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**Statement of**  
**The Academy of General Dentistry (AGD)**  
**Before the**  
**United States Senate Committee on Finance, Subcommittee on Health**  
**Hearing: *An Oral Health Crisis: Identifying and Addressing Health Disparities***  
**Wednesday, March 29, 2023**

The Academy of General Dentistry, on behalf of our membership and our patients, submits this statement for the record concerning the hearing entitled, *An Oral Health Crisis: Identifying and Addressing Health Disparities*, before the Senate Committee on Finance Subcommittee on Health on March 29, 2023.

As the only dental association solely dedicated to the interests of general dentists, the largest segment of the dental profession, and as the second largest professional dental organization, the AGD recognizes the important role it can play in advancing oral health care for every individual. Founded in 1952, the AGD's mission is to "advance general dentistry and oral health through quality continuing education and advocacy" through its nearly 40,000 members.

### **Introduction and Landscape**

#### *Oral Health is Critical to Overall Wellbeing*

Studies have long documented the importance of an individual's oral health to their overall wellbeing. One journal from 2017 stated "the oral cavity is the intersection of medicine and dentistry and the window into the general health of a patient."<sup>[1]</sup> This holds true for patients across their lifespan, from birth, to adolescence, to early adulthood, to women who are pregnant or postpartum, and to those at the end of life. Research estimates that over 100 systemic diseases have oral manifestations.<sup>[2]</sup> For example, the Mayo Clinic states that poor oral health may contribute to various diseases and conditions, including: (1) endocarditis when bacteria from the mouth spreads through the bloodstream, (2) cardiovascular disease which may be linked to infections caused by oral bacteria, (3) birth complications, and (4) pneumonia. Additionally, poor oral health can also be an indicator of diseases such as diabetes, HIV/AIDS, osteoporosis, and Alzheimer's disease. Research also notes other conditions that might be linked to poor oral health, including eating disorders and poor nutritional intake, rheumatoid arthritis, certain cancers and immune system disorders.<sup>[3]</sup> Additionally, dentists often catch many illnesses and conditions before they are diagnosed by a physician, because patients may visit their dentists more regularly for routine care. Further, because many medical issues are asymptomatic patients may therefore not see a need to visit their physicians as frequently. Dentists often refer patients to physicians who are hypertensive, have suspicious lesions in their mouth or on their face, or have uncontrollable gingivitis (which may be an indicator of diabetes or early signs of leukemia). All of these conditions, either ones that are caused by or may result in poor oral health, affect significant portions of the population. Optimization of a patient's health through

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1 Patricia Alpert. Oral Health: The Oral-Systemic Health Connection. SAGE Journals.

<https://journals.sagepub.com/doi/abs/10.1177/1084822316651658> (accessed March 20, 2023).

2 Shawn F. Kane. The Effects of Oral Health on Systemic Health. General Dentistry Research Brief.

[https://www.agd.org/docs/default-source/self-instruction-\(gendent\)/gendent\\_nd17\\_aafp\\_kane.pdf](https://www.agd.org/docs/default-source/self-instruction-(gendent)/gendent_nd17_aafp_kane.pdf) (accessed March 20, 2023).

3 Mayo Clinic Staff. Oral Health: A Window to Your Overall Health. Mayo Clinic. <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475> (accessed March 20, 2023).

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both primary and dental health care can alleviate many of these disease burdens on individuals and on the health care system as a whole.

Although dentistry accounts for just 4 percent of total national health expenditures,[4] dental health care can help prevent the worsening of certain illnesses and ultimately reduce costs to both the individual patient and the overall health care system. For example, one study estimates that illnesses related to oral health result in 6.1 million days of bed disability, 12.7 million days of restricted activity, and 20.5 million days of lost workdays each year.[5] Additionally, data indicates that costs associated with nontraumatic emergency room visits for dental procedures may exceed \$1.7 billion per year.[6] Therefore, it is important to note that, unlike medical treatments, the vast majority of oral health conditions are preventable through oral health literacy, sound hygiene, and preventive care.

Providing patients with routine dental health care will help them avoid worsening health conditions and prevent them, and the health care system, from incurring unnecessary costs. For example, general dentists can help identify early signs of tooth decay, which can help patients avoid developing cavities or infections. If patients develop oral infections, particularly those with preexisting conditions such as diabetes or certain cardiovascular conditions, they can experience severe health complications that result in being admitted to an emergency room.

