

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

1 Legislative intent.

2 (1) Every child is born with the foundations to have good oral health which should last  
3 throughout their lifetime. What alters an individual's ability to receive basic, quality oral health  
4 care depends on their ability to access dental providers and obtain treatments is often equated to  
5 insurance coverage determined by their socioeconomic status.

6 (2) Good oral health from birth is a critical component of overall well-being and is essential  
7 to an individual's quality of life. A healthy mouth is meant to last a lifetime and contributes to an  
8 individual's self-esteem as well as to their total overall health.

9 (3) Cavities remain the most prevalent, chronic and curable disease of childhood, but some  
10 100 million Americans fail to visit dental offices for routine and preventive care.

11 (4) Untreated dental decay can cause pain and infection and increases the problems with  
12 eating, digestive disorders, and can affect speech development. Between the years 2015 and 2019,  
13 an average of four hundred sixteen (416) children, under the age of twenty-one (21), were treated  
14 for primary dental related conditions in RI emergency rooms. Between 2010 and 2019, an average  
15 of seventy-six (76) children, under the age of twenty (20), were hospitalized with a diagnosis that  
16 included oral health conditions. Within the same period eighteen (18) individuals, under the age of  
17 twenty (20), were hospitalized for oral health conditions as the primary reason for admittance.

18 (5) Oral health inequities exists in all ages and if not addressed at an early age are  
19 compounded with an exponential rise in the cost of care. Issues surrounding oral health disparities

1 and equities are multifaceted, including workforce (recruitment, retention, advancement), oral  
2 surgery access, preventive and restorative care.

3 (6) Children, adults (individuals over twenty-one (21) years old) and the elderly are reliant  
4 on in-network Medicaid providers to provide basic essential dental care that adds to the overall  
5 well-being and reduces the prevalence of natural dentition loss and emergency room care.

6 (7) Costs in providing dental care has increased significantly over the last thirty (30) years  
7 and more with impact of COVID-19. Commercial and Medicaid reimbursements have not  
8 maintained pace with inflation.

9 (8) Medicaid reimbursement rates for dental treatment and providers have not been  
10 increased since 1992. As a result, fewer than nineteen percent (19%) of Rhode Island dentists  
11 participate in Medicaid. Rhode Island dentist participation in Rhode Island is the third lowest in the  
12 U.S. according to data from the American Dental Association. The reimbursement rate to private  
13 practices is less than half of neighboring Massachusetts and Connecticut.

14 (9) Rhode Island increased its primary care investment by nearly forty percent (40%)  
15 between 2008 and 2012 which led to ninety-five percent (95%) of practice sites achieving “medical  
16 home” status.

17 (10) An increased investment in dental health care services which includes all ages for  
18 treatment services, is anticipated to increase access to care and decrease overall costs to the health  
19 care system by reducing hospital OR utilization and ER and inpatient care similar to the results  
20 achieved by increasing primary care investment.

21 (11) Therefore, the state of Rhode Island reaffirms its commitment to achieving parity and  
22 hereby requires all commercial and public payors to increase their rates of reimbursement for all  
23 in-network dental care services.

24 SECTION 1. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby  
25 amended by adding thereto the following section:

26 **40-8-33. Rates of payment for in-network dental care services.**

27 (a) Effective January 1, 2023, Rhode Island Medicaid and its contracted managed care  
28 entities shall increase rates of reimbursement for each in-network dental care service, by a  
29 minimum of sixty percent (60%) over the following five (5) years, with a minimum increase in the  
30 first year of twenty-five percent (25%) and a minimum increase of eight and seventy-five  
31 hundredths percent (8.75%) each year thereafter. The total minimum increase of sixty percent  
32 (60%) must be completed on or before July 1, 2027.

33 (b) Each of Rhode Island Medicaid’s contracted managed care entities shall collect and  
34 provide the executive office of health and human services (EOHHS), in a form and frequency

1 acceptable to EOHHS, information and data reflecting its increase to reimbursement rates for each  
2 in-network dental care service and hospital service.

3 (c) On or before July 1, 2023, EOHHS, in collaboration with the office of the insurance  
4 commissioner shall issue a report to the general assembly which shall include recommendations  
5 for evidence-based rate increases to be applied to each in-network dental care service. This report  
6 shall include a justified cost estimate to implement such rate increase recommendations.

7 (d) EOHHS shall monitor how reimbursement rate increases described in this section affect  
8 patient access to dental care services, including, but not limited to, any changes related to dental  
9 health care network adequacy. On or before July 1, 2023, and each July 1 thereafter, EOHHS shall  
10 report any changes to dental health care access and network adequacy to the general assembly.

11 (e) On or before July 1, 2027, EOHHS shall notify the general assembly in writing and post  
12 a report to the general public on their website when each contracted managed care entity has met  
13 their rate increase obligations as described in this section.

14 (f) Non-compliance with this section shall require a corrective plan of action within ninety  
15 (90) days of notice by the EOHHS.

16 (g) EOHHS shall promulgate such rules and regulations to effectuate the purpose, efficient  
17 administration and enforcement of this section.

18 SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

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1           This act would increase the Medicaid rate of reimbursement for in-network dental care  
2 services.

3           This act would take effect upon passage.

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