



STATE OF CONNECTICUT
OFFICE OF PROTECTION AND ADVOCACY FOR
PERSONS WITH DISABILITIES
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Testimony of the Office of Protection and Advocacy for Persons with Disabilities
Before the Public Health Committee
March 5, 2007

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Good morning and thank you for this opportunity to comment on **Raised Bill No. 7069, AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE**. This bill would require increases in the Medicaid fee schedule for dental services for children, require appointment of regional coordinators to assist parents in finding dental care, and would establish an Office of Oral Public Health in the Department of Health.

I am sure that Committee members are already well informed about the difficulties that Medicaid recipients have finding dentists who are willing to accept Title XIX payment, and about the overwhelming demands on the relatively few clinic-based dental services available through community health centers. This would improve this situation, at least for children. However, the same difficulties of access and reimbursement rates also affect adults. In fact, the problem of access to oral health care is having such an impact on people with disabilities, that the Board of Protection and Advocacy identified it as one of our agency's top priorities for this year.

Why would this be seen as a priority by a disability rights agency? Because oral health is essential to maintaining good general health, especially for people who have chronic health conditions of the type that often accompany disabilities. People with mobility disabilities, circulatory problems, and metabolic disorders are often quite vulnerable to systemic infections - infections that often start as a result of periodontal disease or dental abscesses. People who take certain anti-seizure or mood stabilizing medications run an increased risk for gum disease, and need to be monitored for emerging problems. There are various studies that suggest a link between poor oral health care and the development of diabetes, a disorder that has also been linked to long-term use of certain psychiatric medications. There is little doubt that the combination of inadequate oral health care and chronic health problems can lead to acute illness and further health impairment and functional limitations.

This phenomenon affects people who are clients of major disability service systems as well as people who live independently. Several members of the Advisory Council of our Protection and Advocacy for Individuals with Mental Illness program have reported that consumers of mental health services in their areas are simply unable to find any dentists who accept Medicaid reimbursement. While some locations are served by community health centers, there are usually lengthy waits for appointments to see dentists affiliated with those centers. Consumers also report that if they are fortunate enough to find a dentist who accepts Medicaid and who will see them about a particular problem they are having, the nature of the care they receive is likely to be notably different than what a person with

resources and options would receive. There is a strong feeling that tooth extraction is more often used for people with limited resources because it is a way to dispose of an acute problem without the need for multiple visits.

People with intellectual disabilities are also adversely affected. Our agency's Abuse Investigation Division investigates allegations of abuse and neglect of adults with mental retardation. It is not uncommon for our investigators to find a person living in a state of neglect who has very obvious evidence of extensive oral disease. When we discover such a situation, we follow our statutory mandate and request that DMR provide protective services by arranging and coordinating dental care. However, it takes months, and in some cases it has taken over a year before a dental visit occurs. In the mean time, the person lives with whatever discomfort accompanies the condition, as well as the risk of becoming seriously ill. Care givers, case managers and families all report that they have extreme difficulty finding a dentist who accepts Medicaid reimbursement, and that if they do find one, there are long waits for appointments. DMR has made arrangements with some clinics, and this has helped. But clinics are not available in all areas, and even where they are, there are often such extensive waiting lists that they sometimes simply refuse to make any more appointments.

Last year the Fatality Review Board affiliated with our Office inquired into the death of a man with mental retardation whose periodontal disease had progressed so far that a full mouth extraction was considered the only appropriate treatment. This required hospitalization and surgery, which he did not survive. There is a tendency to see dental care as an optional health care service. But, people do die from lack of oral health care, or they can get quite sick.

I urge the committee to support this bill, but also to consider similar legislation to address the needs of adults with disabilities. Thank you for your attention. If there are any questions, I will try to answer them.