

April 19, 2013

The Honorable Rosa DeLauro
Ranking Member
House Health Appropriations Committee
1001 Longworth Building
Washington, D.C. 20515

Dear Ranking Member DeLauro:

Our organizations are writing to urge you to retain in the FY 2014 health appropriations bill language currently in the FY 2013 continuing resolution, PL 113-6, that prevents the government from funding alternative dental provider demonstration projects. We believe that this action is not only good fiscal policy but also in the best interests of dental patients.

The Patient Protection and Affordable Care Act (ACA) authorized up to \$60 million for demonstration projects that will fund several proposed types of dental providers including those who will perform irreversible surgical procedures like extractions, drilling of teeth and pulpotomies – root canals on baby teeth. Some of these providers will have only two years of training beyond high school. By comparison – dentists have at least eight years of education after high school.

The prohibition on the funds for demonstration projects for alternative dental health care providers should be maintained because:

- As authorized under the ACA, this program would cost an additional \$60 million over 5 years in new funding.
- Funding the demonstrations out of existing accounts that support dental residencies or faculty loan repayments would be robbing Peter to pay Paul. Dental training programs have already been adversely affected by the sequester.
- At this time, there is no program in the country that would qualify to apply for such funding. The ACA states that eligible entities must be in compliance with all applicable state licensing requirements. Only Minnesota has passed such state law and its program has been in existence since 2009. The Minnesota program was begun and is sustained without federal funds.
- Currently, only one state legislature is actively considering changing state licensure law. Even if passage in that state should occur, the state would not be in a position to seek federal funds in FY 14.
- The time for enacting this section of the ACA has passed. The ACA stated that “the demonstration projects funded under this section shall begin no later than two years after the date of enactment of this section, and shall conclude not later than seven years after such date of enactment.”

Our organizations believe that there is an untapped capacity within the current and future dental force to adequately address oral health access:

- The dentist workforce is growing. Eight dental schools have opened since 2002. Three additional schools are seeking accreditation for admission of students in 2013 and 2014. Additionally, four to five universities are contemplating opening dental schools in the next few years.

- By 2020, with the addition of new dental schools, there will be 5,600 dentists graduating every year, 1,100 more than in 2010.
- Dental practices have become more efficient. It takes only 88 dental practices in 2010 to serve the same number of dental patients as 100 practices during the first part of the 1980s.
- In a recent survey, 39 percent of general dentists say they can treat more patients. There is capacity in the system.
- States that have increased their Medicaid dental payment rates have significantly increased the number of dentists serving the underserved. For example, after Connecticut raised its provider rates and reduced unnecessary bureaucracy, 1,400 more dentists already working in the state joined the program. As a result, any child experiencing an oral health emergency is seen within 24 hours. All non-emergency appointments are scheduled within 10 days.
- The Massachusetts Dental Society recently reported that 85% of its dentists participate in MassHealth and calls to find a dentist decreased from 5,000 calls per month in 2008 to 49 in February 2013.
- State dental associations, state hospital associations and local community health centers are working together to divert oral health patients from hospital emergency rooms (ERs). These programs provide pro bono dental care to the patients. A program in Calhoun County, MI has reduced oral health patient visits by 80% and saved the hospital \$6 million over four and a half years. Additionally, 75% of the patients treated in this program are now practicing prevention.

For all these reasons, we urge you to support language in the 2014 health appropriations bill that prohibits The Department of Health and Human Services from funding alternative dental health care provider demonstration projects.

Sincerely yours,

Academy of General Dentistry
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association of Oral and Maxillofacial Surgeons
American Dental Association