Additionally, the AGD focuses on prevention, screening, early detection, and treatment of oral/oropharyngeal cancer. The philanthropic arm of the AGD offers grants to programs that perform oral cancer screenings and educates general dentists on improving screening techniques and sending patients for referrals and care if necessary. By improving and expanding oral cancer screenings, dentists can help diagnose patients at an early stage, when outcomes are much more favorable.

#### *Regulatory Environment for General Dentists*

Dentists are heavily impacted by the changing regulatory environment and increased administrative burdens. In addition, debates around expanding access to dental care too often fail to take into consideration significant differences between the oral health payment and delivery system and the medical system. The Academy of General Dentistry (AGD) advocates for the interests of general dentists, both as an organization and in partnership with other dental associations. As clinicians, we advocate for the best interests of our patients and oppose third party interference with the doctor-patient relationship. Specifically, the AGD believes that health care reform should:

1. Be market-based and foster competition;
2. Be based on a dental prevention/dental home model for oral health care;
3. Reduce administrative burdens;
4. Address state level reforms; and
5. Encourage healthy lifestyles, good oral health habits, and personal responsibility.

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4 CMS. National Health Expenditures 2017 Highlights.; <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf> (accessed March 20, 2023).

5 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 Institutes of Health, National Institute of Dental and Craniofacial Research, 2000. NIH publication 00-4713. Available from: URL: <http://www.surgeongeneral.gov/library/oralhealth/>

6 Wall, T, Nasseh, K. Vujcic, M. Majority of Dental-Related Emergency Department Visits Lack Urgency and Can be Diverted to Dental Offices. ADA Research Brief. August 2014. [https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0814\\_1.ashx](https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0814_1.ashx) (accessed March 20, 2023).

## **Priority Issues of Concern**

The AGD would like to bring focus on four priorities we urge this Committee, and Congress, to act on: (1) improving access to dental health care for all Americans; (2) providing a supportive regulatory and tax environment necessary for a robust dental care industry; (3) ensuring supportive Medicaid policies and coverage of dental services; and (4) addressing Medicare policies and noncoverage of dental services.

### **I. Ensuring Access to Dental Health Care**

The AGD cares deeply about ensuring that every American has access to oral health care. As discussed previously, oral health care is a critical predictor and indicator of overall wellbeing. Unfortunately, not everyone has access to dental health care, and these rates are significantly worse for underserved populations. For example, people who are located in rural areas, have lower incomes, and are Hispanic and non-Hispanic Black, are less likely to have had a dental visit within the last year, according to 2019 data from the Centers for Disease Control and Prevention (CDC).[7] Additionally, those without insurance are less likely to seek or receive dental health care.[8] Even for those with insurance, a 2021 survey found that nearly half of all Americans with insurance skipped a dental visit because of cost.[9]

High costs and other barriers to care, such as a lack of transportation, are the most commonly cited reasons why patients forgo dental health care.

Dentists desire to serve each and every individual with the best possible care, but simply are unable to because of a lack of adequate policy. For example, dentists support programs such as dental loan repayment programs, which place new graduates in underserved areas. Dental organizations host large annual campaigns to fund care for children from underserved communities. Further, although dentistry is seen as a predominantly hands-on profession, dentists utilized telehealth to provide care for patients during the pandemic. Therefore, we urge the Committee and Congress to consider policies that will help expand and protect access to dental health care for all.

### **II. Tax Policies**

Dentistry is unique in health care in that it is essentially a small business. The model of a dentist's office is quite different than a model of a physician's office, a hospital-physician group, etc. Thus, it is particularly important to prioritize policies that help protect and empower small businesses to ensure dental practices can provide sustained and high-quality care for their patients.

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7 Cha AE, Cohen RA. Urban-rural differences in dental care use among adults aged 18–64. NCHS Data Brief, no 412. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:106856>external icon (accessed March 20, 2023).

8 Chad D. Meyerhoefer, Irina Panovska, and Richard J. Manski. Projections Of Dental Care Use Through 2026: Preventive Care to Increase While Treatment Will Decline. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0833> (accessed March 20, 2023).

9 Michelle Lambright Black. Nearly Half of Insured Americans Skip Dental Visits, Procedures Due to Cost. Value Penguin. <https://www.valuepenguin.com/dental-survey> (accessed March 20, 2023).

