

"Oral health for all"



**Testimony to the Appropriations Committee, Human Services Subcommittee  
Regarding Governor's Bill Number 843**

**February 18, 2009**

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

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Good afternoon Co-Chairpersons Senator Prague, Representative Hamm and Representative Villano and Members of the Human Services Subcommittee of the Appropriations Committee. My name is Madeline McClave and I am the Interim Executive Director of the Connecticut 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 through improved access to care and education.

First, thank you for doing what is a very difficult job in this economic crisis. We appreciate this opportunity to provide input as the General Assembly makes very difficult budget decisions.

I am here today on behalf of COHI to talk about why Governor Rell's proposal to eliminate dental care for the 230,000 adults enrolled in Medicaid (referred to as HUSKY, SAGA, Medicaid fee for service, and Title 19) is such a bad idea. Our open letter to the Governor is attached. First, I would like to stress that these cuts would not be proposed by persons with expertise about the underlying healthcare issues as the information that we and others will provide will demonstrate. COHI urges the General Assembly to require an informed approach to cost-cutting in the area of healthcare and ensure that knowledgeable people play a role in advising the Department of Social Services (DSS) where to make cuts. We must apply criteria related to all types of short- and long-term savings when making these kinds of recommendations.

I want to stress seven key points about the likely 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 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. The cost of prevention (preventive and restorative care) is truly miniscule compared to the myriad of systemic health conditions and diseases that can emerge in people who do not get this treatment.

- 2) **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.
- 3) **Eliminating dental coverage for pregnant women and parents age 21 and older will directly affect their children.** Studies show that dental disease is linked to pre-term births, low birth weight babies and other delivery complications. In 2005 (the most recent year for which data is 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). We do not have the exact number for this cohort without the 20-year-olds but the universe is probably similar for pregnant women age 21 and older who would be denied access to dental care that is so important previous to and during pregnancy and can prevent problems at birth.
- 4) **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. The medically compromised patients who need much more oral health attention than other groups will cost the state astronomical amounts of money when their problems turn into much more serious ones due to lack of care.
- 5) **Impact on 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 last April, many kids are now finding dental homes with private providers. Many community dental clinics now serve a predominantly adult population. If the Governor's proposed cut to preventive and restorative dental care occurs along with the proposals to increase co-pays and other cost-sharing within HUSKY, these organizations will see a significant shift in their patient base to the uninsured and will not be able to cope with the extent of emergency services needed.
- 6) **Hospital emergency departments will see a dramatic increase in visits for dental emergencies.** Most of our hospitals are not equipped to deal with the originating oral health problems. To quote the attached letter that COHI received early this morning from a dentist, in the emergency room a ' . . . patient will only receive a prescription for pain meds and an antibiotic which will only provide, if lucky, a few days of relief. When the pills run out, the pain and infection come back, and now the bacteria may be immune to the first round of cheaper antibiotics, causing further expense as the patient goes back for more expensive meds, and still does not receive treatment or a proper exam and diagnosis. This goes on and on as the dollars pile up in a never-ending cycle. The (adult Medicaid reimbursement) fees in dentistry are so low that for the price of one ER visit, the patient could have had an extraction, or a root canal treatment, and several other restorations, leaving them in a state of oral health.'

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 new study released today about the impact of cuts to Medicaid coverage in Missouri may also prove instructive (abstract attached with web address of the study.)

- 7) **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. As one dentist told us 'not every adult patient should be forced to extract a tooth that otherwise can be saved by treatment and restoration.' 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 bacteria that build up without dental care.

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 in life – as productive workers, parents or citizens. This is costly in every respect. It is also completely preventable.

We know that you face a complex task in addressing revenue shortfalls in this budget process. COHI encourages you to consider some of the revenue generation strategies put forth by the Better Choices for Connecticut coalition which we support. 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.

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. We believe that it is fundamentally wrong to balance the budget using these monies at the same time that drastic cuts in coverage and increased co-pays and cost-sharing are imposed.

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 for additional information ([madelinem@ctoralhealth.org](mailto:madelinem@ctoralhealth.org) or 246-2644). Many members of our coalition – community-based and private providers, academics, patients and others - are giving or submitting testimony today. We hope that through this input and additional dialogue going forward, we can work with you to come up with a better solution to the budget problem.

Thank you for your time and attention.

# "Oral Health for All"

## An open letter to Connecticut Governor M. Jodi Rell



February 5, 2009

Dear Governor Rell,

The Connecticut Oral Health Initiative (COHI) urges you to reconsider and retract your proposal to eliminate dental care except in an emergency for the 230,000 low-income Connecticut parents and other adults who are enrolled in Medicaid (HUSKY, SAGA and Medicaid).

We strongly object to this plan because it would result in:

- 1) An increase in painful, dangerous and expensive health problems – including abscesses, infection, diabetes, heart disease, pneumonia, oral cancers, dental caries and periodontal disease – associated with lack of dental services and poor oral health
- 2) More pre-term births, low birth weight babies and other serious and expensive complications at delivery because of the poor oral health of mothers
- 3) Increased transmission of the bacteria that causes dental caries from parents to their newborns and young children
- 4) More emergency room visits to already overburdened hospitals and unreimbursed visits to struggling community dental clinics
- 5) Worsening nutrition, particularly among the elderly and disabled

In your budget address, you called for getting back to the state's "core mission" including to "help those truly in need." Cutting these dental services will dramatically affect those you wish to help: low-income adults who won't be able to take advantage of your new \$1.7 million dollar nutrition program due to severe periodontal disease; pregnant women age 21 and older at greater risk for delivery complications; parents who will unknowingly cause caries in their young children; disabled adults especially vulnerable to systemic health problems resulting from poor oral health; and adults seeking jobs who can't concentrate or sleep or are embarrassed to open their mouths due to unsightly decay.

