

"Oral health care for all"



Legislative Testimony
House Bill 6693 – An Act Concerning Creation of a State Health Care Plan

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Good afternoon. My name is Marty Milkovic, Executive Director of the Connecticut Oral Health Initiative or COHI. Thank you for the opportunity to speak to the Public Health Committee today about House Bill 6693, An Act Concerning Creation of a State Health Care Plan. On behalf of our board of directors and other constituents, I am here to encourage you to support this bill and to make sure that oral health care is included in its definition of health care coverage. There are three compelling reasons to do so:

- The links between oral health and other serious health problems
- The cost-effectiveness of ensuring residents get early, regular, preventive dental care
- The inaccessibility of oral health care under the current state plan

The integration of dental care into any state health care plan is extremely important to the oral health as well as the general health and wellbeing of Connecticut residents. This is because of the direct relationship between oral health and a growing list of many serious and systemic health problems. These include diabetes, heart disease, stroke, pancreatic cancer and preterm births. Research increasingly supports what professionals have long contended: we cannot separate oral health from overall health. COHI urges you - who will craft any future state health care plans - not to ignore this science. In 2000, former U.S. Surgeon General C. Everett "Chick" Koop, coined the phrase "You're not healthy without good oral health." This is something that most of us who have adequate dental insurance coverage and get regular oral health care don't have to think about. Research shows that the mouth is truly a window into what's going on in the rest of the body.

In addition, the well-documented deficiencies of the HUSKY Plan with regard to dental care underscore the need for including oral health care into any new state health care plan. By incorporating oral health coverage into the state health care plan in this bill, the State of Connecticut could finally address the real and sustained crisis that children and others participating in the state's HUSKY program face every day in trying to access dental care. In 2005, more than two-thirds of HUSKY children did not get basic oral health care. In a 2006 Department of Social Services study, only 27% of persistent 'mystery shoppers' were able to get a preventive dental appointment for a HUSKY child. The principal reason for this is that the State's reimbursement rates to dentists are so low and haven't been increased since 1993. Connecticut currently pays \$22 per month to provide dental insurance to its employees and their children, but only \$8 for HUSKY children.

By ensuring access to early, regular and preventive dental care through a new plan, the state would prevent significant pain and suffering as well as the huge medical and other costs incurred

across the health system now due to lack of such care to HUSKY children. The benefits would be huge.

According to a 2001 report of the U.S. Surgeon General, oral health problems are responsible for more missed school days than any other type of health problem. Three out of 100 children miss school because of dental pain. You may be surprised to learn that tooth decay is five times more common than asthma and is the single most common chronic disease among children. When oral health problems are not addressed, the pain and suffering among these children often becomes so severe that they end up making costly visits to a limited number of private dentists or hospital emergency rooms and clinics that are already overburdened. Usually, there are no dentists available and treatment is on an emergency basis only. Patients sometimes must be treated for acute infections, and are at increased risk of disease in permanent teeth, extensive pain and poor nutrition. They may even require oral surgery due to lack of early and regular dental care.

More than six years ago, legal aid attorneys filed a lawsuit against the state for not providing dental care to children on HUSKY as provided by federal Medicaid law and regulation. With no settlement in sight, legislation is necessary to make sure that these kids do not suffer for another year. Some New England states that have passed universal health care legislation in the past few years neglected to include oral health coverage. Many officials and other experts who were involved in crafting and implementing these programs now say that they wish they had included dental care in these plans. COHI urges this Committee to learn from these mistakes and ensure that Connecticut makes the right choice.

We ask that you respond to the clear data that shows the importance of early and regular dental care and the lack of access among HUSKY children. Including oral health care in overall health coverage by the state will go a long way in fixing this problem. We hope that you will pay serious attention to the growing body of research that shows how vital oral health is to general health, the extremely high incidence of dental disease among poor children and adults, and the high cost/benefit ratio of providing early, regular dental care to prevent more extreme problems that cause pain, suffering and missed school and work days. More details are provided in the attachments to this testimony.

Thank you very much for the opportunity to speak with you today. Please do not hesitate to contact COHI if you have questions or need additional information.

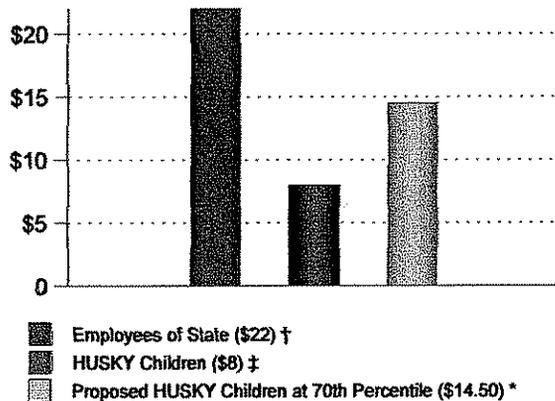
The Connecticut Oral Health Initiative works to raise awareness and improve public policy to support its mission 'Oral Health for All'. Founded in 1992 as a committee of the Connecticut State Dental Association, COHI has been an independent nonprofit since 2003. It brings together individuals, dental professionals and organizations that believe in 'Oral Health for All'

Our HUSKY Children Deserve a Fair Deal on Oral Health Care

Large numbers of our HUSKY children lack access to basic oral health care. Many are at high risk and their lack of needed oral health care leads to more severe and expensive problems, even though most dental disease can be prevented. All children need and deserve quality oral health care.

