



**The California Managed Risk Medical Insurance Board**

1000 G Street, Suite 450  
Sacramento, CA 95814  
Phone: (916) 324-4695  
Fax: (916) 324-4878

Board Members

Clifford Allenby, Chair  
Richard Figueroa  
Samuel Garrison

Ex Officio Members

Jack Campana  
Diana S. Dooley  
Secretary, Business,  
Transportation and Housing  
Agency

**M E M O R A N D U M**

DATE: June 15, 2011  
TO: MRMIB Members  
FROM: Jeanie Esajian, Deputy Director for Legislation and External Affairs   
SUBJECT: MRMIB Media Report for June 2011

The last month has been a light media period with coverage focusing on the following:

- Budget proposals for MRMIB programs
- Impact of federal PCIP changes for California's high-risk pool
- Quality of children's health care coverage in California

During the past month, reporters from the San Francisco Chronicle and the Los Angeles Times contacted the Managed Risk Medical Insurance Board regarding a press release from HHS Secretary Kathleen Sebelius announcing eligibility and premium changes to federally-operated PCIPs. The reporters inquired about the potential impact these changes may have on California's PCIP. The Los Angeles Times published an article on the federal changes on June 3, 2011. The San Francisco Chronicle has no publication date.

If you have any questions or comments regarding these articles, please feel free to contact me at (916) 324-0571 or at [jesajian@mrmib.ca.gov](mailto:jesajian@mrmib.ca.gov).



## CMA President Speaks Out On Gov. Brown's Revised Budget Proposal

17 May 2011

[Click to Print](#)

Late this morning Gov. Jerry Brown released his May Revise of the January budget proposal. The plan relies on a combination of revenues, cuts and fund shifts to address the projected \$9.6 billion shortfall, and establishes a \$1.2 billion reserve.

The May Revise includes \$6.6 billion in revenues from tax extensions, and \$2.25 billion in spending cuts. The proposal also utilizes \$2.6 billion in revenue from higher-than-anticipated tax receipts due to the improving economy.

"We applaud the governor for putting forth a balanced, honest approach to closing the current budget shortfall and addressing our long-term structural deficit," said James G. Hinsdale, M.D., president of the California Medical Association (CMA). "This is generally the kind of approach we need to stave off even more devastating cuts down the road and to finally pull California out of its perennial budget crisis. Given the high stakes, we now encourage the Legislature to move quickly and decisively in considering this proposal and meeting its obligation to pass a budget on time and in balance - with bipartisan support."

At the same time, CMA has serious concerns about the governor's proposal to move all Healthy Families enrollees into the Medi-Cal program. This would add nearly an additional one million children to the state's already overburdened Medicaid system.

"While we understand the need for creative solutions to balance the state's budget and are willing to work with the governor and Legislature to achieve them, we are concerned that this proposal would simply dump our most vulnerable population into a system with no capacity to serve them," said Hinsdale. "We simply cannot expand coverage without increasing the network of physicians to serve these new patients."

"This proposal, coupled with the 10 percent provider rate cuts, the cap on provider visits and mandatory co-pays for Medi-Cal patients proposed in January, doesn't add up and we fear is doomed to fail," added Hinsdale.

"We cannot continue to balance our budget by decimating our medical delivery system and have any expectation that we will be able to successfully implement federal health care reform in future years," concluded Hinsdale.

Source:  
California Medical Association

---

Article URL: <http://www.medicalnewstoday.com/releases/225500.php>

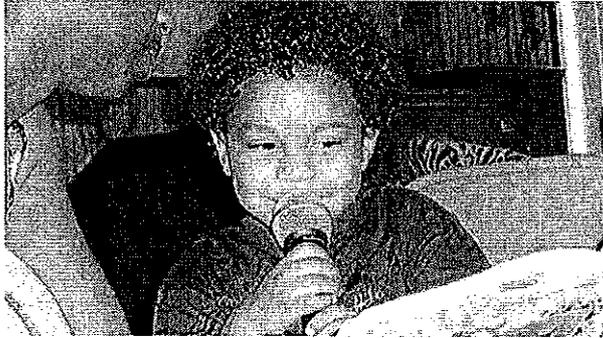
**Main News Category:** Public Health

Any medical information published on this website is not intended as a substitute for informed medical advice and you should not take any action before consulting with a health care professional. For more information, please read our terms and conditions.