Eliminating dental services means adults will seek more emergency care and incur astronomical costs, pain, suffering, and life-threatening infections. Data show that treating dental emergencies in hospitals costs ten times more than providing in-office preventive care. Prevention is a good investment.

We appreciate that you face a daunting challenge in balancing the budget. However, we believe this proposal will actually increase public health care costs and result in unacceptably high social and economic consequences for low-income adults and their children.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Howard I. Mark, D.M.D." The signature is written in a cursive style.

Howard I. Mark, D.M.D., President

On behalf of the entire COHI Board:

Robert Batch, C.P.A.

Jamey Bell, Connecticut Voices for Children

Adele Gordon, Community Health Center Inc.

Michael Goodman, D.D.S., and Margaret Ann Smith, D.M.D., Generations Family Health Center

Robin Knowles, R.D.H., Tunxis Community College

Sally Ortega, Community Health Services

Lorri Vilorio, Willimantic Housing Authority

Received via e-mail 2/18/09

Dear COHI,

Once again we have a Governor who thinks cutting dental benefits will save the State money. Once again we have to launch a campaign to enlighten our Government as to the value of dental treatment and oral health. At the risk of sounding repetitious, let's review.

The fees that dentists receive are so low for adults in Medicaid that most dentists won't touch them. These fees are so low that you can do ten check-ups for the price of one emergency room visit where the patient will only receive a prescription for pain meds and an antibiotic which will only provide, if lucky, a few days of relief. When the pills run out, the pain and infection come back, and now the bacteria may be immune to the first round of cheaper antibiotics, causing further expense as the patient goes back for more expensive meds, and still does not receive treatment or a proper exam and diagnosis. This goes on and on as the dollars pile up in a never ending cycle. The fees in dentistry are so low that for the price of one ER visit, the patient could have had an extraction, or a root canal treatment, and several other restorations, leaving them in a state of oral health. An ounce of prevention is worth a TON of cure!

With dental care, the patient and the State win. Without dental care, the patient may end up being admitted for extensive oral/facial surgery that costs tens of thousands of dollars. Hundreds of patients can be cared for with those dollars. Without treatment, as we've seen in Maryland and around the country, people die. I haven't even mentioned early detection of oral cancer and tumors. I myself recently diagnosed someone who didn't even know they had Leukemia! While death is a rare outcome, pain and morbidity are not. Without treatment adults will lose their jobs because they are too ill to work, or spending too much time in the hospital or at home dealing with side effects from their meds, such as sleepiness, nausea, vomiting, headaches, or allergic reactions. Without treatment, patients can't get decent jobs because they look awful when they smile. Without treatment, adults find it difficult to care for their kids because they are debilitated. Without dental care, unemployment goes up, and tax revenue goes down.

Dental care is not a luxury when it comes to Medicaid for adults. We are not doing porcelain veneers, bleaching, and other expensive cosmetic treatments. We are saving teeth, ending pain, ending and preventing infections and the transmission of germs, and restoring the ability to chew effectively. Often, we are restoring self-respect and dignity. We are allowing people to rejoin society and become productive citizens. Most people don't like to come to the dentist. Most of the patients we see come to us because of great need. They can't eat (which is devastating to diabetics and the elderly or immune-compromised). They can't sleep. They can't talk. They can't get a job. Their medical health is worsening. They can't stop the pain. They are overdosing on OTC meds which will give them liver, kidney, or bleeding problems. They are desperate. They have no money. They can't get into the community clinics because there's a three month wait for an appointment. **THEY NEED DENTAL CARE!** It's not a luxury or a convenience. It's health care. It pays for itself. It's the right and humane thing to do. To end the program is foolish and short-sighted. It would backfire completely. That's why the legislature always comes to the rescue in the end. The common sense of the issue always manifests itself in the end.

Sincerely,

Peter Munk, DDS, FAGD

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## Web Exclusives

## Missouri's 2005 Medicaid Cuts: How Did They Affect Enrollees And Providers?

Stephen Zuckerman <sup>1\*</sup>, Dawn M. Miller <sup>2</sup>, Emily Shelton Pape <sup>3</sup>

<sup>1</sup> Stephen Zuckerman is senior fellow in the Health Policy Center, Urban Institute, in Washington, D.C.

<sup>2</sup> At the time this paper was written, Dawn Miller was a research assistant in the Health Policy Center, Urban Institute, in Washington, D.C.

<sup>3</sup> Emily Shelton Pape is a research associate at the Health Policy Center.

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## Abstract

In 2005, Missouri adopted sweeping Medicaid cutbacks. More than 100,000 people lost coverage, and many more faced reduced benefits and higher cost sharing. Using a range of data sources, we show that the cutbacks were followed by a major increase in the numbers of uninsured people, greater uncompensated care burden on hospitals, and revenue shortfalls that forced community health centers to obtain larger state grants and charge patients more. Competing demands on state budgets and the need to balance budgets even during recessions could result in policies that disadvantage those with great needs as well as the providers who serve them. [*Health Affairs* 28, no. 2 (2009): w335-w345 (published online 18 February 2009; 10.1377/hlthaff.28.2.w335)]

**Key Words:** Access To Care, Consumer Issues, Health Reform, Insurance Coverage, Insurance Coverage - Children, Managed Care - Medicaid, Medicaid, State/Local Issues, Health Spending, Politics

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