



**Connecticut State  
Dental Association**

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**Legislative Testimony  
HB 6380 AAC The Budget For The Biennium Ending June 30, 2013  
Appropriations Committee  
Friday, March 4, 2011  
Tatiana Barton, D.D.S.**

Good evening Senator Harp, Senator Prague, Representative Walker, Representative Hamm, Representative Villano and members of the Appropriations committee. My name is Dr. Tatiana Barton and I am the President-Elect of the CT State Dental Association (CSDA), representing over 2400 dentists and members of the dental team who communicate, educate, advocate, and collaborate on oral health issues and provide care to the citizens of Connecticut. I am a private practice general dentist in Stamford who regularly treats nursing home and special needs patients. I thank you for the opportunity to present this testimony to you on HB 6380, specifically the portion of which would impose cost-sharing (co-pays) on certain individuals receiving Medicaid services to which we are opposed.

Access to oral health care for those individuals who do not have insurance or the financial means to seek treatment has been problematic since I entered practice 18 years ago. We have learned over that time period that maintaining oral health is essential to maintaining the general health is intimately linked to the overall well being of the citizens of Connecticut.

The CSDA cautiously applauds the Governor's proposed budget in that it does maintain to a large degree the funding for adult dental non-emergency Medicaid services. It does however reduce preventative services such as adult periodic exams, cleanings and bitewing x-rays to once a year for "healthy" adults from two visits to one. While this is certainly a reduction in services and we would strongly advocate against this reduction, it is one that we understand considering the current economic times of our state.

The Governor additionally proposes imposing a "cost sharing" (co-pay) on certain individuals receiving Medicaid services "up to \$3, not to exceed 5% of family income on allowable medical services." While seemingly a small investment on the part of the individual who is to receive the care, we believe that due to various socio-economic barriers that this population faces, many will forgo this modest co-pay and instead not utilize the preventative care that is essential to maintaining oral

health, as well as general health. Over time those who no longer receive routine preventative care could end up in dental pain will end up in dental pain forcing them to seek care at the emergency room or in a safety net clinic and as a result greatly increase healthcare costs. In the long run we feel that this will prove to be penny-wise and pound-foolish.

I would like to thank the Committee for reviewing my testimony and would be more than happy to make myself available to you at your convenience should you have any questions are require additional information.

Respectfully submitted,

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