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September 8, 2021

Timothy L. Ricks, D.M.D., MPH, FICD Rear Admiral (RADM), Assistant Surgeon General Chief Dental Officer, U.S. Public Health Service Sent via Email: IHSUSPHSCDO@ihs.gov

Dear Admiral Ricks,

The Academy of General Dentistry (AGD) represents 40,000 general dentists who provide a full range of dental care to patients across the country. We stand committed to improving the dental and oral health of all Americans.

Thank you for the opportunity to comment on the World Health Organization's (WHO) Discussion Paper (Version dated August 9, 2021) Draft Global Strategy on Oral Health. We understand that our input will be coalesced and combined with comments received from other entities into a single communication issued by the Health and Human Services (HHS) Office of Global Affairs to the World Health Organization's (WHO) Chief Dental Officer. We have outlined our responses to the most vital topics below.

<u>Universal Oral Health Coverage for Populations by 2030</u>

While the concept of universal oral health coverage is a worthy goal, health care expenses must be paid for by private or public entities, or a combination thereof.

We do not agree with certain language in the statement about universal oral health coverage under point number 17. "...Achieving the highest attainable standard of oral health is a fundamental right of every human being." Our specific concern relates to the meaning of the phrase "highest attainable standard" since that undefined concept could be interpreted to support the extensive use of dental implants for certain edentulous populations. As written, point number 17 reads as a political statement that is not reflective of all forms of government and is in direct conflict with the representative republic in the United States of America. While certain U.S. politicians self-identify as "democratic socialists" and maintain that health care is a basic human right, 1 neither the U.S. Constitution nor the AGD agree with that way of thinking. Additionally, the reality is that health care resources are not unlimited regardless of a country's political framework.

With regard to the population aged 65 years and older, a recent Kaiser Family Foundation survey found that the majority of seniors have dental coverage, often through various Medicare Advantage private plans.²

¹ Sen. Bernie Sanders. Health Care is a Right, Not a Privilege. June 8, 2009. https://healthcareisahumanright.org/wp-

content/uploads/2015/04/Health Care Is a Right Not a Privilege Sen Bernie Sanders.pdf

² Meredith Free, Nancy Ochieng, Nolan Sroczynski, Anthony Damico, Krutika Amin. Kaiser Family Foundation. Medicare and Dental Coverage: A Closer Look. July 28, 2021. https://www.kff.org/medicare/issue-brief/medicareand-dental-coverage-a-closer-look/

Regarding the provision of dental benefits for the Medicare population, the <u>AGD's positions</u> on dental benefits for the Medicare population are the following:

- 1. General dentists are committed to delivering quality dental care to patients of all ages and to advocating for optimal oral health.
- 2. The AGD believes that the Medicare Part B program cannot sustain the inclusion of dental benefits.
- 3. The AGD supports enhanced benefits and reimbursement in private sector initiatives for dental benefits.
- 4. The AGD believes that it is the responsibility of every person to exercise good oral health habits that will provide them with a foundation for optimal oral and systemic health throughout their lifetime, and that resources directed toward increasing oral health literacy will support this effort.

The AGD does not believe that a dental benefits package can easily or adequately fit into a system that was designed for hospital and physician payments more than 50 years ago. Dental offices incur substantial expenses that continue to increase with changes in practice due to the COVID-19 pandemic.

The AGD recommends the development of a safety net for populations unable to afford the costs of dental care. We support an expansion of Medicaid programs that would provide dental coverage for seniors in need of dental services who are considered low-income (under the 300% of the federal poverty level), similar to the successful Children's Health Insurance Program (CHIP). Finally, it should be noted that dental insurance coverage does not always equate to providing patients with health care access.³

Dental Therapists

The AGD does not agree that reassessing the roles and competencies of mid-level providers will aid in universal health coverage. A recent Health Policy Institute (HPI) research brief projects the dentist to people ratio to reach 67 dentists per 100,000 people in the U.S. in 2040 — up from 60.7 in 2020. By some estimations, there are too many dentists in the U.S.

The dental therapy model of care delivery has failed to demonstrate that it is, or has the potential to be, a solution to dental workforce needs in the U.S. or numerous other countries. Claims that dental therapists would provide services to rural areas have not been borne out by practice in this country.

³ Academy of General Dentistry. White Paper on Increasing Access to and Utilization of Oral Health Care Services. July 2008. https://www.agd.org/docs/default-source/advocacy-papers/agd-white-paper-increasing-access-to-and-utilization-of-oral-health-care-services.pdf?sfvrsn=2

⁴ Bradley Munson, B.A.; Marko Vujicic, Ph.D. Projected Supply of Dentists in the United States, 2020 – 2040. ADA Health Policy Institute.

https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0521_1.pdf?la=en

⁵ Kelly Rehan. Demand for Dentists: Forecasting the Future of the Profession. July 6, 2020. Ontario Academy of General Dentistry. https://www.agd.org/constituent/news/2020/07/06/demand-for-dentists-forecasting-the-future-of-the-profession

Dental procedures that are surgical and irreversible must only be administered by a licensed dentist (personal supervision) and may not be delegated to an auxiliary, such as a dental therapist. Excavation of decay and tooth extractions are just two examples of surgical and irreversible procedures. It is inconceivable that this flawed approach can fill any gap in the dental care delivery system.

Health Care Related Taxes

Since Americans are already sufficiently taxed, the AGD has never supported additional health related taxes, such as those imposed on sugary beverages, providers, etc. We believe a more effective response is to advocate for increased educational efforts, such as oral health literacy directed toward teaching oral care practices including brushing, flossing, preventative cleanings, and having timely oral examinations.

Thank you for the opportunity to review the WHO report and provide input. The AGD stands ready to partner with you and serve as resource to HHS and other federal agencies. Should you have any questions, please contact Daniel J. Buksa, JD, Associate Executive Director, Public Affairs, by phone at (312) 440-4328 or via email at daniel.buksa@agd.org.

Sincerely,

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