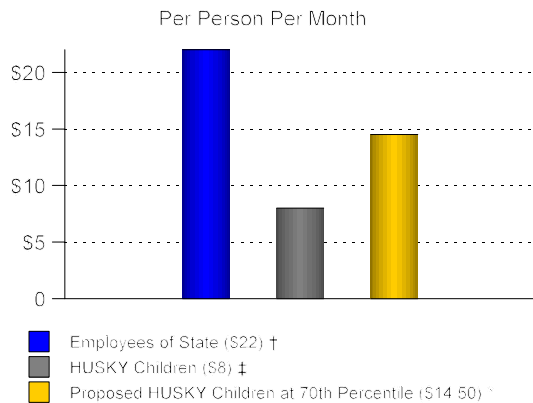


Our HUSKY Children Deserve a Fair Deal on Oral Health Care

Large numbers of our HUSKY children lack access to basic oral health care. Many are at high risk and their lack of needed oral health care leads to more severe and expensive problems, even though most dental disease can be prevented. All children need and deserve quality oral health care.

State Payments for Dental Insurance



Most HUSKY children do not receive oral health services because of low reimbursement rates

- In a 2006 study, only 27% of persistent 'mystery shoppers' were able to get a preventive dental appointment for a HUSKY child.¹
- 67% of children enrolled in HUSKY A for all or any part of 2004 received no dental care.²
- Connecticut's dental reimbursement fees under HUSKY have been frozen since 1993⁴ and are less than the 10TH percentile of dentists' fees.²
- Only about 100 out of 2,500 dentists in Connecticut provide significant levels of care to HUSKY children.²

Talks to settle a nearly seven-year-old lawsuit against the State on HUSKY reimbursement rates have not fixed the problem

- Over six years ago, legal aid attorneys filed a lawsuit against the State for not providing dental care to children on HUSKY as provided by Federal Medicaid law and regulation.
- With no settlement in sight, legislation is necessary so that HUSKY children do not suffer for another year.

The Solution: Raise HUSKY dental rates to at least the 70TH percentile of dentists' fees, to about \$14.50 per child per month.

If Rates are Raised More HUSKY Children will get the oral health care they need

- Over 350 Connecticut dentists have pledged that they will serve more HUSKY children if rates are raised. 270 new dentists would participate and 84 current participants would serve more HUSKY children.⁵
- Low reimbursement rates impede the progress of oral health care for poor children, according to Burton Edelstein, D.D.S., M.P.H., co-author of a 2001 report on oral health access for Connecticut's children.² "Since the report came out, a number of states, including Michigan, Tennessee and Delaware have made dramatic progress in (raising and implementing higher) rates, proving that it can be done" he said.⁶

Oral health care can reduce costs for future dental care & overall health care

- Dental care makes up only about 4% of overall health care costs⁷ and impacts overall health.
- Low income children who have their first preventive dental visit by age one are less likely to have subsequent restorative care or emergency room visits. Their average dental costs are almost 40% lower (\$263 vs. \$447) over a five year period than children who receive their first preventive visit after age one.⁸
- A 3-year aggregate comparison of Medicaid reimbursement revealed that it is ten times more costly to treat dental emergencies in a hospital (\$6,498) than to provide preventive treatment in a dental office (\$660).⁹

† State of Connecticut - ‡ American Dental Association, State Innovations to Improve Access to Oral Health Care for Low Income Children: A Compendium Update. Chicago: American Dental Association: 2005 - * Estimate derived from (†), (‡) and Beazoglou T, Douglass JM. HUSKY A Dental Care: Financial Strategies. Policy Brief. Connecticut Health Foundation, January 2006 - ¹ State of Connecticut, Department of Social Services Mystery Shopper Project, Nan Jeannero and Kerry McGuire, Mercer Government Human Services Consulting, Phoenix, November, 2006 - ² Beazoglou T, Douglass JM. HUSKY A Dental Care: Financial Strategies. Policy Brief. Connecticut Health Foundation, January 2006 - ⁴ Connecticut Department of Social Services - ⁵ Survey by the Connecticut State Dental Association and the Connecticut Society of Pediatric Dentists, January 2007 - ⁶ Oral Health Care on the Public Policy Map, Connecticut Health Foundation, 2004 - ⁷ Health Plans Expand Dental Benefits, Wall Street Journal, September 19, 2006 - ⁸ Early Preventive Visits: Effects on Subsequent Utilization and Costs, Pediatrics 2004, 114 - ⁹ Disparities in Oral Health and Access to Care: Findings of National Surveys, Ambulatory Pediatrics, March-April 2002