First, many studies document disparities in access to oral health care by geography – individuals living in rural or less economically advantages areas are less likely to have access to dental care.[10,11,12] Unfortunately, high educational debt and practice costs can disincentive dentists from practicing in these areas because they can expect higher compensation rates when practicing in urban areas. As such, we urge Congress to provide tax credits for establishing and operating a dental practice in an underserved area.

Second, a significant amount of dentists operate as small business owners and employers. One study found that dental practices, experienced a 6 percent revenue decline in 2020 compared with 2019, with dental hygiene appointments alone dropping 47 percent.[13] This was largely a result of workforce shortages and layoffs, health and safety fears, foregone care, and other consequences experienced and exacerbated during the COVID-19 pandemic. Over the pandemic, the general cost of operating a dental practice also exponentially grew. For example, practices often spent a lot more to procure necessary personal protective equipment (PPE), such as masks and gloves, as those manufacturers experienced their own financial strains. It is critical to continue supporting private dental practices by avoiding any new specific tax on dental services[14] and by providing thorough tax incentives so dentists can provide the critical preventative and routine oral health care people need to protect their overall wellbeing.

Third, a health savings account (HSA) paired with an HSA-qualified health plan allows for tax-free contributions to a savings account. Funds from these accounts can be used to pay for qualified expenses, including most dental expenses. The AGD supports increasing the maximum allowable contributions to flexible spending accounts (FSA), health savings accounts (HSA), health reimbursement accounts (HRA) and also supports changes that would allow families to carry over FSA contributions from year-to-year.[15] Currently, carry-over is limited to HSAs and HRAs, which may further inhibit an individual's ability to seek and receive oral health care. Consumers participating in these tax-advantaged accounts can evaluate the spending of their health care dollars and make more informed decisions. Because dental benefit plans are so limited in their coverage, this is especially important to help finance oral health care needs.

### III. Medicaid Policies

The AGD would also like to express its strong support of ensuring dental health benefits and access under Medicaid. Currently, between Medicaid, the Children's Health Insurance Program (CHIP), and private insurance, dental coverage for children has increased significantly since prior to the expansion of dental benefits in these programs. However, coverage does not necessarily translate to access to or utilization of care. Additionally, access to dental care for adults under Medicaid is significantly limited. For example, one study found that only 32 percent of those with public dental coverage reported dental care use in a

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10 Mary E. Northridge, Anjali Kumar, Raghbir Kaur. Disparities in Access to Oral Health Care. Annual Review of Public Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7125002/> (accessed March 20, 2023).

11 Jo Henderson-Frost and Mark Deutchman. Eight Ways to Mitigate US Rural Health Inequity. AMA Journal of Ethics. doi: [10.1001/amajethics.2022.73](https://doi.org/10.1001/amajethics.2022.73) (accessed March 20, 2023).

12 Huabin Luo, Qiang Wu, Ronny A. Bell, Wanda G. Wright, Raul I. Garcia, and Sara A. Quandt. Trends in use of dental care provider types and services in the United States in 2000-2016: Rural-urban comparisons. The Journal of the American Dental Association. <https://www.sciencedirect.com/science/article/abs/pii/S0002817720303652> (accessed March 20, 2023).

13 Gene Marks. Dentists Get Creative in Bid to Recover from COVID Downturn. The Guardian. <https://www.theguardian.com/business/2021/apr/22/dentists-creative-covid-downturn-vaccine-pandemic> (accessed March 20, 2023).

14 The AGD supports the permanent repeal of the 2.3% medical device excise tax imposed by the Patient Protection and Affordable Care Act (ACA) [Public Law 111-148].

15 Stephen Miller. IRS Announces Spike in 2023 Limits for HSAs and High-Deductible Health Plans. SHRM. <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/2023-irs-contribution-limits-for-hsas-and-high-deductible-health-plans.aspx> (accessed March 20, 2023).

given year.[16] Again, this reiterates the fact that coverage does not necessarily translate to utilization. We need to do more to increase access to dental services.

