



AMERICAN
DENTAL
EDUCATION
ASSOCIATION

July 18, 2008

John P. Foley
The Chairman of the Board of Directors
National Association of Dental Plans
8111 LBJ Freeway, Suite 935
Dallas, Texas 75251

Dear Mr. Foley:

Americans rightly have identified health care as one of the most important domestic issues for policymakers to address. It is a central issue in the presidential campaign. However, there are essentially no oral health care services covered under the nation's Medicare system, and no oral health care services are mandated for adults in the Medicaid program. In 2000, *Oral Health in America: A Report of the Surgeon General* declared that oral disease is a "silent epidemic" and that good oral health is essential to overall health and well-being. Yet, today 130 million adults and children lack dental insurance coverage.

We are pleased to forward for your review "Oral Health Care: Essential to Health Care Reform," a document unanimously adopted by the Board of Directors of the American Dental Education Association²⁵ (ADEA) on June 2008. It consists of:

1. Six principles that enunciate ADEA's core values with regard to the nature and provision of oral health care. The values mirror the guiding principles contained in the Report of the ADEA's President Commission, "Improving the Oral Health Status of All Americans: Roles and Responsibilities of Academic Dental Institutions," that was approved by the House of Delegates in March 2003;
2. A general policy statement that will frame ADEA members' involvement in and contribution to the national health care reform debate.

As a matter of principle, ADEA believes that every American should receive the care necessary to achieve good oral health. No viable solution for the current U.S. health care crisis can be

²⁵ The American Dental Education Association (ADEA) represents all 57 dental schools in the United States in addition to 714 dental residency training programs and 577 allied dental programs, as well as more than 12,000 faculty who educate and train the nearly 50,000 students and residents attending these institutions. Academic dental institutions are safety-net providers and serve as dental homes to hundreds of thousands of patients, many of whom are underserved low-income patients covered by Medicaid and the State Children's Health Insurance Program.

The mission of the American Dental Education Association is to lead individuals and institutions of the dental education community to address contemporary issues influencing education, research, and the delivery of oral health care for the improvement of the health of the public.

2008-09 BOARD OF DIRECTORS

Charles N. Bertolami, D.D.S., D.Med.Sc. President	James Q. Swift, D.D.S. Immediate Past President	Ronald J. Hunt, D.D.S., M.S. President-elect	Cheryl M. Westphal, R.D.H., M.S. Vice President for Allied Dental Program Directors	Diane C. Hoelscher, D.D.S., M.S. Vice President for Faculties	Ronald L. Rupp, D.M.D. Vice President for the Corporate Council	Lily T. Garcia, D.D.S., M.S., F.A.C.P. Vice President for Sections	Rishi Popat Vice President for Students	Todd E. Thierer, D.D.S., M.P.H. Vice President for Hospitals and Advanced Education Programs	John N. Williams, D.M.D., M.B.A. Vice President for Deans	Richard W. Valachovic, D.M.D., M.P.H. Executive Director
---	---	--	---	--	---	---	---	---	--	--

accomplished without recognizing the critical importance of oral health. Consequently, ADEA is urging the Presidential candidates and the 111th Congress to make certain that coverage and access to affordable oral health care services are integral components of any health care reform plan.

As you know, most dental diseases are preventable, and early dental treatment has proven to be cost effective. In fact:

- Preventive dental care and early detection and treatment save \$4 billion annually.
- Children who receive preventive dental care early in life have lifetime dental costs that are 40 percent lower than children who do not receive this care.
- The cost of providing preventive dental treatment is estimated to be 10 times less than managing symptoms of dental disease in a hospital emergency room.

And each year, millions of productive work hours are lost due to dental diseases. Dental disease is also one of the leading causes of school absenteeism for children.

- Children miss 51 million hours of school annually due to dental problems.
- Workers lose 164 million work hours annually because of dental disease.
- According to the *Journal of Dental Education*, oral related illnesses account nationally for 3.6 million days of bed disability, 11.8 million days of restricted activity, and 1 million lost school days each year.

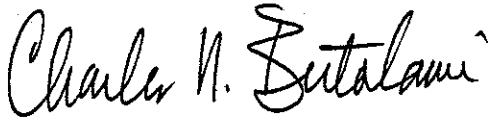
A tragic example of untreated dental disease is the death of 12-year-old Deamonte Driver of Maryland in 2007. His death resulted from complications of an acute dental infection that spread to his brain - an infection that could have been avoided had he received proper dental care. The cost of his hospitalization was estimated at \$250,000. Had Deamonte gotten treatment earlier, the cost would have been closer to \$80.

The oral health community must continue to educate policymakers about the importance and value of oral health care. The national debate about transforming the nation's health care system has been joined. Together, our community can ensure that any comprehensive reform of the health care system includes coverage and access to affordable oral health services.

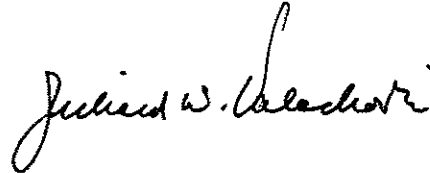
John P. Foley
July 18, 2008
Page 3

For further information, please contact Jack Bresch, Associate Executive Director and Director of the ADEA Center for Public Policy and Advocacy, at 202-289-7201 or breschj@adea.org.

