

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Committee Substitute

for

Senate Bill 648

SENATORS TAKUBO, MANN, MARONEY, PREZIOSO,
STOLLINGS, WELD, BALDWIN, CLINE, HARDESTY,
LINDSAY, PALUMBO, PLYMALE, UNGER, ROBERTS, AND
RUCKER, *original sponsors*

[Originating in the Committee on Health and Human
Resources; reported on February 14, 2020]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §9-5-12a, relating to providing dental coverage for adult Medicaid recipients;
3 providing limitations; defining terms; designating the Department of Health and Human
4 Resources as the responsible department to implement these provisions; providing
5 effective date; and providing for the Department of Health and Human Resources to seek
6 authority for the Centers for Medicare and Medicaid Services to implement the program.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-12a. Medicaid program; dental care.

1 (a) The Legislature finds that:

2 (1) Medical and social research demonstrate dental care is vitally important for everyone
3 and significantly affects overall health, employability, and social inclusion. Dental diseases are
4 caused by bacterial infections spread through contact with saliva and, without treatment, are
5 progressive in nature and pose a serious threat to public health;

6 (2) Lack of dental care is a recognized indicator of greater likelihood of chronic illnesses
7 and poor health outcomes;

8 (3) Preventive dental care and early treatment to maintain health have been shown to be
9 a more financially efficient form of care resulting in reduced expenditures to treat other chronic
10 and serious conditions;

11 (4) Many West Virginians, including those residents enrolled in Medicaid, who live in rural
12 areas or are experiencing a disability, are frequently unable to find or see a dentist or pay for
13 dental care; and

14 (5) West Virginians with disabilities, of whom approximately 50 percent are insured by
15 Medicaid, have been disparately impacted by the lack of coverage and furthermore have
16 additional difficulties as many dental practices are not inclusive of people experiencing disabilities;

17 (6) The Department of Health and Human Resources is responsible for funding, promotion

18 of access and quality, maintaining health care infrastructure, especially in rural areas, and
19 payment policies that influence the behavior of providers and determine their financial viability;

20 (7) Dental patients now struggle to have overall good health and providers are less likely
21 to participate in Medicaid when denied the ability to treat oral disease;

22 (8) Similarly situated states that reduced their adult dental coverage under Medicaid
23 reported increases in dental-related emergency department visits and costs for adults, while at
24 the same time experiencing a significant drop in children’s dental-related emergency department
25 visits after dental coverage became an Essential Health Benefit for children;

26 (9) Hospital emergency departments are not trained or equipped to definitively resolve
27 dental diseases, and often provide only palliative care and/or antibiotics for temporary relief of
28 chronic and acute bacterial infections;

29 (10) West Virginians have increasingly turned to opioids to self-manage painful oral
30 diseases; and

31 (11) West Virginians who successfully complete treatment for opioid misuse are suffering
32 in their inability to get adequate dental care to improve their chances of employment after
33 rehabilitation.

34 (b) “Cosmetic services” means dental work that improves the appearance of the teeth,
35 gums, or bite, including, but not limited to, inlays or onlays, composite bonding, dental veneers,
36 teeth whitening, or braces.

37 (c) “Diagnostic and preventative services” means dental work that maintains good oral
38 health that includes oral evaluations, routine cleanings, x-rays, fluoride treatment, fillings, and
39 extractions.

40 (d) The Department of Health and Human Resources shall extend Medicaid coverage to
41 adults age 21 and over covered by the Medicaid program for diagnostic and preventative dental
42 services and restorative dental services, excluding cosmetic services. This coverage is limited to
43 \$1,000 each budget year. Recipients must pay for services over the \$1,000 yearly limit. No

44 provision in this article shall restrict the department in exercising new options provided by, or to
45 be in compliance with, new federal legislation that further expands eligibility for dental care for
46 adult recipients.

47 (e) The Department of Health and Human Resources is responsible for the implementation
48 of and program design for a dental care system to reduce the continuing harm and continuing
49 impact on the health care system in West Virginia. The dental health system design shall include
50 oversight, quality assurance measures, case management, and patient outreach activities. The
51 Department of Health and Human Resources shall assume responsibility for claims processing in
52 accordance with established fee schedules and financial aspects of the program necessary to
53 receive available federal dollars and to meet federal rules and regulations. The Department of
54 Health and Human Resources shall seek authority from the Centers for Medicare and Medicaid
55 Services to implement the provisions of this article.

56 (f) This section is effective for policies, contracts, plans or agreements, beginning on or
57 after January 1, 2021. This section applies to all policies, contracts, plans, or agreements, subject
58 to this article that are delivered, executed, issued, amended, adjusted, or renewed in this state on
59 or after the effective date of this section.

NOTE: The purpose of this bill is to expand the Medicaid program to include diagnostic and preventative and restorative dental coverage for adults 21 and over, to establish an amount of coverage available, to identify the responsible state department, and to require DHHR to seek authority from the Centers for Medicare and Medicaid Services to implement the program.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.