



Connecticut State Dental Association

**Legislative Testimony
H.B. 6365 AAC The State Budget for the Biennium Ending June 30, 2011, and
Making Appropriations, Therefore
Appropriations Committee
18 February 2009, Wednesday
Dr. Stephanie Urillo, Vice-President CT State Dental Association**

Senator Harp, Representative Geragosian, and members of the Appropriations Committee, thank-you for the opportunity to provide testimony for a portion of the proposed budget. I am Dr. Stephanie Urillo, Vice-President of the Connecticut State Dental Association. I am a dentist in private practice in Southington, Connecticut. I also provide care to one of the senior citizen assisted living facilities in Southington, Mulberry Gardens.

My primary concern is the Governor's proposal to eliminate oral health care for adults on Medicaid to emergency care only. I see this as contrary to the overarching premise of oral health care, which is preventive treatment. From the beginning, individuals seek treatment for a "teeth cleaning," an exam and x-rays. These are diagnostic tools that dentists utilize to diagnose, and then treat diseases of the oral cavity. When treated at an early stage, problems tend to be solved in a simple, less involved and less costly manner. Education is a very important part of this process, for not only do we treat diseases of the oral cavity, but we also educate our patients in the prevention of future disease processes. Adults who are educated in oral disease prevention will communicate their knowledge to their children so that they develop good oral health care habits early.

At the other end of the spectrum are those seniors who are in assisted living Facilities. Most of them are on Medicaid. Their only access to oral health care is through the state Medicaid program. These are individuals who have given up their material possessions to go on this state program. If their oral health care program is limited to only emergency treatment, then, I feel, a multitude of potential sequellae could result. The majority of these patients are already taking numerous medications for various systemic problems. To get a dental infection could further compromise these individuals, and on the extreme end, be fatal. Adult children of these patients who are educated in oral disease prevention can recognize some oral disease symptoms, and bring their parents to a dental office. Quite frequently, I see

patients from Mulberry Gardens with their adult children who desire appropriate care for their parents. This care must be measured based on the overall health of the patient, as well as the medications he/she is taking.

I urge the members of the Appropriations Committee to rescind the line item for “adult emergency dental care only.” This concept of emergency oral health care goes back to the dark ages, when emergency care was the norm, and pulling the tooth was the answer. Now, in the twenty-first century, preventive measures are at the forefront of dental treatment. Simply, these are the measures that will save the state money, not the reverse.

Thank-you for the opportunity to provide this testimony.

Respectfully submitted,

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