

2022 AAPD PEDIATRIC ORAL HEALTH ADVOCACY ISSUES



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

LITTLE TEETH ARE A BIG DEAL

Tooth decay is the single most common **chronic childhood disease**, more common than asthma or childhood obesity.

“Help us take care of the children.”

~ Dr. Heber Simmons Jr.





THE KIDS NEED YOUR HELP.

\$10,000 per child is the treatment cost for severe tooth decay, up to **\$25,000** for the most serious cases.

34 million school hours are lost each year due to dental problems.

One third of preschoolers living in poverty experience **tooth decay**, and those living in poverty have the highest prevalence of **untreated dental caries**.

We need your support.

YOUR SUPPORT MATTERS.

According to the 2021 NIDCR report, *Oral Health in America: Advances and Challenges*, since 2000, untreated tooth decay in primary teeth among children aged 2-5 years in the U.S. has decreased from 19% to 10%. In children under 12, it has decreased from 23% to 15%.

HELP MAKE A CHILD SMILE TODAY!

STATUS OF CHILDREN'S ORAL HEALTH

Oral health equity issues persist. According to the 2021 NIDCR report, "American Indian and Alaska Native (**AI/AN**) children aged 6 to 8 years are twice as likely to have **untreated dental caries** in their primary teeth, and five times more likely to have untreated caries in their permanent teeth than U.S. children overall. Mexican American and non-Hispanic Black children are more than twice as likely to have untreated dental caries than non-Hispanic White children."

Children with poor oral health are nearly **3 times more likely to miss school** as a result of dental pain and more likely to have lower school performance.

Children who have **cavities in their baby teeth** are 3 times more likely to get cavities in their adult teeth.

Major decreases in pediatric dentists' access to operating rooms over the last decade has led to a backlog of cases with waiting times of six months to a year. Children are given pain medication and antibiotics while awaiting treatment, which are just temporary and inequitable **Band-Aid approaches to this access to care crisis.**



AAPD 2022 LEGISLATIVE FACT SHEET

HRSA TITLE VII PEDIATRIC DENTISTRY APPROPRIATIONS AND DFLRP TAX RELIEF

REQUESTS

- Provide FY 2023 funding of \$46 million for the HRSA Title VII Primary Care Dental Training Cluster and related oral health programs, with not less than \$14 million for Pediatric Dentistry Training programs including a preference for pediatric dentistry faculty in the dental faculty loan repayment program per report language in FYs 2021 and 2022.
- Co-sponsor and pass legislation to make DFLRP non-taxable to recipients (S. 449/H.R. 1285).

Background

Pediatric Dentistry training is vital to meeting the nation's oral health care needs. The two to three year Pediatric Dentistry residency program¹, taken after graduation from dental school, immerses the dentist in scientific study enhanced with clinical experience. This training is the dental counterpart to general pediatrics. The trainee learns advanced diagnostic and surgical procedures, along with:

- child psychology and behavior guidance;
- oral pathology;
- pharmacology related to the child;
- radiology;
- child development;
- management of oral-facial trauma;
- caring for patients with special health care needs; and
- sedation and general anesthesia.

Since children's oral health is an important part of overall health, pediatric dentists often work with pediatricians, other physicians, and dental specialists. All children- whether they are healthy, hospitalized, chronically ill children or have a disability, benefit from a team-based treatment approach. By the nature of their training, pediatric dentists are able to provide comprehensive oral health care to children. They are the backbone of the pediatric oral health care delivery system, helping to ensure all children have access to high quality comprehensive dental services. Access to dentists is especially critical for Medicaid and Children's Health Insurance Program (CHIP) populations. Pediatric dentists treat a higher percentage of Medicaid and CHIP patients in their practices than any other type of dentist, and are especially successful with this population because of their advanced clinical training and expertise in behavior guidance. Contemporary pediatric dental practice demonstrates the specialty's commitment to access to care. 70 percent of pediatric dentists treat children enrolled in Medicaid, CHIP or both, which represents on average 30 percent of their patients. Almost all pediatric dentists care for patients with special needs. Pediatric dentists also provide a significant amount of charity care and care at a reduced rate.