Further compounding this challenge is that dentists, and specifically general dentists, are not adequately reimbursed for providing services to Medicaid patients. Less than half of all dentists in the U.S. participate in Medicaid; this is not because they do not want to care for Medicaid patients, but rather, because they are unable to. Lagging reimbursement and administrative burdens are major factors. While reimbursement levels vary by state, they largely remain significantly lower than private payer reimbursements.[17] As previously mentioned, many dental practices are small businesses, and are forced to make business decisions to meet their overhead costs. Bringing the Medicaid reimbursement schedule closer to what traditional insurance pays will encourage more dentists to participate in the program. Additionally, alleviating some of the regulatory and administrative burdens, such as prior authorization, associated with participating in the Medicaid program will also help more dentists participate.

Any expansion of present programs must address these barriers directly and be structured to enhance dentist participation. Efforts to address these barriers should include ensuring reasonable reimbursement for dentists and relief from administrative burdens. In particular, the AGD implores Congress to take steps to incentivize participation in government-funded dental care programs to achieve optimum oral health outcomes for indigent populations, including by raising Medicaid fees to at least the 75<sup>th</sup> percentile of dentists' actual costs. Additionally, the AGD encourages Congress to take steps to reduce the administrative burdens for dentists participating in Medicaid. This will help make certain that dentists are able to care for their Medicaid patients and advance the goal of providing comprehensive oral health care and preventative general dental care to all Americans.

#### IV. Medicare Policies

The elderly can be particularly at risk for oral health problems. The over 65 years-of-age population is diverse; their interests, resources and needs vary widely across the aging spectrum. Recognizing this diversity is key in terms of considering approaches to dental care. Considerations include treatment planning and increasing oral health literacy later in life.

However, the AGD opposes efforts to expand access by adding a dental benefit to Medicare.[18] The Medicare Part B program unfortunately cannot sustain the inclusion of dental benefits. The program itself is financially unstable and is approaching insolvency and beneficiaries should not have to rely on it for routine care, which is most dental care. Additionally, dental benefits are not insurance, because while insurance provides beneficiaries with policies that protect the insured for coverage of catastrophic events, dental benefits reduce the out-of-pocket costs for non-catastrophic costs. General dentistry care is primarily preventative. Dental benefit plans should thus be differentiated from insurance plans, as they are prepayment plans to be used by the beneficiary to the maximum extent each year to pay for routine dental care. However, Medicare enrollees may find that there is a need for industry to create new dental benefits

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16 Chad D. Meyerhoefer, Irina Panovska, and Richard J. Manski. Projections Of Dental Care Use Through 2026: Preventive Care to Increase While Treatment Will Decline. *Health Affairs*. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0833> (accessed March 20, 2023).

17 Fontana, J, Lewis, C, Carver, T. Medicaid Adult Dental Reimbursement. *Milliman*, May 2019. <http://assets.milliman.com/ektron/medicaid-adult-dental-reimbursement.pdf> <https://catalyst.nejm.org/cause-crises-whole-health-whole-person/>.

18 The AGD believes Medicare cannot sustain the inclusion of dental benefits. Market innovations should include the ability for seniors to obtain dental benefits in a competitive market. AGD Policy on Dental Benefits for the Medicare Population. <https://www.agd.org/dental-practice-advocacy-resources/advocacy-resources/key-federal-issues/medicare> (accessed March 20, 2023).

products that would provide coverage for some of the more expensive and catastrophic dental services at a reasonable cost.

The AGD believes that any extra funds in federal insurance programs should instead be directed toward Medicaid. Currently, less than 50 percent of dentists participate in Medicaid due to low reimbursement rates. Increasing Medicaid reimbursement to industry standards will increase the number of dentists who participate in that program.

### **Additional Areas of Concern**

The AGD would also like to highlight two additional priorities for this Congress: (1) improving oral health literacy and (2) addressing workforce challenges and concerns, including student debt.

#### **I. Oral Health Literacy**

Although outside the scope of this Committee’s jurisdiction, the AGD appreciates Senator Cardin’s efforts on the *Oral Health Literacy and Awareness Act of 2023*.

