

ADEA Policy Statement on Health Care Reform

Oral Health Care: Essential to Health Care Reform

(As approved by the 2009 ADEA House of Delegates)

As the voice of dental education, the American Dental Education Association (ADEA),¹ whose members serve as providers of care for thousands of uninsured, underserved low-income patients, believes that dental and allied dental educators have an ethical obligation to promote access to oral health care. To that end, ADEA believes that any comprehensive reform of the U.S. health care system should provide universal coverage to all Americans and access to high-quality, cost-effective oral health care services. Health care reform must also include investments in dental public health that improve our nation's capacity to meet the health care needs of patients, communities, and other stakeholders.

Millions Lack Dental Insurance

Ensuring oral health is a shared responsibility of individuals and families, the private sector, and federal, state, and local governments. The United States spends over two trillion dollars annually on health care,² more than any other nation in the world.³ Nevertheless, access to health care is still beyond the reach of more than 47 million Americans.⁴

In 2003, the U.S. surgeon general reported that the number of Americans without dental insurance was more than 2.5 times the number lacking medical insurance.⁵ Approximately 130 million adults and children are without dental coverage.⁶ Many individuals, particularly those who are uninsured, often delay dental treatment until serious or acute dental emergencies occur. The cost of caring for Americans without health insurance in emergency rooms adds approximately \$922 to the average cost of annual premiums for employer-sponsored family coverage.⁷ And the cost of providing preventive dental treatment is estimated to be ten times less than the cost of managing symptoms of dental disease in a hospital emergency room.⁸

Grave Oral Health Disparities Exist

According to the U.S. surgeon general,⁹ dental disease is disproportionately found among individu-

als with special health care needs, with low incomes, from underrepresented minorities, and among those who live in underserved rural, urban, and frontier communities. Special care patients have more dental disease, missing teeth, and difficulty in obtaining dental care than the rest of the population. These inequities challenge us to make adequate investments in a strong dental public health infrastructure that extends beyond the traditional, economically driven model of care. The current model may well serve a majority of U.S. citizens, but it is not achieving universal coverage and equitable access to oral health for everyone.

Enhancing Productivity and Preserving Employer-Sponsored Coverage

Dental disease significantly impacts the nation's domestic productivity and global competitiveness. More than 51 million school hours and 164 million hours of work are lost each year due to dental-related absences.⁵ More generally, uncompensated care adversely affects American businesses as costs are shifted to private payers. Health care costs added \$1,525 to the price of every car produced by the Big Three auto makers in 2007.¹⁰ Most workers and families receive health insurance through employer-sponsored coverage. Changes to the health care system should bolster rather than erode businesses' capacity to purchase health and dental coverage for their employees. Any proposal to reform the U.S. health care system should ensure that the economic viability of American businesses is maintained and that they are able to compete in the global marketplace.

Principles for Health Care Reform

Academic dental institutions are vital public trusts and national resources. They educate the future dental workforce, conduct dental research, inform communities of the importance and value of good oral health, and provide oral health care services

and serve as dental homes to thousands of patients. It is within the broad range of oral health expertise and the interests represented by our membership that the American Dental Education Association offers the following principles for providing access to and coverage of affordable oral health care services in health care reform:

1. **The availability of health care, including oral health care, fulfills a fundamental human need and is necessary for the attainment of general health.** Every American should have access to affordable diagnostic, preventive, restorative, and primary oral health care services so as to eliminate pain, suffering, and infection. Coverage must ensure that individuals are able to obtain needed oral health care and must provide them with protection during a catastrophic health crisis. Oral health care services are proven to be effective in preventing and controlling tooth decay,¹¹ gum infections, and pain, and can ameliorate the outcomes of trauma. Oral health services should have parity with other medical services within a reformed U.S. health care system. The equitable provision of oral health care services demands a commitment to the promotion of dental public health, prevention, public advocacy, and the exploration and implementation of new models of oral health care that provide care within an integrated health care system.
2. **The needs of vulnerable populations have a unique priority.** Health professionals, including those providing oral health care services, must individually and collectively work to improve access to care by reducing barriers that low-income families, minorities, remote rural populations, medically compromised individuals, and persons with special health care needs experience when trying to obtain needed services. New integrated models of care that expand roles for allied dental professionals as well as other health professionals (including family physicians, pediatricians, geriatricians, and other primary care providers) as team members¹² may be needed to address the complex needs of some patients. Statutory language may be needed to clarify and expand coverage of “medically necessary” dental care provided under Medicare to beneficiaries with serious medical conditions in order to prevent complications and death associated with their health condition and treatment.
3. **Prevention is the foundation for ensuring general and oral health.** Prevention and wellness hold the promise of stemming escalating costs and treating diseases at early stages before ex-

pensive emergencies occur. Most dental diseases are preventable, and early dental treatment is cost-effective. Preventing and controlling dental diseases include adequate financing of organized activities to promote and ensure dental public health through education, applied dental research, and the administration of programs such as water fluoridation and dental sealants. Improving oral health by multiple preventive approaches (including periodontal disease management) has saved more than \$4 billion per year in treatment costs.¹³ Prevention of dental diseases ranks above HIV screening and influenza immunization in cost savings.¹⁴ Children who receive preventive dental care early in life have lifetime dental costs that are 40 percent lower than children who do not receive care.¹⁵ Oral cancer treatment costs in the earliest stages of the disease are estimated to be 60 percent lower than those at an advanced stage of disease.¹⁶ Every dollar invested in community water fluoridation yields approximately \$38 in savings on dental treatment costs.¹⁷

4. **The financial burden of ensuring coverage for health care, including oral health care coverage, should be equitably shared by all stakeholders.** Access to affordable health care services requires a strong financial commitment that is a responsibility shared by all major stakeholders, including individuals and families, as well as providers, employers, private insurers, and federal, state, and local governments. To ensure health, oral health care services must be an integral component of financing and delivery systems regardless of whether the care is provided by a public or private insurance program or in a community or an individual setting. The burden of uncompensated care and the cost shifting that occurs adversely impact U.S. businesses, limit governments’ capacity to address other pressing economic and social concerns, and strain the health care safety net to the breaking point.
5. **A diverse and culturally competent workforce is necessary to meet the general and oral health needs of our demographically changing nation.** Racial and ethnic diversity of health professionals contributes to improved access to care, greater patient choice and satisfaction, and enriched educational experiences for students.¹⁸ Proposals to reform the U.S. health care system should include adequate funding for programs that are designed to increase the number of underrepresented minorities in the health professions. This would ensure a workforce that is prepared to meet the needs of a diverse popula-

tion that continues to expand. Academic dental institutions, which educate and train oral health care professionals, have a distinct responsibility to educate dental and allied dental health professionals who are competent to care for the changing needs of society. This responsibility includes preparing oral health care providers to care for a racially and ethnically diverse population, an aging population, and individuals with special needs.

6. **Reducing administrative costs and realigning spending can increase quality, improve health, and create savings for additional reforms.** Approximately \$700 billion (about a third) of U.S. health care spending is used for administrative and operating costs or to benefit third-party payers and does not directly impact health outcomes.¹⁹ Reducing these administrative burdens in the delivery of health care and creating new payment incentives that reward providers for delivering quality care will improve health care. It also has the potential to enhance provider participation and lower health care costs over time. More dollars would then be available for reforms such as strengthening primary care and chronic care management, increasing the supply and availability of primary care practitioners, and reinvesting in the training of a twenty-first-century health care workforce. Targeted tax changes might also be used to improve efficiencies, ensure the even distribution of health care, and promote efficient use of consumers' health care dollars.

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