February 1, 2019

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the 163,000 members of the American Dental Association (ADA), we are writing to thank you for holding a hearing on “Access to Care: Health Centers and Providers in Underserved Communities” and for introducing S. 192, the “Community and Public Health Programs Extension Act.” We appreciate the Committee’s attention to this important topic.

The ADA is committed to improving the oral health of the nation’s underserved communities. Good oral health is an essential part of an individual’s overall health. Dental disease has been associated with adverse birth outcomes and chronic diseases, such as diabetes, cardiovascular issues, and HIV-related maladies. Such co-morbidities can lead to hospitalizations and even death.\(^1\) A qualified and culturally competent workforce is vital to meet the nation’s changing health care needs. Continued funding for Community Health Centers (CHCs), Teaching Health Centers (THCs), and the National Health Service Corps (NHSC) are important to the nation’s health care infrastructure.

Current dental education now engages the dental students of today-tomorrow’s dental practitioners-in community-based programs for a significant part of their training. Through public program rotations within CHCs, these future dentists learn the value of medical-dental collaboration and culturally competent strategies to reduce dental disease in vulnerable populations.

CHCs provide necessary care to vulnerable populations, including uninsured individuals and those enrolled in Medicaid. Many CHCs have dental clinics or work with dentists in their communities to ensure that necessary dental services are available to patients seeking care. The Health Resources and Services Administration (HRSA) supports the operation of nearly

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1,400 health centers nationwide, operating sites in more than 11,000 communities. CHCs serve as integrated "health care homes" for more than 28 million patients. According to the 2017 Uniform Data System (UDS), CHC dental programs include over 15 million patient visits and treat over six million patients. CHCs serve as a primary dental home to many who would otherwise face barriers to dental care.

THCs support new or expanded primary care medical and dental residency programs in a community-based ambulatory patient care setting. During the 2017-2018 academic year, the THC program supported the training of 732 medical and dental residents in 57 primary care residency programs across 24 states. According to HRSA, physicians and dentists trained in health centers are more than three times as likely to work in a health center and more than twice as likely to work in an underserved area. Continued funding for this program would help strengthen these efforts and train more dental residents in medically underserved communities.

Of particular value within the network of CHCs is the ADA program of the Community Dental Health Coordinator (CDHC), which is a training program designed to provide dental auxiliary team members with a community health worker skill set.

The use of CDHCs to reduce oral health care disparities among underserved populations has begun to become evident in health centers. These specially trained dental team members are promoting prevention of dental disease while connecting patients to existing, but underutilized, sites of care.

For example, in central Tennessee, self-reported data from a CHC that the ADA is working with found that CDHCs have, within a four month period, helped over a thousand underserved seniors to attain access to dental services. In another part of Tennessee, a CDHC working one day per week in a CHC medical office led to a 300% increase in the number of underserved patients seen in a nearby dental clinic.

Another initiative within the ADA's Action for Dental Health campaign is Emergency Department (ED) Referral, which features various models to assist with patient referrals to a potential dental home. That home may be in a private dental practice or CHC where patients can receive ongoing comprehensive dental treatment. Because patients in dental homes receive targeted treatment to alleviate rather than manage the causes of their oral health issues and pain, ED referral contributes positively to reducing opioid abuse.

In 2015, there were 2.2 million visits to hospital emergency departments for dental conditions, at a cost of $2 billion² where the patients received limited care. Through the ED

Referral initiative, ADA members will work with the American College of Emergency Physicians to reduce that figure.

The support of new dental professionals in distressed communities where health centers are expanding oral health services is critical. The NHSC is a successful scholarship and loan repayment program designed to strengthen the primary care workforce. The ADA supports renewed funding for the NHSC, which has supported the work of over 1,500 dental professionals in communities with limited access to dental care.

Finally, we applaud the Committee for the passage of the Action for Dental Health Act of 2018 (ADH). Due to your efforts, ADH is now law, designed to improve dental care access through programs like CDHCs and ED Referral.

Thank you again for your commitment to the providers and health centers that help the underserved through the ADA Action for Dental Health. The ADA looks forward to continuing to work with the Committee on this important issue. Should you have any questions, please contact either Ms. Megan Mortimer at (202) 898-2402 or mortimerm@ada.org or Ms. Roxanne Yaghoubi at (202) 789-5179 or yaghoubir@ada.org.

Sincerely,

President

/s/ Kathleen T. O’Loughlin, D.M.D., M.P.H.
Executive Director

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