The authority to fund pediatric dentistry residency training under Title VII was first enacted under the Health Professions Education Partnerships Act of 1998. This expanded the existing general dentistry training authority, providing start-up funds to either increase pediatric dentistry positions at existing programs or initiate new programs. Since FY 2000, over \$170 million has supported over 60 pediatric dentistry programs, including 10 new programs. Pediatric dentistry residency programs provide a significant amount of care to underserved populations. Two-thirds of the patients treated in these programs are Medicaid recipients. Mentally or physically disabled persons are also treated through these programs. Pediatric dental faculty train not only pediatric dentists but all general dentists.

Under the Affordable Care Act (ACA), Title VII authority was expanded to create a primary care dental funding cluster under Section 748 of the Public Health Service Act. Authority was broadened to allow use of funds for faculty development, predoctoral training and dental faculty loan repayment. The AAPD is a strong advocate of federal funding to support dental faculty loan repayment, because of the significant difficulties in recruiting qualified individuals to fill faculty positions. This is especially acute in pediatric dentistry.

JUSTIFICATION

Program Expansion Improved Access to Care. Over the past 20 years, Title VII has led to significant expansion of and quality improvement in pediatric dentistry residency programs. First year positions expanded from 180 in the late 1990s to over 470 at present. More children are receiving dental care under Medicaid in recent years thanks in large part to an increase in the number of Pediatric Dentists spurred by Title VII funding. Per a 2019 pediatric dentistry workforce report commissioned by the AAPD, Title VII's success essentially addressed the national shortage of pediatric dentists, although there are still geographic mal-distribution issues. According to the 2021 NIDCR report, *Oral Health in America: Advances and Challenges*, some of the improved oral health for children over the past 20 years is a result of services being more widely available due to the doubling of the pediatric dental workforce- made possible by Title VII funding as noted above.

Program Enhancement. New FY 2020 postdoctoral training grants were focused on program outreach to rural and underserved communities rather than program expansion, guided by the AAPD's 2019 pediatric dentistry workforce report. These grants will improve oral health equity by preparing residents to treat underserved populations and/or practice in underserved areas.

Dental Faculty Loan Repayment Program (DFLRP). A critical factor in recruiting and retaining dental school faculty from recent dental school or residency program graduates is the staggering student loan debt and income disparity between those

who elect to teach the next generation of dentists and those who enter private practice. The average educational debt for all indebted dental school graduates in the Class of 2020 was \$304,824, with the average for public and private schools at \$270,125 and \$349,730 respectively. Academic positions typically pay only one-third of what graduates can earn upon entering private practice.

Thanks to strong and sustained support from Congress, new Dental Faculty Loan Repayment Program (DFLRP) grant cycles were initiated by the federal Health Resources and Services Administration (HRSA) in FYs 2016, 2017, 2018, 2021, and 2022. Programs may support loan repayment contracts over five years to recruit and retain faculty. Full-time faculty members are eligible for repayment of 10, 15, 20, 25 and 30 percent of their student loan balance (principal and interest) for each year of service.

Importantly, Congress has directed that grant cycles include a funding preference for pediatric dentistry faculty, defined in HRSA's Notice of Funding Opportunity as individuals who have completed a pediatric dental residency, have an appointment in a division or department of pediatric dentistry, and who teach in the field of pediatric dentistry at either the predoctoral or postdoctoral residency level.

The program is already making a real impact in the recruitment and retention of promising new pediatric dentistry faculty. AAPD maintains profiles of the pediatric dentist faculty grant recipients. These compelling stories are available by scanning the **QR Code** in this report.

Three year programs generally require additional masters level research and often prepare trainees for careers in academic dentistry.

MAKING DFLRP NON-TAXABLE

BACKGROUND

Unless the tax code is amended, individual recipients of DFLRP awards must pay income tax on those awards. To correct this serious problem, during National Children's Dental Month in February 2021, H.R. 1285 was introduced by Congresswoman Yvette Clarke (D-N.Y. 9th) and Congressman (and dentist) Mike Simpson (R-Idaho 2nd) in the House. The Senate companion bill, S. 449, was introduced by Senators Ben Cardin (D-Md.) and Roger Wicker (R-Miss.), demonstrating the bi-partisan support for addressing this issue. This legislation would exclude from gross income DFLRP awards under Title VII of the Public Health Service Act.

JUSTIFICATION

As noted above, the DFLRP was created due to the significant difficulties in recruiting qualified individuals to fill faculty positions, which are especially acute in pediatric dentistry. It is illogical and counterproductive to require individuals who receive assistance repaying their dental school loans- because they choose to teach the next generation of dentists- to pay taxes on that loan assistance.

