



**WRITTEN TESTIMONY OF THE
ACADEMY OF GENERAL DENTISTRY (AGD)**

**HOUSE OVERSIGHT AND
GOVERNMENT REFORM COMMITTEE**

**HEARING ON
“Evaluating Children’s Dentistry Under Medicaid”**

May 2, 2007

**Academy of General Dentistry (AGD)
Submitted by Janet Kopenhaver, AGD Washington Lobbyist
211 East Chicago Avenue, Suite 900
Chicago, IL 60611
(888.AGD.DENT)
www.agd.org**

The AGD is a professional organization of more than 35,000 dentists from the United States and Canada. Founded in 1952, the AGD has grown to become the world’s second largest dental association. It is the only association that exclusively represents the needs and interests of general dentists.

INTRODUCTION

The Academy of General Dentistry (AGD) appreciates the opportunity to submit this written testimony on “Evaluating Children’s Dentistry Under Medicaid.” On behalf of our 35,000 members, we thank the Domestic Policy Subcommittee Chairman Dennis Kucinich, Ranking Member Darrell Issa, and the other Representatives serving on this Subcommittee. General dentists nationwide remain very concerned about lower income children’s access to essential oral health care services in our country and the lack of pertinent data to evaluate the dental services being provided under federal programs.

BACKGROUND

General dentists are the primary dental care providers for patients of all ages. They take responsibility for the diagnosis, treatment and overall coordination of services to meet the oral health care needs of their patients nationwide. Dentists are some of America’s most highly educated and trained health care professionals.

Over 772,000 persons are employed directly in the field of dentistry.¹ When indirect and induced impacts are accounted for, the total employment attributable to dentistry rises to over 2 million jobs.²

Many members of the AGD have taken to heart the sad and tragic story of what happened to Deamonte Driver in Maryland. This story is one of the most compelling reasons for immediate congressional action to improve oral health services to children and evaluate the services currently being provided for effectiveness. The dental community, especially general dentists, is very aware of the access to care issue and how it affects a large portion of the population. Many dentists perform a tremendous amount of individual free care as needed or as the patient requires. However, the need for dental care for the entire public, not just those with insurance, cannot be ignored any longer.

¹ 2005 Bureau of Labor Statistics, Quarterly Census of Employment and Wages and Occupational Employment Statistics Survey, NAICS 62121.

² American Dental Association, “Economic Impact of Dentists,” (2003).

This problem affects our entire society. More than 51 million school hours are lost each year due to dental-related illnesses. Despite these numbers, many children still do not visit the dentist. In addition, almost 50 percent of tooth decay remains untreated in low-income children, according to the Centers for Disease Control (CDC). Furthermore, dental diseases grow progressively worse without treatment – yet most oral health problems can be prevented. Regular dental examinations, oral health education and primary disease prevention can dramatically reduce the burden of dental disease in most patients.”

The Need for Better Data

The Subcommittee is investigating, through this hearing, the adequacy of oversight of dental services covered under Medicaid and whether more data is warranted. The AGD firmly believes that more and better data must be collected on dental care covered under Medicaid, as well as the State Children’s Health Insurance Program (SCHIP).

In order to determine whether a program is working, accurate data needs to be collected to evaluate the benefits being provided. Without this data, it is impossible to evaluate the impact or effectiveness of dental benefits for the intended population.

This is especially true for the dental benefits provided under SCHIP. A recent Centers for Medicaid and Medicare Services (CMS)-sponsored evaluation of SCHIP dental benefits revealed difficulties comparing program across states because states can elect what measures to use, identify beneficiaries to consider, and choose how frequently to report data. As a result, only eight states provide any information on their SCHIP dental program and little is known about dental programs performance nationally.

Therefore it is essential that states provide information on their dental programs to help determine whether the programs are effective and whether enough outreach is being conducted to ensure that all children eligible for dental services under these federal programs are being covered.

AGD Suggestions

We suggest that the following information be collected annually:

1. The number of enrolled children by age grouping;
2. For each age grouping, the number of enrolled targeted low income children who receive any preventive or restorative care under the state plan, and;
3. For the age grouping that includes age 8, the number of enrolled targeted low income children who receive a protective sealant on at least one permanent molar tooth.

Again, the AGD appreciates the opportunity to submit testimony on this important topic. There are more than nine million children without medical insurance, and as many as 20 million without dental insurance. Further, four to five million children in America suffer from dental disease, and more than 850,000 school days are missed each year by children who are affected by dental pain.

Our children deserve proper oral health care that will allow them to excel in school, live pain free, successful lives without the preventable burden of dental disease.