

July 6, 2009

The Hon. George Miller, Chairman
House Committee on Education and Labor
U.S. House of Representatives
Washington, D.C. 20515

The Hon. Howard “Buck” McKeon, Ranking Member
House Committee on Education and Labor
U.S. House of Representatives
Washington, D.C. 20515

The Hon. Henry A. Waxman, Chairman
House Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Hon. Joe Barton, Ranking Member
House Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Hon. Charles B. Rangel, Chairman
House Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

The Hon. Dave Camp, Ranking Member
House Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Representatives Miller, McKeon, Waxman, Barton, Rangel, and Camp:

The undersigned national and state organizations write to congratulate you on the significant work on reforming the nation’s health care system, and to urge you to include oral health in health care reform. Dental health matters, and just as your mouth is integral to your body, dental health is integral to overall health. Dental care is a great investment that pays off down the road for both children and adults. Provisions included in the draft legislation released by the Senate HELP Committee will help make these essential health services available to all Americans. We write to share recommendations developed by dental advocacy groups and endorsed by a broader coalition, representing a consensus prevention agenda with a focus on children. Some signatories have additional recommendations in these areas, but we ask you to support and to strengthen these provisions as you move forward on health care reform.

Children's Dental Coverage

In 2006, almost 1 in 5 children – more than an estimated 15 million young Americans -- did not have either private or public dental coverage. The legislation should assure that all children have dental coverage that meets the standard set forth in the CHIP Reauthorization Act: *All children should have coverage for dental services necessary to prevent disease and promote oral health, restore oral structure to health and function, and treat emergency conditions.*

Priority Adult Dental Coverage

In most states, Medicaid is the only dental coverage provided by any insurer or provider that covers care for children but not for their parents. We urge you to require all state Medicaid programs to extend dental coverage to Medicaid-enrolled pregnant women, and mothers (or other primary care givers) of children up to age 5. Such coverage would promote the well-being of the mothers and children, and enable families to develop healthy habits of personal and professional dental care. Coverage for pregnant women, new mothers, and young children is a critical prevention strategy and can help shape the behavior of families and develop healthy oral health habits.

Enhanced Medicaid Match

The federal share of Medicaid spending (the Federal Medical Assistance Percentage) should be enhanced for dental services, in recognition of the difficulty states have traditionally faced in administering this benefit, and the gains to be had from providing early preventive care.

Prevention Activities

We strongly support provisions that would authorize funding for these important prevention activities:

- A CDC prevention education campaign
- Caries disease management pilots, to help tailor prevention and treatment services to the individual's risk for tooth decay – the result of a transmissible bacterial infection of the mouth
- Community-based prevention, including dental sealant program funding for all states and territories, which can reduce tooth decay in the most vulnerable teeth by 60%.
- Infrastructure grants to support oral health programs in all states and territories, to assure they have the capacity to implement cost effective prevention strategies to combat dental disease, and
- Strengthening oral health surveillance activities, to target preventive efforts, guide public health action, and assess outcomes.

We also strongly support language that places dental public health activities within the range of public health prevention activities to be funded by the Prevention and Public Health Investment Fund authorized in Title III, Section 301 of the HELP draft.

In addition to these provisions, we ask you to support:

- Establishing an Oral Health Initiative in the Department of Agriculture, to carry out oral health improvement programs in child nutrition and WIC programs, in recognition of the large role that diet plays in tooth decay.
- Ensuring that the National Institute of Dental and Craniofacial Research (NIDCR) and the Agency for Healthcare Research and Quality (AHRQ) have appropriations sufficient to support basic and clinical research base for the diagnostics, prevention, and treatment for dental and oral diseases, including oral cancer. Dental comparative effectiveness research should be appropriately funded in the comparative effectiveness portfolio of AHRQ and DHHS proportional to the share of personal health expenditures used for dental care.

Workforce

We ask you to support workforce provisions to make grant funds available to schools of dentistry, public hospitals, or other qualified entities to support training programs in general, pediatric, and public health dentistry and dental hygiene, and support the training of dental educators. We support the bill's proposed uses of these funds, including providing technical assistance to pediatric dental training programs in risk-based clinical disease management, and the targeting of these grants to promote collaboration, diversity in the dental workforce, and programs for providing services to underserved child and adult populations, including people with disabilities and people with HIV.

Dental Representation

We urge you to ensure that the dental health perspective is appropriately represented in the membership of all of the new boards, commissions, and other entities created by the legislation, or given new authorities by the legislation, to determine the direction of national policy on coverage, prevention, and workforce.

We appreciate your consideration of these recommendations. Our mouths and teeth are essential to daily functioning – we cannot eat, speak, smile, breathe, and learn successfully without good dental health. While there have been marked improvements in oral health in the past 50 years, large disparities remain. Of particular concern, we have seen increases in the occurrence of tooth decay among two- to five-year olds in the last decade. The good news is that this is a solvable problem. Tooth decay is almost entirely preventable. In fact, dental health fits uniquely well with Congress' desire to focus on solutions that prevent unnecessary disease and utilize community-based approaches to improving health. We urge you to ensure that dental health has a place in health care reform legislation, and recommend the above provisions as a consensus preventive agenda for dental health.

Sincerely yours,

American Association for Dental Research
American Association of Public Health Dentistry

American Dental Education Association
American Dental Hygienists' Association
Association of State and Territorial Dental Directors
Center for Law and Social Policy
Child Welfare League of America
Children's Dental Health Project
First Focus
Hispanic Dental Association
Mid-Iowa Health Foundation Des Moines, IA
Mound City Dental Society St. Louis, MO
National Consumers League
National Dental Association
National Head Start Association
National Association of Dental Plans
Oral Health America
Pew Center on the States
United Methodist Health Ministry Fund
Washington Dental Service Foundation