By alleviating taxation of such payments to the individual, this legislation will make the program even more effective in recruiting and retaining pediatric dental faculty.

AAPD strongly urges Congress to incorporate this legislation into any tax package considered this year.



AAPD 2022 LEGISLATIVE FACT SHEET

ACCESS TO ORAL HEALTH CARE: ENSURING LASTING SMILES ACT

REQUEST

- Support passage of the Ensuring Lasting Smiles Act (S. 754/H.R. 1916) in 2022, legislation that would require all private group and individual health plans to cover the full medically necessary treatment of patients with congenital anomalies, including related dental procedures.

BACKGROUND AND JUSTIFICATION

The Ensuring Lasting Smiles Act (S. 754 / H.R. 1916) is bipartisan legislation that was reintroduced in March 2021 by Senators Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa) in the Senate and Congresswoman Anna Eshoo (D-Calif. 18th) and Congressman (and dentist) Drew Ferguson (R-Ga. 3rd) in the House. **As of Jan. 25, 2022, these bills had 40 Senate co-sponsors and 304 House co-sponsors.**

In the United States, health plans systematically and routinely deny claims and appeals for medically-necessary procedures related to congenital abnormalities or birth defects. These conditions affect how individuals develop, function, or look, often for the rest of their lives. This insurance practice leaves families the burden of how to pay for their child's treatment or procedures that are required to repair function — that help kids enjoy happier, healthier childhoods.

Of those 120,000 children born annually in the U.S. with birth defects, approximately 40,000 require reconstructive surgery.

Senator Baldwin worked on this legislation after hearing the story of 15-year-old Aidan Abbott of Slinger, Wisconsin who was born with ectodermal dysplasia. He needed intense dental and oral care and will continue to need reconstructive surgeries throughout his life, among other services related to ectodermal dysplasia. Despite having comprehensive health insurance, the Abbotts were denied coverage for Aidan's dental work, and forced to pay thousands of dollars out-of-pocket for his treatments.

It is relatively rare for a child with a congenital deformity or developmental anomaly to undergo one procedure and correct all associated health implications. On average, these children can expect anywhere from three to five surgical procedures and many more treatments before achieving structural normalcy and function in the affected body parts. Although this was not the case for the Abbotts, some carriers may provide coverage for initial procedures, but will often resist coverage of later stage procedures, claiming they are cosmetic and not medically necessary. Denial or delay of these reconstructive procedures can have dire consequences for patients, such as long-term physical and psychological injuries.

- ELSA would close an insurance coverage loophole for people born with congenital anomalies who need complex oral restorative care. ELSA would ensure that families like the Abbotts have coverage for all medically necessary services and procedures related to congenital anomalies, by:
 - Ensuring that all group and individual health plans cover medically necessary services, including needed dental procedures, as a result of congenital abnormalities;
 - Stipulating that such coverage include services and procedures that functionally repair or restore any missing or abnormal body part that is medically necessary to achieve normal body functioning or appearance, and clarifies that this includes adjunctive dental, orthodontic or prosthodontic support; and excludes cosmetic procedures or surgery on normal structures.

AAPD urges Congress to pass without delay this critically important bipartisan legislation.

To access the complete list of organizations that strongly support ELSA





AAPD 2022 LEGISLATIVE FACT SHEET

ACCESS TO OPERATING ROOMS FOR PEDIATRIC DENTISTS

REQUEST

- Please contact the Centers for Medicare and Medicaid Services (CMS) and ask that the agency move forward this year to address severe oral health disparities affecting certain children and adults, particularly the disabled and those with special health care needs. CMS needs to do two things: set up a new billing code for use by hospitals to improve access to covered dental rehabilitative services and propose in the CY 2024 Hospital Outpatient Proposed Rule (HOPPS) rule that ambulatory surgery centers also be permitted to bill for dental rehabilitative services.

BACKGROUND AND JUSTIFICATION

There is an urgent need for dental rehabilitative services for certain children, disabled, and frail elderly patients who face health disparities and have complex oral disease that was exacerbated by the COVID public health emergency and related hospital backlogs. While the dental services these patients need are usually covered by public or private dental insurance, there is no suitable billing mechanism for hospitals to provide operating room access for these types of dental surgical procedures. **Many children and adults with complex dental conditions are facing unfathomable wait times, as long as a year, before receiving treatment.** For a disabled or special needs patient who is unable to clearly communicate, dental pain adds to the burden of accommodation and discomfort from the disability.

