



# Connecticut Appleseed

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## PUBLIC HEALTH COMMITTEE PUBLIC HEARING AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE (H.B. 7069) MARCH 5, 2007 TESTIMONY

**Dr. Michael Perl, D.D.S.**  
**Past Chair, CSDA Task Force for Improving Access to Dental Care**  
**Member of Connecticut Appleseed's Board of Directors**

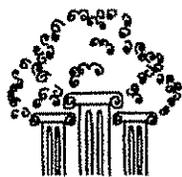
My name is Dr. Michael Perl and I am a partner in Associates in Periodontics, P.C. in West Hartford. I am also a past Chair of the Connecticut State Dental Association's (CSDA's) Task Force for Improving Access to Dental Care for the Underserved and a current member of the Connecticut Appleseed Board of Directors. Thank you for the opportunity to speak to your Committee today. I am here today to express support for HB 7069, An Act Concerning Access to Oral Health Care.

CSDA and Connecticut Appleseed are supporting H.B. 7069 because almost 70% of Medicaid children in this state are not receiving any dental care at all. Almost 70% of Medicaid children in this wealthy state suffer needlessly from dental decay, the most common and treatable chronic childhood disease. Tooth decay is five times more common among Connecticut children than asthma and accounts for three lost school days per 100 children every year.

By way of introduction, Connecticut Appleseed is a statewide, non-partisan public interest organization whose mission is to produce solutions for the causes, rather than the symptoms, of our state's social problems. We deploy volunteering lawyers and other professionals to drive specific systemic changes through legal and legislative advocacy, negotiation, education and other actions. Connecticut Appleseed focuses on healthcare and education issues affecting our state's disadvantaged citizens because we believe their needs are increasing.

Currently, less than 15% of Connecticut dentists participate in the Medicaid program. Low reimbursement rates are the biggest impediment to that participation. Until this state increases its dental Medicaid reimbursement rate, the vast majority of Medicaid children will have no access to dental care. Approving H.B. 7069 will surmount the biggest hurdle to improved access. Nine other states that have lifted dental Medicaid reimbursement rates since 1998 have succeeded in prompting substantial increases in private provider participation. The secondary transportation, billing, communications and administration issues can readily be resolved if reimbursements are materially raised.

Since 2004 I have personally recruited volunteer dentists to treat Medicaid children at the Connecticut Health Services (CHS) clinic in Hartford. In 2005 roughly 200 children received treatment at CHS from my volunteering colleagues. A comparable number of children were treated by volunteers at CHS in 2006. Planning at CSDA is also well underway for an April, 2008 3-day "Mission of



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Mercy" project that will provide free dental care in mobile dental units that will be located at Tolland or Vernon High School. Dentists will be serving any person in need from 30-40 dental chairs.

Nevertheless, I submit to you with conviction born from my personal experience that the scope of the state's oral health crisis among poor children has proven far too large to solve with volunteerism alone.

We are grateful to the Public Health Committee for bringing deserved attention to the issue of access to children's oral health services. Connecticut Appleseed and CSDA believe that the best way to motivate dental providers to participate in the Medicaid program is to increase reimbursement rates to at least the 70<sup>th</sup> percentile of normal and customary dental fees. Indeed, in a survey by CSDA and the CT Society of Pediatric Dentists, more than 300 Connecticut dentists that do not currently participate in Medicaid have pledged that they will serve Medicaid children if rates are raised. An additional 80 current providers have pledged that would see an increased number of Medicaid children.

CSDA and Connecticut Appleseed urge the Public Health Committee to favorably report H.B. 7069 in order to raise dental Medicaid reimbursement rates children to a level that will motivate private practice dentists to treat Medicaid children. I am proud that so many of my colleagues are willing to step up. But the time has come for Connecticut as well to step up to do its part.

Thanks again for the opportunity to speak with you today.

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