

April 12, 2013

Dear Senator:

Our organizations are writing to urge you to co-sponsor S. 466, the "Coordination of Pro Bono Medically Recommended Dental Care Act." This bill could ultimately result in a cost savings for federal health programs.

S. 466 authorizes a grant program that will support national dental programs to coordinate medically recommended dental care for low income children and adults. The dental care will be provided by volunteer dentists at no cost to the patients who have medical conditions – like diabetes, cancer, autoimmune disease, kidney disease or need heart or joint replacements or transplants.

This legislation is needed because Medicare, which does not cover routine dental services, will not pay for the coordination of medically recommended dental care, thereby preventing many underserved patients from getting needed care or compromising an existing chronic condition.

For example:

- Untreated periodontal disease in diabetics makes it difficult to control blood glucose. Uncontrolled diabetes can lead to kidney failure and cardiovascular disease.
- It is critical for end stage renal disease patients to be able to have a proper diet and nutrition regimen. Poor dental health can compromise a patient's ability to have a good medical outcome.
- Research has linked dental infections to an increased risk of cardiovascular disease
- Untreated dental disease can spawn serious and costly infections throughout the body especially with anyone with a compromised immune system such as a patient diagnosed with leukemia, or taking medications used to prevent organ transplants or to treat such diseases as cancer, multiple sclerosis, lupus or Crohn's.
- Unsightly dental disease can undermine mental health and vocational rehabilitation therapies by contributing to debilitating depression and low self-esteem.

We believe S. 466 will reduce Medicare and Medicaid costs. For example, kidney dialysis patients need to be able to consume enough protein to stabilize their condition. If a patient cannot eat properly, physicians have to insert a feeding tube. A 2001 study reported that the estimated one year cost of feeding a patient through a tube is \$31,832. Under this bill, a patient in this condition would receive free oral health services from a volunteer dentist and avoid the need of a feeding tube.

It has been estimated that the \$2 million grant investment authorized in this bill will return roughly \$13 million in medically-necessary, pro bono dental treatment and will help 5,000 Medicare and/or Medicaid beneficiaries.

Thank you for considering this request. If you would like to co-sponsor S. 466 or have questions, please contact Michael Barnard in Senator Robert Menendez's office at Michael_barnard@menendez.senate.gov or 202-224-4744.

Sincerely Yours,

AARP

Academy of General Dentistry

Alliance of the American Dental Association

American Academy of Oral and Maxillofacial
Pathology

American Academy of Pediatric Dentistry

American Academy of Periodontology

American Association for Dental Research

American Association of Oral and Maxillofacial
Surgeons

American Association of Public Health Dentistry

American Association of Women Dentists

American College of Prosthodontists

American Dental Association

American Dental Education Association

American Kidney Fund

Association of State and Territorial Dental
Directors

American Society of Dentist Anesthesiologists

American Student Dental Association

Dental Lifeline Network

Dental Trade Alliance

Hispanic Dental Association

National Forum of ESRD Networks

National Kidney Foundation

National Multiple Sclerosis Society

Organization for Safety, Asepsis and Prevention