



**Statement of the
American Dental Education Association (ADEA)**

**Hearing for Fiscal Year 2010 Appropriations
Before the
House Appropriations Subcommittee on
Labor, Health and Human Services, Education, and Related Agencies**

**Presented by
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**March 18, 2009
2:00 p.m.**

Good afternoon, Mr. Chairman and members of the Subcommittee. I am Dr. James Swift, Director, Division of Oral and Maxillofacial Surgery, at the University of Minnesota School of Dentistry. I am a practicing oral and maxillofacial surgeon and currently serve as the Immediate Past President of the American Dental Education Association, known as ADEA. On ADEA's behalf, I am honored to appear before you to offer our recommendations with regard to fiscal year 2010 appropriations.

The American Dental Education Association represents all 58 dental schools in the United States, in addition to more than 700 dental residency training programs and nearly 600 allied dental programs, as well as more than 12,000 faculty who educate and train the nearly 50,000 students and residents attending these institutions. It is at these academic dental institutions that future practitioners and researchers gain their knowledge, where the majority of dental research is conducted, and where significant dental care is provided. ADEA member institutions serve as dental homes for a broad array of racially and ethnically diverse patients, many who are uninsured, underinsured, or reliant on public programs such as Medicaid and the Children's Health Insurance Program for their health care.

ADEA's requests build upon funding from the American Economic Recovery and Reinvestment Act (ARRA) and the Labor, Health and Human Services and Education fiscal year 2009 Appropriations. We applaud Chairman Obey's decision to provide \$500 million to address health professional shortages, \$200 million through Title VII Health

Professions Programs and \$300 million in the ARRA. Additionally, President Obama's budget blueprint for FY 2010 builds upon the down payment made in the economic stimulus package by investing \$330 million to increase the number of physicians, nurses, and dentists practicing in underserved areas of the country.

This afternoon I would like to discuss our budget recommendations under three areas:

- I. Dental Education: The Title VII Health Professions Education and Training Programs and Diversity and Student Aid Programs, administered by the Health Resources and Services Administration (HRSA);
- II. Oral Health Research: The National Institutes of Health (NIH) and the National Institute of Dental and Craniofacial Research (NIDCR); and
- III. Access to Care: The Ryan White CARE Act HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnerships Program; the Dental Health Improvement Act; the Oral Health Program at the Centers for Disease Control and Prevention (CDC); and the National Health Service Corps (NHSC).

Specifically, the American Dental Education Association respectfully urges the Subcommittee to provide adequate funding for the continuation and enhancement of the following programs that help to address the nation's oral health care needs:

I. Dental Education

- **\$16 million for General Dentistry and Pediatric Dentistry Residency Training in the Title VII Health Professions Programs**

The Title VII General and Pediatric Dentistry Programs are critical to building the primary care dental workforce. Support for these programs is essential to expanding existing or establishing new general dentistry and pediatric dentistry residency programs, which have shown to be effective in increasing access to dental care for vulnerable populations, including patients with developmental disabilities, children, and geriatric patients. These primary care dental residency programs generally include outpatient and inpatient care and afford residents an excellent opportunity to learn and practice all phases of dentistry, including trauma and emergency care, and comprehensive ambulatory dental care for adults and children.

- **\$117.6 million for Diversity and Student Aid**

- **\$33.6 million for Centers of Excellence (COE)**
- **\$47.1 million for Scholarships for Disadvantaged Students (SDS)**
- **\$35.6 million for Health Careers Opportunity Program (HCOP)**
- **\$1.3 million for Faculty Loan Repayment Program (FLRP)**

The Title VII Diversity and Student Aid programs play a critical role in helping to diversify the health professions' student body and thereby the health care workforce. Blacks, Hispanics, and American Indians currently represent more

than 25 percent of the U.S. population. By the year 2050, nearly one in five Americans (19 percent) will be an immigrant, compared with one in eight (12 percent) in 2005. Despite these population trends, minorities are underrepresented in the U.S. health care workforce. This is no less true of dentistry, where they comprise less than five percent of dentists and about nine percent of dental faculty. For the last several years, these programs have not enjoyed an adequate level of funding to sustain the progress that is necessary to meet the challenges of an increasingly diverse U.S. population.