These complex dental surgeries could be performed in either hospital outpatient departments or ambulatory surgery centers (ASCs) if CMS established an appropriate Medicare hospital billing mechanism.¹ **The AAPD, American Dental Association (ADA) and the American Association of Oral and Maxillofacial Surgeons (AAOMS) are in discussions with CMS about establishing a new code for dental cases that would allow hospitals and ASCs to work with dentists to provide these essential services.**

In spite of advances in preventive care and reduction in untreated tooth decay, thousands of children under five years of age, many children and adults with special needs and disabilities, and the frail elderly face immense health disparities and disproportionately suffer from significant dental decay (dental caries). If not treated through dental surgical intervention, this disease can result in emergency department visits, life-threatening infection, and hospital admission. Given the time involved for restorative dental surgical procedures, the often-complex equipment, and anesthesia services high-risk patients require, many of whom have unique behavioral challenges, dentists need to provide such surgical services in an operating room utilizing general anesthesia to ensure safe, quality care.

The AAPD has witnessed a major decrease in operating room access over the last decade, a problem which began as hospitals faced hard financial decisions and set different financial priorities. Recent surveys of the pediatric dental community have found that in a majority of states, operating room access for pediatric dentists is a persistent problem, and in some states – particularly rural states – it is a severe problem. Pediatric dentists report that the COVID pandemic resulted in hospitals halting elective procedures, and then were faced with an immense backlog of medical and dental cases. Too often, pediatric dentists are seeing dental cases fall to the back of the line in terms of prioritization of other routine surgeries. Unfortunately, in most states the problem has continued to worsen even as we remain hopeful that the worst of the COVID pandemic had subsided. **For dental patients who await treatment, pain management, antibiotics, and temporary band aid-like approaches to management are the only options—but not fair or equitable ones.** Chronic tooth pain and infection affect every aspect of life including the ability to learn, eat and function, and place patients at risk for serious and potentially life-threatening events. AAPD's pediatric dentist members are unwilling to continue to let this problem persist.



This is a clinical example of a young child facing severe oral disease, illustrating the clinical needs that must be addressed in an operating room setting under general anesthesia, and the complexity of surgical and restorative treatment required.



Dental rehabilitation means achieving the clinical goal or restoring good oral health.

¹Most state Medicaid programs rely on Medicare billing codes for these dental procedures.

WHAT IS PEDIATRIC DENTISTRY DOING TO HELP?

Over 70% of pediatric dentists accept **Medicaid** or **CHIP**, and publicly insured patients make up more than 30% of the typical pediatric dental practice.

AAPD's advocacy efforts advance **optimal oral health for all children**. Low-income children have improved access to care, thanks to a doubling of the pediatric dental workforce made possible by HRSA Title VII funding, an increase in Medicaid and CHIP enrollment, and advances in delivery of care.

The AAPD Foundation, the charitable arm of the American Academy of Pediatric Dentistry, since 2010 has issued more than **\$6.5 million in grants** to 139 organizations in 34 states and D.C., to provide Dental Homes to children from families that cannot afford dental care.



71% of AAPD members report providing some type of **pro bono or non-compensated care** in 2021, amounting to more than \$60 million in care for more than 500,000 children.

AAPD strongly promotes establishment of a **Dental Home by age 1**, which studies show reduces subsequent dental disease and treatment as well as related hospital costs.

Congressional Liaisons

Dr. Warren A. Brill
drbrill@eastpointpediatricdentistry.com • 410-282-8900

Dr. Jade Miller
drjadeamiller@gmail.com • 775-250-4433

Washington, D.C. Contact

Anna Weinstein, Hogan Lovells, US, LLP
anna.weinstein@hoganlovells.com • 202-637-5420

Washington, D.C. Contact on OR Access/CMS Initiative

Julie Allen, Powers Pyles, Sutter and Verville PC
Julie.Allen@PowersLaw.com • 202-872-6753

AAPD HQ Contact

C. Scott Litch
slitch@aapd.org • 312-337-2169 ext. 29

© 2022 American Academy of Pediatric Dentistry



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

FOR MORE
INFO...

