

**Testimony**

**February 17 2004**

Good afternnonn, members of the Appropriation Committee.

My name is Dr. Vernon Kwok. I am the Director of Department of Dentistry and Director of Dental Clinic at Hartford Hospital. I have joined Hartford Hospital since July 1 1977. My specialty training in dentistry is in Prosthodontics and Maxillofacial Prosthetics. In addition to administrative duties and resident supervision, I maintain a private practice in the dental clinic located in the Ambulatory Building at Hartford Hospital. I practice an average of 35 hours per week.

The reason I am here today is to speak against Governor Rowland's budget proposal to cut Medicaid dental benefits allowing access to emergency care only.

The Hartford Hospital Dental Clinic was established in 1939. It began with a one-chair clinic adjacent to the Emergency Department. Its primary function was to provide emergency care to patients who came to the Emergency Department with toothache and oral and maxillofacial infection and trauma. It was staffed with a volunteer department Director and several attending. Today, the Dental Clinic is located on the sixth floor of the Ambulatory Building. It houses two waiting rooms and twelve treatment rooms with state-of-the-art equipments, instruments and dental materials. The dental providers are comprised of two full time dentists, four general practice residents, three oral and maxillofacial surgery residents, two dental hygienists, seven dental assistants and three patient administrative assistants. There are twenty-four dentists in various dental specialties and eighteen oral and maxillofacial surgeons who volunteer their time from private practice to supervise the residents in clinical and didactic activities.

The missions of the Dental Clinic follow that of Hartford Hospital: 1) to provide premier care to the people in Connecticut and 2) to promote education and research. The Dental Clinic is open to the public without regards to race, religion and socioeconomic status. It provides comprehensive dental treatment and emergency care. The majority of patients attending the Dental Clinic are scheduled by appointment. However, patients referred by the Hartford Hospital Emergency Department, patients from area nursing homes and walk in seeking dental emergency care are also treated. In fiscal year 2003, the Dental Clinic processed a total of 12,612 patient visits. The payer-mix in the Dental Clinic consists of Medicaid, Medicare, self-pay, self-pay with sliding scale and private third party insurance. The statistics of Medicaid dental patients treated in Hartford Hospital Dental Clinic from calendar year 2003 to the month of January,2004 are as follow:

**Traditional Medicaid**

778 patients

**Managed Medicaid**

1232 patients

**SAGA**

317 patients

The Dental Clinic also provides clinical and didactic training to two dental residency programs: a one-year General Practice Residency program and a six-year, dual-degree Oral and Maxillofacial Surgery Residency program. It also provides clinical training to senior dental students from the University of Connecticut School of Dental Medicine, residents from the Department of Otolaryngology and dental assistant students from Brairwood College and A.I. Prince Technical School.

An ancient Chinese proverb stated that “many diseases come in from the mouth; many disputes come out of the mouth”. In the absence of sophisticated dental knowledge and research, ancient Chinese physicians had the insight of attributing many disease processes as originated from the oral cavity. Recent researches in the United States and in other industrial countries have linked the presence of periodontal disease during pregnancy to low birth weights in infants. There are clinical evidences and on-going researches suggesting that periodontal infection may initiate cardiovascular diseases. Patients with a history of mitral valve prolapse with regurgitation, heart septal defects and heart murmurs are prone to Endocarditis in the presence of infected teeth and periodontal infection (gum infection). Dental infections in medically compromised patients such as organ transplant, bone marrow transplant, kidney dialysis, acute leukemias, AIDS and insulin dependent Diabetes Mellitus are life-threatening and may result death. Dental diseases may induce infection in patients with hip replacement and osteoradionecrosis of jaw bones in patients with head and neck cancers treated with high doses of external radiation. Ludwig Angina is a serious infection originated from an abscessed tooth. The infection spreads through the potential spaces in the head and neck region will obstruct patient’s airway if not treated promptly. The treatment of Ludwig Angina involves admission to hospital, an incision and drainage procedure performed by an oral and maxillofacial surgeon in the operating room followed by in-hospital administration of intravenous antibiotic postoperatively for a average period of two days. The cost of hospital admission, use of operating room, fees for the services of anesthesiologist and surgeon, two days of room and board, medication charges and nursing care run into thousand of dollars on a single patient.

Epidemiology studies on dental caries in Connecticut was performed by Dr. James Krall at the University of Connecticut Health Center in the early 1990 and similar research repeated recently has shown that dental caries and periodontal diseases are still prevalent in the low socioeconomic population. The root of the problem is attributed to the lack of access to dental care and lack of dental insurance coverage in this group of population. In Public Health Services, prevention is recognized as an essential means to control any disease process in a human body and is more cost effective. An ounce of prevention is an ounce of cure. The oral cavity is part of a human anatomy and should receive the same level of prevention as other parts of the body. Teeth in human provide the essential functions of mastication, speech and esthetics. In the absence of teeth, the nutrition status of an individual is compromised. In the esthetic-conscious society of the United States, a person without teeth becomes a social outcast and will have difficulty in securing a job.

The current Medicaid dental plan provides adequate coverage on preventive as well as maintenance care to the recipients. As a dentist who has provided dental care to the Medicaid patients for twenty-five years at Hartford Hospital, I have the opportunity of observing a group of families who have been coming to the Dental Clinic for three generations. Initially, the grandparents received dental care under the Medicaid system. Subsequently, they had found jobs and got off from Medicaid assistance. Their children and grandchildren continue their dental care in the Dental Clinic under private dental insurance. I strongly believe that when Medicaid dental plan is applied properly, it gives an indigent individual an opportunity to secure a job, get off from welfare and be a productive citizen. If the Medicaid dental plan is eliminated as proposed by Governor Rowland, primarily, it will deny Connecticut citizens with low socioeconomic status access to preventive care. They will have to seek care in the area-hospital emergency departments for toothache and dental infection. As the result, the emergency department in area –hospitals will be flooded with dental emergencies and will delay patients with serious medical emergencies to access care promptly. Individuals with serious dental infections will have to be treated as inpatients and will increase spending in the Medicaid Fund. Lack of good dental health affects the general health status of an individual and prevents an individual from securing a job and getting off from Medicaid assistance. Secondly, it will affect the training of residency programs in Connecticut. As hospital residents render care to Medicaid patients, they in turn receive an education from treating the patients.

I thank members of the Appropriation Committee for giving me the opportunity to come to testify this afternoon. I sincerely hope that this Committee will vote against Governor Rowland's proposal to cut Medicaid dental coverage to the poor citizens of Connecticut.