ACADEMY of GENERAL DENTISTRY
560 W. Lake St.
Sixth Floor
Chicago, IL USA
60661-6600
312.440.4300
Fax: 312.440.0559
Toll-free: 888.243.3368
agd.org

January 25, 2019

The Honorable Jerome M. Adams, M.D., M.P.H.
U.S. Surgeon General
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C., 20201

Submitted Electronically to: **NIDCR-SGROH@nidcr.nih.gov**

Dear Dr. Adams:

The Academy of General Dentistry (AGD), representing 40,000 general dentists, thanks you for commissioning the updated 2020 report revisiting oral health in America. We share your commitment to improving the oral health of all Americans.

The 2000 "Oral Health in America: A Report of the Surgeon General" proved invaluable to the oral health community. We appreciate of the opportunity to comment on the developing 2020 report. It is our understanding that at this time you and your team at the National Institute of Dental and Craniofacial Research (NIDCR) are seeking topics that may be included in the final report. As such, we will limit our submission to a general discussion of oral health topics. The AGD realizes that your team will conduct thorough literature reviews on matters included in the upcoming report.

We also thank you for including members of the AGD in your working meeting in late November 2018. The AGD is willing and able to be a resource for federal personnel as you prepare this report, through and during the editing process.

PROPOSED CONTENTS OF THE 2020 SURGEON GENERAL REPORT ON ORAL HEALTH

The proposed sections include:

1) Oral Health Across the Lifespan
2) Effect of Oral Health on the Community, Overall Wellbeing, and the Economy
3) Special Topics- Including Addiction and Substance Use Disorders and How They Negatively Impact Oral Health, etc.
4) Oral Health Integration and the Workforce
5) Emerging Technologies and Promising Science to Transform Oral Health

TOPIC 1: ORAL HEALTH ACROSS THE LIFE SPAN

Child's First Dental Visit

A child's first visit to the dentist should occur within six months of the eruption of the first primary tooth but no later than 12 months of age.

Access and Utilization by Older Americans

Many medications used to treat chronic diseases in older Americans have adverse effects on oral health that patients and/or providers might not recognize. The most common side effect is dry mouth, which can be brought on by more than 400 different prescription medications. Dry mouth raises the risk of tooth decay and gum disease.

The AGD believes that health care providers, individuals, relatives, and caregivers should be educated on the importance for dental visits to evaluate the impact of prescription medications on the oral health of older Americans. Affordability, transportation, and activation to obtain dental care continue to be barriers.

Signed into law in 1965, the Medicare program was established to provide medical benefits to the elderly U.S. population. At this time, some public health advocates and consumer groups seek to have dental benefits added into the Medicare program. The AGD does not support this approach, as its research indicates that Medicare Part B cannot sustain the inclusion of dental benefits.

In terms of access, the AGD supports market-based, private insurance solutions for dental benefits intended for the Medicare population. The AGD supports enhanced benefits and reimbursement in private sector initiatives for dental benefits.

TOPIC 2: EFFECT OF ORAL HEALTH ON THE COMMUNITY, OVERALL WELLBEING, AND THE ECONOMY

Oral Health Literacy- Public Education

As general dentists, we believe that one of the greatest challenges and opportunities for the future is increasing oral health literacy, and that this should be a significant focus of the 2020 Report. Oral health literacy is the extent to which patients have the capacity to obtain, process, and understand basic health information and services needed to make appropriate oral health decisions.

If patients, particularly parents and caregivers, are educated about good self-care and encouraged to visit the dentist for preventive services, then individual oral health and the overall health of the population will improve. This will also reduce the need for more complex, extensive, and expensive treatment.

Dental Home

The AGD believes strongly in the dental home model of care. A dental home is an ongoing relationship between a dentist and patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home should begin no later than 12 months of age. The dental home model also provides economic benefits to the health care system. Oral health care is much less difficult and less costly when started early and regularly maintained by a dentist.

A dental home model is built around the core principle of the prevention of future oral health problems and, potentially, future medical problems. Dental homes provide patients with education (oral health literacy), prevention, treatment, referrals, if needed, and follow-up care. In a dental home, general dentists or pediatric dentists are the gatekeepers of oral health care. They are also in a position to alert the patient to potential systemic conditions, such as Type II diabetes.

