American Network of Oral Health Coalitions

June 30, 2023

Administrator Carole Johnson
Office of the Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Submitted via www.regulations.gov

Re: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915-0172-Revision.

Administrator Johnson:

I am pleased to comment on behalf of the American Network of Oral Health Coalitions in response to the Health Resources and Services Administration's (HRSA's) proposed revisions to the Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915-0172-Revision.

The American Network of Oral Health Coalitions (ANOHC) is a network of 34 State Oral Health Coalitions that advocate for 294 million Americans. ANOHC members are statewide oral health coalitions that promote lifelong oral health by shaping policy, promoting prevention, and educating the public. It exists to create a reliable place for state oral health coalitions to share information, ask questions, and leverage time and resources.

ANOHC strongly urges HRSA to retain National Performance Measure 13, including 13.1 "Percent of women who had a dental visit during pregnancy," and 13.2, "Percent of children, ages 1 through 17, who had a preventive dental visit in the past year." Eliminating these NPMs would send a troubling message that oral health is not a national priority, and state efforts to promote oral health care would suffer.

Oral health is essential to overall health, especially so during pregnancy. Pregnant people are more likely to develop gingivitis, an early stage of periodontal disease.[1] Hormonal and immunological changes can make pregnant people more susceptible to bacterial infections, including bacteria that cause dental caries.[2] These bacteria can easily pass from parent to child, putting them at an early risk of tooth decay, the number one chronic disease among children in the United States.[3]

[1] National Maternal and Child Oral Health Resource Center, "Making the Case to HRSA for Retaining the Oral Health National Performance Measure," 2023.
[2] Ibid.
[3] Ibid.

Poor oral health during pregnancy is also associated with many other dangerous outcomes, including increased risk of preterm birth, low birth weight, pre-eclampsia, and gestational diabetes, all of which are linked with maternal and infant mortality.[4] We urge you to read the National Maternal and Child Oral Health Resource Center's "Making the Case to HRSA for Retaining the Oral Health National Performance Measure," for additional evidence of the inextricable link between oral health and overall health.

We are also concerned with HRSA's reasoning for removing NPMs 13.1 and 13.2. While the agency does not specify why it proposes removing these particular measures, it states it is moving "less frequently selected measures" to the Standardized Measure set. Yet NPM 13 is not a less frequently selected measure. Twenty-eight jurisdictions report on either NPM 13.1, 13.2, or both, equal to the median and above the mean (26.4).[5]

HRSA further suggests that the NPMs it is slating for removal are not true outcome measures. This may be true, but a robust body of research concludes that both measures are strongly correlated with health outcomes.[6,7,8,9] We also note that many of the NPMs HRSA proposes to add or retain are similarly not true outcome measures.[10] Finally, while we agree that pediatric preventive medical visits (current NPM 12; proposed NPM 14) should continue to be a national priority, we are distressed that HRSA does not think the same about preventive pediatric oral health care. Finally, while we agree that pediatric preventive medical visits (current NPM 12; proposed NPM 14) should continue to be a national priority, we are distressed that HRSA does not think the same about preventive pediatric oral health care, when dental disease is the number one chronic disease of children that is nearly 100% preventable.

Lastly, HRSA justifies its proposed changes by announcing a focus on measures related to social determinants of health. We agree wholeheartedly that these measures are critical but should be additive, not substitutive. What percentage of pregnant women or children have access to safe drinking water? How many have consistent access to a dentist or have dental insurance? These are just a few examples of oral health-related social determinants of health measures.

The United States has made tremendous gains in improving families' oral health. It has done so partly because the federal government, including HRSA, acknowledges it as a national priority. Removing the sole oral health NPM when it has highlighted and addressed oral health needs is like throwing away your umbrella in a rainstorm because you are not getting wet.[11]

ANOHC strongly urges HRSA to retain NPM 13.

Thank you for your continued efforts to protect the health and safety of our communities. Please do not hesitate to contact me at admin@anohc.org or (763) 360-3875 should you have any questions.

Sincerely,

Bridget Walsh, Board Chair
American Network of Oral Health Coalitions

[4] CareQuest Institute for Oral Health, "Addressing the Role of Oral Health in Maternal Mortality and Pregnancy Outcomes," 2023.
[5] Health Resources and Services Administration, "National Performance Measure Distribution," 2023.
[6] Hung, M., et al., "Early Preventive Dental Visits: Do They Reduce Future Operative Treatments?," *Dentistry Journal*, 2022.
[7] Nowak, A.J., et al., "Do Early Dental Visits Reduce Treatment and Treatment Costs for Children," *The Journal of the Michigan Dental Association*, 2016.
[8] Savage, M.F., et al., "Early Preventive Dental Visits: Effects on Subsequent Utilization and Costs," *Pediatrics*, 2004.
[9] Sen, B., et al., "Effectiveness of Preventive Dental Visits in Reducing Nonpreventive Dental Visits and Expenditures," *Pediatrics*, 2013.
[10] See proposed NPM measures 1-4, 6-9, 13-14, and 16-18.
[11] Shelby County v. Holder, 570 U.S. 529 (2013), Ginsburg Dissenting.