Save time! Get the latest medical news headlines for your specialist area, in a weekly newsletter e-mail. See <http://www.medicalnewstoday.com/newsletters.php> for details.

Send your press releases to [pressrelease@medicalnewstoday.com](mailto:pressrelease@medicalnewstoday.com)

## Cutting Social Programs No Longer Taboo



Black Voices News, News Feature, Chris Lavender, Posted: May 24, 2011

Kenya Ruffin was armed with a rainbow of graphs and pie charts, ready to make her case against cutting California's Healthy Families Program at a public forum in Victorville in March. She was barely a minute into her prepared remarks when the yelling started. The first heckler shouted his doubts about the single mother's competency as a parent. "If you can't take care of your kids, don't have them," he said.

"Get a job. Get an education, the spending party is over lady," boomed another heckler. "We've got to cut spending. Cutting the welfare parasites is the best place to start," said a retired business owner from the rear of the school gymnasium.

From there, the event sponsored by a right leaning advocacy group was filled with a constant stream of boos and questioners in the crowd of 200 shouting over each other.

Six minutes into the forum speakers couldn't be heard over the shouting on both sides. Ruffin tried to continue but then stood quietly for a minute smiling, her hands clasped together in front.

"I was shocked by the intolerance and lack of respect," she said following the event. "I remember when people could engage in civilized dialogue. They cared about the welfare of all of our children. That's changing."

In 2008 when Ruffin's youngest daughter Inya, was born with cerebral palsy requiring hyperbaric oxygen therapy she wasn't prepared for all of the health challenges she would face.

From emergency trips to the doctor to almost monthly hospital stays, Kenya said, she leaned heavily on the safety net provided under San Bernardino County Child and Family Services to help make it through.

She and her two daughters participate in the Healthy Families program, which provides support and resources to firsttime parents and young families.

Despite her best efforts, her family's healthcare future is becoming increasingly difficult as a new breed of lawmakers and the public debate unprecedented cuts to once sacred social programs.

As state lawmakers, Congress and the White House debate cutting billions of dollars from their budgets, there's little talk about protecting the social safety net, those government programs intended to help the poor and disadvantaged. That's very different from an earlier budget battle, when President Ronald Reagan came into office 30 years ago.

Reagan promised to drastically reduce the size of government, but he also said there were limits. In his first address to Congress, he said that his new budget would not hurt the truly needy.

"The poverty-stricken, the disabled, the elderly, all those with true need — can rest assured that the social safety net of programs they depend on are exempt from any cuts," he said.

It turned out that wasn't completely true — the Reagan budget cut food stamps, welfare and Medicaid.

"But it's interesting that they felt politically they had to say that," says Robert Greenstein, head of the Center on Budget and Policy Priorities.

And indeed, the need to preserve the social safety net was a major theme throughout the 1981 budget debates.

Greenstein thinks the tone in the early 1980s was much different from what it is today. He says one reason is that "the Republicans in Congress now are well to the right of Republicans like Bob Dole or Howard Baker in the '80s."

Dole and Baker were Senate leaders more inclined to support government spending for the poor. In fact, Dole was among the strongest congressional backers of food stamps.

Today's Republicans — especially those elected in November 2010 — are primarily focused on reducing the size of government.

Healthy Families and CalWorks are among those prized California programs once viewed as off limits to the budget ax.

No longer says Andrew Kohut of the Pew Research Center. He thinks part of that is due to the bad economy, which has many people feeling squeezed. People are looking under every stone to reduce costs.

This also reflects a change in public attitudes. "There's a greater disposition to see the role of government reduced and less support for an activist government than there was back in 1981 when Ronald Reagan first took office," Kohut says.

Although he adds that people favor cutting the budget until they're asked about specific programs. Then "they say 'Uhhhhhhhhh. I'm not so sure we want to see that cut,'" he says.