Dental procedures that are surgical and irreversible must be performed by a licensed dentist. However, expanded function dental assistants (EFDAs) play an important role in increasing the capacity of dental practices/dental homes to treat more patients. Research shows that practices using EFDAs treated more patients than those practices that did not, the more services they delegated, the higher was the practice's productivity and efficiency. EFDAs also play a key role in the advancement of oral health literacy.

Dental Team Concept

Because patients without a dental home find their way into the oral health system through different points of entry, e.g., emergency rooms, medical practitioners, schools, the AGD supports a dental team concept to manage the patient. This requires a collaboration between medical and dental providers to ensure a transition of the patient from a treatment cycle to a prevention process based in the dental home.

Community Fluoride Programs

AGD continues to support community water fluoride programs. As was noted in the 2000 Surgeon General's report, fluoridation of water in communities is a great success story. When used appropriately, fluoride is safe and effective in preventing and controlling dental caries. Regular use throughout life may help protect teeth against decay.

TOPIC 3: SPECIAL TOPICS- INCLUDING ADDICTION AND SUBSTANCE USE DISORDERS AND HOW THEY NEGATIVELY IMPACT ORAL HEALTH, ETC.

Opioids

General dentists realize that opioid addiction and associated deaths have become a national health crisis and we as health care professionals are doing everything we can to decrease our use of opioids for acute pain control.

To decrease our dispensing of opioids, we:

- Use alternatives to prescription opioids such as Acetaminophen and/or Ibuprofen;
- Check prescription drug monitoring programs (PDMPs) to determine prior drug use in patients;
- Attend continuing dental education classes on pain control and best prescribing practices;
- Prescribe fewer amounts of opioids; and
- Acknowledge guidelines such as the Johns Hopkins dental opioid guidelines.

It is nonetheless incumbent upon the profession of dentistry and all dental associations to support and further the education of dentists, dental staff members, and the public to recognize the indicators of propensity and likelihood of opioid addiction, and to understand, consider, and utilize alternative pain management strategies.

The AGD looks forward to the Food and Drug Administration's (FDA) commissioned report from the National Academy of Science, Engineering and Medicine on Evidence-based Clinical Practice Guidelines for Prescribing Opioids for Acute Pain.

Role of Sugar in Oral Health

The AGD suggests that the team working on the 2020 Surgeon's General report on oral health create an extensive section on nutrition, including the harmful effects of sugar not only on oral health but on systemic health, as well.

Sugar consumption is the most important contributing factor of caries, which is the most prevalent of worldwide diseases. The over-ingestion of sugar has adverse effects on local and systemic anatomical structures in the human body. Physiological issues resulting from sugar consumption include obesity, diabetes, increased cholesterol, high blood pressure, and heart disease, in addition to oral health problems.

Levels of Sugar Consumption: AGD supports recommendations of sugar consumption for children not to exceed 6 teaspoons per day. However, consumption of less than 3 teaspoons of sugar per day is more optimal.

In a recently released study[i] on food marketing to youth under the age of 18, researchers found that unhealthy food marketing is a significant contributor to poor diets and diet-related diseases. Marketing to Hispanic and Black children and teens in the media and communities likely contributes to health disparities including obesity, diabetes, and heart disease.

Projections in 2013 attributed 30% – 40% of health care expenditures in the U.S. to the excess consumption of sugar.[ii] Furthermore, assumptions in U.S. national health care spending estimate that sugar is linked to $1 trillion of health care spending, per year in 2013 dollars.[iii] In 2017, sugar consumption was calculated to cost $172 billion in dental care, worldwide.[iv]

TOPIC 4: ORAL HEALTH INTEGRATION AND THE WORKFORCE

There is no shortage of dentists in the United States. There are currently 66 dental schools in the U.S. Thirteen dental schools have opened since 1997. Current pre-doctoral enrollment is at its highest historically with 25,010 students enrolled in the 2017-2018 academic year.

However, there is a maldistribution of dentists. Dentists recognize access problems, and across the country, they provide millions of dollars of donated dental services to the underserved every year. However, that is not a solution to the problem.

The factors causing maldistribution of dentists are varied and complex, and require careful and nuanced consideration. The AGD is very interested in engaging with stakeholders on how to increase access to and utilization of oral health care, including to the elderly.

