Connecticut Oral Health Coalition

Governor's Proposals Threaten Access to Dental Care

Connecticut Appleseed

Connecticut Association of Community Health Centers

Connecticut Association of Dental Assistants

Connecticut Association of School-Based Health Centers

Connecticut Dental Hygienists' Association

Connecticut Oral Health Initiative

Connecticut Society of Pediatric Dentists

Connecticut State Dental Association

Connecticut Voices for Children

Greater Hartford Legal Aid

Regional Oral Health Collaboratives:

- Bridgeport
- Danbury
- New Britain
- New Haven
- Southeast Connecticut
- Stamford
- Waterbury

c/o Connecticut Oral Health Initiative
175 Main Street
Hartford, CT 06106

860.246.2644 (phone)
860.246.7744 (fax)

Proposal:

- Cut routine dental care for the 230,000 adults enrolled in HUSKY, SAGA, Medicaid fee for service and Title 19. Reimburse only emergency care.

Impact:

- ✓ Dramatically increases healthcare costs
  - Dentists will not participate in program. Dental patients will seek hospital emergency room care.
  - Emergency room dental visits increased 12% after Maryland made a similar cut
  - Emergency room care is ten times more expensive than care in dental office
- ✓ Eliminating adult routine dental care hurts children
  - Mothers with poor dental health have children with more dental problems
  - Maternal dental disease is linked to pre-term babies

Proposal:

- Requires prior authorization for all non-emergency dental services for both children and adults in all DSS Medicaid programs

Impact:

- ✓ Undermines the General Assembly's intent to ensure children's access to dental services
  - Creates costly administrative burden for Department of Social Services
  - Discourages dentists from treating patients in Medicaid
  - Violates spirit of dental lawsuit settlement

The Connecticut Oral Health Coalition believes that increased Medicaid funding to the state through the federal stimulus is intended to pay for this kind of preventive healthcare and should, at least, preclude having to make these cuts.

Testimony to the Human Services Committee on Senate Bill No. 843
An Act Implementing the Governor's Budget Recommendations Concerning Social Services

March 3, 2009

Madeline McClave
Interim Executive Director
Connecticut Oral Health Initiative (COHI)

Good morning Senator Doyle, Representative Walker and Committee Members. Thank you for the opportunity to speak to you today regarding the Governor's Bill No. 843. My name is Madeline McClave and I am the Interim Executive Director of the Connecticut Oral Health Initiative (COHI), a broad-based coalition that promotes awareness of and access to good oral health. I am here today on behalf of COHI's board and statewide constituency and as the organizational convener of the Connecticut Oral Health Coalition, a diverse group of oral health stakeholders. Information about the Coalition is attached to my testimony.

Governor Rell is proposing two drastic eliminations and reductions of DSS dental services to children and adults across the Medicaid programs. We believe that both of them will drive up healthcare costs by eliminating preventive care (adults) and making it more inaccessible (children). The first, her **proposal to eliminate non-emergency dental care for the 230,000 adults enrolled in HUSKY, SAGA, Medicaid fee for service and Title 19** will cost us and our health care system more than the projected savings over the next two years. It will also cause widespread pain, suffering and disease.

The critical consequences of eliminating this dental coverage for adults across Connecticut's Medicaid programs are:

1) **If all but non-emergency dental services are eliminated for adults across these programs, the state will dramatically drive up healthcare costs** and we will all pay. The bottom line is that preventive dental care is cheap compared to problems that result from untreated oral health issues. As advocates for oral health, we face the challenge of getting people who have access to regular, preventive care to understand the extreme and severe nature of health problems resulting from untreated oral health issues.

2) **Poor oral health and lack of regular access to dental care are directly related to many serious and expensive systemic health conditions and diseases** such as heart disease, diabetes, systemic infection, pneumonia, and more. This is particularly true for the elderly, disabled and other special needs populations such as the medically compromised. These adults will seek more emergency room care, require more hospitalizations, and experience pain, suffering and life-threatening infections. The absence of regular care means that problems such as pre-cancer lesions and periodontal disease go undetected and can develop into painful, expensive, and sometimes fatal cancer, heart disease or diabetes.

3) **Eliminating dental coverage for adults will directly affect children**. Studies show that dental disease is linked to costly pre-term births. In 2005 (the most recent data available), 11,578 pregnant women age 20 and older in the programs that would be affected by this proposal gave birth (8,933 in HUSKY, 2,645 in Fee for Service).

   Dental caries is an infectious disease that should be prevented through our public health system and not be allowed to go unchecked. Caries is a disease caused by

specific bacteria. It results in cavities. The bacteria is transmitted from parents to newborns and young children, infecting them and continuing the cycle of decay and disease. It is the single most common health condition affecting children in the U.S.

4) **Dental safety net providers will see a shift from insured to uninsured patients** and will not be able to cope with the demand for emergency services.

5) **Hospital emergency departments will see a dramatic increase in visits for dental emergencies.** Most hospitals are not equipped to deal with the originating oral health problems. The patient will only receive a prescription for pain meds and an antibiotic. When the pills run out, the pain and infection come back and so does the patient. Still they do not receive treatment, a proper exam and diagnosis. The cycle continues and the dollars mount up.

   A study of the effect of eliminating dental coverage for adults in Maryland in 1993 showed that dental visits to hospital emergency departments increased 12% as a result. A three-year aggregate comparison of Medicaid reimbursement showed that it costs ten times more to treat dental emergencies in hospital ($6,498) than to provide preventive care in a dental office ($660).

6) **This proposal will be deleterious to adult nutrition, employability and self-esteem.** Many more people will lose teeth and not be able to get dentures. Low-income nursing home patients, who already have difficulty accessing dental care, will also suffer disproportionately. Many will end up hospitalized more often with pneumonia and other problems exacerbated by dental problems. Medicare does not cover dental so they are without recourse.

   Adults who suffer unsightly and painful dental problems are embarrassed to open their mouths and often cannot concentrate or sleep well. They do not participate fully as productive workers, parents or citizens. This is costly and preventable.

The Governor's second proposal would require prior authorization for all non-emergency dental services for both children and adults in all DSS Medicaid programs.

This would undermine the General Assembly's recent work to ensure children's access to dental services through HUSKY. It would also create a costly administrative burden for Department of Social Services, discourage dentists from treating patients in Medicaid, and violate the spirit of the *Carr v. Wilson-Coker* settlement agreement.

COHI urges you to consider the revenue generating strategies put forth by the Better Choices for Connecticut coalition. By simply responding to the Governor's proposal and not 'thinking outside the box', Connecticut will do much harm to those who need support and healthcare the most.

COHI believes that the increased Medicaid funding coming to Connecticut from the federal stimulus package is intended to pay for this kind of healthcare for our low-income residents and should, at the very least, preclude your having to make these drastic and harmful cuts. Many of these adults are the former children who we, as a state, failed by not affording them real access to dental services under HUSKY prior to the settlement of *Carr v. Wilson-Coker*. Let's not fail them again.

Thank you for your consideration. We hope that the General Assembly will give the mouth parity with the rest of the body and ensure continued dental services for those among us who can least afford to lose this important health service.