

September 23, 2022

The Honorable Cathy McMorris Rodgers
Ranking Member
House Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Ranking Member McMorris Rodgers:

On behalf of the 162,000 member dentists of the American Dental Association (ADA), thank you for the opportunity to respond to the request for information (RFI) on “Disability Policies in the 21st Century: Building Opportunities for Work and Inclusion,” especially the questions in section 2.2.

The ADA strongly supports nondiscrimination in health care and equal access to dental care for all patients, including those with disabilities. We agree with the Committee on the need to ensure greater health outcomes for people with disabilities by providing accommodations in health care settings and continuing to develop a health care workforce that understands the needs of people with disabilities. Below are the ADA’s thoughts on how Congress can help the ADA and dentists to meet these goals.

Funding for Physical and Sensory Accommodations

Dental practices, the majority of which are small businesses and are located in the community rather than within the walls of a hospital, can struggle to pay for the equipment and renovations necessary to see patients with disabilities. Dental offices are also unique in that they combine a medical office and a surgical suite into one office (the dental operator). As a result, grant funding to purchase equipment to see patients with disabilities, as well as to build, renovate, and expand dental operatories, is needed. Accommodations that can help include but are not limited to: quiet dimmable lights, relaxing color schemes, wide doorways, minimizing the use of carpet, conscious positioning of table height for those who utilize wheelchairs, various height and weight capacities on waiting room chairs, sensory rooms, positive messaging, educational spaces, wheelchair lifts, hooyer lifts, weighted blankets, and ceiling televisions.

Examples of the costs of these accommodations include:

- Lighting (dimmer switches and foot controls and switching from fluorescent to LED lights): \$50,000
- Doorway modifications (widening and lengthening the doorways): \$30,000
- Sound systems (systems that are individually controlled in each operator): \$15,000
- Separate entrances for patients with special needs (including renovating the driveway and doorway): \$40,000
- Quiet compressors (to reduce the sound of dental equipment): \$10,000

Additionally, sensory rooms can help patients with autism to get dental care. The cost of one such type of room (the Snoezelen multi-sensory environment) is \$50,000. In another example, a

dentist who has a son with autism designed his dental operatory to look like a play room (with bean bag chairs, toys, play carpets, and more) rather than a medical office, but these types of changes also cost money. Furthermore, such changes need to be made not just to the dental operatory, but also to waiting room spaces that can help patients with autism feel comfortable before their appointment starts. This will help their appointment to go more smoothly.

Funding is also needed for mobile dental vans that are specially designed and equipped to treat patients with disabilities who reside in rural and underserved areas, or who live in community based settings. These vans can go see patients where they are.

The ADA asks Congress to expand Section 741 of the Public Health Service Act to include more funding for dentists to make these accommodations for patients with disabilities. We also ask Congress to increase the Disabled Access Credit that small businesses, including dental offices, can use to make these accommodations. This tax credit currently has a maximum expenditure of \$10,250, but this should be increased in order to cover the costs outlined above.

Funding for Training and Continuing Education

Grants for the training and continuing education of dentists on treating patients with disabilities is also needed. The ADA urges Congress to provide these grants to dental schools, dental residency and fellowship programs, and dental associations like the ADA, the American Academy of Pediatric Dentistry (AAPD), and the Special Care Dentistry Association (SCDA).

In 2021, the ADA Council on Dental Education and Licensure (CDEL) undertook a survey on the State of Special Needs Dentistry Education. Based on the results of this survey, CDEL made several recommendations on predoctoral dental education, advanced dental education, special care dentistry, and continuing education. Congress could help with these areas by funding grant programs.

For example, on predoctoral dental education, CDEL recognized that the accreditation standards for dental education programs was strengthened in 2019 by the Commission on Dental Accreditation (CODA) to say that “graduates must be competent in assessing and managing the treatment of patients with special needs.” Dental schools can use grant funding to expand their curriculum and clinical experiences in order to meet this standard and better educate their students on treating patients with disabilities. Funding could also be provided to dental students who want to travel to a special needs clinic to see how these clinics work with patients with disabilities.

CDEL also recognized that while the CODA accreditation standards for advanced dental education programs address special needs dentistry, these standards could be strengthened. As these accreditation standards are strengthened residency and fellowship programs will need funding to comply with the new standards.

The ADA currently offers continuing education on treating patients with special needs. However, the CDEL survey found that this education could be strengthened and increased through annual meeting courses, video-based on demand courses, and/or multi-module online courses. Funding is needed to develop and enhance these courses. Additionally, grant funding could be provided to dentists to visit special care clinics to learn about innovations and techniques that they could use with their own patients. This type of continuing education could help with the limited availability of dentists trained in special care dentistry in certain parts of the country. Many patients with special needs currently have to travel several hours to see a dentist, which is especially hard on people with disabilities that limit their mobility. Providing continuing education

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on special needs dentistry to dentists in rural and underserved areas could help alleviate these disparities.

Telehealth, Remote Patient Monitoring, and Daily Dental Care

The ADA also recognizes that even for dental offices that are skilled and equipped to see patients with special needs, these patients will only see the dentist a few times a year. Educating and assisting patients with disabilities with their daily dental hygiene is critical to good oral health.

Telehealth and remote patient monitoring could be used to support these goals. For example, dental hygienists could be trained through Congressional grant programs to provide care in the patient's home or residential facility, with the care overseen by a dentist through telehealth. Additionally, a specially designed toothbrush with remote patient monitoring capabilities could help patients to improve their tooth brushing skills. Congress should provide grants to help pay for the technology needed for telehealth and remote patient monitoring such as intraoral cameras and special toothbrushes.

Additionally, the ADA urges Congress to support the use of Community Dental Health Coordinators (CDHCs), which are community health workers with a dental skill set, to help educate patients with disabilities on their daily oral health. Training CDHCs on this care would cost approximately \$10,000, and we urge Congress to provide grants to CDHC programs to develop and implement these training programs. Congress should expand Section 747A of the Public Health Service Act to include grants for CDHC training.

Thank you again for developing this RFI on disability policies, and for inviting the ADA to provide its input. The ADA looks forward to continuing to work with the Committee to ensure that patients with disabilities have access to dental care. Should you have any questions, please do not hesitate to contact Ms. Natalie Hales at halesn@ada.org.

Sincerely,

Cesar R. Sabates, D.D.S.
President

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Executive Director

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