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

August 11, 2022 *delivered via e-mail*

Shane Rogers
Designated Federal Official
Advisory Committee on Training in
Primary Care Medicine and Dentistry (ACTPCMD)
Division of Medicine and Dentistry
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane Rockville,
Maryland 20857
srogers@hrsa.gov

Dear Mr. Rogers:

The American Academy of Pediatric Dentistry (AAPD)[1] is writing to express our significant concerns over the recent HRSA ACTPCMD report *Supporting Dental Therapy through Title VII Training Programs: A Meaningful Strategy for Implementing Equitable Oral Health Care*[2] and inaction on appointing pediatric dentist nominees to the ACTPCMD. It is especially disconcerting that this report was issued in the complete absence of any pediatric dentists on ACTPCMD, despite HRSA having received two nominations from the AAPD, for Drs. Anupama Tate of Children's National Medical Center and Tegwyn Brickhouse of Virginia Commonwealth University.

[1] The American Academy of Pediatric Dentistry (AAPD), founded in 1947, is the not-forprofit professional membership association representing the specialty of pediatric dentistry. As advocates for children's oral health, the AAPD promotes evidence-based policies, best practices, and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Its 10,900 members put children first in everything they do, and at the highest standards of ethics and patient safety. Pediatric dentists provide care to millions of our nation's infants, children, adolescents, and persons with special health care needs, and are the primary contributors to professional education programs and publications on pediatric oral health. The AAPD, in accordance with its vision and mission, advocates optimal oral health for all children. It is the leading national advocate dedicated exclusively to children's oral health.

[2] https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/primarycaredentist/reports/actpcmd-19th-report.pdf

211 East Chicago Avenue, Suite 1600 • Chicago, Illinois 60611
312-337-2169 • Fax: 312-337-6329 • www.aapd.org • www.mychildrensteeth.org

Nominated in 2019, Anupama Rao Tate, DMD, MPH, is a board-certified pediatric dentist and Director of Oral Health Advocacy and Research in the Department of Pediatric Dentistry at Children's National Medical Center in Washington, D.C. Dr. Tate also serves as Co-Director of the D.C. Pediatric Oral Health Coalition and is Associate Professor at the George Washington University Medical Center. Dr. Tate is a Fellow of the American Academy of Pediatric Dentistry and has served in a number of leadership positions in the Academy, including chair of the AAPD's Evidence Based Dentistry Committee, Parliamentarian, President of the D.C. chapter, chair of the Grants and Programs Committee of the AAPD Foundation, member of the AAPD Foundation's board of trustees, and most recently as Trustee-at-large on the AAPD's Board of Trustees.

Nominated in 2020, Tegwyn H. Brickhouse, DDS, PhD, serves as Professor and Chair, Department of Dental Public Health & Policy at Virginia Commonwealth University (VCU) School of Dentistry. At VCU she is also the Director of the Oral Health Services Research Core at the Phillips Institute for Oral Health Research, and Director, Oral Health in Childhood and Adolescence, Institute for Inclusion, Inquiry and Innovation. Dr. Brickhouse's served three years as trustee-at-large on the AAPD's Board of Trustees. Dr. Brickhouse has made important contributions to dental education.

HRSA's delay in consideration and appointment of these two highly qualified and capable nominees is completely unacceptable. This inaction denied ACTPCMD the opportunity to consider differing viewpoints as to whether dental therapists are a solution to improving oral health access for children.

The AAPD strongly disagrees with the ACTPCMD report's recommendations:

> "Recommendation 1
> The ACTPCMD recommends that Congress update the authorizing legislation for the Public Health Service Act Section 748(a)(1) to explicitly include dental therapy programs and trainees.
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> Recommendation 2
> The ACTPCMD recommends that Congress increase the funded appropriation for Title VII, Section 748 by $6 million annually to be utilized for dental therapy training programs.
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> Recommendation 3
> The ACTPCMD recommends that faculty of dental therapy training programs be eligible for the Dental Faculty Loan Repayment Program (DFLRP) authorized under Title VII, Section 748, of the Public Health Service Act and that the DFLRP receive a funding increase of $1 million to be set aside for faculty of Dental Therapy programs.
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> Recommendation 4

The ACTPCMD recommends that the Secretary, HHS, include dental therapy as an eligible profession for scholarship and loan repayment through the National Health Service Corps (NHSC).

