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## Health care reform policy

*House resolution emphasizes importance of oral health care*

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*San Antonio*—The American Dental Association will tell the next administration and Congress that oral health is essential for a healthy America and integral to the health policy debate.

"Americans cannot be healthy without it," the ADA House of Delegates said in policy approved at annual session in San Antonio last month. "No law, regulation or mandate will improve the oral health of the public unless policymakers, patients and dentists work together with a shared understanding of the importance of oral health and its relationships to overall health."

The policy setting House of Delegates approved Resolution 38H-2008 as guidance to the Association leadership and staff on providing "relevant expertise" when Congress addresses health care reform, which figured prominently in the campaign for the White House. The health policy debate is expected to continue in the 111th Congress.

"These policies of Res. 38H will form the framework for our advocacy on a host of access-related issues," said Dr. John S. Findley, who took office as ADA president at annual session and before the election of the U.S. president and Congress taking office in 2009.

"As the next president and Congress struggle with health care reform, we will use these policies to proactively promote a position on access to dental care that puts those with the least resources at the front of the line for assistance and ensures that federal dollars are used widely," Dr. Findley said.

Res. 38H-2008 follows:

Resolved, that the following be adopted as the Association's policy on oral health care for utilization during discussions on health care reform:

### **IMPROVING ORAL HEALTH IN AMERICA**

#### **ORAL HEALTH IS ESSENTIAL FOR A HEALTHY AMERICA**

*DENTAL CARE IS ESSENTIAL TO OVERALL HEALTH.* Americans cannot be healthy without it.

*HEALTH CARE IS A SHARED RESPONSIBILITY.* No law, regulation or mandate will improve the oral health of the public unless policymakers, patients and dentists work together with a shared understanding of the importance of oral health and its relationships to overall health.

*PREVENTION PAYS.* The key to improving and maintaining oral health is preventing oral disease. Community-based preventive initiatives, such as community water fluoridation and school-based screening and sealant programs are proven and cost-effective measures. These should be integral to oral health programs and policies, and will provide the greatest benefit to those at the highest risk of oral disease.

*IMPROVING ORAL HEALTH LITERACY MAKES PATIENTS BETTER STEWARDS OF THEIR OWN HEALTH.* Patients, parents, pregnant women, caregivers and others need to understand the importance of good oral health, oral hygiene fundamentals, diet and nutritional guidelines, the need for regular dental care and, in many cases, how to navigate the system to get dental care.

*PATIENTS NEED A DENTAL HOME.* All patients should have an ongoing relationship with a dentist with whom they can collaboratively determine preventive and restorative treatment appropriate to their needs and resources.

#### **ACCESS IS A KEY TO GOOD ORAL HEALTH**

*IMPROVING ORAL HEALTH IN AMERICA REQUIRES A STRONG PUBLIC HEALTH INFRASTRUCTURE TO OVERCOME OBSTACLES TO CARE.* The current dental public health infrastructure is insufficient to address the needs of disadvantaged groups. Efforts to improve access to dental care require investment in the nation's public health infrastructure. The ADA recognizes that community-based disease prevention programs must be expanded and barriers to

personal oral health care eliminated, if we are to meet the needs of the population.

**REIMBURSEMENT MATTERS.** Increased access to care for people covered by government-assisted dental programs depends on fair and adequate provider reimbursement rates. The vast majority of government programs are so seriously underfunded that dentists cannot recover the cost of materials used in providing care.

**IMPROVING ACCESS IN UNDERSERVED AREAS REQUIRES EXTRA-MARKET INCENTIVES.** Federal, state and local governments must develop financial incentives, such as student loan forgiveness, tax credits or other subsidies, to encourage dentists to locate their offices in areas that cannot otherwise support private dental practice.

**PATIENTS WITH THE GREATEST NEED MUST BE FIRST IN LINE FOR CARE.** Underfunded government programs fail to provide minimally adequate care to all they purport to cover. Funding should be prioritized so that those with the greatest need and those who will most benefit from care are first in line. For example, people needing emergency care, pregnant women, and children needing diagnostic and preventive care should take precedence over other underserved groups.

**COST-EFFECTIVE ALLOCATION OF LIMITED GOVERNMENT FUNDS IS ESSENTIAL.** With very limited government resources, children, pregnant women, the vulnerable elderly and individuals with special needs should receive diagnostic, preventive and emergency care. Adult emergency care should also be covered. Limited government resources should allow for additional routine dental care coverage for all underserved populations as well as diagnostic and preventive for adults. With sufficient funding, complex or comprehensive care should also be covered.

**THE GOVERNMENT MUST FUND PUBLIC HEALTH BENEFIT PROGRAMS ADEQUATELY.** Programs such as Medicaid and the State's Children Health Insurance Program (SCHIP) must ensure that vulnerable children and adults with inadequate resources have access to essential oral health care. Programs such as Medicaid must cover dental benefits for adults. Children in low-income families who are not eligible for Medicaid must have access to essential oral health care through SCHIP. Eligibility should reflect regional differences in the cost of living and purchasing power.

#### **WE MUST BUILD ON CURRENT SUCCESSES**

**OPEN MARKETS ENSURE COMPETITION AND INNOVATION.** The dental private practice delivery system, which operates almost entirely separate from its medical counterpart, serves the vast majority of Americans well. While a fully-functional public health infrastructure is essential, efforts to broaden access to care for people who currently are underserved would be best accomplished by bringing more people into the private practice system.

**PRIVATE DENTAL BENEFITS WORK.** Benefits should be administered by independent companies, selected in the open market. Experience in other countries has shown that a single-payer system would stifle access, innovation and reduce the quality of patient care.

**UNIVERSAL DENTAL COVERAGE MANDATES WILL NOT SOLVE THE ACCESS TO CARE PROBLEM.** Many dental diseases and conditions are preventable with patient compliance and are inexpensive in relation to cost of treatment, therefore developing federal and state government programs that address not only funding but also non-economic barriers to care are necessary. The great majority of Americans already have access to dental care, and millions can afford care without having dental benefits. The government can use tax policy to encourage small employers and individuals to purchase dental benefit plans in the private sector or develop cooperative purchasing alliances for the segment of the population with privately-funded care.


**FOSTERING THE NEXT GENERATION OF DENTISTS MUST BE A PRIORITY.** Having a sufficient number of dentists to provide care to all who require it depends upon a number of critical factors, including sufficient government support of dental higher education, overcoming current faculty shortages, providing affordable student loan programs, advanced public health training and ensuring the financial viability of dental practices.

**PATIENTS MUST RECEIVE CARE FROM A PROPERLY EDUCATED AND TRAINED ORAL HEALTH WORKFORCE.** The U.S. dental delivery system owes much of its success to the team model, which includes dental hygienists and assistants working under the supervision of a licensed dentist. While many underserved communities might benefit from the addition of specially trained, culturally-prepared dental support personnel, appropriate education, training and dentist supervision is essential to ensure quality dental care.

and be it further

Resolved, that the Association's previous policy on health system reform, "The American Dental Association's Position on Health System Reform" (Trans.1993:664; 1994:656), be rescinded.

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