



ODHA Lobby Day 2015 Issues of Interest (Professional/Student copy)

April 15, 2015

House Bill 1 (Support)

- Encourage the \$35 Million in fiscal year 2016 and \$35 Million in fiscal year 2017 for the proposed Workforce Grant Program.
- Support requirement of the Chancellor to do develop metrics showing the number of grants awarded and the number of grant recipients who became employed in an in demand job within 12 months of completing a qualifying degree, certification, or license.
- Believe the metric should be completed before 2018. Testified on the need for a review of scope of practice changes to encourage more job opportunities. ODHA will pursue in a separate bill.
- Appreciate the \$5,000 per academic year grant funds, not to exceed 75% of the cost of tuition per academic year. (*Students share story about tuition costs and length of program*).
- Support effort to create lists of in-demand jobs in the state and in each region. (*There are 84 Dental Health professional shortage areas throughout the state; these areas should be included in the regional in-demand job areas*)

House Bill 64 (Budget Bill) (Support)

- **Budget bill proposes to increase Medicaid dental provider rates by 1% or \$5 million in the 2-year budget.**
- Increases in Dental Services Medicaid reimbursement rates has not occurred since 2000; ODHA argues that the increases are well overdue.
- Traditionally, many patients have had trouble finding dentists willing to treat them because of Medicaid's low reimbursements.
- Last year, House Bill 463 was enacted with a provision that allowed a dentist to supervise 4 dental hygienists at a time.
- If a dentist hired that one additional hygienist to work specifically on Medicaid patients the position would pay for itself and more patients would have access.
- Additionally, in 2010, the General Assembly authorized the Oral Health Access Supervision Program (OHASP) to allow a hygienist to work with more flexibility under a supervising dentist in underserved areas.

- **Adding the ability for a hygienist to bill Medicaid could streamline this program even further because a hygienist may be working under the supervision of a dentist who does not have a Medicaid provider number because they do not traditionally accept Medicaid patients.**

Infant Mortality

- The Department of Health has identified Ohio as one of the worst states in the nation for infant mortality.
- Part of the issue is babies are being born pre-term or prior to the 39th week of pregnancy.
- One significant topic related to infant mortality that is not widely discussed is the mother's oral health.
- "Maternal periodontitis has been linked to adverse pregnancy outcomes, such as preterm birth, low birth weight, growth restriction, and preeclampsia."
- We applaud the General Assembly and the Administration's effort to require enhanced care management services for both pregnant and non-pregnant women in the most high-risk neighborhoods as a strategy to improve the health status and future birth outcomes.
- **The Department of Medicaid should consider requiring, or at least encouraging, dental cleanings for all expectant mothers covered by Medicaid to help improve this important health indicator, especially since there is a proposed increase in this budget for Medicaid dental rates.**

Job market/Job opportunities/practice limitations

- Share challenges you are facing in finding/landing/keeping a job.
- Are you planning on working in Ohio after graduation?
- Is there a state you are considering moving to with a less restrictive practice act?
- Where could you/should you work?

(On the legislators sheets)

- Many hygienists are facing challenges in finding/landing/keeping a job because of a lack of open positions.
- The state can encourage students to go into dental hygiene, but the jobs aren't there after graduation
- Many hygienists are dual licensed in surrounding states with less restrictive practice acts.
- Hygienists should have less restrictions to be able to be hired directly by nursing homes, hospitals, schools. This will generate jobs and lower overall health care costs.