Recommendation 5
The ACTPCMD recommends HRSA implement a longitudinal tracking mechanism for dental therapy trainees, faculty, and graduates, including data on trainee and faculty diversity, retention in the profession, educational debt load, graduate practice location, and populations served."

Our rationale is as follows:

- The AAPD believes that oral health services to our nation's highest-risk children should not be provided by non-dentists with less education and experience, especially when there is no evidence-based research to support the safety, efficiency, effectiveness or sustainability of such an approach.

- Every child in our nation deserves the same high quality of oral health services delivered in the safest way possible. The most vulnerable children should not be treated by the least trained, and certainly not under the guise of promoting "equity."

- There is no clinical or ethical justification for children with more severe oral health needs to receive lesser care.

- Dental therapists receive significantly less education and training than dentists. (General dentists attend four years of dental school after college; pediatric dentists spend an additional two or more years beyond dental school.)

- The knowledge to perform specific dental procedures does not mean that the providers have the ability to determine whether or when various procedures should be performed, or to safely manage the full range of a child's oral healthcare.

- Although the few limited studies on the technical quality of procedures performed by dental therapists have found that the resulting work is comparable to that produced by dentists, there is no evidence to suggest that they deliver expertise comparable to a dentist in such fields as diagnosis, pathology, trauma care, pharmacology, and care of special needs patients.

- While nurse practitioners are not allowed to perform major irreversible surgeries, dental therapists with less training would be allowed to perform irreversible surgeries on child patients.

- Despite 14 states having some form of dental therapy on the books, Minnesota is the only state with any practicing dental therapists, with the exception of one in Maine (which has no training program). **There are no data—none—that suggests that oral health outcomes, access to care, or cost of care**

improve in any place where dental therapists have practiced. That includes Minnesota, as well as prior tribal pilot programs in Oregon and Washington. Independent assessment of the data on the Minnesota dental therapy program found it has not yet been proven to be as effective as promised. Patient access to care was not meaningfully increased, nor did care become more affordable. Minnesotans continue to experience the same barriers to obtaining good oral health.

- Evidence from Canada and Minnesota shows dental therapists often do not locate in underserved areas. For example, about 3 out of 5 dental therapists licensed in Minnesota were working in the Twin Cities metro area as of April, 2016. Only 8 dental therapists were located in the 70 percent of Minnesota's counties fully or partially designated as Health Professional Shortage Areas.

- Dental Therapy programs are incredibly expensive to start, with little to show for it. Vermont has spent over $2.4 million since 2016 to start a program, including a $1.6 million federal grant, a $400,000 HRSA grant in 2018, and an additional $400,000 from the state. Not a single dental therapist is training or practicing in Vermont.

- Studies from other countries that purport to justify the dental therapist experiment overstate their conclusions and lack adequate data to substantiate them. For example, there has not been a reduction in caries in these countries.

- Although advocates argue that dental therapy model will reduce costs, dental services cost the same amount to the patient – and the state – no matter who performs them. For example, Minnesota Medicaid offers identical reimbursement rates for dentists and dental therapists. Essentially, dental therapy creates a new layer of bureaucracy without delivering any new service or savings to patients.

- There is no shortage of dentists in the United States – and no shortage of care available for children. The number of pediatric and general dentists is growing faster than the child population and the demand for dental services, a trend expected to persist through 2040. It is not dentists that are lacking, but adequate reimbursements in Medicaid. Despite these challenges, over the past 20 years there has been a near doubling of the pediatric dentist workforce and a significant expansion in children dentally uninsured and receiving treatment under Medicaid and CHIP. It certainly can be improved, but dental therapists are not the answer.

- The best way to provide needed dental care to underserved children is through a Dental Home – the existing model of a dental team working together with the direct supervision (or physical presence) of a dentist.

- Children will be best served by protecting the financial support of dental Medicaid, which will encourage access to care through current providers already prepared to serve, and by expanding loan repayment assistance programs that

have the proven result of placing dentists in designated Health Professional Shortage Areas.

In conclusion, dental therapists are an expensive, inefficient solution to the very real problem of oral health access. HRSA's focus should be on proven, evidence-based, costeffective solutions.

If you have any questions about this letter contact C. Scott Litch, Chief Operating Officer and General Counsel at 773-938-4759 or slitch@aapd.org.

Sincerely yours,

Amr M. Moursi, DDS, PhD
President

cc: Dr. John S. Rutkauskas, Chief Executive Officer Dr. Paul S. Casamassimo, Chief Policy Officer