

# HOUSE BILL REPORT

## SSB 6549

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**As Reported by House Committee On:**  
Health Care & Wellness  
Appropriations

**Title:** An act relating to expanding the access to baby and child dentistry program to serve children with disabilities.

**Brief Description:** Expanding the access to baby and child dentistry program to serve children with disabilities.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Rolfes, Cleveland, Conway, Saldaña and Sheldon).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/21/18, 2/23/18 [DP];  
Appropriations: 2/24/18, 2/26/18 [DP].

**Brief Summary of Substitute Bill**

- Expands the Access to Baby and Child Dentistry program to provide services and benefits to children with disabilities up to 13 years old.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 17 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Rodne, Slatter, Stonier and Tharinger.

**Staff:** Chris Blake (786-7392).

**Background:**

The Health Care Authority (Authority) administers the Medicaid program which is a state-federal program that pays for health care for low-income state residents who meet certain eligibility criteria. Benefits under the program vary according to a person's eligibility

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category which is determined by several factors, including income, age, health condition, and disability status. Dental services for Medicaid clients are provided through a fee-for-service arrangement in which the dentist bills the Authority directly.

Children under six years old who are enrolled in Medicaid may participate in the Access to Baby and Child Dentistry (ABCD) program at the Authority. The ABCD program provides enhanced fees to participating health care providers who provide additional services to participating children. The Washington Dental Service Foundation provides management services, funding, technical assistance, and provider recruitment and training for the ABCD program. The objective of the ABCD program is to identify and remove obstacles related to early preventive treatment such as transportation and language interpretation barriers. The additional services include family oral health education, application of fluoride, oral evaluations, restorations, therapeutic pulpotomies, amalgam and resin restoration on primary teeth, and services related to crowns. Participating providers include ABCD program-certified dental providers and other health care providers who have been approved by the Authority, including physicians, osteopathic physicians, advanced registered nurse practitioners, physician assistants, and osteopathic physician assistants.

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#### **Summary of Bill:**

The Access to Baby and Child Dentistry (ABCD) program is expanded, subject to appropriated funds, to provide services and benefits to children with disabilities up to 13 years old. The Health Care Authority (Authority) must pay enhanced fees to dentists and dental hygienists for ABCD program services provided to enrolled children with disabilities. The dentist or dental hygienist must be certified by the Authority to provide ABCD program services to children with disabilities. To become certified, the provider must be licensed as either a dentist or dental hygienist and complete a course on treating children with disabilities.

The Authority must submit reports to the health care and fiscal committees of the Legislature by December 15, 2018, and December 15, 2019. The reports must address the number of dentists and dental hygienists participating in the ABCD program and the number of children with disabilities who received treatment through the ABCD program.

Children with disabilities include children under 13 years old with specified disabilities and who are eligible for low-income health coverage programs. The identified disabilities include those attributable to intellectual disability, cerebral palsy, epilepsy, autism, or other neurological conditions closely related to an intellectual disability. In addition, the term includes conditions that require treatment similar to that required for persons with intellectual disabilities, which has continued or can be expected to continue indefinitely, and that constitutes a substantial limitation to a person.

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**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 7, 2018.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) The Access to Baby and Child Dentistry (ABCD) program is a nationally recognized model that has been incredibly successful at increasing access to dental care for young children. Utilization rates for children birth to five years old in Medicaid have more than doubled since the program began and countless children have been provided with a dental home. Patients in the ABCD program are more likely to seek help before problems arise. The ABCD program is very cost-effective as its focus on prevention and early intervention can substantially reduce the need for future costly dental care. Oral disease is almost entirely preventable and is linked to overall adverse health outcomes. Painful cavities make it hard for children to learn.

Expanding the program for children older than five years old with developmental disabilities is a necessary next step and will assure that some of the state's most vulnerable populations will be provided with comprehensive dental benefits, a dental home, and a better chance of maintaining a lifetime of good oral health. It makes sense to build on the existing ABCD program model and expand eligibility for other populations. Going to the dentist can be very stressful and even more stressful for children with special needs. Dental providers need to adjust their care to meet the needs of children with special needs, such as dimming lights or conducting examinations while standing. Part of this program is going to increase training for general dentists so they will understand some of the triggers that these children have and be able to treat these patients with the best quality. The inclusion of dental hygienists in the program is appreciated.

(Opposed) None.

**Persons Testifying:** Alison Mondy, Arcora Foundation; Melissa Johnson, Washington Dental Hygienists Association; Emily Lovell, Washington State Dental Association; and John Gibbons, Washington Academy of Pediatric Dentistry.

**Persons Signed In To Testify But Not Testifying:** None.

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**HOUSE COMMITTEE ON APPROPRIATIONS**

**Majority Report:** Do pass. Signed by 33 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Bergquist, Buys, Caldier, Cody, Condotta, Fitzgibbon, Graves, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Pettigrew, Pollet, Sawyer, Schmick, Senn, Springer, Stanford, Sullivan, Taylor, Tharinger, Vick, Volz and Wilcox.

**Staff:** Catrina Lucero (786-7192).

**Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:**

No new changes were recommended.

**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 7, 2018.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) The Access to Baby and Child Dentistry program has led to an increase in access to dental care and utilization for children. Clients participating in the program often seek care before major issues arise. This focus on preventative care means that more expensive services can often be avoided.

(Opposed) None.

**Persons Testifying:** Mellani McAleenan, Washington State Dental Association.

**Persons Signed In To Testify But Not Testifying:** None.