

March 25, 2021

The Honorable Karen Bass
U.S. House of Representatives
2021 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Bass,

On behalf of the Academy of General Dentistry (AGD) and its 40,000 members, we would like to thank you for your efforts to correct inequities in oral health care access and utilization within the current and former foster youth population by introducing the *Foster Youth Dental Act* (H.R.1794). We strongly support this legislation's provisions to improve continuity of oral health care services for current and eligible former foster youth by expanding the age requirement and providing incentives for dental providers to serve eligible youth.

As general dentists, we know oral health is essential to general health and well-being at every stage of life, but all too often, health policies view the mouth separately from the rest of the body. Systemic conditions such as diabetes, for example, often first become apparent as mouth lesions or other oral problems. More than 90% of all systemic diseases produce oral signs and symptoms. Oral disease left untreated can result in pain, disfigurement, loss of school and work days, nutrition problems, expensive emergency room use for preventable dental conditions, and even death.

Youth who have aged out of the foster care system face considerable barriers in accessing oral health care. While foster youth may be receiving dental care while covered under Medicaid's EPSDT benefit, 39% of youths that have aged out of foster care do not have dental insurance. Additionally, foster care alumni without dental insurance are 93.5% less likely to have their dental needs met than those with insurance.¹ Most state Medicaid programs do not provide extensive dental care benefits for adults past the age of 20, contributing to the troubling oral health disparities impacting former foster youth.

Fewer than half of the dentists in the U.S. participate in Medicaid.² Lagging reimbursement and administrative burdens are significant factors that prevent providers from participating.³ As of 2016, Medicaid fee-for-service (FFS) reimbursement for adults, on average, was 46.1% of private dental insurance reimbursement.⁴ In general, studies have shown that the higher the

¹ Oral Health Care Needs of Young Adults Transitioning from Foster Care. Carrellas, A., Day, A., & Cadet, T. (2018). *Health & Social Work*, 43(1), 22-29. <https://pubmed.ncbi.nlm.nih.gov/29190341/>

² Dentist Participation in Medicaid or CHIP (2020) Health Policy Institute Research Brief. American Dental Association.

https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0820_1.pdf?la=en

³ Medicaid Adult Dental Reimbursement. Fontana, J, Lewis, C, Carver, T. (2019) Milliman.

<http://assets.milliman.com/ektron/medicaid-adult-dental-reimbursement.pdf><https://catalyst.nejm.org/cause-crises-whole-health-whole-person/>

⁴ Medicaid fee-for-service reimbursement rates for child and adult dental care services for all states, 2016. Gupta N, Yarbrough C, Vujicic M, Blatz A, Harrison B. (2017) Health Policy Institute Research Brief. American Dental Association. http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf

Medicaid fees relative to commercial charges, the lower the gap in dental care utilization levels between the Medicaid and private insurance populations.

We appreciate that this legislation recognizes the critical role reimbursement rates can play in addressing the current challenges facing the Medicaid programs. We hope that the legislation's provisions to incentivize provider participation will help former foster youth receive the dental care they need at present while also serving as a future model to demonstrate that increasing provider reimbursement rates works.

The *Foster Youth Dental Care Act* presents a commonsense multi-faceted approach to solving the access-to and utilization-of dental care issues among eligible former foster youth. If enacted, we believe this proposal's ultimate success will require active and robust collaboration among professional organizations; local, state, and federal governments; community organizations; and other private entities.

We look forward to working with you during this critical time to protect the health of vulnerable populations, including current and former foster youth. We stand ready to help advance the *Foster Youth Dental Act* in Congress. If you or your staff have any questions, please contact Daniel J. Buksa, JD, Associate Executive Director of Public Affairs, by phone at (312) 440-4328 or via email at daniel.buksa@agd.org to let us know how we may be of further assistance.

Sincerely,



Bruce Cassis, D.D.S., MAGD
President
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