

AAPD 2015 LEGISLATIVE FACT SHEET

HRSA TITLE VII PEDIATRIC DENTISTRY APPROPRIATIONS



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

REQUEST: Provide FY 2016 funding of \$35 million for the HRSA Title VII Primary Care Dental Training Cluster and related oral health programs, with not less than \$10 million for Pediatric Dentistry Training programs. Include report language urging the Health Resources and Services Administration (HRSA) to initiate a new grant cycle for faculty loan repayment.

Background. Pediatric Dentistry training is critical to meeting the nation's oral health care needs. The two to three year Pediatric Dentistry residency program,¹ 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. Healthy children, as well as hospitalized and chronically ill children or children with disabilities, often benefit from a team approach. Access to dentists is critical for Medicaid and Children's Health Insurance Program (CHIP) populations. By the nature of their training, pediatric dentists are able to provide comprehensive oral health care to children. 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. Pediatric dentists are the backbone of the pediatric oral health care delivery system, helping to ensure all children have access to high quality comprehensive dental services. Contemporary pediatric dental practice demonstrates the specialty's commitment to access to care. Nearly 70 percent of pediatric dentists treat children enrolled in Medicaid, CHIP or both, which represents on average 25 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, approximately \$70 million has supported over 60 pediatric dentistry programs, including 10 new programs. Every program that can be funded is critical, as 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.

Justification. There is a clear shortage of pediatric dentists, as the U.S. is not training enough pediatric dentists to meet the increasing need for pediatric oral health care services. Training slots have not kept pace with demand. Forty percent of all applicants to pediatric dentistry training positions for 2015-16 were turned away due to a lack of positions. Because of increased attention to this problem, primarily as a result of Congressional support for increased funding of Title VII, over 240 new first-year positions have been created. However, more pediatric dentists are still needed in both private practice and academics. Pediatric dentists are critical to caring for children obtaining dental insurance coverage under the Affordable Care Act (ACA) either through private plans or Medicaid. Pediatric dental faculty train not only pediatric dentists but all general dentists who treat children.

Pediatric Dentistry Title VII grantees are meeting stated federal goals. In 2008, an article, "The Impact of Title VII on General and Pediatric Dental Education and Training," presented a comprehensive review of the impact of the Title VII program on general and pediatric dental training as part of an entire issue of the journal *Academic Medicine* (November 2008, Volume 83, Issue 11) devoted to Title VII issues. The main conclusion was that the program has been important in the growth and expansion of residency training in pediatric and general dentistry by facilitating a more diversified dental workforce and providing outreach and service to underserved and vulnerable populations. Furthermore, "As the need for more pediatric dentists and general dentists with advanced training is expected to continue, Title VII's role in expanding workforce capacity, and in supporting [general dentistry and pediatric dentistry] curricula, will remain important in the foreseeable future."

Under the 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 faculty loan repayment. The latter initiative had long been advocated by the AAPD, because of the significant difficulties in recruiting qualified individuals to fill faculty positions. This is especially acute in pediatric dentistry. 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 with private practice. The average graduating dental student loan debt was \$241,000 in 2013, and academic positions typically pay only one-third of what graduates can earn upon entering private practice. Thanks to strong support from Congress, FY 2010 funding allowed for the first new grants since FY 2007, including the first-ever pediatric dentist faculty loan repayment awards. Programs may support loan repayment contracts of up to \$250,000 in aggregate over five years to recruit and retain faculty. Full-time faculty members would be eligible for repayment of 10, 15, 20, 25 and 30 percent of their student loan balance (principal and interest) for each year of service with the pediatric or general dentistry program. Funding provided by Congress in FYs 2011, 2012, 2013, and 2014 has allowed for continuation of all grants first awarded in FY 2010, which are on a five year cycle.

Profiles Of Recent Pediatric Dentistry Title VII Grantees

Dental Faculty Loan Repayment

- **University of Nevada-Las Vegas (UNLV)** dental school dean Dean Karen P. West indicates: "We have been delighted to have [Dr. Cody Hughes] return to UNLV as a faculty member. It was an honor for the school to be able to hire one of its premier graduates. This grant will give us the ability to retain an emerging leader in pediatric education which Dr. Hughes is quickly becoming." Dr. Hughes' program director, Dr. Jeanne Hibler, observes: "Recruitment of qualified young faculty, like Cody, allows an institution to shape and train the practitioner as a professional educator while allowing clinical experience and expertise to develop. Without a loan repayment program, it is financially difficult for recent graduates and specialists to maintain a career as an educator in dentistry."
- The **University of Washington** assisted Dr. Travis Nelson, the son of a pediatric dentist, who saw firsthand that "in spite of the thousands of teeth he had fixed over the years, the problem of childhood dental caries was only getting worse. That realization influenced me to pursue a career in which I could have an impact in the way we manage this disease and train the clinicians of the future." Dr. Nelson accepted the position of Acting Assistant Professor at UW

