

CALL TO IMMEDIATE ACTION:

KEY CONSEQUENCES OF GOVERNOR RELL'S PROPOSALS TO REDUCE DENTAL SERVICES FOR LOW-INCOME RESIDENTS

- **Governor's Bill No. 843 – An Act Implementing the Governor's Budget Recommendations Concerning Social Services**
- **Governor's 2/19/09 Deficit Mitigation Proposal to take effect 4/1/09**

Call Your State Senators and Representatives by Tuesday, 2/24 at Noon to Prevent Devastating Dental Services' Cuts!

Key Messages for Legislators:

- ✓ Please make sure that Governor Rell's proposals (sections 44, 45 and 67 of Governor's Bill No. 843) to eliminate and dramatically reduce dental coverage for very low-income residents are not included in any deficit mitigation plan (a General Assembly vote on Rell's most recent one is scheduled for this Wednesday, 2/25) and are not included in the two-year (biennium) budget for 2009-10 and 2010-11.
- ✓ Increased Medicaid funding to the state in the federal stimulus package is intended to pay for this kind of preventive healthcare and should, at least, preclude your having to make these cuts.
- ✓ Do not allow a potentially sweeping 'prior authorization' requirement for non-emergency dental services (would apply to all ages in DSS dental programs) to make an end run around the General Assembly's recent efforts to ensure access to dental services for HUSKY children and parents through the settlement of the *Carr v. Wilson-Coker* lawsuit. We must not fail HUSKY families or the young adults who could not get services as kids again.
- ✓ I am willing to pay slightly more to retain these and other important safety net services for our most vulnerable neighbors.

Find your legislator and contact information at <http://www.cga.ct.gov/maps/townlist.asp>

Background: In both her proposed budget and her latest deficit mitigation plan that would take effect on April 1st, if passed by the legislature on Wednesday, **the Governor calls for:**

- **Eliminating non-emergency dental care for the 230,000 adults (21 & up) enrolled in HUSKY, SAGA, Medicaid fee for service and Title 19.** This will cost more than the \$51 million projected in savings over the next two years. It does not make fiscal sense and will have drastic consequences (see below). The proposal is Secs. 44 & 45 of Governor's Bill No. 843.
- **Prior authorization of non-emergency dental services provided under Department of Social Services dental programs** (for all ages) This is Sec. 67 of Governor's Bill No. 843.

The consequences of eliminating non-emergency (preventive and restorative) dental coverage for adults across Connecticut's Medicaid programs will be:

- 1) **DRAMATICALLY INCREASING HEALTHCARE COSTS.** Preventive dental care is cheap compared to problems that result from undetected and untreated oral health issues. People who have access to regular, preventive dental care do not understand the extreme and severe nature of the resulting overall health problems. **Poor oral health and lack of regular access to dental care are directly related to many serious and expensive systemic health conditions and diseases such as heart disease, diabetes, systemic infection, pneumonia, cancers and more.** This is particularly true for the elderly, disabled and other special needs groups such as the medically compromised. These adults will seek more emergency room care, require more hospitalizations, and experience pain, suffering and life-threatening infections.
- 2) **ELIMINATING DENTAL COVERAGE FOR ADULTS WILL DIRECTLY AFFECT CHILDREN.**
 - **Dental disease is linked to very costly poor birth outcomes** including pre-term births, low birth weight babies and other delivery complications. More than 10,000 pregnant women giving birth are in the programs that would be affected by this proposal (77% in HUSKY, 23% in Medicaid Fee for Service).
 - **Dental caries is an infectious disease that is transmitted from parents to newborns and young children.** It should be prevented through our public health system and not be allowed to go unchecked. It is caused by specific bacteria and results in cavities. Caries is the most common health condition affecting U.S. kids.
 - **Parents' use of dental services is a predictor of children's utilization of care**
- 3) **DENTAL SAFETY NET PROVIDERS WILL SEE A SHARP SHIFT IN BASE FROM INSURED TO UNINSURED PATIENTS** and will not be able to cope with the higher demand for emergency services.
- 4) **HOSPITAL EMERGENCY DEPARTMENTS WILL SEE A DRAMATIC INCREASE IN VISITS FOR DENTAL EMERGENCIES.** Most hospitals are not equipped to deal with the originating oral health problems. Patients receive a prescription for pain medicine and an antibiotic to provide a few days of relief. When the pills run out, the pain and infection come back, and so does the patient. The patient returns for more expensive meds, and still does not get treatment, a proper exam or diagnosis. This expensive and endless cycle repeats itself over and over.

When Maryland eliminated dental coverage for adults in 1993, dental visits to hospital emergency departments increased 12% as a result. A three-year aggregate comparison of Medicaid reimbursement showed that it costs ten times more to treat dental emergencies in hospital (\$6,498) than to provide preventive care in a dental office (\$660).
- 5) **THIS PROPOSAL WILL HAVE DELETERIOUS EFFECTS ON ADULT NUTRITION, EMPLOYABILITY AND SELF-ESTEEM.** Many more people will lose teeth and not be able to get dentures (they are not now defined as 'emergency' and require prior authorization).

Adult patients should not be forced to extract a tooth that otherwise can be saved by treatment and restoration. Nursing home patients will be hospitalized more often with pneumonia due to inhaling bacteria that build up without dental care.

Adults who suffer unsightly and painful dental problems are embarrassed to open their mouths and often cannot concentrate or sleep well. They do not participate fully in life – as productive workers, parents or citizens. This is costly and completely preventable.

The consequences of requiring prior authorization for non-emergency dental services across Connecticut's Medicaid programs will be:

- 1) CHILLING EFFECT ON WILLINGNESS OF DENTAL PROVIDERS TO ENROLL IN THE NEW DENTAL 'CARVE OUT' AND SEE HUSKY, SAGA, MEDICAID FEE FOR SERVICE OR TITLE 19 PATIENTS**
- 2) DECREASE IN ACCESS TO LEGALLY MANDATED SERVICES FOR CHILDREN AND THEIR PARENTS ENROLLED IN CONNECTICUT'S HUSKY PROGRAM.** This is essentially an 'end run' around the General Assembly's recent push to have the state settle the *Carr v. Wilson-Coker* class action lawsuit and ensure that DSS provides access to dental services for HUSKY children and parents.

Please call COHI at 860-246-2644 or e-mail madelinem@ctoralhealth.org with your questions or comments.

Thank you for taking action now!