Norma Desjardins DMD

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From: Norma Desjardins DMD

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I am in favor of LD 665, An Act to Promote Better Dental Care for Cancer Survivors.

As a general dentist who was in private practice for 25 years and now as the director of a nonprofit children's dental clinic, I have seen and continue to see many instances of the effects of cancer on a patient's oral health. This ranges from the effects of oral cancer on one's ability to maintain one's teeth to the effects of brain cancer which may prevent a patient from even having the capacity to brush their own teeth.

There are many, many examples of why this is a necessary piece of legislation. You have probably heard about many of the cases today. I will share one as well, but my main point is in regards to the limits of dental insurance. When a patient has cancer, their medical insurance MUST kick in to help cover dental care costs. Often cancer patients, as you know, have many extraneous costs of treatment and there simply isn't enough left over to try to recover the use of their mouth. If they do have dental insurance, most of the time the annual limit of benefits remains at \$1500 – 2000. That's it. That doesn't cover the cost of partials or dentures if the patient has lost teeth due to their cancer and /or their cancer treatments. It barely covers a crown and it doesn't help much with implant costs if they are needed to restore function.

The case I share is of a patient we'll call Janet. She was diagnosed with tonsillar cancer at the age of 48. At the time the best treatment was a radical neck dissection done in Boston, chemotherapy and radiation (not necessarily in that order). Janet lost part of her tongue, range of motion of her head due to the neck dissection, decreased ability to open wide, loss of her salivary gland function, loss of ability to swallow regularly so soft foods have been her diet for 22 years, loss of clear speech and loss of the ability to hold a job, which was her great pride as she was an LPN in a local nursing home. When her body's ability to produce saliva finally returned, it was minimal in quantity and thick, almost sticky in quality. At the time of her surgery, she did not lose teeth.

Over the years, Janet has tried to live a normal life, as much as that is possible for her. She cooks for her family, but she still will not sit down with family or friends at mealtime as she has trouble swallowing. Janet tried to keep up with her mouth care. For 18 years she spent at a minimum 2 hours per day trying to clean her teeth properly. With great effort she removed the residue of soft foods from her teeth and mouth, where food stuck so well due to the poor quality of her saliva. Janet visited the dentist 3 -4 times per year for check ups, cleanings and needed x-rays. Gradually, the teeth began to decay. Janet never had dental insurance; she paid for any dental services out of pocket. She did have medical insurance but it never picked up any dental costs.

Finally, Janet lost her teeth to decay. She had to have multiple teeth extracted (24 to be exact), at the oral surgeon's office, under general anesthesia, with no insurance coverage. She was not a good candidate for dentures for many reasons. But after her mouth healed, and after many embarrassing moments in public, she really wanted to try wearing dentures. At this point, Janet was 66 years old. Repeated attempts were made to have Medicare cover the cost of the dentures. It's possible that the claims are still in limbo. She had to pay for the entire treatment herself, and was only able to do so because her adult children stepped in to help. Her journey is not over. She wears the dentures for show only and continues to eat a porridge-like diet.

For cancer patients, medical insurance should include coverage of cancer related dental care. Surviving is just the beginning of the road for many cancer patients.

Respectfully submitted,

Norma Desjardins DMD

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