The California Budget Project released a report ahead of the Governor Jerry Brown's May budget revise Tuesday — that says the total number of children enrolled in the Healthy Families Program (HFP) has dropped by more than 50,000 since July 2009, said Jean Ross, executive director of the advocacy group.

The group's findings show San Bernardino County lost 5,521 children, an 8.1 percent change from July 2009 to March 2011. During the same time HFP enrollment in Riverside County dropped 4.4 percent a loss of 3,477 children.

Brown's revised budget plan assumes that the state will not receive \$1 billion from local First 5 commissions because of pending lawsuits. The plan includes a \$1 billion cut in CalWorks, the state's welfare to work program. This includes an 8 percent reduction in benefits.

Brown had hoped the concessions would help secure Republican support to resolve the most contentious budget issues that remain: taxes.

To date those concession efforts have largely failed. Last week, Republicans in the Assembly claiming "we've become a state of entitlements"

Meanwhile, despite a \$6.6 billion surge in revenue from a recovering economy, the governor said Monday as he unveiled a revised budget, more cuts will be needed if higher levies aren't extended.

Inland providers are bracing for the worst. San Bernardino county spokesman David Wert said the series of cuts will have a negative impact on 8,000 CalWorks cases which represents 31 percent of all child-only cases.

He said a time limit reduction from 60 months to 40 months will immediately expel 3,600 families from CalWorks and an additional 375 per month effective July 1.

#### Comments

Disclaimer: Comments do not necessarily reflect the views of New America Media. NAM reserves the right to edit or delete comments. Once published, comments are visible to search engines and will remain in their archives. If you do not want your identity connected to comments on this site, please refrain from commenting or use a handle or alias instead of your real name.

New America Media, 275 9<sup>th</sup> Street, San Francisco, CA 94103  
Copyright © 2010 Pacific News Service. All Rights Reserved.

# The Mercury News

MercuryNews.com

## Mercury News editorial:

Mercury News Editorial

Posted: 05/26/2011 08:00:00 PM PDT

Updated: 05/28/2011 03:34:14 PM PDT

A good education is essential for a child's well-being, so the surprising news last week that California schools may see no further funding cuts next year thanks to higher revenue projections was certainly welcome.

But there's a direct connection between children's health and their ability to succeed in school: A child who's in pain or unable to see or hear properly won't do well even with an excellent teacher. So it's shortsighted to maintain school funding by making devastating cuts to health care and other children's programs.

Some legislators are recognizing that the state's priorities may be out of whack in this regard. They want to re-examine some of the proposed budget cuts to children's programs. Parents and other education advocates should support them.

The biggest question mark is the May proposal to move children in the state's Healthy Families program to Medi-Cal. Lawmakers should carefully re-examine that plan.

Healthy Families is California's version of the federal government's State Children's Health Insurance Program (SCHIP). The state's congressional delegation moved heaven and earth over a period of years to enact the SCHIP program, which offers California a 2-to-1 federal match of every dollar the state spends on health insurance for kids. The feds now send \$200 million a year to California. Together with the state's \$100 million investment, the program has been a godsend for 800,000 previously uninsured

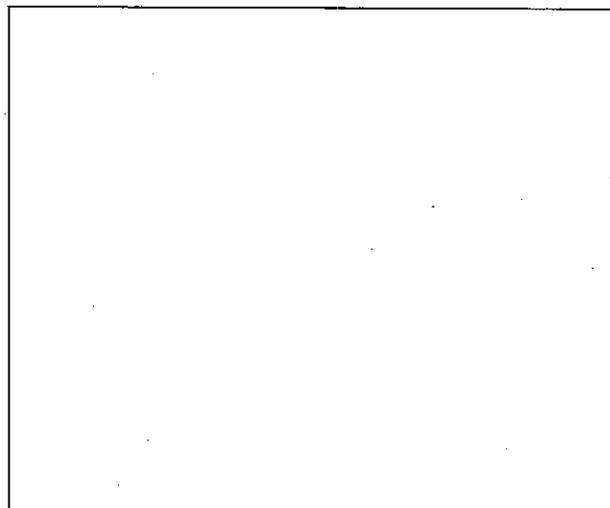
children.

