

Testimony of Becca Matusovich
Children's Oral Health Network of Maine
on LD 307: An Act to Lower the State's Health Care Costs
Before the Joint Standing Committees on Health and Human Services
Public Hearing: March 5, 2024

Senator Baldacci and Representative Meyer, and members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services. My name is Becca Matusovich and I am the Executive Director of the Children's Oral Health Network of Maine. Our Network is a collaborative effort, funded primarily by philanthropic dollars, which aims to make Maine a place where all children can grow up free from preventable dental disease. We are testifying against LD 307: An Act to Lower the State's Health Care Costs.

This bill would implement a managed care carve-out for MaineCare's dental services under the assumption that it would lower the state's health care costs and hopefully incentivize better access to dental care for MaineCare members by contracting out the oversight of dental benefits. We applaud the goals of this bill but we are concerned that this is not the right solution, at least not at this point in time, for a number of reasons.

First, managed care generally speaking has not yet been shown to significantly address the kinds of challenges we are facing around access to care and quality of care.

<https://www.macpac.gov/subtopic/managed-cares-effect-on-outcomes/>

Some recent experiences of other states have shown reduced access for children with Medicaid upon transitioning from a Fee for Service structure to Managed Care.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9314593/>

MaineCare does not have a dental director, or any staff roles whose time and attention is fully dedicated to focusing on the oral health care delivery and payment system. For better or worse, the dental system has long been set up differently and separately from medical and behavioral health systems, and without someone who has a dedicated focus and sufficient time to understand the complexities of it, I fear we will continue to struggle to overcome the current perfect storm of challenges that keep dental care inaccessible to the overwhelming majority of people with MaineCare. Given the current staffing, I don't believe the department has the capacity to develop and manage a well-constructed contract that could capitalize on the potential advantages of managed care while avoiding the potential pitfalls.

Additionally, access issues are not limited to people with MaineCare - the oral health system as a whole has been unable to grow and maintain a workforce with the capacity to serve all people in Maine. This is why our top priority this year is to finish funding LD 1837, which you heard from us on last week in the budget hearings. A new administrator of MaineCare benefits won't fix the underlying reasons for Maine's dental workforce challenges, but it could drain time and energy from the few people working on this issue, who are already overstretched. It also would insert

numerous unknown and unpredictable variables into a system that is already in a very precarious and rapidly deteriorating situation.

The MaineCare dental provider network is on very thin ice right now. While I am open to the possibility that managed care might be able to offer opportunities for improvement under the right circumstances, right now the provider network is in survival mode, and we need to work on stabilizing the system. There are many questions about how this transition to managed care would be designed and managed, and it's not clear who has the answers.

We are suffering from a dental crisis in this state and it seems unlikely that managed care is a silver bullet that will solve all our problems. However, the status quo is not really an option either and we do applaud the desire for action that this bill represents. If you do decide to move forward with this proposal, please ensure that it includes an intentional and inclusive process to surface and work through the many questions about the details of how such a contract would work. For a transition to managed care to be successful, the design must be transparent, patient-centered, and informed by the whole range of perspectives representing MaineCare members, community advocates, and providers with experience delivering MaineCare services.

I am happy to answer any questions you may have. Thank you for your support on this important issue.

Other overview links that have informed our thinking on this issue:

Medicaid Managed Care 101: <https://www.ncsl.org/health/medicaid-managed-care-101>

Medicaid Managed Care: Costs, Access, and Quality of Care:

<https://www.cancercarediff.org/wp-content/uploads/2020/12/managed-care-rwif.pdf>