

**Legislative Testimony**  
**HB 7375, AAC Health Care Access and Expansion of the HUSKY Program**  
**Human Services Committee, Thursday, March 15, 2007**  
**John Dean DDS, Ph.D.**  
**President CT Society of Periodontists**  
**Program Director, Periodontology**

Good afternoon Senator Harris, Representative Vallano, and members of the Human Service Committee. My name is John Dean. I am currently the President of the CT Society of Periodontists, and the Program Director, Periodontology, UCONN Health Center. I thank-you for allowing me to testify before you today on House Bill 7375.

We cannot operate our practices at a loss. Dentists must pay for staff, supplies, rent and the myriad other expenses that go into operating a health care facility. Things like infection control and sterility of instruments cannot be compromised, but all cost money. As a Periodontist, a large percentage of the patients that I see are elderly (since age is a well-known risk factor for the disease) and maintaining their oral health can be critical to helping them maintain their nutrition. Recent research indicates the importance of periodontal health to patients' systemic health: clearly related to diabetes and preterm, low-birth weight infants. The chronic inflammatory nature of periodontal disease is also and likely associated with Heart disease and Respiratory problems.

I jokingly tell students at residents at UCONN all the time that if they really wanted to make money they should have gone into banking, business or maybe even law. With the requirement of at least 8 years of higher education to complete a bachelor's degree and dental school and the average debt of new graduates being near \$200,000 nationally there better be more to it than the money, and there is. Dentistry attracts caring, motivated individuals who are willing to work hard and provide essential health services for there patients. However, it cannot be done at a loss

We applaud and support the language found in **Section 3: that Raises the "fees provided to dental providers by...managed care organizations...to the 70th percentile of the normal and customary private provider fee, as defined by the National Dental Advisory Service Comprehensive Fee Report."** A poll which was conducted in January of all CSDA members shows that if reimbursement rates were raised to this level, close to 400 additional members indicated that they would be willing to either accept Medicaid patients for the first time, or, see additional Medicaid patients.

Dentists want to help and will help treat this under served population. However, although surely well meant, **the dental health care services tax imposed...shall be 1% of the net revenue derived by the taxpayer from furnishing health care services in this state is not the way to accomplish the goal of treating a broader spectrum of the population.** This proposed tax is patently discriminatory and it is unfair to utilize a revenue tax to coerce anyone into signing a contract to provide services at sub-standard reimbursement rates. It will be passed on to the patients, and those who can least afford care will be hurt the most. Dentists getting ready to retire will do so much quicker if this tax is enacted. Dental students considering where to practice will think long and hard about practicing in a state that is more provider-friendly than CT.

How does any of this help access? I am adamantly opposed to this proposed tax.

I would be happy to answer any questions that the committee may have.