



American Dental Association
www.ada.org

August 30, 2006

Patricia A. Maryland, DrPH
Chair
Citizens' Health Care Working Group
7201 Wisconsin Avenue, Suite 575
Bethesda, MD 20814

Dear Chairwoman Maryland and members of the working group:

On behalf of the American Dental Association (ADA) and our 152,000 members, we appreciate the opportunity to comment on the interim recommendations and the goal of improving the American health care system. The ADA is a professional association, representing over 71 percent of dentists in the United States, committed to the public's oral health. We believe oral health is an integral component of overall health and that the prevention of oral disease is the cornerstone upon which to build a lifetime of good health.

We are pleased that your definition of health includes dental health with an emphasis on prevention. As you prepare your report to Congress, we urge you to consider the special role of dentistry within our health care delivery system. However, it is also important to note that although oral health is integral to overall health, the American dental delivery system is fundamentally different from its medical counterpart. Most medical conditions are at times unpredictable and catastrophic, but dental disease is near universal, predictable, and often preventable. In fact, most dental problems can be diagnosed early and treated without extensive testing or elaborate and expensive procedures.

As the working group continues its progress in making final recommendations to Congress, we request that access to dental services remain a part of your discussion. We are including the following documents along with this letter:

- *ADA Public Opinion Surveys, Oral Health of the U.S. Population*, 2003. This report provides information from U.S. adults on their attitudes and experiences with dental visits, insurance coverage, personal dental habits and their opinions on oral hygiene-related statements. There are several notable findings, including that most Americans report satisfaction with the quality and cost of their dental care.
- *State Innovations to Improve Access to Oral Health Care for Low-Income Children: A Compendium Update*. The ADA believes that several strategies must be in place to truly improve access to care for those most in need. This includes strategies that address the financing, administration, public education and case management component of public programs. This report provides a state-by-state overview of efforts to address barriers that impede access to oral health services for children served by Medicaid and the State Children's Health Insurance Program (SCHIP).

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- *State and Community Models for Improving Access to Dental Care for the Underserved - A White Paper.* Over the past few years, dentists, policymakers and other stakeholders have used innovative approaches to improve access to and utilization of dental care for underserved individuals. This 2004 ADA white paper examines five models that can be adapted and modified to meet the needs of a community.
- *The Differences between dental and medical care-Implications for dental benefit plan design by Dr. Albert Guay.* An article written by Dr. Albert Guay, chief policy advisor for the ADA, on the differences between dental and medical care.

The ADA believes that every American can enjoy optimal oral health, regardless of personal circumstance. Our members have experience providing services to both private sector patients and patients enrolled in public programs. Much of dentistry focuses on prevention, which generates long-term costs savings for both an individual's oral and overall health care. We respectfully request that the members of the working group take the opportunity to review the documents we have provided and consider the role of dental health in your final recommendations.

Please contact Ms. Janice Kupiec at (202)789-5177 or kupiecj@ada.org in the ADA's Washington office with any questions.

Sincerely,



Robert M. Brandjord
President



James B. Bramson, D.D.S.
Executive Director

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Enclosure