

Testimony before the Appropriations Committee

H.B. 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor: Human Services

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Dear Senator Osten, Representative Walker, Senator Hartley, Representative Dathan and distinguished members of the Appropriations Committee,

My name is Dr. Brianna Muñoz, and I am a board-certified pediatric dentist. On behalf of the American Academy of Pediatric Dentistry (AAPD), I fulfill the role of public policy advocate for the state of Connecticut and serve on the Pediatric Dental Medicaid & CHIP Advisory Committee. As a registered voter in the Town of Enfield, it is my personal and professional goal to promote the oral health of all Connecticut residents irrespective race, ethnicity, or socioeconomic status.

In advancing this aim, I am testifying in support of H.B. 6439 to increase HUSKY eligibility to 201% of the federal poverty level (FPL).

Oral health is inexorably linked to systemic health, and untreated dental disease can subsequently lead to significant pain and spreading infection. Nationwide, there is one dental-related ER visit every 15 seconds costing the health system \$1.6 billion annually. Yet 80% of these visits are considered preventable.¹ By expanding HUSKY eligibility, this bill would increase the utilization of preventive services, improve the accessibility of care, decrease ER visits, and save money for the health system overall.

When parents are insured, children are more likely to have insurance and to develop ongoing relationships with health care professionals. The converse is also true. Due to income eligibility cuts in 2015, 11,200 parents lost coverage and families across Connecticut were detrimentally impacted.²

Five times more common than asthma, dental decay is the most common chronic disease of childhood with the highest prevalence amongst marginalized populations.³ Expanding access to dental services is critical in order to alleviate the plight of oral health care disparities that currently plagues this nation. In a 2018 data brief published by the National Center of Human Statistics (NCHS), the prevalence of dental disease was inversely related to family income. Almost half (42.2%) of youth aged 2-19 years from families with incomes between 200%-299%

of the federal poverty level had dental decay with 12.9% of these children never receiving any form of treatment.⁴

It is estimated that 70% of pediatric dentists treat children on Medicaid, the Children's Health Insurance Program (CHIP), or both. This is more than any other dental specialty and comprises about one third of the patient population.⁵ The profession of pediatric dentistry is committed to improving access to care and expanding HUSKY eligibility is one way that high risk families can receive the comprehensive dental care that they so desperately need.

For these reasons, I urge you to extend HUSKY eligibility to 201% of the federal poverty level. Thank you for your time and for supporting the oral health of families in Connecticut.



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References:

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(3) American Academy of Pediatric Dentistry (2013). The State of Little Teeth. https://www.aapd.org/assets/1/7/State_of_Little_Teeth_Final.pdf.

(4) Fleming E, Afful J (2018). Prevalence of Total and Untreated Dental Caries Among Youth: United States, 2015–2016. NCHS Data Brief, No. 307. Hyattsville, MD: National Center for Health Statistics.

(5) American Academy of Pediatric Dentistry (2021). HRSA Title VII Pediatric Dentistry Appropriations and DFLRP Tax Relief [Fact Sheet]. <https://www.aapd.org/advocacy/legislative-and-regulatory-issues/legislative-and-regulatory-fact-sheets/>.