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Chief Dental Officer  
World Health Organization (WHO)  
Avenue Appia 20  
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Sent via Email: [oralhealth@who.int](mailto:oralhealth@who.int).

Dear Members of the Oral Health Division,

The Academy of General Dentistry (AGD) represents 40,000 general dentists who provide a full range of dental care to patients across the country. We stand committed to improving the dental and oral health of all Americans.

Thank you for the opportunity to comment on the World Health Organization's (WHO) Discussion Paper (Version dated August 12, 2022) Draft Global Oral Health Action Plan (2023-2030).<sup>1</sup> We have outlined our responses to the most vital topics below.

#### **Universal Oral Health Coverage for Populations**

While the concept of universal oral health coverage is an aspirational goal shared by many, the reality is that the provision of oral health care requires funding, typically through private or public entities, or a combination thereof.

The AGD does not agree with certain language in the statement about universal oral health coverage under point number 14. "...*Achieving the highest attainable standard of oral health is a fundamental right of every human being.*" Our specific concern relates to the meaning of the phrase "highest attainable standard" since that undefined concept could be broadly interpreted to support the extensive use of dental implants for certain edentulous populations. As written, point number 14 reads as a political statement that is not reflective of all forms of government and is in direct conflict with the representative republic in the United States of America. While certain U.S. politicians self-identify as "democratic socialists" and maintain that health care is a basic human right,<sup>2</sup> neither the U.S. Constitution nor the AGD agree with that concept. Additionally, the reality is that health care resources are not unlimited regardless of a country's political framework. With regard to the population aged 65 years and older, a recent Kaiser Family Foundation survey found that the majority of U.S. seniors have dental coverage, often through various Medicare Advantage private plans.

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<sup>1</sup> WHO Discussion Paper: Draft Global Health Action Plan [eb152-draft-global-oral-health-action-plan.pdf \(who.int\)](#)

<sup>2</sup> Sen. Bernie Sanders. Health Care is a Right, Not a Privilege. June 8, 2009.

[https://healthcareisahumanright.org/wp-content/uploads/2015/04/Health\\_Care\\_Is\\_a\\_Right\\_Not\\_a\\_Privilege\\_Sen\\_Bernie\\_Sanders.pdf](https://healthcareisahumanright.org/wp-content/uploads/2015/04/Health_Care_Is_a_Right_Not_a_Privilege_Sen_Bernie_Sanders.pdf)

Regarding the provision of dental benefits for the Medicare population, the [AGD's positions](#) on dental benefits for the Medicare population are the following:

1. General dentists are committed to delivering quality dental care to patients of all ages and to advocating for optimal oral health.
2. The AGD believes that the Medicare Part B program cannot sustain the inclusion of dental benefits.
3. The AGD supports enhanced benefits and reimbursement in private sector initiatives for dental benefits.
4. The AGD believes that it is the responsibility of every person to exercise good oral health habits that will provide them with a foundation for optimal oral and systemic health throughout their lifetime, and that resources directed toward increasing oral health literacy will support this effort.

The AGD does not believe that a dental benefits package can easily or adequately fit into a system that was designed for hospital and physician payments more than 50 years ago. Dental offices incur substantial expenses that continue to increase, due in part to changes in practice in response to the COVID-19 pandemic.

The AGD recommends the development of a safety net for population segments unable to afford the costs of dental care. We support an expansion of Medicaid programs that would provide dental coverage for seniors in need of dental services who are considered low-income (under 300% of the federal poverty level), similar to the successful Children's Health Insurance Program (CHIP). Finally, it should be noted that dental insurance coverage does not always equate to providing patients with health care access.<sup>3</sup>

### **Dental Therapists**

The AGD does not agree that reassessing the roles and competencies of mid-level providers will aid in universal health coverage. A recent Health Policy Institute (HPI) research brief projects the dentist to people ratio to reach 67 dentists per 100,000 people in the U.S. in 2040 — up from 60.7 in 2020.<sup>4</sup> By some estimations, there are too many dentists in the U.S.<sup>5</sup>

The dental therapy model of care delivery has failed to demonstrate that it is, or has the potential to be, a solution to dental workforce needs in the U.S. or numerous other countries. Claims that dental therapists would provide services to rural areas have not been borne out by practice in this country.

