

Testimony of Debony R. Hughes, D.D.S.
Program Chief, Dental Health Program,
Prince George's County Health Department
Cheverly, Maryland
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DENTAL CRISIS in AMERICA: The Need to Address Cost
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Good Morning:

My name is Dr. Debony Hughes and I am a public health dentist. I began my career in public health 21 years ago in Vermont and for the past seven years I have been the Program Chief of the Dental Health Program for Prince George's County Health Department in Maryland. Last fiscal year, we provided more than 3,200 clinic visits to children and pregnant women. In addition we provide oral health education across the county and work with community organizations. Working with patients, clinicians, health administrators and community organizations has given me insight on the state of oral health both locally and nationally.

I would like to thank chairs Senator Sanders and Senator Burr and committee members for this opportunity to share information about the climate and landscape of dental access and costs issues in Prince George's County.

Let me begin by telling you about some experiences that influence my remarks today and inspire my work in Prince George's County.

In Vermont, I lived in a small town with a population of approximately 8,000 and there were 4 private dental offices. At that time, Vermonters eligible for Medicaid did not have access to any of those 4 dental offices. With the help of a community organization, we were able to provide care and expand access to Medicaid eligible residents. In Prince George's County, the Health Department provides a similar safety net for dental care.

Recently, I participated in my first Mission of Mercy, a large-scale event providing free dental care to uninsured adults. For two days dental professionals treated hundreds of adults each day. I was overwhelmed to see so many amassed to receive treatment. People slept overnight in hopes to receive care. Many received quality care but I believe patients should not have to endure those types of conditions to receive treatment.

These experiences reminded me that quality dental care is not a luxury, it is a necessity and we need to make it accessible and affordable for adults to receive the care they need and deserve.

These experiences also tell me that this task will remain difficult if we are unable to address the escalating costs of dental education and the escalating operational costs of dentistry.

There are several factors that influence the correlation of dental insurance coverage and utilization, access to care, and high costs of dental care which leads to more extensive and expensive treatments.

Providing dental care is costly. When we talk about the high cost of dentistry, we need to look at the several aspects of care. First, let us consider the costs of a dental education. It is not uncommon for dentist to graduate with a debt of over \$200,000. Establishing an office can cost up to \$500,000 for equipment alone. The escalating costs of staff salaries, insurance premiums, dental supplies, laboratory fees and equipment upkeep are staggering and largely unknown to those outside the field of dentistry. Our clinic recently had a repair done on an xray unit. The labor fee alone was \$295.00 per hour.

For many people who have neglected their dental care for a variety of reasons, extensive treatment may be required. For example, a root canal, a procedure that requires removing the infected nerves in the root of a tooth can costs on average, of \$1,075 according to the American Dental Association's 2011 Survey of Dental Fees in the South Atlantic Region. This fee does not include the cost of the crown, which averages \$1,079.00. The less expensive option is to have the tooth pulled which can lead to other problems that can affect chewing, speech and appearance.

With these types of exorbitant costs to maintain a quality practice, the costs for dental procedures have to stay competitive with the supporting costs of the practice. Can these costs be contained? I am not in the position to answer this but it is important for consumers to know what drives the costs in dentistry.

As a public health dentist, I think about education, prevention, outreach and obtaining more resources to provide increased accessibility to care. In Prince George's County, there is an established mobile health fleet that provides medical and dental care to the public schools. The county health department operates the Deamonte Driver Dental Project (DDDP), which is a mobile dental unit. This

project honors the legacy of Deamonte Driver by providing dental care to Title I schools, which includes the school he attended. The project is funded by the Maryland Office of Oral Health allows us to provide care to insured and uninsured children. We address the emergent needs and provide resources for families to establish a dental home. We work with volunteer dentists in the neighborhoods of the schools we service to provide a resource for families that will continue the efforts to make dental care easily accessible. Last fiscal year the DDDP provided care to more than 2,300 children on a budget of \$180,000. Mobile units are not a panacea for treatment but they are certainly a model for providing affordable dental care.

Prevention is an important aspect of reducing costs for dental treatment. After the death of Deamonte Driver, Governor O'Malley assembled the Dental Action Committee (DAC). One of the recommendations was to institute school-based oral health screenings program. The Maryland Dental Action Coalition, formed from the original DAC, received \$172,000 from the Kaiser Foundation to develop a demonstration project to determine the feasibility of this type of program in Prince George's County. The results of the project showed that it is vital to have a presence in the schools. Of 3,000 children screened, 200 were in the A category which indicated that they had an immediate need, either infection or multiple decayed teeth. This indicated 200 more potential Deamonte Drivers.

It is these types of programs that will address affordable accessibility. We need a stronger financial commitment to support the public health infrastructure so that the dental needs of all Americans can be met.

Thank you again for the opportunity to address this crisis.