ADA American Dental Association®

STATEMENT OF THE

AMERICAN DENTAL ASSOCIATION

TO THE

SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES

COMMITTEE ON APPROPRIATIONS

U.S. HOUSE OF REPRESENTATIVES

ON

INDIAN HEALTH SERVICE APPROPRIATIONS

SUBMITTED BY

DR. MAXINE FEINBERG

PRESIDENT OF THE AMERICAN DENTAL ASSOCIATION

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Washington Office: 1111 14th Street NW Washington DC 20005 (202) 898-2400

Good afternoon Chairman Calvert, Ranking Member McCollum, and Members of the Subcommittee. I am Dr. Maxine Feinberg, President of the American Dental Association and a practicing periodontist in Cranford, New Jersey.

Tooth decay in Indian Country has reached epidemic proportions. According to the Indian Health Service, more than 20 percent of 1-year old American Indian/Alaska Native children already have decayed teeth. The percentage rises significantly with age, with 75 percent of 5-year-olds having decay. American Indian/Alaska Native preschool children have the highest level of tooth decay of any population group in the US: more than 3 times higher than white non-Hispanic children. This is simply unacceptable.

The Administration has requested $181 million for the Division of Oral Health, a small increase that would barely accommodate population growth and cost of living increases at current staffing levels. That amount is not sufficient to allow IHS to expand services and improve delivery of oral health care. Sadly, it will not increase the Service's capacity to tackle the problem of oral disease in American Indian/Alaska Native communities—especially among children.

Preventing oral disease can lead to better overall health as well as cost savings. A study in the Journal of the American Academy of Pediatrics found that children who had their first dental visit by age one were more likely to have routine visits and lower dental-related costs throughout their lives. Community health representatives are increasingly aware of the importance of oral health for pregnant women and their babies.

We know from working with the tribes that the actual number of dentists needed is significantly greater than the number of advertised vacancies. Many more dental hygienists also are needed. Currently, there is only one hygienist for every four dentists. With a ratio of four hygienists to one dentist, the IHS would be able to focus more resources on prevention, which is the ultimate solution to the epidemic of untreated dental disease afflicting AI/AN communities.

The ADA recently completed a pilot project to develop a new member of the dental team—the Community Dental Health Coordinator. CDHCs focus on connecting patients with dentists. They work in communities to provide education on diet, dental hygiene, and the importance of good oral health. Equally important, they help connect people in need of care with dental teams that can provide it. Today 11 American Indian CDHCs are providing these services in 17 Native American communities. Community colleges nationwide are adopting this curriculum. We currently are working with the Navajo to recruit members of that Nation to train as Coordinators, and we hope to expand that pipeline dramatically in coming years.

Mr. Chairman, we are grateful for your efforts over the past two years to encourage IHS to make the credentialing process simpler and more uniform. Unfortunately, despite your requests, this process continues to be a barrier to many of our member dentists who would

otherwise gladly volunteer their time to care for people in Native American communities. The IHS could and should streamline its credentialing process.

The ADA is also grateful for the efforts of Congressman Valadao, who introduced a bill in the 113th Congress to amend the tax code to offer health care professionals who receive student loan repayments from the IHS the same tax free status enjoyed by those who receive National Health Service Corps loan repayments. Making this loan repayment tax free would provide funding for an additional 109 awards since IHS is spending 20 percent of its Health Professions' account to pay these taxes. We understand that Congressman Valadao plans to reintroduce the bill in this Congress and we urge you and your colleagues to support this important legislation.

In 2013, dental care expenditures in the U.S. topped $111 billion, or $351 per capita. The proposed budget for IHS dental programs would allow only $82 for each of the 2.2 million people served. That doesn't even cover one dental visit a year.

We are requesting an additional 4 million dollars for the fiscal year 2016 IHS Division of Oral Health account. With this very modest increase, the Division would be able to make strides in three important areas:

- Purchasing portable equipment to provide care at Bureau of Indian Education-operated schools;
- Expanding the number of clinical and preventive support centers it services; and
- Expediting the implementation of the Electronic Dental Records initiative.

Thank you again for this opportunity to testify. We appreciate your support of the oral health care of American Indians and Alaska Natives and we are committed to working with you, the IHS, and the Tribes to aggressively reduce the level of oral disease in Indian Country.