

**TESTIMONY OF ATTORNEY JAMEY BELL OF GREATER HARTFORD  
LEGAL ASSISTANCE ON THURSDAY MARCH 9, 2000  
RE: HB 5653, AN ACT CONCERNING ACCESS TO DENTAL CARE**

I am an attorney with Greater Hartford Legal Assistance, Inc., and have represented hundreds of low-income children and families over the last 17 years, primarily in legal matters concerning health care, education, rights of persons with disabilities and child protection. I am here to respectfully urge the Committee to endorse **HB 5653**. It is a good beginning to the necessary statewide and sustained efforts to remedy the serious legal deficiencies in the state's Medicaid dental program.

Legal services attorneys in CT have been aware for many years that timely and comprehensive dental care is often unavailable for our clients. Legal services attorneys in Hartford prepared to file litigation in 1992 challenging the state's failure to implement the Medicaid Act's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions, in which dental care is one of the core entitlements. Since the state began concerted implementation of EPSDT in 1993, many areas of children's preventive and treatment health care have improved, BUT NOT DENTAL CARE. While the federal health care agency sets 80% as the goals for children's utilization of EPSDT services, Connecticut's average in the state is around 30% for preventive dental services, and 20% for dental treatment. Under Connecticut's Medicaid program, adult Medicaid recipients must be provided preventive dental care and medically necessary dental treatment. And, for kids and adults, the state must ensure that its payments are sufficient to enlist enough providers so that care is available to Medicaid recipients at least to the extent that such care is available to the general population, that care is available statewide and is timely provided, and that recipients have a choice of providers. Low-income families across Connecticut tell us stories which show that Connecticut's Medicaid dental program egregiously fails to meet these standards. Thus, it is not just unfortunate that Medicaid families do not have ready access to dental services-- it is illegal. DSS, the agency responsible under the law for operating the Medicaid program, has yet to propose a comprehensive plan to ease Connecticut's decades-long failure to implement an effective oral health system, and to eliminate these serious disparities in care.

Connecticut is not alone in its crisis of dental care access for its low-income citizens. The national parameters of these problems was settled once and for all by the 1996 DHHS Office of the Inspector General's report on Children's Dental Services under Medicaid-- Access and Utilization. State system-wide deficits have

sparked class action litigation on behalf of Medicaid recipients in neighboring states such as New Hampshire and New York. Indiana, Nebraska and Vermont, on the other hand, have pro-actively fashioned remedies to increase dental access to this population with efforts involving significant increases in fee reimbursements (in Indiana's case, 119%) and intensive case management services.

Given this framework, on behalf of Medicaid recipients I support HB 5653's combined community health and private sector, multi-pronged and targeted approaches to the problems of dental access. Section 6, which creates a DSS Medicaid dental incentive competitive grant program, is promising if it could be clarified to emphasize the incentives will be given to those providers starting up capacity in previously under-served areas. Similarly, Section 7, setting up two Department of Public Health pilot projects, which may also incorporate incentive approaches, underscores the critical need for leadership by DSS concerning the Medicaid population, in coordination with public health efforts. Finally, with regard to Section 5, establishing a Dental Advisory Council, I respectfully urge that the Council include a Medicaid recipient or a representative of Medicaid recipients, so as to provide the Council with the consumer/beneficiary's perspective.

Thank you.