

COMMONWEALTH OF MASSACHUSETTS  
SPECIAL COMMISSION ON ORAL HEALTH MEETING  
ACCESS & COVERAGE SUBCOMMITTEE

Friday, January 17, 2025  
Via Microsoft Teams  
11:00 AM  
General (Open Session) Meeting Minutes

Commission Members

Present: 6

1. Chair: Michael Monopoli
2. Alex Sheff
3. Siobhian Sprott
4. Samantha Jordan
5. Caitlin Sullivan
6. Michael Scialabba at 11:08 AM

Commission Members

Not Present: 3

1. Tracye Moore
2. Gina Terenzi
3. Erin Bonney

Staff Present:

1. Matthew Horan

**I. Welcome**

**II. Call to Order | Determination of Quorum**

Time and call to order (11:00 AM by Michael Monopoli)

#Present: 5

1. Chair: Michael Monopoli
2. Alex Sheff
3. Siobhian Sprott
4. Samantha Jordan
5. Caitlin Sullivan

# Absent: 4

1. Tracye Moore
2. Gina Terenzi
3. Erin Bonney
4. Michael Scialabba

# Recused: 0  
# Abstained: 0

### **III. Approval of Agenda**

#### DISCUSSION

Review posted agenda, no changes

#### ACTION

Motion by Michael Monopoli to approve the agenda, Samantha Jordan seconded, and unanimously approved by a roll call vote as follows:

#Approve: 5

1. Chair: Michael Monopoli
2. Alex Sheff
3. Siobhian Sprott
4. Samantha Jordan
5. Caitlin Sullivan

# Absent: 4

1. Tracye Moore
2. Gina Terenzi
3. Erin Bonney
4. Michael Scialabba

#Recused: 0  
#Abstained: 0

Members who join late:

- Michael Scialabba at 11:08 AM

### **IV. Work on the Plan for Developing an Oral Health Needs Assessment**

Document: Michael Monopoli shared "AC subcommittee- slides 1-17-25"

#### DISCUSSION

- Group member introductions including their unique skills and passions for access & coverage
- Reviewed the goal of reviewing potential topic areas at today's meeting
- The work plan was reviewed along with the paired timeline for the next subcommittee meetings
- Discussion of draft topic areas, as listed on the slides, was opened for the group

- Differential payment in underserved areas was reviewed, particularly around strategies to be most effective
- There's a need for data and a shared definition to help define "underserved area" – a suggestion of an underserved area being a combination of higher Medicaid enrollment paired with low utilization of dental services was shared
- Coverage – Massachusetts has full adult dental coverage currently
  - Budget threats at the state level and potential federal Medicaid cuts
  - A policy position around adult dental benefits was recommended
  - A focus on the adult Medicaid population is needed
- Access to services – a need to include operating room access for pediatric patients, adults, and there's a high need for seniors for access to care
- Access barrier – student loans and the barriers on where to practice were discussed:
  - The concept that younger dentists want to stay in the city or move south (out of state) due to the high cost of living paired with the burden of student debt
  - Reimbursements have also not increased significantly across dentistry
  - There are fewer incentives for opening a practice than there were years ago
- A risk of a potential statewide dental provider shortage was emphasized
- We need a standard definition of access and what it means to be met
- Dental coverage outside MassHealth needs to be reviewed including utilization rates and plan maximums
  - Lack of utilization was discussed – fear and cost were shared as the top 2 reasons
  - The perception of dental care and its high cost is intergenerational
- Medicare Advantage plans were reviewed, and the potential scope of the group's work was debated, a potential to comment on federal policy in the final report was discussed
- Medical debt in dentistry was reviewed, but also medical credit as something patients may rely on to remove a barrier to care
- Telehealth – Massachusetts has one of the country's most broad-reaching and effective telehealth policies. The relationship between improving access and portable/mobile care was presented and emphasized.
  - Underutilized because of ambiguity around the understanding of what can be billed
  - Technological limitations and challenges
  - How can providers share information and share best practices
  - A need to have systems-level statewide support was suggested
- School-based health centers were raised as a potential for mobile outreach
- Mobile dentistry is currently a "one-off" approach, a goal of acting in a more systematic, higher-level, and organized way was discussed
  - Other states have a coordinator position within their Office of Oral Health that is solely focused on this work and often one for care coordination
  - The importance of linking mobile care to traditional brick-and-mortar clinics for higher-level services was emphasized
- Care coordination need was shared
  - Transferring information between providers to improve care
    - Including non-dental providers
  - The need for coverage by insurance
- Language access is an important topic area