We strongly believe that by improving oral health literacy, we further everyone’s access to dental health care, particularly among underrepresented populations and certainly including rural populations. Unfortunately, studies show that dental care visits declined drastically during the early phases of the COVID-19 pandemic, and although they have rebounded since, rates of dental care visits remain below pre-pandemic levels.[19] Studies also reflect large disparities among people who visit the dentist annually, disparities which were also exacerbated by the pandemic.[20] Further, some populations require more regular or intense visits to their dentists but are unaware of the need to do so or the consequences of foregoing this care. For example, pregnant individuals may experience worse oral health due to hormonal fluctuations, and it is critical they see their dentist regularly to ensure any infection does not pass into the fetus. Other barriers to access and utilization that patients report include transportation issues, lack of oral health literacy,[21] fear, and/or anxiety. In summary, educating the public about the importance of maintaining good oral health should be a top concern — as oral disease left untreated can result in pain, disfigurement, loss of school and workdays, nutrition problems, expensive emergency room use for preventable dental conditions and even death.

#### **II. Workforce**

Additionally, the AGD deeply cares about issues related to workforce strains such as the student loan debt burden on its members. Without policies that support the dental workforce, dentists are unable to provide care for their patients. Thus, the AGD strongly supports policies that will help the current workforce as well as the pipeline of future workers, such as student loan forgiveness and workforce policies that will support staffing and operational needs of dental practices.

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19 Ashley M. Kranz, Annie Chen, Grace Gahlon, and Bradley D. Stein. 2020 Trends in Dental Office Visits During the COVID-19 Pandemic. The Journal of the American Dental Association. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7942140/> (accessed March 20, 2023).

20 As discussed above, people who are located in rural areas, have lower incomes, and are Hispanic and non-Hispanic Black, are less likely to have had a dental visit within the last year. Further, individuals living in rural or less economically advantages areas are less likely to have access to dental care.

21 Oral health literacy is defined as the capacity to obtain, process, and understand basic health information and services needed to make appropriate oral health decisions. Healthy People 2010: Understanding and Improving Health. Washington, DC: US Department of Health and Human Services; 2000.

First, the AGD deeply cares about issues related to workforce strains and student loan debt burden on behalf of its members. For example, as seen in many of sectors in the health care industry and beyond, workforce strains among dentists were greatly exacerbated during the COVID-19 pandemic. Some practices had many of their employees quit during the pandemic due to the additional stress and fear resulting from the virus. Stressors and strains such as this on the workforce ultimately decreases people's access to oral health care and exacerbates the burden on dental practices.

Additionally, workforce strains were also accelerated due to the significant rates of mental health decline among all health care professionals, including dentists, during the COVID-19 pandemic. The stresses of dentistry in today's market results in an enormous mental load on dentists. Issues such as increasing student debt and private practice closures exacerbated the mental health challenges. Dentists also witnessed an increase in mental stress and illness in patients during the pandemic. For example, the incidence of cracked tooth syndrome among patients increased exponentially during the pandemic.

Further, the average dental school student graduates with over \$286,000 in debt.[22] Most dental students rely on federal student loans to finance their education. With dental school tuition nearly doubling since 2000, new dentists are faced with staggering amounts of debt after graduation, which can limit their ability to choose a preferred career path. In addition, with the passage of the *Budget Control Act of 2011*, graduate students lost access to federally subsidized loans. Under this program, the federal government pays the interest while students are in school, during a grace period and during periods of deferment. The loss of this benefit has increased the debt burden on graduate and professional students, including dental students. As mentioned above, people living in rural and other underserved areas have significantly less access to dental care, but education costs can disincentive students from practicing in these areas after graduation. Thus, the AGD urges Congress to ensure education debt is not hindering diversity, restricting practice in underserved areas and/or serving as an outright deterrent for those wanting to enter the profession.

## **Conclusion**

The AGD continues to advance its mission to promote and advance oral health for all by advocating for improved oral health literacy and a regulatory environment that supports general dentists' practice of primary oral health care. In conclusion, successfully advancing access to and delivery of oral health care to all Americans will require swift and intentional action. This action will need to support both the workforce, so they are able to care for patients across the U.S. no matter where they are located nor their ability to pay, and the patients, by educating them on the importance of healthy oral habits and expanding their access to care. Progress will require partnership across all stakeholders, including government and industry, and we urge your support to ensure policies that prioritize oral health and wellbeing are elevated. The AGD strongly believes every person deserves a dental home and access to routine, safe, reliable, and quality oral health care.

Thank you for the opportunity to submit this statement for the Committee. We proudly offer to be a resource to this Committee and look forward to serving as a partner on oral health priorities.

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22 Melanie Hanson. Average Dental School Debt. Education Data Initiative. <https://educationdata.org/average-dental-school-debt> (accessed March 20, 2023).