

TESTIMONY OF GREG BASS, LITIGATION DIRECTOR  
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BEFORE THE COMMITTEE ON APPROPRIATIONS  
MARCH 4, 2011

Governor's Bill No. 6380, "An Act Concerning the Budget for the Biennium Ending June 30, 2013"

Governor's S.B. No. 1013, "An Act Implementing the Governor's Budget Recommendations Concerning Human Services"

Members of the Committee, my name is Greg Bass. I am a Litigation Director with Greater Hartford Legal Aid, a non-profit law firm that provides legal assistance to low-income clients in the Greater Hartford area. **I urge the Committee to oppose the proposed restrictions on the Medicaid adult dental program** under Governor's Bill No. 6380, which posits savings of \$9.8 million in FY12 and \$10.3 million in FY13. This is coupled with Section 6 of Governor's S.B. No. 1013, which currently states, in pertinent part, that effective July 1, 2011, the "Commissioner of Social Services shall limit the extent of adult dental services provided under the Medicaid program to such services that may be provided within available appropriations."

These provisions simply set a monetary limit on the availability of adult Medicaid dental services. The Governor's budget proposal does not shed much light on what this specifically is intended to mean. It states, in pertinent part:

Under this proposal, changes will be made to the current dental benefits for adults that will reduce the overall program expenditures while maintaining services that will prevent further disease, unnecessary emergency department use and maintain appropriate oral health. *Changes include limiting adult periodic exams, cleanings and bitewing x-rays to once per year for healthy adults.* In addition, new regulations will soon be promulgated that will *significantly restrict the use of dental procedure codes* for both children and adults to cases of clearly defined criteria based on *medical necessity*.

(emphasis added).

Taken together, these provisions nominally try to strike a balance between fiscal savings and optimal health care outcomes. While this is especially commendable in light of the previous administration's repeated attempts to eliminate non-emergency Medicaid adult dental altogether, critical issues are unaddressed. The Governor's proposal singles out several dental procedures to be restricted, and leaves open the prospect of unspecified, "significant" restrictions on untold other procedures, based on apparent redefined standards of "medical necessity." This vague language leaves open the prospect of wholesale curtailments on the availability of adult Medicaid dental services.

The General Assembly should disallow the adult dental restrictions, for three basic reasons: (1) they are bad health care policy; (2) they are bad fiscal policy; and (3) they counteract the huge strides made for children's access to Medicaid dental services under the *Carr v. Wilson-Coker* federal lawsuit settlement.

1. Bad Health Care Policy: There are over 133,000 adults currently enrolled in HUSKY A alone, up from 117,000 in September 2009. Nationally, pain from toothaches represents a significant public health problem affecting about 22 million adults during any six-month period. Low-income individuals experience a higher burden of dental disease than other groups. Without a regular source of dental care, they are more likely to use hospital emergency departments (ED) for dental treatment and pain relief. However, many hospital EDs lack readily available dental services to provide definitive treatment for oral conditions.<sup>1</sup> Other indigent persons without insurance may forego dental care altogether.

In urging the General Assembly to reject previously proposed adult Medicaid cuts, Dr. Bruce Tandy, President of the Connecticut State Dental Association, said:

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<sup>1</sup> Cohen LA, Manski RJ, Magder LS, Mullins CD. Dental visits to hospital emergency departments by adults receiving Medicaid. *JADA* 2002;133:715-724.

Oral health is essential for overall health, well being, and employability. Untreated dental disease can lead to systemic infections and is a harbinger of a host of other serious health conditions, like heart disease and diabetes. Just as the mouth cannot be separated from the body, dental care must remain a part of the basic health safety net that our State provides its neediest citizens.

I urge you not to turn away from these tremendous personal health costs of a rising Medicaid population by significantly curtailing adult dental services.

2. Bad Fiscal Policy: The Governor and the General Assembly certainly face an arduous task in attempting to enact a fiscally responsible budget in this economic climate. This proposal won't assist that task. A recent multistate study found that between 1% and 3% of all ED visits not resulting in inpatient care are due to various types of oral health problems, many of which are initially preventable. This leads to systemic costs in the ED system that are considerably more than the average cost of dental care. For example, in the Midwest, the median expense per person for office-based dental care in 2005 was \$1,338, while the median ED charge in Wisconsin was \$6,227, and in Iowa it was \$4,626. Further, ED oral health patients "typically receive costly temporary relief of pain that may result in unnecessary return visits, or, in extreme cases, surgical care."<sup>2</sup> The adult dental cuts are not a cost-effective option.

3. Endangering Progress Under the Carr v. Wilson-Coker Settlement: I am counsel for the plaintiff class in *Carr v. Wilson-Coker*, which, with the approval of this Committee, resulted in a landmark federal court settlement that has made Connecticut a national leader in dramatically increasing access to dental care for HUSKY A children. Prior to the *Carr* lawsuit, at most only about 170 dentists in Connecticut participated in the Medicaid program. Currently, due to significant increases in provider reimbursements for children's dental services, over 1100

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<sup>2</sup> Shortridge EF, Moore JR. Use of emergency departments for conditions related to poor oral health care. Final report. Bethesda, Md. Rural Health Research & Policy Centers, Walsh Center for Rural Health Analysis. August 2010 (21).

dentists participate. We no longer have an access problem in this state for children's Medicaid dental services.

Connecticut can be justly proud of this achievement. The Governor's proposal to restrict adult Medicaid dental services threatens, however, to undermine the success of the *Carr* settlement. Dr. Joanna Douglass of the University of Connecticut School of Dental Medicine, testified in response to a prior attempt to restrict adult Medicaid dental services. She first emphasized the practical connection between parent and child: "Mothers primarily determine whether children receive the dental care they need. Research shows that mothers receiving regular dental care are more likely to take their children."<sup>3</sup> Dr. Douglass further stressed the real health consequences involved in this connection, where the parent's dental needs go untreated:

A mother's dental health is among the most significant factors determining children's dental health. Cavities are caused by bacteria. These bacteria originate from the mother. The higher the bacteria levels in the mother, the more likely she is to pass them on to the child at an early age.<sup>4</sup> Children infected with bacteria from their mothers at an early age are very likely to develop cavities and require extensive treatment.

Keeping adult Medicaid dental services intact helps ensure that Connecticut does not jeopardize the tremendous progress made for children's oral health services under the *Carr* settlement.

I urge you not to adopt the proposed restrictions on adult Medicaid dental services.

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<sup>3</sup> Gremobowski D, Spiekerman C, Milgrom P. Linking mother and child access to dental care. *Pediatrics* 2008;122:e805-e811.

<sup>4</sup> Douglass JM, LI Y, Tinanoff N. Systematic review of the association between mutans streptococci in primary caregivers and mutans streptococci and dental caries in their children. *Pediatric Dentistry* 2008;30:375-387.