



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

2023 AAPD PEDIATRIC ORAL HEALTH ADVOCACY ISSUES LITTLE TEETH ARE A BIG DEAL

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

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*“Help us take care of
the children.”*

~ Dr. Heber Simmons Jr.

STATUS OF CHILDREN'S ORAL HEALTH

Oral health equity issues persist. According to the NIDCR, "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 that lead to dramatically higher unnecessary costs such as emergency room visits. **Dental disease only gets worse – and more expensive – with delay.**

THE KIDS NEED YOUR HELP.

\$10,000 per child is the estimated treatment cost for severe tooth decay for the most serious cases.

According to the CDC, **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**.

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%. However, the COVID pandemic caused a major set-back in this progress.

We need your support.

HELP MAKE A CHILD SMILE TODAY!



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AAPD 2023 LEGISLATIVE FACT SHEET

SUPPORT THE HRSA PEDIATRIC DENTISTRY TRAINING PROGRAM

For over two decades, the House and Senate have appropriated dentistry training funds, through Title VII of the Public Health Service Act (**PHSA**), with distinct resources for the pediatric dentistry program. The FY 2023 allocation within Title VII funding was \$13 million each for general and pediatric dental residency training programs. Since FY 2000, funding has been used to support over 60 pediatric dentistry programs. These funds have been vital to meeting the nation's oral health care needs. Pediatric dentistry residency training programs provide a significant amount of care to underserved populations. Two-thirds of the patients treated in these programs are Medicaid recipients.

History of Program

Title VII, section 748 of the Public Health Service Act (**PHSA**) supports pediatric dentistry health care workforce education and training through grants to and contractual agreements with institutions to support predoctoral (dental school) education and postdoctoral residency programs, recruitment and retention initiatives in community-based educational settings, and health workforce data collection and analysis within state health departments as well as individual assistance under Title VII to those pursuing health professions education and training. This includes the highly successful Dental Faculty Loan Repayment Program (**DFLRP**).

The two-to-three year Pediatric Dentistry Residency Program, taken after graduation from dental school, immerses the dentist in scientific study enhanced with clinical experience. The trainee learns advanced diagnostic and surgical procedures, along with unique care techniques and skills for dealing with children such as child psychology and behavior guidance; child development; and caring for patients with special health care needs. Since children's oral health is an important part of overall health, pediatric dentists often work with pediatricians, other physicians, and dental specialists.

By 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. Seventy 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.

PEDIATRIC DENTISTRY'S ASK

Support the HRSA Title VII Primary Care Dental Training Cluster and related oral health programs by providing FY 2024 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.

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 maldistribution issues. According to the 2021 NIH-National Institute of Dental and Craniofacial Research report *Oral Health in America: Advances and Challenges*, oral health improvements for children over the past 20 years is the result of services being more widely available due to the more than doubling of the pediatric dental workforce, which has largely been made possible through Title VII funding.

There remains an increased need for pediatric dentists, particularly in rural and under-resourced communities. Increased funding for pediatric dentistry training will help to improve access to dentist services for the children who need it the most.



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ACCESS TO OPERATING ROOMS FOR PEDIATRIC DENTISTS

There is an urgent need for dental rehabilitative surgical services for certain children, disabled, and frail elderly patients who face health and geographic disparities and have complex oral disease. Many children and adults with complex dental conditions are facing unfathomable hospital wait times, as long as a year, before receiving treatment. These complex dental surgeries with anesthesia can be safely performed in either a hospital outpatient department or an ambulatory surgical center (ASC).

In January 2023, to begin addressing this access crisis, CMS established a new dental billing code for use by hospital facilities along with improved payment rates to support hospitals in taking on dental surgical cases.¹ CMS stated that in a future regulation, they would also consider allowing ASCs to bill and be reimbursed for dental rehabilitation surgical procedures.

Background

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.

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. While the dental community is hopeful that the new dental billing code will result in more hospitals taking on these surgeries and alleviate backlogs, dentists remain concerned that patients in rural communities without close access to a hospital facility will continue to experience health disparities without readily available access to surgery.

PEDIATRIC DENTISTRY'S ASK

Contact CMS to ask that the agency ensure access to ambulatory surgical centers (ASCs) to meet the needs of children who require dental rehabilitation surgery. To address geographic disparities, children and people with disabilities must be able to access ASCs to address timely dental rehabilitative care.

Permitting ASCs to provide and bill for dental rehabilitation surgical services will further help to ensure that capacity is expanded to allow dentists to care for more of their patients in need.

¹ The final CY 2023 Hospital Outpatient Prospective Payment System (HOPPS) regulation established a new hospital billing code for dental rehabilitation and provided an associated payment rate for the facility-based services.



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AAPD 2023 LEGISLATIVE FACT SHEET

SUPPORT THE ENSURING LASTING SMILES ACT (ELSA)

The Ensuring Lasting Smiles Act (ELSA) is bipartisan legislation that would clarify health coverage for children born with health anomalies and birth defects affecting their oral and medical health and well being (i.e., cleft lip and cleft palate, missing dental structures) who require dental/oral restorative care. In particular, ELSA would **clarify that the standard of care for individuals born with such abnormalities is to provide coverage for medically necessary dental surgery and treatment.**

ELSA passed the House of Representatives on April 4, 2022 but was not considered by the Senate before the 117th session adjourned.

The Need for ELSA

In the United States, 120,000 children are born annually with birth defects and health anomalies. Approximately 40,000 of these children require reconstructive surgery. If these children were born healthy without these conditions but were in a car accident or faced another tragedy that affected their face or oral cavity, medically necessary surgeries would likely be covered by their insurance plans. However, when these conditions result before-or-at birth, coverage is frequently questioned and/or denied. It's a coverage loophole that can and must be fixed.

These types of health anomalies affect how individuals develop, function, and look, often for the rest of their lives if there is no surgical intervention. Intensive dental and oral care for individuals with these health conditions is a standard of care in dentistry, and in the absence of insurance coverage, families bear the burden of how to pay for their child's treatment or procedures that are required to repair function — and to help kids enjoy healthier childhoods.

Consider 15-year-old Aidan Abbott of Slinger, Wisconsin who was born with ectodermal dysplasia, a rare disease that can result in abnormal or missing teeth and cleft lip. He needed reconstructive surgery and support to address his health condition. Despite having comprehensive health insurance,

PEDIATRIC DENTISTRY'S ASK

Support the reintroduction and passage of the bipartisan Ensuring Lasting Smiles Act (ELSA), legislation that would ensure health coverage for medically necessary dental/oral surgical treatment for children born with health anomalies and birth defects.

the Abbotts were denied coverage for Aidan's dental work and forced to pay thousands of dollars out-of-pocket for his treatment.

Children born with these health conditions require surgery before achieving structural normalcy and function. Their needs are not cosmetic, but rather medically necessary. Denial or delay of these reconstructive procedures can have dire consequences for children, such as long-term physical and psychological injuries.

AAPD asks that your office support the reintroduction and passage of ELSA in 2023.

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**. Children from low-income families have improved access to care, thanks to a more than 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. We are committed to helping these children most in need.

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

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