February 18, 2009

Appropriations Committee

Testimony in opposition to proposed elimination of non-emergency dental benefits under Medicaid

Margaret Drozdowski Maule, DMD
Dental Director
Community Health Center, Inc

Senator Harp, Rep. Geragosian, and members of the Appropriations Committee:

My name is Margaret Drozdowski Maule, DMD, I am the dental director at Community Health Center, Inc. I graduated from the University Of Connecticut School Of Dental Medicine in 1998, and completed UCONN AEGD residency program in 1999. After three years of private practice experience, I joined the Community Health Center.

Since 2004, I have led the agency dental team as the agency's dental director. I continue to practice clinical dentistry in the heart of New Britain with the same passion as the day I graduated. Currently, our dental team of 20 dentists and 13 hygienists, provides over 70,000 annual dental visits to more than 35,000 of Connecticut's most vulnerable residents at over 100 locations throughout the state..

Our services are full scope and comprehensive, from preventative, to restorative, to endodontic, and prosthetic. With every dental filling we place and each preventative visit we deliver, a future dental emergency is prevented and the health status of for the neediest population improves. Dental disease does not go away untreated, but progresses and can pose significant threat to the entire body.

The Governor's budget calls for the elimination of all dental services except for those deemed to be an emergency, such as extractions and treatment for pain and infection, and dentures. What does this mean? It means no prevention. We wait for the rapid progression from small cavity, to involvement of the nerve of the tooth, to abscess, to emergency, to a non-restorable tooth that needs to be removed. We wait for the infection and inflammation to negatively affect pre-existing conditions such as heart disease, diabetes, HIV, or pregnancy outcomes. We wait while the patient goes to the emergency room seeking relief from pain, where all we can do is prescribe antibiotics and analgesics; ultimately waiting for the tooth to become non-restorable and needing extraction. The final results are more expensive to the state, and more discomfort for our patients.

We have been very focused on the opposite: early intervention, prevention, restoration. In fact, though we serve the poorest population in Connecticut, right now 60 percent of our adult services are NOT emergencies or dentures—because we have worked so hard and long on restoration. The proposal will eliminate approximately 60

percent of all adult visits at CHC's seven dental offices clinics: Meriden, New Britain, New London, Old Saybrook, Norwalk, Stamford, Middletown as well at several community locations such as homeless shelters.

This population has several chronic medical conditions that will be further compromised without the appropriate dental care. Elimination of the coverage will not eliminate the need for these services, but will increase the more expensive services such as emergency room for acute problems.

Much of dental disease is preventable with routine dental visits, restorative procedures, and good oral hygiene. Despite the preventable nature of dental disease, thousands of people have active oral disease, a ticking time bomb waiting to explode and cause pain, swelling, infection not only locally but also with the potential to affect the rest of the body.

We have worked diligently to ensure access and we now we must protect our progress for the benefit of the neediest. Connecticut has encountered were difficult times and we do need to address our financial shortfalls, but elimination of these services now will undoubtedly cost our state in the near future with increased and much more costly emergency care. Continuation of these services is a judicious investment of Connecticut's dollars today.

Local infection areas in the mouth, whether periodontal or odentogenic in origin, can travel and spread to other vital organs. Many people think oral health is a luxury, but with all the evidence mounting connecting oral health to overall health, we cant ignore oral health if we want healthy people. It is not a luxury to have healthy teeth and a disease-free oral cavity any more that it is a luxury to have controlled hypertension, an asthma inhaler, or your fingers and toes. Diabetes is a risk factor for development of inflammatory periodontal disease which can in turn interfere with glycemic control. Poor glycemic control has adverse medical events, including poor wound healing. Heart disease, atherosclerosis, and stroke have been linked to conditions within oral health. Additionally several disease processes can present first with oral findings, such as osteoporosis, HIV infection, Sjogren's syndrome, certain cancers, eating disorders, syphilis, gonorrhea and substance abuse. The 5-year survival rate for head and neck cancer is 5 years. The elimination of the routine dental treatment visits that can detect this cancer, in its earliest stages, threatens to increase the mortality rate of this particular group of cancers. Risk factors for oral cancers are prevalent within this vulnerable patient population.

Integration of the disciplines is a key component of Community Health Center's all-inclusive medical, dental and behavior health home philosophy that all of our patients benefit from. Nineteen percent of all our patients present with multiple chronic diseases that can be adversely affected by poor oral conditions. Without the comprehensive dental care, this system has a major deficiency and puts patients at an increased risk for medical complications.

I have spent 10 years treating dental disease, but it seems that when I complete the treatment for one patient, five others are waiting for appointments. My commitment to our patients and our mission remains strong. Just this week, I completed treatment on a 38 year old woman with HIV infection and diabetes; she cried when she saw how her teeth looked after the elimination of oral disease she presented with. Her pain was gone, her self esteem restored, and risks reduced.

An ounce of prevention is worth a pound of cure is applicable to this situation. Prevention and treatment of oral disease will not only maintain the oral cavity in a healthy state but also improve the overall health outcomes for multiple chronic conditions. Community Health Center Inc, started with dental care, and we continue our strong commitment to continue providing dental services. In closing, I ask that you consider all the above arguments and reject the proposed cut for covered adult Medicaid services.