Should California throw away \$200 million from the federal government for children's health in order to cut its own budget by \$100 million? And what kind of message does that send to Washington?

While the state budget will look better, families will feel the loss of that \$200 million. If the kids go into Medi-Cal, their premiums and co-payments will go up, and services will be reduced, including eliminating vision care. The higher costs and lowered potential for help will discourage parents from taking their children to doctors. Ultimately, delayed care leads to more serious and costly health problems and, all too often, failure in school, with its own societal costs -- all really through no fault of the child's.

Assembly Democrats also want to take another look at the \$440 million cut to subsidized child care programs in light of the new revenue projections. They suggest that about half of the \$700 million Gov. Jerry Brown wants to use to pay down debt might be better spent on helping parents who are in work training programs and trying to escape public assistance. If child care is eliminated, it will hurt parents' ability to get and keep jobs, damaging their kids' futures and the state economy in the process.

As revenue improves, the instinct of the governor and lawmakers is to channel as much as possible into educating children. That is the right priority -- but kids' health has to be part of the same calculation. Children who go to school sick or develop costly but preventable illnesses will burden society. California can't afford to squander their potential.



Print Powered By  FormatDynamics™

# HUFFPOST POLITICS

## Pre-Existing Condition Insurance Plan To Offer Much Lower Premiums

[Arthur Delaney arthur@huffingtonpost.com](mailto:arthur@huffingtonpost.com)

Posted: 05/31/11 01:28 PM ET



WASHINGTON -- The government announced Tuesday that it will lower premiums and ease eligibility requirements for its fledgling health insurance program for people shut out from the private health insurance market because of pre-existing conditions. Premiums will fall by as much as 40 percent in some states.

The Pre-Existing Condition Insurance Plan, run by the Department of Health and Human Services in 23 states and by state governments in the rest, offers relatively affordable coverage for people who've been uninsured for at least six months because of conditions like diabetes or heart disease. The plan launched last summer as one of the first components of the health care reform signed into law by President Obama in March 2010.

"This program changes lives, and in many cases saves lives," HHS director Kathleen Sebelius said on a Tuesday conference call with reporters.

Yet only 18,000 Americans have signed up for the PCIP. Officials initially said it would reach hundreds of thousands by the time the program is phased out in 2014, when it will become illegal for insurance companies to discriminate against the sick.

To boost enrollment, Sebelius said monthly premiums, which vary by age and region, will drop in 17 of the states where HHS runs the program starting in July. In Alabama, Arizona, Delaware, Florida, Kentucky, and Virginia, premiums will plummet by 40 percent. Come July, people older than 55 who enroll in the Virginia PCIP's standard plan will have to pay \$297 a month, a steep drop from the current \$498 monthly premium.

Sebelius also said PCIP applicants will no longer have to brandish rejection letters from insurance companies to prove they have pre-existing conditions. Instead, a doctor's note will suffice.

It's not clear if any changes will occur in states where the federal government doesn't administer the program. Richard Popper, director of the HHS Office of Insurance Programs, noted that the HHS would be "issuing a guidance letter to all the 27 state-run PCIPs encouraging them to take a look at the premiums that they charge and the benefit packages, as well as the eligibility rules, allowing them to consider making adjustments similar to what we're doing in the federally-run pool."

A spokeswoman for the California Managed Risk Medical Insurance Board, which administers the state's PCIP, told HuffPost that the state had not yet received the letter. With 1,543 enrollees, California boasts the nation's second-highest PCIP participation.

PCIP enrollee Suzanne Hannon of Fallston, Maryland, joined Sebelius on the conference call. Hannon said she lost her insurance when her husband turned 65 and became eligible for Medicare. She was 58.

"I applied many times to various insurance companies only to be denied. The last application I submitted was in September and I was turned down due to a high cholesterol level," Hannon said. Rejection letter in hand, Hannon applied for the PCIP in Maryland, and just in the nick of time.