Sincerely,



Charles N. Bertolami, D.D.S., D.Med.Sc.
President



Richard W. Valachovic, D.M.D., M.P.H.
Executive Director

Enclosure

cc: Evelyn Ireland, C.A.E.
Executive Director



ORAL HEALTH CARE: ESSENTIAL TO HEALTH CARE REFORM

The United States spends more than two trillion dollars annually on health care.¹ Our health care system is the best in the world, best in advanced life-saving procedures, best in educating talented and skilled health professionals, and best in research innovations advancing practice. But, despite these accomplishments, access to health care is beyond the reach of more than 47 million Americans.² In 2003 the U.S. Surgeon General issued "A National Call to Action to Promote Oral Health" in which he reported that the number of Americans without dental insurance was more than 2.5 times the number who lack medical insurance.³ Even more Americans, approximately 130 million adults and children, lack dental coverage.⁴

Studies show that uninsured individuals with serious symptoms seek health providers half as often as similarly ill people who have insurance; it is worse for individuals without dental insurance.⁵ As few oral health care problems in their early stages appear to be life-threatening, uninsured individuals often delay treatment until problems become serious or acute. Allowing these inequities to persist deprives millions of Americans of oral health care, thus not only diminishing their health and wellbeing but also creating significant financial consequences.⁶

Principles for Health Care Reform

The American Dental Education Association (ADEA),⁷ whose member institutions serve as dental homes to thousands of patients, supports the following principles for providing oral health care coverage and access to affordable oral health care services:

1. **The availability of health care, including oral health care, fulfills a fundamental human need and is necessary for the attainment of general health.** Every American should have access to affordable diagnostic, preventive, and primary health care services, including dental care. Oral health care services are proven to be effective in preventing and controlling tooth decay,⁸ gum infections, and pain, and can ameliorate the outcomes of trauma. These services should not be considered different than other forms of health care. Coverage must ensure that individuals are able to obtain needed oral health care and provide them protection during a catastrophic health crisis.
2. **The needs of vulnerable populations have a unique priority.** Health professionals, including those providing oral health care services, must individually and collectively work to improve access to care by reducing barriers that low-income families, minorities, remote rural populations, medically compromised individuals, and persons with special health care needs experience when trying to obtain needed services. The equitable provision of oral health care services demands a commitment to promotion of public health, prevention, public advocacy, and the exploration and implementation of new models of oral health care that provide care within an integrated health care system. New models will involve expanded roles for allied dental professionals as well as other health professionals, including family physicians, pediatricians, geriatricians, and other primary care providers as team members.⁹

ADEA Policy Statement

Good oral health is essential for general health. Every American should receive the care necessary for good oral health. Any comprehensive reform of the U.S. Health Care System must include coverage and access to affordable oral health services.

Most dental diseases are preventable. Early dental treatment is cost effective. Children who receive preventive dental care early in life have lifetime dental costs that are 40 percent lower than children who do not receive this care.¹⁷ The cost of providing preventive dental treatment is estimated to be 10 times less costly than managing symptoms of dental disease in a hospital emergency room.¹⁸ Yet, more than 130 million adults and children lack dental insurance coverage.¹⁹

As the voice of dental education, the American Dental Education Association (ADEA) believes that dental educators and researchers have a moral obligation to promote access to oral health care, and that ensuring the oral health of all is the shared responsibility of individuals, the private sector, and federal, state, and local governments. Academic dental institutions are vital public trusts and national resources. They educate the future dental workforce; conduct dental research; inform communities of the importance and value of good oral health; and serve as safety-net providers to ensure access to effective oral health care.

¹ Poisal, JA, Truffer C, Smith S, Sisko A, Cowan C, Keehan S, Dickensheets B, Health Spending Projections Through 2016: Modest Changes Obscure Part D's Impact. Health Affairs, 21 February 2007: W242-253.

² DeNavas-Walt C, Procter BD, Lee CH, Income, Poverty, and Health Insurance Coverage in the United States: 2005, U.S. Census Bureau, August 2005, pg. 18.

³ U.S. Department of Health and Human Services. *National Call to Action to Promote Oral Health*, Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003.

⁴ Source: NADP/DDPA 2007 Dental Benefits Joint Report: Enrollment, August 2007.

⁵ Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zalavsky AM, *Unmet Health Needs of Uninsured Adults in the United States*, JAMA. 2000;284:2061-2069.

⁶ The death in 2007 of 12-year old Deamonte Driver in Maryland dramatically demonstrates the tragic human consequences that can occur when someone is unable to get dental care. His untimely death resulted from complications of an acute dental infection that spread to his brain. When he was finally able to get care, the cost of his hospitalization was estimated at approximately \$250,000. Had he gotten treatment earlier, the cost would have been closer to \$80. This story emphasizes the importance of identifying individuals with acute dental needs in the U.S. health care system and ensuring they obtain timely and necessary treatment.

⁷ The American Dental Education Association (ADEA) represents all 57 dental schools in the United States in addition to 714 dental residency training programs and 577 allied dental programs, as well as more than 12,000 faculty who educate and train the nearly 50,000 students and residents attending these institutions. It is at these academic dental institutions that future practitioners and researchers gain their knowledge; where the majority of dental research is conducted; and, where significant dental care is provided. Academic dental institutions are safety-net providers and serve as dental homes to hundreds of thousands of patients, many of whom are underserved low-income patients covered by Medicaid and the State Children's Health Insurance Program.

⁸ US Department of Health and Human Services. Diagnosis and management of dental caries throughout life. Rockville, MD: National Institutes of Health, NIH Consensus Development Program, conference statement, March 26-28, 2001.