State Payments for Dental Insurance

Per Person Per Month



Most HUSKY children do not receive oral health services because of low reimbursement rates

- In a 2006 study, only 27% of persistent 'mystery shoppers' were able to get a preventive dental appointment for a HUSKY child. ¹
- 67% of children enrolled in HUSKY A for all or any part of 2004 received no dental care. ² Even among children continuously enrolled in HUSKY A in 2005, the best of circumstances, over half received no dental care. ³
- Connecticut's dental reimbursement fees under HUSKY have been frozen since 1993 ⁴ and are less than the 10th percentile of dentists' fees. ²
- Only about 100 out of 2,500 dentists in Connecticut provide significant levels of care to HUSKY children. ²

Talks to settle a nearly seven-year-old lawsuit against the State on HUSKY reimbursement rates have not fixed the problem

- Over six years ago, legal aid attorneys filed a lawsuit against the State for not providing dental care to children on HUSKY as provided by Federal Medicaid law and regulation.
- During the 2006 legislative session, a bill to raise rates to the 70th percentile (HB 5790) was approved by the Public Health Committee and the Appropriations Committee.
- In the final 2006 budget negotiations, the State indicated that they would be interested in settling the lawsuit as the way to solve the problem. As a result the bill was withdrawn.
- With no settlement in sight, legislation similar to HB 5790 is necessary to make sure that HUSKY children do not suffer for another year.

The Solution: Raise HUSKY dental rates to at least the 70th percentile of dentists' fees, to about \$14.50 per child per month.

If Rates are Raised More HUSKY Children will get the oral health care they need

- Over 350 Connecticut dentists have pledged that they will serve more HUSKY children if rates are raised. 270 new dentists would participate and 84 current participants would serve more HUSKY children. ⁵
- Low reimbursement rates impede the progress of oral health care for poor children, according to Burton Edelstein, D.D.S., M.P.H., co-author of a 2001 report on oral health access for Connecticut's children. ² "Since the report came out, a number of states, including Michigan, Tennessee and Delaware have made dramatic progress in (raising and implementing higher) rates, proving that it can be done" he said. ⁶

Preventive oral health care can reduce costs for both future dental care and for overall health care

- Dental care makes up only about 4% of overall health care costs⁷ and impacts overall health.
- Low income children who have their first preventive dental visit by age one are less likely to have subsequent restorative care or emergency room visits. Their average dental costs are almost 40% lower (\$263 vs. \$447) over a five year period than children who receive their first preventive visit after age one.⁸
- A 3-year aggregate comparison of Medicaid reimbursement revealed that it is ten times more costly to treat dental emergencies in a hospital (\$6,498) than to provide preventive treatment in a dental office (\$660).⁹

Children face increased risks due to poor access to oral health care

- Every child should have a regular dentist and a checkup no later than age one.¹⁰ Few do.
- Oral health problems are responsible for more missed school days than any other type of health problem. Three out of 100 children miss school because of dental pain.¹¹
- Tooth decay is five times more common than asthma and seven times more common than hay fever in children.¹⁰
- The lack of dental care in children can lead to extensive dental disease, hospitalization for acute infections, increased risk of disease in permanent teeth, extensive pain and poor nutrition.¹²
- More than twice as many children lack dental insurance as lack medical insurance.²
- Tooth decay is the single most common chronic disease among children.²
- 80% of dental disease is found in only one-quarter of the children. Low-income children are much more likely to suffer this disease but are also much less likely to obtain dental care.² Children in poverty suffer from twice as much tooth decay as their more affluent peers.⁶
- Three times more of America's children are in need of dental services than medical services, yet children with public insurance are only one-quarter as likely to see a dentist as they are to see a physician.²

Connecticut Oral Health Coalition

Connecticut Appleseed
Connecticut Association of Dental Assistants
Connecticut Association of School-Based Health Centers
Connecticut Dental Hygienists' Association

Connecticut Oral Health Initiative
Connecticut Primary Care Association
Connecticut Society of Pediatric Dentists
Connecticut State Dental Association

† State of Connecticut - ‡ American Dental Association, *State Innovations to Improve Access to Oral Health Care for Low Income Children: A Compendium Update*. Chicago: American Dental Association: 2005 - * Estimate derived from (†), (‡) and Beazoglou T, Douglass JM. *HUSKY A Dental Care: Financial Strategies*. Policy Brief. Connecticut Health Foundation, January 2006 - ¹ *State of Connecticut, Department of Social Services Mystery Shopper Project*, Nan Jeannero and Kerry McGuire, Mercer Government Human Services Consulting, Phoenix, November, 2006 - ² Beazoglou T, Douglass JM. *HUSKY A Dental Care: Financial Strategies*. Policy Brief. Connecticut Health Foundation, January 2006 - ³ *Dental Care for Children in HUSKY A: Methods and Findings*, Connecticut Voices for Children, October 2006 (http://www.ctkidslink.org/pub_detail_316.html) - ⁴ Connecticut Department of Social Services - ⁵ Survey by the Connecticut State Dental Association and the Connecticut Society of Pediatric Dentists, January 2007 - ⁶ *Oral Health Care on the Public Policy Map*, Connecticut Health Foundation, 2004 - ⁷ *Health Plans Expand Dental Benefits*, Wall Street Journal, September 19, 2006 - ⁸ *Early Preventive Visits: Effects on Subsequent Utilization and Costs*, *Pediatrics* 2004, 114 - ⁹ *Disparities in Oral Health and Access to Care: Findings of National Surveys*, *Ambulatory Pediatrics*, March-April 2002 - ¹⁰ *Policy on the Dental Home*, American Academy of Pediatric Dentistry, 2004 (<http://www.aapd.org/media/policies.asp>) - ¹¹ *Oral Health in America*, United States Surgeon General, 2001 - ¹² *Oral Health Care of the Public Policy Map*, Joanna M. Douglas, B.D.S., D.D.S., consultant, Connecticut Health Foundation newsletter, 3Q 2004 p.1