

**Chairman Frank Pallone, Jr.
Opening Statement**

**Subcommittee on Health
Hearing: Insuring Bright Futures: Improving Access to Dental Care
and Providing a Healthy Start for Children"**

March 27, 2007

Today we are holding a hearing entitled, "Insuring Bright Futures: Improving Access to Dental Care and Providing a Healthy Start for Children". I would like to thank our witnesses for appearing before the Subcommittee today. I am certain that we will learn much from your expertise.

Today's hearing was brought about after a 12-year old Maryland boy lost his life because he was unable to access the dental care he needed to treat an abscess tooth. What started out as a simple toothache quickly developed into a far worse problem that cut this boy's life far too short.

When news of this tragedy spread throughout the country, many people were shocked. It was unimaginable to think that something as minor as a toothache could have such dire consequences. Indeed, for most of us, we take for granted the convenience of going to see a dentist. But the truth of the matter is, for millions of Americans, proper dental care is often out of reach. Sadly, most of those people are children.

Indeed, the truly frightening thing about Deamonte Driver's death is the number of American children who are at risk of a similar fate. The problem of poor oral health is nationwide and impacts millions of children. There has already been another boy in Mississippi who died because of delayed dental care.

Just how big of a problem is this? Statistics show the chronic infectious disease that causes cavities remains second only to the common cold in terms of prevalence in children. Unlike a cold however, tooth decay does not go away, it only gets worse. Pain from untreated dental disease can make it difficult for children to eat, sleep, pay attention in school, and it can affect their self-esteem.

Poor children are more than twice as likely to have cavities than children who come from wealthier households. Medicaid is able to provide comprehensive dental care to many low-income children through its early periodic screening diagnosis and treatment benefit. Similarly, many states provide dental benefits as part of their Children's Health Insurance Program. I have no doubt that if it were not for these two programs, the problems that our children face in securing primary dental care would be exponentially worse.

But clearly we need to do more. There are many children who are eligible for Medicaid or SCHIP who are not enrolled. That means that there are millions of children who should be receiving dental care but are not. We need to invest more funds to improve enrollment in these important programs, and provide the financial resources to ensure that they can access the benefits once they are enrolled.

But there are many children who are not eligible for public health insurance programs who are unable to also receive proper dental care. When I am home in New Jersey, and I am visiting a community health center or a hospital clinic, I see first hand how difficult it is for low-income families to obtain primary dental care. The community health centers that I talk to describe the difficulty they have in securing dentists to provide care to their patients. I am looking forward to hearing from our witnesses about their recommendations on how Congress might be able to encourage dentists to provide care in many of these underserved communities.

But the problem of access to dental care goes even further. For millions of Americans who have health insurance, dental benefits are often not included. Indeed, millions of families who obtain their health insurance from their employers do not have policies that cover dental care, leaving them with few places to seek care.

I truly believe that we are seeing a crisis when it comes to dental care for kids. But poor oral health is just the tip of the iceberg. It certainly is not the only health problem afflicting our nation's children.

Obesity rates among adolescents have doubled in the past two decades and now affect sixteen percent of children ages 16-19. When compared with other developed countries, it is very clear that our fragmented health system is failing our children. As a consequence, our children are suffering. The United States maintains higher rates of infant and child mortality; higher prevalence of asthma and injuries, and rapidly increasing rates of mental health problems with a limited ability to respond

Congress can and should be doing more to address these problems. Unfortunately, over the years, the interest of our children has often taken a back seat to more politically powerful interests. Unfortunately, I think that it has been too easy for previous Congresses to overlook the needs of our children simply because they lack the political voice that other groups might have. That needs to change.

Our nation's children can no longer wait for Congress to act on these pressing health issues. The longer we wait, the more children we put at risk. As Gabriela Mistral, a Nobel Laureate and Poet said, "Many things we need can

wait. The child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.