

**Testimony to the Appropriations Committee
Regarding the Governor's Proposed Budget Deficit Mitigation Plan**

December 9, 2009

**Dr. Howard Mark DMD
President
CT Oral Health Initiative (COHI)**

My name is Dr. Howard Mark and I am the President of the CT Oral Health Initiative (COHI), a statewide coalition of people and organizations that promotes oral health in Connecticut by raising public awareness of its importance and by advocating for improved access to care and education. Oral Health is integral to our physical well being and the oral health care system is part of our larger health care system; with that as the base of our understanding, policy making might really be changed for the better.

First I'd like to thank Senator Harp and Representative Geragosian chairs of the Appropriations Committee and the entire committee, not only for holding this hearing, but for your decisions and hard work through this economic crisis. I appreciate this opportunity to provide input as the General Assembly makes very difficult budget decisions.

I wanted to provide this testimony today regarding Gov. Rell's proposal to eliminate dental care for the approximately 230,000 adults enrolled in Medicaid (referred to as HUSKY, SAGA, Medicaid fee for service, and Title 19). This proposed cut is a bad idea. As we at COHI have already testified this year, there are both health and economic implications of this cut that I would like to enumerate for you all once again as you work to make difficult decisions for us all.

As an advocate for oral health, I face the challenge of getting people who have access to regular and preventative care to understand the extreme and severe nature of health problems resulting from untreated oral health issues and the resulting costs of caring for these problems. I want to stress seven key points about the consequences of eliminating this dental coverage for adults across Connecticut's Medicaid programs:

- 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 preventative dental care is far cheaper than managing the problems resulting from untreated oral health issues. The cost of preventative and restorative care is miniscule compared to the myriad systemic health conditions and diseases that can emerge in people who do not get this treatment. Two years ago a 12-year-old's (Deamonte Driver) death hit the front page of our national newspapers. He lost his life after \$250,000 worth of hospital care for the sake of an \$80 procedure. Here in CT a three year study showed that emergency room care is 10 times more expensive than the oftentimes less effective emergency room care we will be offering our most vulnerable adults (please see the attached fact sheet).

- 2) Dental caries is an infectious disease that can 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 are transmitted from parents to newborns and young children, infecting them and continuing the cycle of decay, disease, and possible tooth loss. Dental caries is the single most common health condition affecting children in the U.S., five times more prevalent than asthma.
- 3) Eliminating dental coverage for pregnant women and parents age 21 and over will directly affect their children. Studies show that dental disease is linked to pre-term births, low birth weight babies and other delivery complications. Dental care is an important part of a pregnant woman's prenatal care. Studies show that low birth weight babies born to poor families are 79% less likely to graduate from high school by the age of 19 years than their siblings, born in the same family but of healthy birth weight. This research shows one hidden cost that we all pay in to our school systems when we persist in denying poorer women effective oral health care as a part of their prenatal care.
- 4) Poor oral health and lack of regular access to dental care have been 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. 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-cancerous lesions and periodontal disease go undetected and can develop into painful, expensive and sometimes fatal cancer, heart disease, or diabetes.
- 5) These proposed cuts would also impact our health infrastructure. Community health centers and other safety net facilities will lose significant numbers of insured patients and experience declining revenues. Thanks to the increase in reimbursement rates for providers of dental services to HUSKY children, many kids are now finding dental homes with private providers. Because of this many community dental clinics now serve predominantly adult populations. If the Governor's proposal is enacted, these community based organizations will see a shift in their patient base and will not be able to cope with the extent of emergency services needed, besides seeing their revenue streams decline significantly.
- 6) Hospital emergency departments will see a dramatic increase in visits for dental emergencies. Most of our hospitals are not equipped to deal with specific oral health problems. Patients will not receive effective care for their underlying conditions: instead they will get prescriptions for drugs to ease pain and stop infection, but only in a palliative manner. However, unlike other infections, those that originate in the mouth persist, thus leading to more painful and costly conditions. CT's emergency departments will be stressed coping with such conditions better dealt with in dental offices, reducing, unnecessarily, the emergency medical care coverage that they are actually equipped to deal with and which we will continue to need.
- 7) Finally, these proposed cuts would negatively impact 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 of them will end up hospitalized with pneumonia due to inhaling

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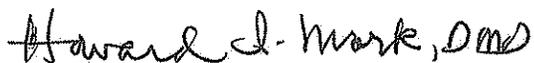
bacteria that build up without dental care. Furthermore, adults who suffer unsightly and painful dental problems are embarrassed to open their mouths and often cannot concentrate or sleep. They do not participate fully in life as productive workers, parents, and citizens. This is costly in every respect. *It is also completely preventable.*

We at COHI know that you continue to face the complex task in addressing revenue shortfalls in this budget process. COHI encourages you to consider some revenue generating strategies that have been put forth during this crisis by Better Choices for Connecticut, which COHI supports. 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. While the loss of revenue is not apparent on the surface, we know that these cuts are less than half the real dollar amount lost when you factor in the 60% supplement from the federal government. We believe that it is fundamentally wrong to balance the budget by enforcing a "tooth decay and oral disease tax" on CT's poorest citizens.

COHI believes that the proposal to eliminate non-emergency dental care for adults in HUSKY, SAGA, Medicaid Fee for Service and Title 19 will result in unacceptably high health, social, and economic consequences for these adults, their children, community providers and all taxpayers.

Please call upon us at COHI for any additional information or clarification you may need as you work through this painful and complicated deficit mitigation process. You can reach our Executive Director, Lisa Reynolds, who will be offering testimony today, at 860-246-2644 or via email at lisar@ctoralhealth.org.

Thank you for your time and attention,



Howard I. Mark DMD.