Statement for the Record

Senate Finance Health Care Subcommittee Hearing

An Oral Health Crisis: Identifying and Addressing Health Disparities

Wednesday, March 29, 2023

Prepared by Helen Hawkey, Board Chair, American Network of Oral Health Coalitions

PO Box 4567
Topeka, KS 66604
(724) 961-6057

On behalf of the American Network of Oral Health Coalitions (ANOHC), I want to thank Chairman Cardin and Ranking Member Danes for holding this important and timely hearing, and offer my sincere appreciation to all of the witnesses and committee members who spoke about the impact of oral health inequities on socio-economic advancement, self-esteem, and overall health and diseases prevention of Americans. ANOHC is a national voice for state oral health coalitions and their members, dedicated to improving oral health care access and overall health.

Since the founding of dental schools as institutions distinct from medical schools, dentistry—its practice, service delivery, and insurance coverage, for example— dental care has remained separate from medical care in the United States. This separation is particularly detrimental to persons living in poverty, the elderly and persons living with disabilities - the groups at highest risk for poor oral health because they are least able to afford costly services without financial assistance and the least able to travel to areas where providers are available.

It is time to solve the problem and truly address the inequities for America's families. ANOHC believes Congress should take immediate action to insure that every American has an equal opportunity to a healthy mouth.

As advocates for the oral health community, ANOHC recognizes the need for improved dental coverage in Medicaid and Medicare. Without this coverage, millions of older adults, people with disabilities, and low-income families in our nation cannot afford the care they need to get and stay healthy. ANOHC also supports increased funding for oral health education and training programs to ease the strain on current providers and expand access in underserved areas. To truly impact oral health disparities at the state and local level, ANOHC calls on the federal government to allocate funding to support state oral health programs.

The Impact of Oral Health

Oral health is essential to general health and well-being at every stage of life. A healthy mouth enables not only nutrition of the physical body, but also enhances social interaction and promotes self-esteem and feelings of well-being. The mouth serves as a "window" to the rest of the body, providing signals of general health disorders. Oral conditions have an impact on overall health and disease. Bacteria from the mouth can cause infection in other parts of the body when the immune system has been compromised by disease or medical treatments (e.g., infective endocarditis). Systemic conditions and their treatment are also known to impact oral health (e.g., reduced saliva flow, altered balance of oral microorganisms). Today, oral health access continues to discriminate against immigrants, low-income families, rural communities, people with disabilities, and unemployed or underemployed.

Oral health affects a person's overall health, income, and quality of life. Yet, the dental care delivery system remains divorced from the rest of the healthcare system. The notion of dentistry as a field separate from medicine is a historical phenomenon that has been reinforced through legislation, education, and service delivery. This division places an undue burden of dental disease on the most vulnerable Americans who face barriers to accessing dental care.

State Remedies are Limited without Action by Congress

Access to dental care is not equitable for all; certain populations face barriers when trying to access dental services. These barriers can include geographic location, lack of insurance or inadequate

insurance coverage, disability status, income, and more. States are doing everything in their power to address oral health inequities. From creative workforce solutions such as dental therapists and direct access hygienists, to nonprofit dental clinics, to one-day free dental clinics such as Mission of Mercy, states are doing their very best to care for those who are left behind.

All states are facing a twin challenge with the dental workforce - the aging of dental professionals and the ongoing effects of the COVID-19 pandemic. As older dentists retire, there is a shortage of qualified providers to fill their positions, particularly in rural or underserved areas. The pandemic also created financial and operational challenges for many dental practices, reducing their capacity to see patients or forcing them to close altogether. These factors further contribute to disparities in access to dental care.

Solutions

Addressing health disparities must be the goal of all stakeholders involved in oral health but it is impossible to create equitable systems without a solid foundation. This foundation must include an adequate supply of providers in the state and resources to develop actionable, state-level data along with staff to create effective strategies. ANOHC propose several solutions that can establish environments in states to that allow for the development of policies to address oral health disparities:

1. Require comprehensive dental coverage in Medicaid and Medicaid at the federal level.

Improving dental coverage through Medicare and Medicaid means people can better afford dental services. When people can afford services, providers can keep their doors open, increasing the number of providers that can participate in networks. When people can afford preventive care and early treatment of disease, they are less likely to experience severe oral health problems that require costly emergency treatment. Additionally, improved oral health can have positive impacts on overall health and reduce costs for medical care.

2. Increase federal investment in dental education and workforce development programs

Expanding the supply of oral health professionals is necessary in an environment where access is constrained in many areas. Networks are already strained with reduced staff after COVID, retiring professionals and increased demand for services. States can’t do this alone. They will require funding and assistance to achieve an adequate number of trained providers to serve all populations.

3. Provide all states with oral health program funding.

Challenges faced by states in oral health are similar but also unique. Similar in that all states are experiencing workforce shortages exacerbated by COVID that is increasing oral health disparities that were often profound before the pandemic. However, the strategies each state will need to develop and deploy to address the challenge is unique and dependent on how oral health is financed, demographics, availability of higher education and training, geography, data collection capabilities and many other factors. Providing each state with funding directly to their state-level oral health program will provide a foundation for the development of programs and strategies to meet the challenge each state faces.

Thank you for your time and consideration of this worthwhile topic. As the most common chronic disease of children and adults across the nation, an investment in this subject benefits us all.