"I was approved in November and I was diagnosed with cancer in December," she said. "Because I had insurance, at the first symptom I sought immediate medical care. Quickly I was treated with surgery, chemo, and radiation, ending with a good prognosis. Without the insurance I would not have sought treatment right away."

As many as 25 million Americans have pre-existing conditions and lack insurance. Costly premiums have been one explanation for the PCIP's sluggish enrollment numbers -- another has been the program's harsh requirement that applicants be uninsured for six months.

Popper said Tuesday that HHS can't change the six month waiting period because it's written into the health care reform law. "It's in the statute, so we don't have the authority to waive that," Popper said.

In another upcoming change, HHS will also start paying health insurance brokers this fall for connecting eligible applicants with the program.

**HuffPost readers: Thinking of signing up for the PCIP? Too expensive? Can't wait six months with no insurance? Tell us about it -- email [arthur@huffingtonpost.com](mailto:arthur@huffingtonpost.com). Please include your phone number if you're willing to do an interview.**

presstelegram.com

## Preserve children's programs

Posted: 06/01/2011 06:49:30 PM PDT

Updated: 06/02/2011 08:20:20 AM PDT

A good education is essential for a child's well-being, but there's a direct connection between children's health and their ability to succeed in school: A child who's in pain or unable to see or hear properly won't do well even with an excellent teacher. So it's shortsighted to make devastating cuts to health care and other children's programs.

Some legislators are recognizing that the state's priorities may be out of whack in this regard. They want to re-examine some of the proposed budget cuts to children's programs. Parents and other education advocates should support them.

The biggest question mark is the May proposal to move children in the state's Healthy Families program to Medi-Cal. Lawmakers should carefully re-examine that plan.

Healthy Families is California's version of the federal government's State Children's Health Insurance Program (SCHIP). The state's congressional delegation moved heaven and earth over a period of years to enact the SCHIP program, which offers California a 2-to-1 federal match of every dollar the state spends on health insurance for kids. The feds now send \$200million a year to California. Together with the state's \$100 million investment, the program has been a godsend for 800,000 previously uninsured

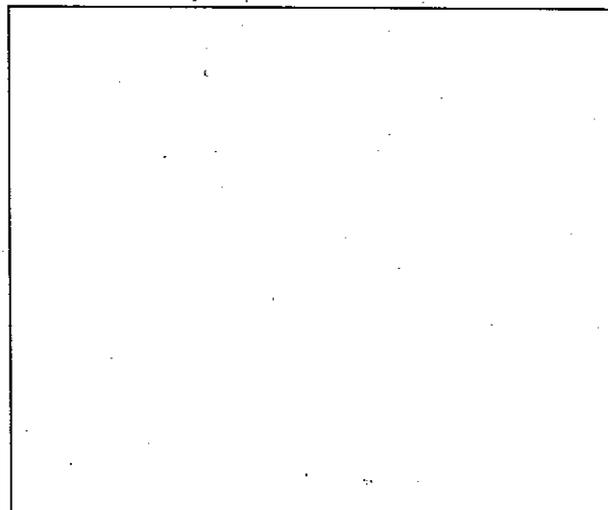
children.

Should California throw away \$200million from the federal government for children's health in order to cut its own budget by \$100 million? And what kind of message does that send to Washington?

While the state budget will look better, families will feel the loss of that \$200 million. If the kids go into Medi-Cal, their premiums and co-payments will go up, and services will be reduced, including eliminating vision care. The higher costs and lowered potential for help will discourage parents from taking their children to doctors. Ultimately, delayed care leads to more serious and costly health problems and, all too often, failure in school, with its own societal costs - all really through no fault of the child's.

Children who go to school sick or develop costly but preventable illnesses will burden society. California can't afford to squander their potential.

