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Dentistry for the Handicapped

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American Dental Association

1800 15th Street, Suite 100
Denver, Colorado 80202
303.534.5360 888.471.6334
Fax: 303.534.5290
www.DentalLifeline.org
www.DentaCheques.org

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Testimony Regarding HB 5242
An Act Concerning Donated Dental Services
March 7, 2012
Larry Coffee, DDS

Senator Gerratana, Representative Ritter, and Members of the Public Health Committee, I am the Founder and CEO of Dental Lifeline Network (DLN), a not-for-profit organization affiliated with the American Dental Association.

DLN established Donated Dental Services (DDS) as a small pilot project in Colorado during the late '80's. After a couple years, during which it was refined and improved, a process of national expansion began. DDS now functions as a national humanitarian resource for needy disabled, elderly, and medically-compromised individuals. People in every state and Washington D.C. have obtained comprehensive dental therapies, free, from a network of 15,000 volunteer dentists and 3,200 laboratories. More than 100,000 people have obtained in excess of \$200,000,000 in life-enhancing, even life-sustaining dental therapies.

There are 40 state-specific DDS projects and a national "safe-net" component assisting individuals in the ten other states. Connecticut is in the latter group. The state-specific projects are substantially more cost-effective and productive since volunteers are only enlisted in the "safety-net" component on a limited case-by-case basis.

A two-step process is involved in developing a state-specific program; i.e., 1) endorsement of the program by the dental association, and 2) obtaining needed operating support, generally from state governments, to staff the program with a social work coordinator. The Connecticut State Dental Association has endorsed development of DDS. Approval of HB 5242 will address the second issue and mobilize the humanitarian service interests of more than 250 dentists anticipated to volunteer in just the first year.

The proposed \$85,000 will primarily be used to fund the salary, benefits, and office of a full-time Connecticut-based social work coordinator. Estimating conservatively, during the first operational year the investment will enable at least 200 needy disabled, elderly, and medically compromised people to access life-enhancing and, in many cases, medically-essential but unaffordable and uncovered dental care. Approximately 125 individuals will have their treatment completed during the year while the others will remain active patients into the second year. The financial value of contributed services for the completed cases, based on usual and customary fees, will exceed \$325,000.

DDS is structured to provide comprehensive rather than limited care for people with extensive problems. The following photographs exemplify the severity of disease among many individuals assisted through DDS.



During the start-up year of the project, when productivity and efficiency are significantly less than as the program matures, the average cost to coordinate a case involving \$2,600 of pro bono treatment is projected to be \$425. (The national average for experienced social workers to coordinate a DDS case is less than \$350). And while it is unrealistic that any program, government or private, could, for that amount, purchase comprehensive treatment for such severe problems, \$450 is, in fact, the total average expense involved for extensive pro bono treatment to be provided through DDS.

The following is an exemplary case completed in Connecticut last year through the “safety-net” component of DDS. The gentleman required, and received, \$7,400 in comprehensive treatment.

A. is a 36 year old man who lives in Waterbury with his wife & 3 children. He is employed through ICES, Inc and provides direct care to developmentally/physically disabled adults in a group home setting. He has worked for this organization 14 years. He has End Stage Renal Disease. He also has type II diabetes, hypertension, hyperparathyroidism, and neuropathy in his legs. A. receives dialysis 3x's a week. His primary health coverage is thru Connecticutcare (employer) and secondary coverage thru Medicare. The dialysis triage dept. determined that all his remaining teeth needed to be removed and full dentures placed. He could not be placed on the transplant waiting list until dental completed, and his insurance only covers \$1500 annually for dental.

Attached is a report providing further information about DDS, including the comparative data from other states on which the conservative projections for a Connecticut project are based.

We urge you to support HB 5242. Please, however, consider changing the reference in lines 5 and 6 from “low-income families,” to “low-income disabled, elderly, and/or medically-compromised individuals.” The DDS program has been uniquely designed to assist such vulnerable and challenged individuals.

I am eager to answer any questions you may have. Feel free to contact me at your convenience.

Respectfully Submitted,

Larry Coffee, DDS
Founder and CEO / Dental Lifeline Network
1800 15th Street, Suite 100 / Denver, Colorado 80202
888-471-6334