

April 28, 2009

The Honorable Barack Obama
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

On behalf of the American Dental Association (ADA), which represents over 157,000 dentists nationwide, I would like to share our thoughts on how your Administration can work towards improving America's oral health. To date we have seen little indication that oral health is receiving the attention it merits.

Dentists are also medical care consumers and we understand why policy makers have been focusing their attention foremost on addressing the accessibility and affordability of medical coverage. That being said, acknowledging that the majority of Americans have access to excellent and relatively affordable dental care (in 2007, for example, per capita dental costs were \$316, as opposed to per capita medical costs of \$5,496), we are compelled to point out that too many low-income Americans still suffer needlessly from dental disease. This is unacceptable. Oral health is not elective; it is an integral component of overall health and well being.

For too long we have ignored the dire unmet oral health needs of a growing number of Americans unable to access dental care due to economic status, geographic location or a myriad of other barriers. The ADA is adamant that improving access to dental care for those most in need be the focus of any oral health component in a health care reform proposal.

We believe that a relatively small government investment in the following three areas will lead to significant improvement in the oral health of Americans: (1) mending a tattered Medicaid safety net; (2) rebuilding the dental public health infrastructure, which includes recruiting and retaining dentists who are competent in public health practice; and (3) adequately funding community-based prevention measures, such as water fluoridation, school-based sealant programs, and oral health promotion and education programs.

While the ADA believes that our country has the best oral health care system in the world, more must be done to ensure that all Americans have access to quality oral health services. There are increasing numbers of underserved populations who simply cannot get the care they need despite programs that theoretically exist to provide such access. For example, Medicaid promises "coverage" to millions of our neediest citizens—mostly children—but inadequate funding betrays that promise, making it all but impossible for dentists to provide the care Medicaid beneficiaries so desperately need. Quite simply, we need government to adequately pay for the care it promises.

For far too long, access to dental care for low-income citizens has been at the whim of state budgets, with Medicaid funding for dental benefits rising in good times and falling when tax revenues plummet. The countercyclical nature of state revenues and Medicaid demands all but assures that access to dental care wanes when it is needed most. In many states reimbursement falls so far below

reasonable fees that dentists cannot afford to participate in Medicaid without losing money on every procedure.

The ADA strongly recommends that the federal government provide an enhanced federal match for Medicaid dental programs to assure that states establish reimbursement levels which make it feasible for dentists to participate and for patients to get the care that they so desperately need. The evidence is clear from the handful of states that have done the right thing by increasing Medicaid reimbursements and reducing bureaucratic hurdles—dentists participate and access improves.

It is also important to note that most state Medicaid programs only offer comprehensive dental services to children, leaving adults to fend for themselves. Even in states that offer some level of dental benefits to adults, it is one of the first things on the budgetary chopping block in tough economic times.

The result is predictable. Low-income adults utilize hospital emergency rooms for treatment of dental problems at a ridiculously high cost to the health care system. These individuals are usually sent home with antibiotics, analgesics and a recommendation to see a dentist as soon as possible. The cause of their problem is not addressed and, since Medicaid does not usually cover any adult dental treatment, the vast majority end up back in the emergency room.

Clearly, routine access to a dentist for low-income adults would be far more cost-effective than the use of a hospital emergency room. Further, if the parents and other caregivers of Medicaid-eligible children were covered by the program and had a dental home, it stands to reason that oral health would become a family priority and many more children and adults would receive the dental care they need before problems develop.

If enough resources cannot be found to offer Medicaid dental benefits to all low-income adults, we implore you to at least fund coverage to such groups as pregnant women; parents of Medicaid-eligible children; and the aged, blind and disabled.

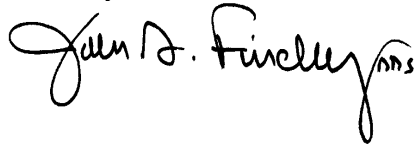
When one looks at the number of dentists working in the public sector now versus the recent past, one sees a clear, inexorable decline in federal support for the public health infrastructure. As an example, the Health Resources and Services Administration (HRSA) once employed hundreds of dentists to support dental public health programs and to build systems of care that served remote rural and inner city communities, Head Start children, and other vulnerable populations. This agency now employs fewer than 20 dentists in federal leadership positions. Similar declines in adequately trained dental public health personnel can be seen in deteriorating state and local oral health programs as well.

Adding to the problem, is the upwardly spiraling cost of dental education and corresponding crushing student debt burdens (often totaling hundreds of thousands of dollars) which have made it almost impossible for dental school graduates to afford to provide care within community-based or public health settings. A combination of creating more employment opportunities for dentists in public health settings and increasing federal incentives, such as loan repayment programs and post-graduate residency opportunities, could attract hundreds of dentists into service in inner-city areas and rural parts of the country that cannot support private practices.

Finally, we know that prevention works and that it is cost-effective. A small investment in a few simple preventive activities can save millions of dollars in subsequent oral health treatment. Improving oral health literacy will make the public better stewards of their own health, allowing at-risk populations to understand the importance of taking responsibility for their own oral health. Enhanced funding for proven and cost-effective preventive measures, such as community water fluoridation and school-based sealant programs, can supplement home care to prevent dental disease in those most at risk.

Thank you, Mr. President, for your consideration of the dental profession's concerns and suggestions as we all strive to assure that Americans receive the medical and dental care they deserve. Please feel free to have your staff contact Mr. Thomas Spangler, ADA's Director of Legislative and Regulatory Policy, at (202) 789-5179 or spanglert@ada.org to discuss how the ADA can assist your administration regarding these issues or any other matter related to oral health.

Sincerely,

A handwritten signature in black ink that reads "John S. Findley, D.D.S.". The signature is written in a cursive style with a large, stylized "J" and "F".

John S. Findley, D.D.S.
President

JSF:TS:nh