Statement on Health Reform

The American Dental Hygienists' Association represents the nation's more than 150,000 licensed dental hygienists. ADHA's membership seeks to improve the public's health and the organization supports the inclusion of dental benefits in any comprehensive reform of the health care system in the United States. ADHA recognizes the importance of making preventive dental services provided by qualified, licensed providers accessible to Americans, as oral health is critical to total health and most dental disease is preventable in nature. ADHA further recognizes that oral health services must be made more accessible, particularly for vulnerable populations. Comprehensive health care reform should also include provisions that allow for the testing and demonstration of mid-level oral health care providers working in conjunction with other members of the health care team.

Introduction

As the nation progresses towards comprehensive health care reform, it is imperative that dental benefits are included in any expansive policy initiative that seeks to improve access to and coverage of health care services for Americans. As links between oral health and total health continue to emerge, the need to enact policy that facilitates access to dental services becomes clear. An individual cannot achieve optimal total health if oral health is neglected.

Including dental benefits for all Americans enrolled in government-facilitated health care programs not only positively impacts total health, but has the additional benefit of being cost-effective, as most dental disease is preventable and preventive services cost significantly less than restorative and emergency services. Dental hygienists, as the members of the oral health care team who specialize in prevention, are well-placed to administer quality, cost-effective preventive care.

ADHA supports policies inclusive of dental benefits administered by appropriately educated and regulated professionals. The association acknowledges existing trends in the oral health workforce that have contributed to provider shortages in the United States and supports health care policies that pave the way for the introduction of a mid-level oral health provider with education and capabilities comparable to those of mid-level medical providers.

The following principles further highlight ADHA's position that the dental delivery system should be included in any comprehensive reform of the medical delivery system and dental benefits should be offered as part of any government-facilitated health care program.

1. Oral health is integral to total health—an individual cannot achieve optimal health if oral health is neglected.

In 2000 the U.S. Surgeon General released *Oral Health in America* which noted that, if left untreated, poor oral health is the "silent X-factor promoting the onset of life-threatening diseases which are responsible for the deaths of millions of Americans each year."[1] The same report noted that the mouth is indicative of general health and well-being and that oral disease is often related to other health problems.[2]

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[1] U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000.
[2] *Ibid*

The Centers for Disease Control has noted that periodontal disease is associated with other health problems like diabetes, heart disease, and strokes.[3] CDC data also links the delivery of premature and low-birth weight babies with expectant mothers who have periodontal disease.[4] In 2007, the tragic death of 12 year old Deamonte Driver from complications resulting from a brain infection brought about by an abscessed tooth was unfortunate proof that a lack of oral health care can have fatal consequences.

The data highlighting the connection between oral health and total health demonstrates that individuals cannot achieve optimal total health if oral health is neglected. Health care reform efforts should acknowledge the vital link between oral health and total health through the inclusion of dental benefits.

2. Most dental disease is avoidable with the proper preventive care.

Unlike many medical conditions, nearly all dental disease is preventable. Yet, in spite of this proven capacity for prevention, millions of Americans suffer from dental disease—tooth decay is the single most common childhood disease and nearly half of all adults suffer from gingivitis.[5] The Centers for Disease Control reported in 2007 that tooth decay among pre-school children is actually on the rise—increasing from 24-percent to 28-percent in a five year period.[6] There are currently over 100 million Americans without dental insurance who do not have the coverage necessary to access affordable oral health care services—more than two-and-a-half times the number of Americans who lack medical insurance.[7]

Dental hygienists are focused on prevention, administering a range of services that seek to prevent oral disease and treat it while still manageable. Oral prophylaxis (cleaning), sealants, fluorides, and oral cancer screenings are among the services dental hygienists provide that prevent and detect oral disease. Data has demonstrated that symptoms of certain systemic diseases, including HIV and diabetes, manifest early on in the oral cavity,[8] further making the case for the importance of patients having consistent access to oral health care services.

Prevention cannot benefit those who are unable to access care—any basic health benefits package offered by the government should include coverage for preventive oral health care services.

3. The cost of preventive oral health care is significantly less than the cost of treating oral disease.

In addition to improving general health, preventive services are also cost effective. Research indicates that low-income children who have their first preventive dental visit by age one incur dental related costs that are approximately 42 percent lower ($262 before age one, $449 between ages two and three) over a five year period than children who receive their first preventive between the ages of two and three.[9] Ensuring regular access to and coverage for preventive care can diminish the need for more costly restorative and emergency care, saving valuable health care dollars in the long-run.

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[3] U.S. Centers for Disease Control and Prevention. *Links between Oral and General Health.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2004.
[4] U.S. Department of Health and Human Services. *Public Health Implications of Chronic Periodontal Infections in Adults – Potential Impact of Maternal Periodontitis on Reproductive Outcomes.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2005.
[5] U.S. Department of Health and Human Services. *Oral Health 2000 – Facts and Figures.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2000.
[6] Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, et al. National Center for Health Statistics. *Trends in oral health status: United States, 1988–1994 and 1999–2004*. Hyattsville, MD. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2007.
[7] U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000.
[8] *Ibid.*
[9] Savage Matthew, Lee Jessica, Kotch Jonathan, and Vann Jr. William. "*Early Preventive Dental Visits: Effects on Subsequent Utilization and Costs"*. Pediatrics 2004.