School of Dentistry. In this role he serves as supervising attending dentist for the resident clinics, and is responsible for treating patients in faculty practice and operating room environments. Dental school dean (and AAPD Past President) Dr. Joel Berg indicates that: "Like many recent graduates, Dr. Nelson has significant educational debt – and like many programs of its kind, UW faces a huge obstacle in the recruitment and retention of new faculty. This program is a win-win."

Postdoctoral Pediatric Dentistry

- At the **University of Alabama-Birmingham**, their grant maintained and increased the program's exposure to Alabama's children from disadvantaged backgrounds and those with special needs. It opened more opportunity to minorities, especially the large Hispanic population in Birmingham. A new partnership with United Way of Central Alabama provided the program with greater access to children in Head Start programs and agencies focused on children with special needs. Through the sealant and statewide oral health surveillance programs in partnership with the Alabama Department of Public Health, the grant help achieved a decrease in caries experience to disadvantaged children in Alabama and identified dental homes for those without dental care.
- At **Variety Children's Hospital (Miami)**, their residents and staff provided critically needed dental services to approximately 5,000 children every year, mostly to children with special health care needs and with incapacitating diseases. In this grant, they expanded the Pediatric Dentistry Residency Program so that a greater focus can be placed on serving patients through an Infant and Toddler Dental Program (ages 0-3). This was a major component of their health outreach initiatives, bringing critical services to low-income families throughout the community. Ninety-four percent of their dental clinic patients are on Medicaid.
- At the **University of Nebraska Medical Center, College of Dentistry**, the grant allowed the program to increase its off-site rotations to additional rural communities, and also train physicians about infant oral health while demonstrating the use of tele-dentistry services in rural physicians' offices. The goal was to provide pediatric dental expertise throughout the region, and increase access to care for underserved populations—especially children and those with developmental disabilities. This residency program plays a major role in access to care, as more than \$1 million of Medicaid dental care is provided by the program annually. An earlier Title VII grant led to a pediatric dentist opening a practice in the western half of state where there had never been a pediatric dentist.

- At the Dental Department of **Lutheran Medical Center (NY)** the grant expanded partnerships and developed Pediatric Dental Residency programs in five separate health centers in Florida, Wisconsin, Washington, California, and Maryland. The overarching goal of the project was to demonstrate the knowledge and experience in distance learning by utilizing past experience in working in geographically isolated, underserved, and culturally diverse training sites.

FY 2015 Grant Cycle. HRSA is currently reviewing applications received for predoctoral and postdoctoral training. They expect to award \$3.95 million for 13 predoctoral grants and \$10.5 million for 23 postdoctoral grants. However, Congress directed that \$10 million be spent for pediatric dentistry and HRSA has indicated it has no plans to initiate a grant cycle for faculty loan repayment. AAPD, ADA, and ADEA wrote the following message to HRSA's Bureau of Health Workforce:

"The AAPD, ADEA, and ADA are delighted that the Bureau of Health Workforce (BHW) has initiated new FY 2015 grant cycles for postdoctoral and predoctoral dental training. However, we remain concerned that given the significant high level of graduating dental student debt, it remains challenging for dental schools and residency training programs to recruit and retain full time faculty. Without adequate faculty, many of HRSA's training goals via the postdoctoral and predoctoral grants will be difficult to achieve. Therefore, we recommend that the BHW also consider issuing a new FY 2015 grant cycle under section 748 authority for primary care dental faculty loan repayment. This would be an especially helpful approach if BHW determines after postdoctoral and predoctoral awards are made that not all of the \$10 million allocated for pediatric dentistry has been expended."

Therefore, AAPD, ADA, ADEA, and AADR support the following Report Language:

Title VII – Dental Workforce Sec. 748. The Committee provides \$35,000,000 for Training in General, Pediatric and Public Health Dentistry, with not less than \$10,000,000 for general dentistry programs and not less than \$10,000,000 for pediatric dentistry programs. The increased funding will expand training opportunities for advanced training for dentists, provide funding for faculty loan repayment programs so that HRSA can initiate a new grant cycle, and help increase the number of pediatric dentists needed to care for newly insured children.

¹ Three year programs generally require additional masters' level research and often prepare trainees for careers in academic dentistry.