

Legislative Testimony
HB 5242 An Act Concerning Donated Dental Services
March 7, 2012
Public Health Committee
Jon G. Davis, D.M.D.

Senator Gerratana, Representative Ritter and Members of the Public Health Committee, I am a dentist who has practiced general dentistry in Fairfield for 35 years. I have volunteered at all four of the previous Connecticut Mission of Mercy events and will do so again this year on March 23 and 24. I also participate in the Give Kids a Smile program and I am a Connecticut Dental Health Partnership/Husky provider. But what is more relevant at this time is that I am a Donated Dental Services provider and have been for more than 6 years.

In principle I support this legislation. I believe a full time DDS coordinator, located in the state, will provide extraordinary benefits to some of our most needy citizens. At the present time there are 48 DDS volunteers in our state but in the past year only 12 residents were able to take advantage of our services. Why is that? The main reason for this is that very few people know about the DDS program even though it is a nation wide organization. An in state coordinator would help to rectify that problem. I have been told that with this modest investment of \$85,000 the return on that investment within the first three years would be \$3 of service for every \$1 spent and after 5 years the return would be 5:1.

My concern with the legislation is that it does not incorporate the treatment philosophy of the Dental Lifeline Network/Donated Dental Services organization. The national programs philosophy is to treat people "with disabilities or who are elderly or medically fragile." Many of these people are on Medicare, which does not have dental provisions, or are not eligible for Medicaid. I think Dr. Steven Weinberger of the American College of Physicians said it best. And I quote, "Dental problems, particularly dental infections, pose a major problem for our patients with cardiac valvular disease, patients who are immunosuppressed by virtue of underlying disease or immunosuppressive medications, patients with various types of prostheses, and patients who are at risk of aspiration. The implications of dental disease in such patients extend well beyond their oral disease, with potentially life threatening complications if the dental problems are not treated. Without the services provided by DDS, such patients would often go

untreated, suffering both the local and systemic complication of their oral disease.” These are the people the DDS program is designed to treat. Therefore, I would urge you to amend the language in line 5 and 6 of this bill to incorporate the treatment philosophy as stated by the national DDS program.

I urge you to support HB 5242 with the requested language change to lines 5 & 6. I would be happy to answer any questions that you may have now or you should feel free to contact me at your convenience and I would be happy to talk with you then.

Respectfully Submitted,

Jon G. Davis, D.M.D.
161 Sherman St.
Fairfield, Ct. 06824
203-259-5026
jdavisdmd@yahoo.com