The CDC estimates that more than 164 million hours of work are lost each year as a result of oral health problems or dental visits, with lower income employees losing more work time than higher paid professionals.[10] The cost of the lost hours of work negatively impacts the economy and workforce productivity.

Health care reform initiatives must focus on disease prevention and the provision of preventive services if the United States is to have a more cost-effective and efficient health care system.

4. The oral health care workforce is evolving and must be expanded to meet increasing patient needs.

Over the last 20 years, the delivery of oral health care services has changed dramatically in a majority of states. As health care reform is undertaken, policies should be inclusive of efforts to further facilitate the evolution of the oral health care workforce to meet the growing demand for services.

States are increasingly pioneering policies that make it possible for the public to directly access preventive oral health services administered by dental hygienists, making it easier for those currently disenfranchised from the oral health care system to receive dental services. Currently 28 states allow dental hygienists to administer preventive care to patients in settings outside of the traditional dental office without the presence or prior authorization of a dentist.

Increased utilization of the dental hygiene workforce is a sensible approach, as dental hygiene has been identified by the Bureau of Labor Statistics (BLS) as one of the top ten fastest growing health care professions.[11] It is estimated that by 2016, the dental hygiene workforce will be over 200,000 strong. Conversely, BLS data notes that the dental profession is growing at a much more modest rate and suggests that the dental workforce will not be able to keep up with increasing patient need in coming years.[12] Nearly 6,000 dentists retire annually while only about 4,300 dental school graduates enter the workforce.[13] According to the Kaiser Commission on Medicaid and the Uninsured, the supply of dentists, particularly pediatric dentists, is inadequate.[14]

Policies that leverage our existing workforce and pave the way for the introduction of new members to the oral health care team who are appropriately educated and licensed will bolster the nation's capacity to meet patients' needs in the future. Such policies are consistent with the Surgeon General's call for oral health stakeholders to enhance the flexibility and capacity of the oral health care workforce.[15]

Direct access policies allow for new entry points into the oral health care system—patients can access care in a wider variety of settings like schools, clinics, and hospitals. Offering additional entry points will provide the public with more options to access necessary preventive care and be put in the pipeline for any additional treatment needed from a dentist or other health care provider.

In an effort to further leverage the dental hygiene workforce and improve access to care, in 2004 ADHA proposed the Advanced Dental Hygiene Practitioner (ADHP) be added to the existing oral health care team. The ADHP is a Master's educated, mid-level oral health care provider,

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[10] U.S. Department of Health and Human Services. *Oral Health for Adults.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2006.
[11] U.S. Department of Labor. *Occupational Outlook Handbook, 2008-2009 Edition.* Washington, DC. Bureau of Labor Statistics. 2008.
[12] *Ibid.*
[13] National Rural Health Association, *Recruitment and Retention of a Quality Health Workforce in Rural Areas*, Washington, DC. 2006.
[14] Julia Paradise. The Kaiser Commission on Medicaid and the Uninsured. *Dental Coverage and Care for Low-income Children: The Role of Medicaid and SCHIP*. Washington, DC. The Henry J. Kaiser Family Foundation. 2008.
[15] U.S. Department of Health and Human Services. *National Call to Action to Promote Oral Health.* Rockville, MD. National Institute of Dental and Craniofacial Research. 2003.

designed to serve in a capacity similar to medical mid-level providers like nurse practitioners and physicians assistants. ADHPs will be educated and trained to administer the full range of preventive services offered by dental hygienists in addition to minimally invasive restorative services, extractions in emergent situations, and will have limited prescriptive authority. The new provider will work collaboratively with dentists and other health care providers to deliver comprehensive care and strengthen the crucial link between dental, medical, and community networks.

ADHA supports federal funding for pilot program that tests the ADHP model to determine the new provider's impact on access to care. Master's educated mid-level providers, like nurse practitioners, are prevalent in medicine and have streamlined the delivery of high quality and cost-effective care.[16,17]

Conclusion

ADHA is committed to the development of policies that seek to make oral health care services more accessible to the millions of Americans who are currently disenfranchised from the oral health care system. As the nation moves forward with efforts to improve the heatlh status of its citizens through increased coverage for health care services, it is critical that the link between oral health and total is acknowledged. Any comprehensive effort to reform the health care system in the United States should include dental benefits and provisions to improve the delivery or oral health care services.

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[16] American Academy of Nurse Practitioners. *Nurse Practitioner Cost Effectiveness*. Austin, TX. 2007.
[17] American Academy of Nurse Practitioners. *Quality* of *Nurse Practitioner Practice.* Austin, TX. 2007.