

Statement for the Record

by the

American Academy of Pediatric Dentistry, American
Dental Association and American Association of Oral and
Maxillofacial Surgeons

to the

House Ways and Means Committee,
Subcommittee on Health

on

Bridging Health Equity Gaps for People with Disabilities
and Chronic Conditions

February 17, 2022
(Submitted)

The American Academy of Pediatric Dentistry (AAPD), American Dental Association (ADA), and American Association of Oral and Maxillofacial Surgeons would like to thank Chairman Doggett, Ranking Member Buchanan and the other members of the Health Subcommittee for holding a hearing to address the importance of “Bridging Health Equity Gaps for People with Disabilities and Chronic Conditions.”

Significant Oral Health Disparities – Disabled and Special Needs Children and Adults

Our focus as a community is on addressing oral health equity and eliminating disparities in oral health treatment. This is particularly important when addressing the oral health care needs of our disabled and special needs populations, including those with chronic health conditions. Without oral health care, people with disabilities and those with chronic health conditions face immense challenge in maintaining their overall health. There are possible oral health linkages to systemic conditions that complicate the health of those with chronic conditions like diabetes, cardiovascular disease, stroke and respiratory infections. The frail elderly facing these health care challenges can suffer oral health side effects from the use of multiple medications and treatments, particularly immunosuppressant and radiation treatments. Oral disease can also affect life functions (e.g., eating and digestion), one’s ability to work and impact quality of life. For children, including those with disabilities and other special health care needs, oral disease can be debilitating, affecting whether a child can go to school and leading to progressive physical and behavioral issues. In short, oral disease can add considerably to the challenges people with congenital, acquired, physical and intellectual disabilities already face every day.

In spite of advances in preventive care and reduction in untreated tooth decay in the U.S., thousands of children under five years of age suffer from early childhood caries (ECC). About 10 percent of those afflicted have experienced pain that is associated with growth and development shortfalls, learning problems, medical complications, aberrant care seeking, child abuse and behavioral extremes. If left untreated, ECC can result in emergency department visits and life-threatening infection and hospital admission. In adult populations with special needs and disabilities, dental infection can greatly compromise other medical conditions resulting in emergency care.

About a quarter of U.S. children have special needs and childhood illness, and many also have extreme dental decay often associated with their systemic condition and its treatment. These conditions include childhood cancers, bleeding disorders, congenital heart conditions and developmental disabilities. For these children and adults facing similar health complexities, dental disease can be a life-threatening condition if left untreated.

For an otherwise healthy child or adult, any delay in oral health treatment can mean continued suffering. In a special needs child or adult patient unable to clearly communicate, dental pain adds considerably to their burden of accommodation and discomfort from their disability.

Given the time involved for extensive restorative dental surgical procedures, the often complex equipment and anesthesia required, and the challenge of the services that need to be provided,

the most optimal care setting to address these significant health care needs is often in a hospital or another surgical setting, such as an ambulatory surgical center.

Challenge – Operating Room Access for Dental Services

Our organizations have collectively witnessed a major decrease in operating room access for dental procedures over the last decade. The American Academy of Pediatric Dentistry has conducted surveys of the pediatric dental community, finding that in a majority of states, operating room access for pediatric dentists is a persistent problem, and in most states – particularly rural states – it can be a severe problem, given fewer access sites and longer scheduling delays. Pediatric dentists report that COVID-19 has made things far worse as hospitals have had to halt elective procedures and then face immense backlogs of medical and dental cases. Too often, pediatric, general dentists and oral and maxillofacial surgeons are seeing dental cases fall to the very back of the line in terms of hospital prioritization as medical procedures are first addressed. In most states this access problem, which predominantly impacts the disabled and those with special health care needs, has worsened even as the worst of the COVID-19 pandemic seems to have subsided in many communities.

Dental patient wait times for operating room access can be as long as six-months or more. For dental patients who await treatment, pain management, antibiotics, and temporary bandaid-like approaches to management are the only option, but not a fair or equitable one. Change is needed to ensure that children and adults with special needs, disabilities and chronic health conditions are not forced to unnecessarily wait to receive treatment in a safe setting that can fully meet their needs.

Our organizations attribute this operating room access challenge to the lack of a sustainable billing mechanism for dental surgical services in both Medicare and Medicaid. While the dental services that are needed are already covered services under both public programs, the facility services to provide them are not separately recognized or valued for what they include: expertise on staff to address emergencies, anesthesia, equipment, medication, recovery services, and infection control.

The bottom line is that dental rehabilitation surgical services for children and adults with complex dental needs does not have a specific Medicare billing code or fair associated reimbursement when these services are provided in a hospital. There is also no billing mechanism today to allow for additional operating room sites, such as ambulatory surgical centers, to support and expand access capacity. The lack of a viable billing mechanism in Medicare also directly impacts the Medicaid program serving children with disabilities and special needs. The majority of state Medicaid programs look to Medicare billing codes and payment policy as a benchmark for determining Medicaid billing codes and payment rates for surgical services.

Given the challenges our member dentists and their most vulnerable patients are facing, our organizations have been looking for sound policy options to support Medicare and Medicaid

patient access to safe surgical sites for covered dental surgery procedures – whether they be in a hospital or an ambulatory surgical center. We have issued a formal joint recommendation to the Centers for Medicare and Medicaid Services (CMS), asking the agency to establish a new viable facility billing code (HCPCS Level II code) for dental rehabilitation surgery, which can be achieved directly by the agency. Having a distinct billing mechanism for hospitals and ambulatory surgery centers would undoubtedly facilitate improved access to treatment for patients, treating these dental conditions fairly with medical procedures, so these services no longer compete for operating room time.

Conclusion

Our organizations ask the Committee to support our effort to ensure equitable access to dental surgical services for children and adults with special needs and disabilities who have debilitating oral health problems and need access to timely treatment. We ask that the Committee encourage CMS to address this problem.

American Academy of Pediatric Dentistry
211 E Chicago Avenue, Suite 1600
Chicago, IL 60611
312-337-2169, ext. 29

American Dental Association
211 E Chicago Avenue
Chicago, IL 60611
312-440-2500

American Association of Oral and Maxillofacial Surgeons
9700 W Bryn Mawr Ave
Rosemont, IL 60018
847-678-6200