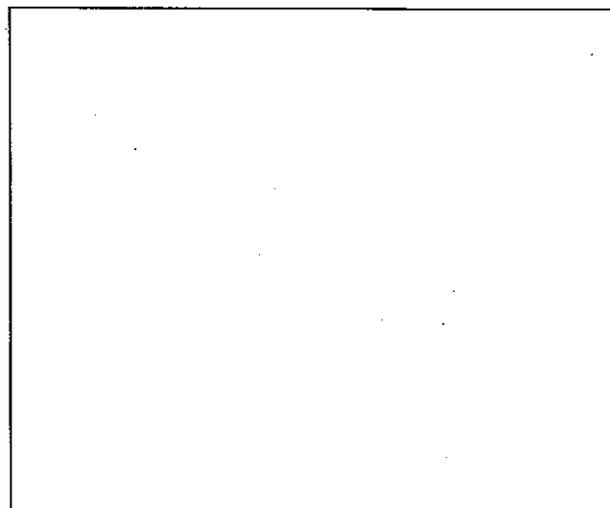
Assembly Democrats also want to take another look at the \$440 million cut to



Print Powered By  FormatDynamics™

presstelegram.com

subsidized child care programs in light of the new revenue projections. They suggest that about half of the \$700 million Gov. Jerry Brown wants to use to pay down debt might be better spent on helping parents who are in work training programs and trying to escape public assistance. If child care is eliminated, it will hurt parents' ability to get and keep jobs, damaging their kids' futures and the state economy in the process.



Print Powered By  FormatDynamics™

latimes.com/health/healthcare/la-fi-lazarus-20110603,0,4699087.column

**latimes.com**

## **Falling through the cracks with a preexisting condition**

**The U.S. is cutting healthcare premiums for those with preexisting conditions under federal programs created as part of healthcare reform. But where does that leave residents of California and other states that run their own programs?**

David Lazarus

June 3, 2011

Ganka Brown contacted Anthem Blue Cross recently about signing up for health insurance. She acknowledged in her conversation with an Anthem rep that she'd had some minor trouble with a heart valve and once had high blood pressure. But aside from that, she said, she's in great shape.

The rep told Brown, 64, not even to bother submitting an application. It would be rejected because of the Laguna Beach resident's preexisting medical conditions.

I thought of Brown as the Obama administration announced this week that it would cut premiums for people with preexisting conditions who seek coverage under federal programs created as part of the healthcare reform law.

The programs are intended to serve as a stopgap until 2014, when insurers will no longer be permitted to turn people away because of illness or a preexisting condition — that is, if the provision survives legal challenges. More on that in a moment.

The Obama administration says it will reduce premiums by as much as 40% in the 23 states where Uncle Sam runs the program. But what about those remaining states, including California, where the program is run locally?

Don't expect things to dramatically change any time soon.

"The federal government has communicated what it's doing and the thinking behind it," said Jeanie Esajian, deputy director of California's Managed Risk Medical Insurance Board, which oversees the state's Pre-Existing Condition Insurance Plan. "We'll look to see if there's anything we haven't done that we could try."

At this point, though, it doesn't appear there's much the state can do to make its program more palatable for people like Brown who can't get coverage from the private sector.

For one thing, there's the price. Monthly premiums can run as high as \$652, or nearly \$8,000 a year, which a lot of people simply can't afford.

Esajian said the state program has already lowered rates to be in line with premiums charged in the individual insurance market.

Then there's the requirement, as established by the healthcare reform law, that program participants must have been without coverage for at least six months, including enrollment in a job-based plan, COBRA, Medicare or Medi-Cal.

That's a long time for people with conditions such as diabetes or heart disease to be left twisting in the wind. Many such people would have no choice but to seek some sort of assistance (such as Medi-Cal) long before reaching the six-month threshold for the state program.

Only about 18,000 people nationwide have enrolled in the insurance program since it was introduced in most states last summer. In California, just over 2,700 people with preexisting conditions have signed up for coverage.

When the program was first unveiled, the Congressional Budget Office estimated that as many as 4 million uninsured Americans would be eligible and that at least 375,000 would sign up in 2010. The government allocated \$5 billion to fund coverage, with California getting about \$750 million of the total.

The relatively low number of people joining the program highlights the challenge of providing health insurance to those who have been fenced off from the rest of the risk pool.

In other words, when healthcare risks aren't spread among the general population, the sickest among us will inevitably pay more — typically a lot more.

