

"Oral health care for all"



Legislative Testimony
Raised House Bill 7069 – An Act Concerning Access to Oral Health Care

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Good morning, members of the Public Health Committee. My name is Marty Milkovic, Executive Director of the Connecticut Oral Health Initiative or COHI. Thank you for the opportunity to speak to you today about why it is morally and fiscally imperative that House Bill 7069, An Act Concerning Access to Oral Health Care, must pass through the General Assembly this session.

I'm sure you have all heard the news reports about the tragic death of a seventh grade boy in Maryland due to lack of dental care last week. I am here to tell you about the same type of extreme difficulties that children and others participating in our HUSKY program face every day in trying to access dental care. Though the word 'crisis' is overused these days, the state's own data about the lack of access to dental care for this population clearly shows that this situation is a true crisis: 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. In 2004, HUSKY children made more than 77,000 emergency visits to dentists because they could not obtain timely routine care that would have prevented a health crisis.

Extremely low reimbursement rates for dentists who see these patients are the major driver of this crisis. The State currently pays \$22 per month to provide dental insurance to its employees and their children, but only \$8 for HUSKY children. These rates have not increased since 1993 for children or since 1989 for adults. All but a few providers simply cannot afford to see these patients unless the rates increase. More than two-thirds of HUSKY children did not get basic oral health care in 2005.

COHI, a statewide leader in bringing together diverse stakeholders concerned about the oral health of Connecticut residents, strongly supports legislation raising dental reimbursement rates to at least the 70th percentile of dentists' fees or about \$14.50 per child per month. This level of increase would prevent significant pain and suffering as well as the medical and other costs incurred across the health system now due to lack of preventive care to HUSKY children. The benefits would be huge.

In a recent survey by the Connecticut State Dental Association and the Connecticut Society of Pediatric Dentists, 300 new dentists have pledged to see HUSKY patients for the first time and 80 current providers have pledged to see more HUSKY children if the rates are increased as recommended. Currently, 100-150 dentists actively see significant numbers of HUSKY patients. Increasing the reimbursement rates to at least the 70th percentile of dentists' fees (about \$14.50 per month) would mean nearly tripling the availability of dental services to HUSKY participants.

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. 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 often becomes so severe that people make costly visits to hospital emergency rooms that are already overburdened. Usually, there are no dentists available and treatment is for symptoms only. Patients sometimes must be hospitalized for acute infections, and are at increased risk of disease in permanent teeth, extensive pain and poor nutrition. They may require surgery due to lack of early and regular dental care.

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. As recent media stories have highlighted, there are proven links between oral health and a growing number of serious and systemic health problems. These include diabetes, heart disease, stroke, pancreatic cancer and preterm births. Research incontrovertibly shows that we cannot separate oral health from overall health.

More than six years ago, legal aid attorneys filed a lawsuit against the state for not providing dental care to HUSKY children as provided by federal Medicaid law and regulation. I want to make sure that members of the Public Health Committee know that lawyers for the children in the case have never refused a settlement offer, and remain anxious to resolve these serious dental care access problems with solutions that are evidence-based, proven effective, supported by the provider and public health community, and which provide accountability for the expenditure of state funds. Safety net facilities being promoted by the Governor's office are part of the solution but because, even now two thirds of HUSKY children are seen by private providers, raising rates will have the most immediate impact with no additional infrastructure costs. In addition, a number of clinics and school-based programs receive the HUSKY dental reimbursement rate to cover their expenses and an increase will expand their capacity.

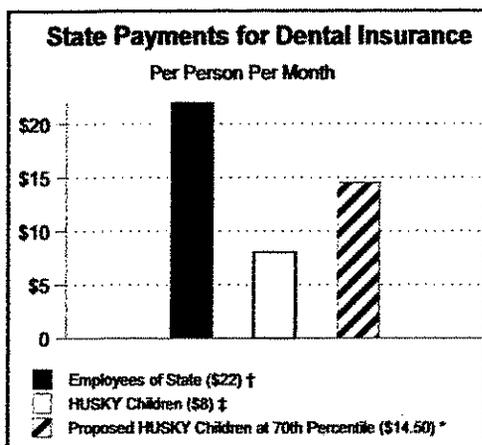
The importance of increasing reimbursement rates for dentists providing services to children in the state's HUSKY Plan during this legislative session cannot be overstated. Passage of H. B. 7069 would get the job done. A similar bill succeeded in getting to final negotiations with the Governor last year. It was withdrawn when the state indicated interest in settling the lawsuit to solve the problem instead.

