Testimony to the Little Hoover Commission
November 19, 2015

Good morning Commissioners:

My name is Sean C. South, the Associate Director of Policy and Legislation for the California Primary Care Association (CPCA). CPCA represents 1,100 not-for-profit community clinics and health centers (CCHCs) that provide comprehensive, quality health care services to more than 5.6 million patients each year. Federally Qualified Health Centers (FQHC's) are a key component of the Healthcare safety net and in many ways serve the needs of the underserved populations more effectively and efficiently than for profit providers who are enrolled in Denti-Cal.

We want to thank Senator Dr. Richard Pan and Assembly member Dr. Jim Wood for asking the Commission to address this important policy issue. California's oral health is in crisis and it is essential that we work together to find solutions that emphasize the prevention of disease and serve the people of California in the places where they live.

The health center movement was created in communities big and small, which all shared the stark reality that the people in these communities were not being served by the healthcare system of the day. They grow out of the civil rights movement and were started in the basements of buildings and storefronts. Our movement has come a long way since it was born in the late sixties and we continue to grow each day. FQHCs were created and have expanded with strong bi-partisan support through the George W. Bush Initiative, which was followed by ARRA funding and then of course the Affordable Care Act. These federal funding investments have allowed us to greatly expand, but the needs of our communities continue to grow. The State of California has not invested in the capital expansion of health centers since the year 2000 and we know that an one time state investment of $50 million dollars would help additional sites to be opened. This funding would allow us to better address the shortage of dental care available to lower-income Californians by expanding our capacity and because all FQHC sites must be opened in communities of need. This need spans across California, but is most acute in areas where other providers are not currently working at levels necessary to serve the population and this includes the Rural North, the Central Valley, and Inland Empire.

As these new sites open, they are promoted in their local communities through advertising and community events. At the state-wide level we are promoting our health centers through the creation of the CaliforniaHealthPlus brand, which helps promote the integrated services of our health centers, but because we are all non-profit organizations we continue to struggle to find the funds to buy the types and levels of advertising necessary to promote the brand, so we can Thrive.

We must address oral health because if we do not we can never bend the cost curve and create a healthier society. We are wasting billions of dollars of state money providing care when it is most expensive. Our ERs should never be a normal place of care because this is the most expensive location for services to be provided and these patients are never connected with a home for their health. We must spend the money on the front end to prevent dental disease. To this end, CPCA strongly supports AB 648(Low), that will provide funding for the expansion of the Virtual Dental Home model of care, which takes dental services out of the dental office and into the community and maximizes the talents and expertise of all members of the oral health team. By providing preventive oral health services in the community we can raise a next generation, which is not constantly plagued with the on-going pain and expensive to treat oral health disease.

FQHCs provide over 2 million dental visits each year. We bill the Medi-Cal program as part of our reimbursement model. FQHC's are paid at a per encounter rate and therefore we are not incentivized to provide one service over another. This is important because it allows us to be proactive and focus on prevention and education rather than high reimbursement procedures. FQHCs provide integrated care because our dental services are rolled into the whole person care we provide. We are able to have a patient come into one of our sites for a physical health visit and oral healthcare visit on the same day and this allows a warm hand off between providers. This type of integration does not exist in any other part of the oral health system because physical and oral healthcare are traditionally siloed with unaffiliated providers, payment sources, and plans. Our model works better because of this integration.

CPCA has worked for years to support the creation of the State Dental Director position and now that this dream has been realized and Dr. Kumar is here, we must provide him the support and funding he needs His plan is to address prevention and education at an early age is based on the research and on effective models in other parts of the country. But a plan without appropriate funding is simply words on a page. CPCA will not allow this great opportunity to be lost, by not fighting for the funding to implement this innovative plan.

I want to close by talking about a way forward which will allow us to fund additional investment in oral healthcare and finally address a major driver of dental disease. AB 1357(Bloom), will impose a health promotion fee of $0.02 per fluid ounce on bottled sugar sweetened beverages (SSBs) and concentrates and would establish with these funds the Children and Family Health Promotion Trust Fund (Fund), which includes over one hundred million dollars to support the oral health program. These funds are essential to fund the evidenced based programs in oral healthcare that will lead the next generation to be healthier than the current one and I believe this is the goal of all of us in this room.

We need to finally in this state address the drivers of healthcare costs and SSBs are clinically proven to be one of these drivers. We have made so much progress in the area of tobacco through the addition of fees on these products that funded effective community prevention and educational efforts, which have led to the lowest use of tobacco products in generations. It is long overdue for us to use this proven model in the area of SSBs. Let us work together to build healthier people, communities, and a healthie California. Thank you for the opportunity to address you today.