This is the fatal flaw of President Obama's healthcare reform law. By forgoing a public option such as opening Medicare to all comers, the law relies on "insurance exchanges" to serve as no-questions-asked emporiums for individuals to purchase coverage.

Those exchanges, scheduled to be up and running by 2014, rely on a requirement that almost everyone purchase insurance, which is the only economically viable way of providing coverage to everyone regardless of medical condition.

That requirement is now under assault by conservatives who say Congress lacks the power to impose such a mandate on the American people. If the U.S. Supreme Court upholds that position, it seems unlikely insurers would drop their existing bans on people with preexisting conditions.

And that would place California's Pre-Existing Condition Insurance Plan and its brethren in other states in a difficult position. Without billions of dollars in additional federal funding after 2014, it's likely such plans would be ended and their enrollees cast back into the healthcare food chain.

I'm not against the notion of either a mandate or an insurance exchange. Both are steps forward in addressing the problem of the nation's 50 million uninsured, if not runaway healthcare costs.

But we've already created a two-tier system whereby healthy people have access to coverage and sick people often do not. The sick in turn drive up costs for everyone else by seeking expensive emergency treatment rather than cheaper preventive care or routine health maintenance.

It's no coincidence that the United States spends about twice per person on healthcare than do countries like Britain, Australia, France and Germany, yet we have shorter life spans and higher rates of infant mortality.

As long as we place obstacles in the path of universal coverage, we'll be saddled with an inefficient, impractical healthcare system. And we'll keep paying for that in the form of higher premiums and taxes.

Brown said she'd never heard of the Pre-Existing Condition Insurance Plan — no one at Anthem even mentioned it as a possibility. But when I told her about the requirement that she be uninsured for six months, she said this made it a non-starter.

"I guess I'll just have to be very careful until I can get Medicare next year," Brown said. "But I don't like that. I'm not a risk taker."

When it comes to healthcare, nobody should be. Isn't that the idea of insurance in the first place?

*David Lazarus' column runs Tuesdays and Fridays. He also can be seen daily on KTLA-TV Channel 5. Send your tips or feedback to [david.lazarus@latimes.com](mailto:david.lazarus@latimes.com).*

Copyright © 2011, Los Angeles Times



June 06, 2011 - Features

## Innovative Dental Idea Goes Outside the Box

by David Gorn, California Healthline Sacramento Bureau

California's kids could use a trip to the dentist. One-fourth of children younger than age 12 in California have never even been to the dentist, according to a new **Pew Center on the States report** that gives California a grade of "C" for the dental health of its children.

One of the major ways to raise that grade is to get children to see a dentist in the first place. That approach should get a big boost when an estimated one million California children get access to dental coverage in 2014 under the national health care reform law.

That raises a big question, according to Jenny Kattlove, director of strategic health initiatives at the Children's Health Partnership.

"You're looking at almost a million children with additional coverage, but Medi-Cal already has access issues," Kattlove said. "In California, most dentists are just not taking Medi-Cal patients anymore."

Children's health advocates worry that access is likely to get even tighter in the next year or so. Already, California's reimbursement rates for Medi-Cal are among the lowest in the nation, which causes reluctance to care for Medi-Cal patients among many providers. That access problem will not be helped by the state's plan to further reduce rates by 10%. Also, if legislators adopt the **May budget revision** plan, an additional 870,000 children will be moved out of Healthy Families, the state's Children's Health Insurance Program, and into a Medi-Cal managed care plan, starting Jan. 1, 2012.

"The move from Healthy Families to Medi-Cal is certainly something to be concerned about because of Medi-Cal's access issues," Kattlove said. "California has a long way to go to improve dental health."

### One Possible Answer

The combination of limited health care providers and greater demand is a tricky equation, especially in rural and underserved areas, Kattlove said.

She knows one direction that might work. "We need to look at expanding the work force," she said. That doesn't just mean training new dentists, which can be a lengthy and costly process, according to Kattlove. She envisions a new kind of dental care provider who can meet the basic needs of an immense number of low-income, rural and underserved children in California.

"One of the areas the Pew Center report looks at is authorizing new types of dental health providers," Kattlove said. "They would be trained on narrowly defined parameters, part of a dental team, supervised by a licensed dentist."