II. Oral Health Research

- **\$33.2 billion for the National Institutes of Health, including \$440.9 million for the National Institute of Dental and Craniofacial Research (NIDCR)**

Discoveries stemming from dental research have reduced the burden of oral diseases, led to better oral health for tens of millions of Americans, and uncovered important associations between oral and systemic health. Dental researchers are poised to make new breakthroughs that can result in dramatic progress in medicine and health, such as repairing natural form and function to faces destroyed by disease, accident, or war injuries; diagnosing systemic disease from saliva instead of blood samples; and deciphering the complex interactions and causes of oral health disparities involving social, economic, cultural, environmental, racial, ethnic, and biological factors. Dental research is the underpinning of the profession of dentistry. With grants from NIDCR, dental researchers in academic dental institutions have built a base of scientific and clinical knowledge that has been used to enhance the quality of the nation's oral health and overall health.

Investments in dental research will produce inventions that make corporations more competitive in the global economy and benefit everyone with new businesses and jobs. It is important to note that NIH disproportionately creates higher-paying employment opportunities that require a higher level of technical sophistication in construction, staffing, and supporting laboratories. The average wage associated with jobs created through NIH grants and contracts was \$52,000 in 2007.

III. Access to Dental Care

- **\$19 million for the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnerships Program, Part F of the Ryan White HIV/AIDS Treatment and Modernization Act**

Patients with compromised immune systems are more prone to oral infections like periodontal disease and tooth decay. By providing reimbursement to dental schools and schools of dental hygiene, the Dental Reimbursement Program provides access to quality dental care for people living with HIV/AIDS while simultaneously providing educational and training opportunities to dental residents, dental students, and dental hygiene students who deliver the care. The Dental Reimbursement Program is a cost-effective federal/institutional

partnership that provides partial reimbursement to academic dental institutions for costs incurred in providing dental care to people living with HIV/AIDS. Particularly important to this program is the fact that Congress designated dental care as a “core medical service” when it reauthorized the Ryan White program in 2006.

The Community-Based Dental Partnership Program fosters partnerships between dental schools and communities lacking academic dental institutions to ensure access to dental care for HIV/AIDS patients living in those areas.

- **\$10 million for the Dental Health Improvement Act (DHIA)**

This newly reauthorized program supports the development of innovative dental workforce programs specific to states’ dental workforce needs and increases access to dental care for underserved populations. In FY 2006, Congress provided first-time DHIA funding of \$2 million to assist states in developing innovative dental workforce programs. The inaugural grant cycle, held in FY 2006, yielded 36 applications from states. Eighteen states were awarded grants ranging from \$67,865 to \$124,080. Grants are being used to support a variety of initiatives including, but not limited to, loan repayment programs to recruit culturally and linguistically competent dentists to work in underserved areas with underserved populations including the developmentally disabled; rotating residents and students in rural areas; recruiting dental school faculty; training pediatricians and family medicine physicians to provide oral health services (screening exams, risk assessments, fluoride varnish application, parental counseling, and referral of high-risk patients to dentists); and supporting teledentistry.

- **\$17.5 million for the Oral Health Programs at the Centers for Disease Control and Prevention**

The CDC Oral Health Program expands the coverage of effective prevention programs. The program increases the basic capacity of state oral health programs to accurately assess the needs of the state, organize and evaluate prevention programs, develop coalitions, address oral health in state health plans, and effectively allocate resources to the programs. CDC’s funding and technical assistance to states is essential to help oral health programs build capacity. Increasing the funding will help to ensure that all states that apply may be awarded an oral health grant.

- **\$235 million for the National Health Service Corps (NHSC)**

The NHSC scholarship and loan repayment program provides awards to health care professionals, including dentists and dental hygienists who agree to work in underserved communities for a minimum of two years. Participants must work in a Health Professional Shortage Area (HPSA), and dentists and dental hygienists work in Dental Health Professional Shortage Areas (Dental HPSAs). As of September 30, 2008, about 48 million people lived in the 4,048 Dental HPSAs. The dedicated clinicians of the NHSC provide quality care to millions of people who would otherwise lack adequate access to health services.

In conclusion, Mr. Chairman, I thank the Committee for considering the American Dental Education Association's FY 2010 budget requests for federal agencies and programs that sustain and enhance dental education, oral health research, and access to care. A continuing federal commitment is needed to help meet the challenges oral diseases pose to the nation's most vulnerable citizens, including children. Also critical is the development of a partnership between the federal government and dental education programs to implement a national oral health plan that guarantees access to dental care for everyone, ensures continued dental health research, and eliminates disparities and workforce shortages.