

## **Testimony before the Insurance and Real Estate Committee**

### **S.B. 1004 AN ACT CONCERNING DENTAL AND VISION INSURANCE COVERAGE FOR CHILDREN, STEPCHILDREN AND OTHER DEPENDENT CHILDREN**

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Dear Senator Lesser, Representative Wood, Senator Hwang, Representative Pavalock-D'Amato, and distinguished members of the Insurance and Real Estate Committee:

My name is Dr. Brianna Muñoz, and I am a board-certified pediatric dentist. On behalf of the American Academy of Pediatric Dentistry (AAPD), I fulfill the role of public policy advocate for the state of Connecticut and serve on the Pediatric Dental Medicaid & CHIP Advisory Committee. As a registered voter in the Town of Enfield, it is my personal and professional goal to promote the oral health of all Connecticut residents irrespective race, ethnicity, or socioeconomic status.

In advancing this aim, I am testifying in support of S.B. 1004 to increase access to dental care for young adults in Connecticut.

By increasing the number of Americans age 19-26 with dental insurance, there will be a concomitant decrease in the utilization of dental emergency services with significant cost savings in the long term.

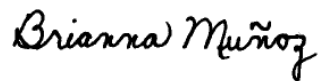
As a dental resident, I was responsible for taking call in the Emergency Room (ER) at Connecticut Children's Medical Center (CCMC). Throughout my 11 week rotation as first call, I treated over 70 patients in the ER after hours. From localized pain to diffuse facial swelling, a wide array of dental emergencies presented to the hospital each day. However, not every hospital in Connecticut has the luxury of employing dental staff. So how do ER physicians manage dental emergencies?

Without the skills or armamentarium to eradicate the cause of dental pain, hospital staff members are oftentimes limited to writing prescriptions for antibiotics or pain medication.<sup>1</sup> Not only does this leave the source of infection untreated, but public health officials must also consider the potential for antibiotic resistance and opioid dependence. We are in the midst of an opioid epidemic. With respect to patients receiving opioid prescriptions to control dental pain, an estimated 37.9% of patients have reported nonmedical use of the medication while 6.5% have engaged in drug diversion.<sup>2</sup>

Nationwide, there is one dental-related ER visit every 15 seconds costing the health system \$1.6 billion annually. Yet 80% of these visits are considered preventable.<sup>1</sup> By allowing children to be covered until age 26 under their parent's health insurance policy, this bill will increase the utilization of preventive services, improve the accessibility of care, decrease ER visits, and save money for the health system.

For these reasons, I urge you to extend dental coverage on family plans to young people up to age 26. Dental coverage should mirror medical coverage. The mouth is the gateway to the rest of the body, and it is time that this notion is reflected by health policy.

Thank you for your time and for supporting young people in Connecticut.



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#### References:

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<https://www.ada.org/en/public-programs/action-for-dental-health/er-referral>.

(2) Indian Health Service Division of Oral Health & Indian Health Service National Committee on Heroin, Opioid and Pain Efforts. Recommendations for Management of Acute Dental Pain.  
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