



# Ohio Legislative Service Commission

## Bill Analysis

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### H.B. 433

130th General Assembly  
(As Introduced)

**Reps.** Barnes, Patmon, Milkovich

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## BILL SUMMARY

- Requires that Medicaid cover dental services for individuals who enroll through the eligibility expansion authorized by the Patient Protection and Affordable Care Act.

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## CONTENT AND OPERATION

### Medicaid coverage of dental services under eligibility expansion

The bill requires that dental services be included in the benchmark coverage and benchmark equivalent coverage provided to individuals who enroll in Medicaid through the eligibility expansion authorized by the Patient Protection and Affordable Care Act.<sup>1</sup> Under the eligibility expansion, a state's Medicaid program may cover individuals who (1) are under age 65, (2) not pregnant, (3) not entitled to (or enrolled for) benefits under Medicare Part A, (4) not enrolled for benefits under Medicare Part B, (5) not otherwise eligible for Medicaid, and (6) have incomes not exceeding 138% of the federal poverty line.<sup>2</sup>

Under the bill, "dental services" means diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of the dentist's profession, including the treatment of (1) teeth and associated structures of the oral cavity and (2) disease, injury, or impairment that may affect the oral or general health of a Medicaid recipient.<sup>3</sup>

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<sup>1</sup> R.C. 5164.09.

<sup>2</sup> 42 United States Code (U.S.C.) 1396a(a)(10)(A)(i)(VIII) and (e)(14).

<sup>3</sup> R.C. 5164.01, by reference to 42 Code of Federal Regulations (C.F.R.) 440.100.

While the state Medicaid plan currently covers dental services as an optional service for other Medicaid eligibility groups, federal law requires that the medical assistance provided to a Medicaid recipient eligible under the expansion consist of benchmark coverage or benchmark equivalent coverage.<sup>4</sup> Generally, federal law does not require that dental services be included in benchmark coverage or benchmark equivalent coverage. However, certain individuals must be offered benchmark coverage or benchmark equivalent coverage that covers all benefits available under the Medicaid state plan. This applies to terminally ill individuals receiving Medicaid-covered hospice care and individuals who are medically frail or otherwise have special medical needs.<sup>5</sup>

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## HISTORY

ACTION	DATE
Introduced	02-11-14

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<sup>4</sup> 42 U.S.C. 1396a(k) and 42 C.F.R. 440.347, 440.365, and 440.390.

<sup>5</sup> 42 C.F.R. 440.315.

