



## **Connecticut State Dental Association**

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**Legislative Testimony**  
**H.B. 6365 AAC The State Budget For The Biennium Ending June 30, 2011,**  
**And Making Appropriations Therefore**  
**Appropriations Committee**  
**Wednesday, February 18, 2009**  
**Dr. Jonathan Knapp, President, CT State Dental Association**

Senator Harp, Representative Geragosian, and esteemed members of the Appropriations Committee; my name is Dr. Jonathan Knapp. I am a dentist in private practice in Bethel and currently serve as the President of the Connecticut State Dental Association. Please accept this document as my testimony on aspects of Governor Rell's proposed budget for 2009-2011.

I applaud your willingness to listen to the many individuals who wish to comment on Governor Rell's proposed budget, and realize what a monumental task it will be to make the decisions that will be necessary to keep Connecticut running smoothly in the upcoming budget cycle. However, I am deeply concerned with the proposed cuts in funding for dental Medicaid for adult patients. If we truly wish to create better access to dental care, we must continue to forge a genuine partnership between the private sector, government, and patient communities.

With the settlement of the lawsuit on behalf of children in our state, we regained government as a partner. We have also seen the numerous ways that the dentists are willing to do our part. Since the beginning of the recent recruitment process of enrolling dentists into the re-vamped HUSKY program, we have reached over 550 privately practicing dentist providers and over 200 dentists signed up in public health facilities – this in only five months! Keep in mind that the old ways of doing business had been in place (and the old partnership had been eroding) since 1993. Although the new fees for kids are still far below market rates, and the adult fees are only half of that, this is about more than fees. Steps have been taken to minimize the administrative burdens for providers, and much more is being done to educate HUSKY families on the importance of good oral healthcare, and to support them in keeping up with regular appointments in order to achieve much less costly early intervention.

These factors have all come together to constitute a renewed cooperative partnership, with government, providers, and the community each fulfilling its role. However, if any of the partners do not carry out their duties, the partnership is destined to falter. Although the Wilson-Coker settlement dealt specifically with kids, adults are pivotal to the success of HUSKY since they are the ones bringing their children to the appointments. They are benefiting as well, since more parents and other adults are being seen in offices that have signed up to participate in the program. What kind of message will we be sending if we eliminate adults from all but emergency dental care? Should their kids only seek treatment when it becomes an emergency as well? Parents set the example for their children; if the message delivered to parents is that dental care is not important for them, that same thinking and attitude will be passed on to their kids. These cuts would amount to a failure by the state to uphold one of its critical responsibilities in the partnership that has been newly forged.

The very old adage; “An ounce of prevention is worth a pound of cure” certainly applies here as well. We have witnessed on so many occasions how much more medical care costs when conditions are not addressed early. The same holds true for dental care. Most everyone has heard about the case of Deamonte Driver, a boy in Maryland who died so tragically from a brain abscess that started out as a cavity in a tooth. The tragedy of his death is immeasurable to his family. By monetary measurements it has been estimated that the cost of the medical care, after his admission to the hospital via the emergency room, was well over a quarter of a million dollars. This case is not an isolated one; it could happen in any of the hospitals right here in Connecticut and it could happen to an adult as easily as it happened to Deamonte. Certainly, if adult dental Medicaid funding is cut so that it only provides for emergency care, there will be many more people who will put off care and end up in the already overburdened hospital emergency rooms, just like Deamonte did. What will that cost the citizens of our state?

And what about our poorest women carrying babies? We are deeply concerned that this proposal will eliminate all but emergency dental services for pregnant women over the age of 21 on Medicaid and SAGA. Pregnant women with periodontal disease are at a three-to-five times greater risk for pre-term birth. In 2000, preterm birth/low birth weight was the leading cause of neonatal mortality in the United States. Since early detection and prevention are the keys to good oral health, and since pregnant women are at a greater risk for dental problems during the course of their pregnancy, it is critical that pregnant women get the preventive dental care they and their babies need – erecting barriers to dental care access for pregnant women places them and, more importantly, their unborn children at great risk. What will that cost the citizens of our state?

You are faced with very difficult choices in trying to balance our state’s budget. I urge you to avoid the trap of eliminating all but emergency services in adult dental Medicaid to help make the budget appear balanced on paper; while the actual costs to Connecticut mount inevitably higher and will require reconciliation at the back end.

The partnership has been rekindled, and for very good reason. It is by far the most cost-effective way to provide for the oral health and well-being of the most vulnerable among

us during this most difficult of economic times. Let us all uphold our duties as we move forward in a fiscally prudent way.

Respectfully submitted,

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