- Providers and staff
- Languages spoken by communities
- Potentially utilization rates by language spoken and their areas of geographic concentration
- Accommodation versus what can be expected for providers to provide as a business case was emphasized
  - Use of simple phone translation should be allowable due to the cost – mentions of noncertified translation service examples were reviewed
  - The need for insurance coverage for translation
  - The need for innovation and balance in this area was highlighted
- The language needs for care coordination and scheduling were also emphasized
- Fluoride was raised
  - Potential changes and a potential future problem
  - Is there a correlation on a map between communities without fluoride and those with access to care challenges? The lens of that being a double challenge was raised.
- Minimally invasive care
  - Not currently appreciated by dentists or payers – could be an access-to-care solution
- Social determinates of health
  - Dental office hours as an access limitation
  - Childcare needs
  - Many offices don't have the staffing for weeknights and weekends. Many are still not back to pre-COVID staffing levels. Many cannot fill vacancies. Fewer staff members want to work full time or full time often means fewer total number of hours than pre-COVID
- Dental assistants – nearly all are on-the-job trained, and very few go to dental assisting schools
- Amongst providers participating with third-party payers, what is the trend? Are providers now less likely to accept any insurance?
  - From the consumer standpoint – out of pocket costs are rising
  - The concept of being out of network is potentially less of a problem than it was in the past, a comparison to the veterinarian care payment model was made. The benefit of the patient paying upfront first but being reimbursed within a few days was highlighted
  - The gain of many insurances offering a carryover benefit more recently was emphasized
- Early data approaches to include
  - insurance design query and payers
  - questions of consumer perception – the need to review past CHIA surveys and potentially include dental-focused questions in the future
- The time for a new provider to be credentialed with payers impacts access to care
  - 90 days at a minimum for nearly all payers
  - MassHealth expects 30-60 days
  - At least one dental plan does it in 5-7 days

- Some payers take over 180 days or even more than 1 year for a new provider to be credentialed
- A dream for providers to check a box while getting a dental license to be able to be immediately be considered a MassHealth provider was shared
- Access for patients with disabilities was broadly highlighted as an access challenge
- A potential tax on sedation in outpatient centers was raised within recent legislative activity around market oversight, the interpretation of the provisions around ambulatory surgical centers was highlighted as a potential negative impact on access to dental care
  - The challenge of how to examine operating room access for dental providers by time and by patients that are waiting and need access
  - The cost barriers for going into the operating room
  - What facilities allow dental operating room cases and time
  - What are the barriers to dentists getting privileges to a facility with dental operating room time
  - The statewide shortage in anesthesia providers was emphasized
  - In other states a traveling group can provide sedation services to help facilitate increased access
- Group assigned to review the subtopics list and think about the data table related to each before the next meeting

## **V. Adjourn**

### DISCUSSION

None.

### ACTION

Motion by Michael Monopoli to adjourn the meeting, seconded by Michael Scialabba, and unanimously approved by roll call vote as follows:

#Approve: 6

1. Chair: Michael Monopoli
2. Michael Scialabba
3. Alex Sheff
4. Siobhian Sprott
5. Samantha Jordan
6. Caitlin Sullivan

# Absent: 3

1. Tracie Moore
2. Gina Terenzi
3. Erin Bonney

# Recused: 0

# Abstained: 0

*Let the record show the meeting adjourned at 12:28 PM.*