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<sup>3</sup> Academy of General Dentistry. White Paper on Increasing Access to and Utilization of Oral Health Care Services. July 2008. <https://www.agd.org/docs/default-source/advocacy-papers/agd-white-paper-increasing-access-to-and-utilization-of-oral-health-care-services.pdf?sfvrsn=2>

<sup>4</sup> Bradley Munson, B.A.; Marko Vujicic, Ph.D. Projected Supply of Dentists in the United States, 2020 – 2040. ADA Health Policy Institute. [https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0521\\_1.pdf?la=en](https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0521_1.pdf?la=en)

<sup>5</sup> Kelly Rehan. Demand for Dentists: Forecasting the Future of the Profession. July 6, 2020. Ontario Academy of General Dentistry. [https://www.agd.org/docs/default-source/agd-impact/07-july\\_agd-impact.pdf?sfvrsn=66677332\\_0#page=12](https://www.agd.org/docs/default-source/agd-impact/07-july_agd-impact.pdf?sfvrsn=66677332_0#page=12)

Dental procedures that are surgical and irreversible must only be performed by a licensed dentist (personal supervision) and may not be delegated to an auxiliary, such as a dental therapist. Excavation of decay and tooth extractions are just two examples of surgical and irreversible procedures. It is inconceivable that this flawed approach can fill any gap in the dental care delivery system, especially for potentially vulnerable populations.

### **Health Care Related Taxes**

Since Americans are already sufficiently taxed, the AGD has never supported additional health related taxes, such as those imposed on sugary beverages, providers, etc. We believe a more effective response is to advocate for increased educational efforts, such as oral health literacy directed toward teaching oral care practices including brushing, flossing, preventative cleanings, and having timely oral examinations.

### **Oral Health Literacy**

Action 28 of the WHO Plan is to “strengthen and scale-up downstream promotion and prevention measures...to include oral health in education and literacy campaigns to raise awareness and empower people for prevention of disease.” In our own country, the AGD supports H.R. 4555, Oral Health Literacy and Awareness Act, to increase the utilization of oral health care in the U.S. The bill funds an oral health literacy campaign administered by the Health Resources and Services Administration.

### **Amalgam**

The AGD is reviewing and assessing its amalgam policy to ensure timely modifications as scientific evidence evolves. Our Dental Practice Council is evaluating the latest developments from the Minamata Convention.

### **Institute for Health Metrics and Evaluation (IHME)**

Page 28 of the Draft Global Oral Health Action Plan refers to the data source on reducing the oral disease burden as the “IHME Global Burden of Disease database.” IHME has been widely discredited as an organization due to inaccurate predications during the COVID-19 pandemic. Academic researchers published the paper, “*Learning as We Go – An Examination of the Statistical Accuracy of COVID-19 Daily Death Count Predictions.*”<sup>6</sup> The authors cite that the next day deaths fell out of the IHME prediction models as much as 76% of the time. Predictions were off by a factor of 20, additional researchers cite “the IHME model was highly inaccurate.”<sup>7</sup> The AGD hopes that the WHO will use more accurate and reputable sources for data in the future.

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<sup>6</sup> Marchant, R, et.al. Learning as We Go- An Examination of the Statistical Accuracy of the COVID-19 Daily Death Count Predictions. [2004.04734.pdf \(arxiv.org\)](https://arxiv.org/abs/2004.04734)

<sup>7</sup> Chin, V, et. al. A Case Study in Model Failure? COVID-19 Daily Deaths and ICU Bed Utilisation Predictions in New York State. *Eur J Epidemiol* ;35(8):733-742. doi: 10.1007/s10654-020-00669-6 Epub2020 Aug 11. [A case study in model failure? COVID-19 daily deaths and ICU bed utilisation predictions in New York state - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/34811111/)

Thank you for the opportunity to review the WHO report and provide input. The AGD stands ready to partner with you. Should you have any questions, please contact Daniel J. Buksa, JD, CAE, Associate Executive Director, Public Affairs, by phone at (312) 440-4328 or via email at [daniel.buksa@agd.org](mailto:daniel.buksa@agd.org).

Sincerely,



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