

MAINE STATE LEGISLATURE

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124th MAINE LEGISLATURE

FIRST REGULAR SESSION-2009

Legislative Document

No. 1086

S.P. 404

In Senate, March 17, 2009

**Resolve, Directing the Department of Health and Human Services
To Implement an Oral Health Capitated Care System for Children
Covered by MaineCare and the Children's Health Insurance
Program**

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Joy J. O'Brien".

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator MILLS of Somerset.

1 **Preamble. Whereas,** there is a perennial shortage of dental services for children
2 covered by MaineCare and the State Children's Health Insurance Program, known as
3 SCHIP; and

4 **Whereas,** tooth decay is the most common chronic disease of childhood, 5 times
5 more frequent than asthma; and

6 **Whereas,** children in lower-income homes consistently suffer more tooth decay, yet
7 children with the greatest need have the least access to care; and

8 **Whereas,** children in lower-income homes are predisposed to dental disease because
9 of dietary, behavioral and socio-environmental factors that overwhelm the limited
10 preventive interventions available to them; and

11 **Whereas,** a major contributor to the overuse of emergency rooms is the treatment of
12 acute and painful dental conditions in children; and

13 **Whereas,** pain from untreated dental caries is a major contributor to poor school
14 performance; and

15 **Whereas,** there are few dentists willing or able to provide dental care under
16 MaineCare on a fee-for-service basis; and

17 **Whereas,** needy children are unable to find a nearby dental medical office from
18 which to receive continuity of care and follow-up for acute and preventive services; and

19 **Whereas,** the complexity of the state payment system is a factor in discouraging
20 dentists from participating in care funded by MaineCare and SCHIP; and

21 **Whereas,** excessive travel distances and the opportunity for only sporadic dental
22 care contributes to missed appointments, loss of continuity in care and substantial
23 inconvenience to cooperating dental practices; and

24 **Whereas,** a properly structured capitated care system would relieve the system of
25 many of its present deficiencies, expand opportunities for continuous and effective care,
26 and reduce overuse of emergency rooms; now, therefore, be it

27 **Sec. 1. Capitated care system. Resolved:** That the Department of Health and
28 Human Services shall establish and implement a 4-tiered capitated oral care system for
29 children covered by MaineCare and SCHIP as described in the report entitled "Pediatric
30 Dental Care in CHIP and Medicaid: Paying for What Kids Need; Getting Value for State
31 Payments" published in July 1999 by the Milbank Memorial Fund; and be it further

32 **Sec. 2. Levels of care. Resolved:** That the capitated oral care system under
33 section 1 be based on assigning each child's initial needs into one of 4 levels of care:

- 34 1. Diagnostic, preventive and disease management services;
- 35 2. Basic restorative care;

- 1 3. Advanced restorative care; and
2 4. Catastrophic care; and be it further

3 **Sec. 3. Payment. Resolved:** That periodic payments be established for each
4 level of care under section 2 in order to relieve dental practices of the burden of filing
5 fee-for-service forms; and be it further

6 **Sec. 4. Rulemaking. Resolved:** That the Department of Health and Human
7 Services shall adopt rules to implement the provisions of this resolve. Rules adopted
8 pursuant to this section are routine technical rules as defined by the Maine Revised
9 Statutes, Title 5, chapter 375, subchapter 2-A.

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SUMMARY

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This resolve directs the Department of Health and Human Services to establish and implement a 4-tiered capitated oral care system for children covered by MaineCare and SCHIP based on assigning each child's initial needs into one of 4 levels of care: diagnostic, preventive and disease management services; basic restorative care; advanced restorative care; and catastrophic care.