It would be similar to the way licensed nurse practitioners handle many health care needs while working under a physician's supervision, she said. The new dental providers could fill kids' cavities, do simple extractions, handle some restorative care and replacement of crowns.

"It's a model that has proven to work in 53 other countries," Kattlove said. In this country, a program was started in Alaska to reach isolated Native American communities. The training for that program is done at the University of Washington.

"At least 10 other states are looking at this new model of care," Kattlove said.

### **Alaska, Minnesota First**

According to Andy Snyder, researcher with the Pew Children's Dental Campaign, Alaska was the first to launch a dental therapist program, but it won't be the last.

"There are two training programs right now in Minnesota, one at the University of Minnesota," Snyder said. "And at the other one at Metropolitan State University. The first class is graduating this month. It's very exciting."

The Minnesota law requires that at least half the patients treated by new dental therapists be Medicaid beneficiaries, according to Snyder. Dental therapist students also are encouraged to settle in underserved areas.

"The way that program is structured, it draws people from those communities that are underserved for dental care, so they have more of a commitment to serve there," he said. "It allows them to go back and serve those communities."

That same logic could be applied to California, Snyder said.

Liz Snow, chief operating officer for the California Dental Association, said the barriers for children to receive dental care in California go beyond economics. In fact, the biggest barriers may be social, she said.

For instance, Latino patients are less likely to see a dentist who doesn't speak Spanish. Children are less likely to get to a dentist, even when they have coverage, if their parents don't have coverage themselves. "There's a question of transportation for beneficiaries, linguistic aptitude, all of those are factors," Snow said. "There's certainly no question the situation in California is bad. And at this point, we haven't yet seen the full impact of the [recent] cuts."

Addressing children's dental needs has to be done on multiple levels, she said. "California is still only at about 65% for [people drinking] fluoridated water," Snow said. "There's no longer any school-based oral health care program. School nurses can't treat students with sealants. Most of these kinds of programs are common in other states.

If California continues to do a poor job of focusing on prevention, she said, that means a lot more dental time and energy will be spent on more expensive crisis care.

### **A Pound of Prevention**

That's where dental therapists can make an impact, Snyder said. Even if California had a sufficient number of dentists, the geographic distribution of those dentists guarantees that a large percentage of Californians can't get dental care, he said.

"You need a base of providers available to treat that population," he said. "You need more providers in those communities. It's a geographic distribution problem."

Snow said CDA has been working with pediatric medical offices to jump-start some basic oral health for kids, to bridge the separation between provider communities. "Most children are entering the system somewhere other than the dentist's office," she said.

Children in California need a basic oral health infrastructure in place, Snow said, "and we haven't had that in the state of California for years. And because of that, we miss out on federal funding, we miss out on a great deal. For us, that's one of the first things to be done."

Snow said CDA has been working with Assembly member Richard Pan (D-Sacramento) on a legislative proposal to address that.

"It's been an issue throughout the nation," Snow said. "Other states have figured out how to put in at least a

small effort, to at least hire a couple of people who can focus on dental issues. It is an uphill battle."

It's a battle dentists have fought for years, a struggle that goes far beyond health care provider rates, she said.

"The other dynamic that exists in California is there's not much faith among the provider community because of the constant rate increases and decreases, and fighting every year to save the adult dental program. Every year, you don't know if you can save it. That kind of [constant negative] activity sends the message that dental care is not important."

Kattlove added that dental care can be overlooked as a public health issue because it's not life-threatening.

"Clearly, a certain group of children are not getting the dental care they need. And the consequences of that are huge," Kattlove said. "Children end up in the emergency room. Children end up missing school, parents are missing work."

One of the keys to unlocking the problem of children's dental care in California, she said, is to make sure, once children are insured, that providers are available to them.

"We need to be ready with a work force today," Kattlove said. "We need to get our policymakers behind this effort. The state is definitely looking at its health work force issues, and now is the time to fix it. We need to be creative here."

© 1998 - 2011. All Rights Reserved. California Healthline is published daily for the California HealthCare Foundation by The Advisory Board Company.

