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Legislative Testimony

**Senate Bill No. 3 an Act Concerning Increased Access to Health Care through the
Husky Program
Human Services Committee
March 15, 2007**

Senator Harris, Representative Villano, and members of the Human Services Committee. Thank you for holding this hearing on the access to Health Care through the Husky Program. This is an area of critical need and your interest is greatly appreciated.

My name is Michael Goodman and I am a concerned Pediatric Dentist, now working with the Generations Family Health Center in Willimantic, CT. I was previously in private practice in CT from September 1970 to June 2005. I have been a Medicaid provider since September 1970. I am also testifying on behalf of the CT Society of Pediatric Dentists (CSPD). I also hold a teaching position at the University of CT School of Dental Medicine, in the Division of Pediatric Dentistry and I am a board member of the CT Oral Health Initiative (COHI). I am here today to speak in favor of Senate Bill No. 3, House Bill #7322 and most of House Bill #7375.

Any and all plans to improve the Medicaid Oral Health Program should address the ACCESS TO DENTAL CARE, THE CONSEQUENCES FOR LACK OF ORAL HEALTH CARE, AND ATTRACT ENOUGH DENTAL PROVIDERS or the plans proposed would be no better than what is in place at the present time.

ACCESS TO DENTAL CARE: While I was in private practice, my office received calls from the parents of Medicaid patients from all over the state, as the access to care for children in the Medicaid program was and still is horrendous at best. Some patients and their parents had to travel greater than 30 miles for an appointment. At the Generations Family Health Center, there is a long waiting list to get an appointment. The Medicaid patients I am seeing are presenting generally with more extensive dental needs due to long periods of lack of care. For instance, the patients have multiple carious teeth (that is, many teeth with cavities) with significant dental breakdown, as their care has been delayed or postponed for long periods of time due to the lack of access to adequate preventive care and treatment.

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LACK OF ORAL HEALTH CARE: Children on Medicaid are high-risk dental patients because they often have multiple large smooth surface carious teeth. It is well documented in the dental literature that carious lesions in primary teeth spread faster and deeper than their permanent teeth counterparts due to the fact there is less enamel covering on primary teeth. Carious teeth in the younger child patient should be treated as soon as possible, not postponed due to lack of access to dental care. The effects of unmet dental needs in children are well documented.

Furthermore, under the existing Medicaid program, it is extremely difficult to refer patients who need specialty services (i.e. Oral Surgery, Pediatric Dentistry and Root Canal Therapy) beyond the scope of routine pediatric dental services. It is common for treatment of emergent oral surgical needs to be delayed three (3) or more months due to lack of Medicaid providers. The delays can lead to the progression of dental disease, including infections, facial cellulites (swelling of facial tissues), and severe and prolonged periods of pain and most recently death as was written in the Feb 28th, 2007, article in the Washington Post which I understand all of you received in a recent email notice.

Even I, as a Pediatric Dentist working as a Generations Health Care Center provider (FQHC employee), am unable to adequately and safely provide all the care sometimes indicated: such as sedation needs, hospital operating room procedures and to have adequate oral surgical support. Whether working in a so called safety net facility or even in the private general practice office, specialty referrals are indicated. At the present time there are only two (2) true safety net facilities for children: These are the University of Ct School of Dental Medicine dental facility at the Ct Children's Medical Center and Pediatric Dental Center at Yale New Haven Hospital. I have been informed by the directors of both programs of six (6) months or longer waiting list for the specialty care indicated for not only the "well" child but also the child with special health care needs. This is a travesty in health care for children.

ATTRACT ADDITIONAL DENTAL PROVIDERS (and maintain existing providers): The last increase in Medicaid reimbursement was in 1993, and it came after many years of failed discussions with DSS. It was not until a threat of legal action by the CT Society of Pediatric Dentistry that DSS increased fees to a reasonable amount. A reasonable improvement in the reimbursement rates to dentists would have a very positive effect in improving access to care, as it did when the rates were last improved, and dentists were able to at least meet office costs.

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Presently only about 100 out of 2,500 dentists in CT provide significant levels of care to Husky children. Surveys of the CSPD as well as the CSDA (CT State Dental Association) have been able to show a quadrupling effect (approx 400 dentists) of Husky providers would take place if rates were increased appropriately. I realize that all the necessary changes can not be made at one time, it was once said that the wise person starts with children through education and treatment. I am hopeful that with the changes being proposed (i.e. reimbursement rate increases) and followed by an increase of dental providers (Pediatric Dentists as well as General Dentists, and other dental specialists), that significant improvement in the oral health status of children in CT will be drastically improved.

I can only hope that all of you understand that routine dental restorative care is one of surgical in nature. We in the specialty of Pediatric Dentistry are the true safety nets for children in this regard. Our General Dental colleagues do not care to work with wiggly or squirming and vocal children, and thus specialty referrals are indicated. We want to be part of the solution and not part of the problem (lack of adequate providers in oral health care). Please see to it that changes are made to the benefit of all children by not just placing a band aid on the problem but making a concerted effort for fixing the problem both short and long term.

The Pediatric Dentists in concert with the General Dentists (members of the CSPD and CSDA) are convinced that the recommendations to raise the rates of reimbursement to the 70th percentile of dentist's fees will tremendously increase access to oral health care for the children in CT. The overall labor force in order to increase the providers is available; the resource only needs to be tapped.

It is our belief that SB No 3, HB #7322 and HB#7375, all support the setting of Husky dental rates at the 70th percentile. However, in HB #7375, there is an area that we are NOT in favor of: The idea of establishing a 1% dental health care tax on non-Husky participating dentist. The tax is very discriminatory, and would not be in the best interest of encouraging dentists to participate in any Husky plan.

Thank you for your attention and time, I'd be happy to answer any questions.

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