With no settlement in sight, legislation is necessary to make sure that these kids do not suffer for another year. COHI had hoped that Governor Rell's proposed budget would support raising these rates that have languished at the same level since 1993 and make it unaffordable for most dentists to see children on the state's Medicaid plan. Since it does not, the General Assembly must pass the bill we are discussing today to rectify the situation.

We ask that you respond to the clear data revealing the lack of access to dental services among HUSKY participants and that rate increases will go a long way in fixing this problem. We hope that you will heed the growing body of research that shows how vital oral health is to general health, the high incidence of oral health problems among our poorest residents, and the cost-effectiveness of providing preventive dental care to preclude extreme problems that cause pain, suffering and missed school and work. More details are provided in the attachments here.

Thank you for the opportunity to speak to you today. Please contact COHI if you have questions or need additional information.

Give Our HUSKY Kids a Fair Deal on Oral Health Care



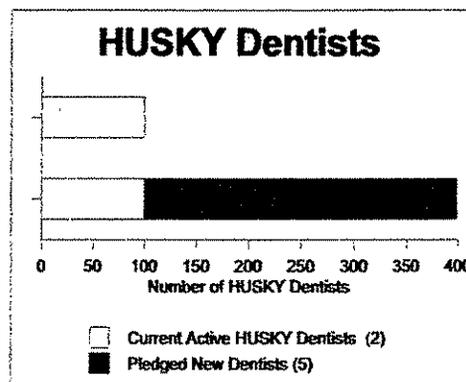
HUSKY children don't receive oral health care due to low reimbursement rates

- 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 1993⁴ and are less than the 10th percentile of dentists' fees.²

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

If Rates are Raised More HUSKY Children will get needed oral health care

- In a survey by the CT State Dental Association and the CT Society of Pediatric Dentists, 300 new dentists have pledged to see HUSKY patients for the first time and 80 current providers have pledged to see more HUSKY children. Now between 100 and 150 dentists actively see significant numbers of HUSKY patients.⁵
- If these new dentists see only one new HUSKY patient a week, nearly 20,000 additional children would receive services. Now HUSKY providers seeing less than 500 patients per year average 3 HUSKY patients a week. This would mean that 60% of continuously enrolled 3 to 19 year-old HUSKY children would be able to access needed dental care.¹⁶
- Nine other states (Alabama, Delaware, Georgia, Indiana, Michigan, Nebraska, North Carolina, South Carolina and Tennessee) have increased Medicaid to the 75th percentile or a comparable market based rate. All have shown substantial increase in private provider participation, ranging from 21% to over 1,000%, with an average increase of 74%.¹⁴



Preventive oral health care can reduce costs

- In 2004 HUSKY children made more than 77,000 emergency visits to dentists, because of difficulty in obtaining timely routine care that would have prevented a crisis. Nearly 10% of all Medicaid dollars are expended for emergency or palliative care.¹⁵
- Low income children who have a 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

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.
- **Lawyers for the children in the case have never refused a settlement offer, and remain anxious to resolve these serious dental care access problems with solutions that are evidence-based, proven effective, supported by the provider and public health community, and which provide accountability for the expenditure of the state's funds.** ¹³
- With no settlement in sight, legislation similar to last session's HB 5790, this session's HB 7069, is necessary to make sure that HUSKY children do not suffer for another year.
- Safety net facilities are part of the solution, but since, even now, two-thirds of HUSKY children are seen by private providers ², raising rates will have the most immediate impact, with no additional infrastructure costs. In addition a number of clinics and school-based programs receive the HUSKY dental reimbursement rate to cover their expenses and an increase will expand their capacity.

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

- 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 Tooth decay is the single most common chronic disease among children. ²
- 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 - 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 - ¹³ *Update RE Carr v. Wilson-Coker, Medicaid Dental Care Litigation*, Greater Hartford Legal Aid, February 16, 2007 - ¹⁴ *HUSKY A Dental Care: Avoiding the Repercussions of Poor Dental Care for Children on Medicaid*. Policy Brief. Connecticut Health Foundation, February 2007 - ¹⁵ Analysis of HUSKY Encounter Data by JM Douglass, February 2007 - ¹⁶ Analysis of HUSKY Data by JM Douglass, February 2007