However, the AGD strongly opposes the delivery of surgical and irreversible procedures by anyone except licensed dentists. Specifically, AGD is very concerned about the adoption by some states and other stakeholders of "mid-level providers" or dental therapists - as a one-size fits all solution to expand access.

Our specific concerns about current state-level efforts to expand to create new provider categories include the following:

- Some current/proposed mid-level provider/dental therapist laws require just three years of post-secondary training to operate high speed drills and perform irreversible procedures like tooth extractions.
- Some current/proposed mid-level provider/dental therapist laws allow them to work "under the general supervision of a dentist" which means the dentist is not required to be physically present during the delivery of care.

- In the medical realm, nurse practitioners and physician assistants have considerably more education and training than dental auxiliaries and do not engage in surgical procedures or practices that are irreversible.

In addition, we note that the Minnesota Dental Therapy Program was touted as a solution to bring mid-level dental providers to the state's rural, underserved areas. However, the majority of dental therapists in Minnesota are practicing in urban and suburban areas that are not underserved.

Medicaid and the Underserved Population

In many low-income underserved areas, Medicaid substantially funds dental care. Less than half of dentists in the U.S. participate in Medicaid. Administrative burden and poor reimbursement are major factors. Transportation problems confronting Medicare and Medicaid recipients continue to be a hindrance to care in some urban and rural locations.

Addressing access and utilization issues in urban and rural areas pose unique challenges. Granular solutions are to be directed toward specific areas of need, varied as the community populations themselves.

In some populations, utilization rather than access is the problem. Getting dentists to practice in underserved areas such as rural communities is a different challenge.

Efforts to recruit dentists into underserved areas should include:

- Improve Medicaid program administration burdens.
- Consider tax incentives for establishing a dental practice in underserved areas. For example, extend the period over which student loans are forgiven, without a tax liability for the amount forgiven in any year; provide tax credits, etc.
- Offer scholarships to dental students in exchange for committing to practicing in underserved areas.
- Provide federal loan guarantees for the purchase of dental equipment and materials in underserved area.
- Increase appropriations to grow the number of dentists serving in the National Health Service Corps.

TOPIC 5: EMERGING TECHNOLOGIES AND PROMISING SCIENCE TO TRANSFORM ORAL HEALTH

The AGD strongly supports the work and continued funding of the NIDCR. More research into oral health, dental outcomes, etc. is needed. Research must be reproducible and rely on evidence-based science.

FUTURE DEVELOPMENTS

The AGD hopes and trusts that technology will continue to allow general dentists to provide more efficient patient care. We anticipate that an increased use of salivary diagnostics will be developed to diagnose various diseases. Developments in stem cells may help regenerate and restore normal function to diseased gums and teeth.

***

Thank you for considering our comments regarding oral health in the U.S. We stand ready with you and other federal agencies to be part of the solution to improving the oral health in America. If you have any questions or desire additional information, please do not hesitate to contact Daniel J. Buksa, JD, Executive Director, Public Affairs, by phone at (312) 440-4328 or via email at Daniel.buksa@agd.org.

Sincerely,

Neil J. Gajjar, D.D.S., MAGD
AGD President

Myron (Mike) Bromberg, D.D.S.
AGD Congressional Liaison

[i] J.L. Harris, W. Frazier, S. Kumanyika., A/ Ramirez. Rudd Report. Increasing disparities in unhealthy food advertising targeted to Hispanic and Black Youth. Jan. 2019. http://uconnruddcenter.org/files/Pdfs/TargetedMarketingReport2019.pdf

[ii] Monro, D. Sugar Linked to $1 Trillion in U.S. Healthcare Spending. Forbes. Oct. 27, 2013. https://www.forbes.com/sites/danmunro/2013/10/27/sugar-linked-to-1-trillion-in-u-s-healthcare-spending/#4d847d366ad1

[iii] Credit Suisse. Sugar Consumption at a Crossroads. Sept. 2013. http://archive.wphna.org/wp-content/uploads/2014/01/13-09_Credit_Suisse_Sugar_crossroads.pdf

[iv] Sugar Consumption Costs the World $172 Billion in Dental Care. Dentistry Today. Aug 17, 2017. http://dentistrytoday.com/news/industrynews/item/2290-sugar-consumption-costs-the-world-172-billion-in-dental-care