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**Testimony to the Public Health Committee  
January 31, 2007  
By Michael Goodman, DDS**

**Senator Handley, Representative Sayers, and members of the Public Health Committee. Thank you for holding this hearing on the access to health care and particularly oral health care. These are areas 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).**

**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, 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.**

**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.

**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.

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 tripling effect (approx 350 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.

In the words of Dr. C. Everett Koop, (Former U.S. Surgeon General, Chairman, Oral Health 2000) "You're not healthy without good oral health".

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

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