

March 11, 2025

House Committee on Behavioral Health and Health Care

RE: TESTIMONY IN SUPPORT OF HB 2597

Chair Nosse, Vice Chairs Javadi and Nelson, and Members of the Committee,

Imagine being in excruciating pain for months, unable to communicate your suffering, and waiting years for treatment. This is the reality for many individuals with intellectual and developmental disabilities (IDD) who rely on Medicaid for dental care.

My name is Raji Samuel, and I am a special care dentist providing care for patients with IDD in both clinic and hospital settings. For over 20 years, I have served Medicaid members in McMinnville, witnessing firsthand the overwhelming barriers they face in accessing timely and appropriate dental care.

For me, this issue is not just professional – it is personal. My daughter is on the severe spectrum of autism, is limited verbal, and has extensive behavioral challenges. As both a parent and a provider, I understand how incredibly difficult it is to access care for individuals with IDD. That is why I am here today.

The dental needs of individuals with IDD are often complex – chronic oral hygiene challenges, dietary habits, coexisting medical conditions, sensory sensitivities, and communication barriers. By the time many of these patients reach me, their dental disease is so advanced that treatment under general anesthesia is the only option. With access to hospital operating rooms limited across the state, it forces patients to endure prolonged pain, avoidable infections, and deteriorating health.

The issue of access is very real. I recently treated a patient in McMinnville who had to travel over 200 miles from Southern Oregon with their caregivers, staying in a hotel overnight to ensure they could receive necessary care. This is not an isolated case; families are making extraordinary efforts for care that should be readily available in their own communities.

The key to addressing these challenges of early access and care is prevention and provider support. If more community dental providers were trained and empowered to deliver preventive care, we could reduce the burden on patients, caregivers, and the entire healthcare system. Capitol Dental has taken steps in this direction, sending 19 dental professionals to the University of Washington for specialized training in special care dentistry. But training alone is not enough. Adequate reimbursement is also necessary.

Providing care for individuals with IDD is time-intensive and administratively complex. Many patients cannot provide informed consent, requiring extensive coordination between legal guardians, care providers, primary care physicians, and case managers just to identify someone legally authorized to consent to treatment. This is just one of the many unseen burdens providers encounter.

Most dental providers, even those who are willing, struggle to care for this population due to the significant time commitment, administrative barriers, and, most critically, inadequate reimbursement.

Raising Medicaid reimbursement rates is the key to:

- Expanding access to care for individuals with IDD.
- Training and retaining more providers to serve this population.
- Reducing the backlog of untreated dental disease and hospital cases.
- Enhancing health outcomes for our most at-risk members.

The individuals I serve cannot advocate for themselves. It is our responsibility to ensure they receive the care they need and deserve. Investing in fair reimbursement is not just about supporting providers – it is about upholding the dignity and health of those who need us the most.

Thank you for your time and for considering this important issue. I also appreciate the opportunity to testify. I respectfully request your support for HB 2597.