

**SUBCOMMITTEE ON HEALTH  
ENERGY AND COMMERCE COMMITTEE  
U.S. HOUSE OF REPRESENTATIVES  
“EXAMINING INITIATIVES TO ADVANCE PUBLIC HEALTH”**

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As an original co-sponsor of H.R. 2422 “Action for Dental Health Act of 2017”, I am pleased the subcommittee has included the bill on the agenda for your hearing today as you examine initiatives to advance public health. Thank you Chairman Burgess and Ranking Member Green.

As a dentist, I know that the causes of dental disease are varied and complex and that the solutions are equally as complex. H. R. 2422 helps to address these complex issues by supporting breaking down the numerous barriers to accessing oral health care services. Action for Dental Health (ADH) does this by providing funding for organizations engaged in volunteer dental projects that provide free dental care directly to those in need. But it also establishes a second grant program to promote oral health initiatives designed to facilitate private-public partnerships – collectively called Action for Dental Health initiatives.

A good example of a successful volunteer dental project is the American Dental Association’s “Give Kids A Smile” program, which has provided free oral health care services to over 5.5 million children since 2003. Also, since 2003, Mission of Mercy events have helped more than 243,000 patients and provided \$159 million in free oral health care.

While these are important programs for individuals who cannot afford coverage, I know that offering free oral health care services is not a long-term solution to access to care problems. That’s why it is so important that the bill also supports programs like Action for Dental Health (ADH), which was launched by the American Dental Association in 2013. ADH is a nationwide, community-based, movement composed of eight initiatives designed to address specific barriers to care.

I believe that two of those ADH initiatives -- emergency room (ER) referrals and community dental health coordinators – could be especially beneficial in helping to address access to oral health care services barriers. Many people without dental coverage postpone seeking treatment until their dental pain grows so severe that it sends them to a hospital emergency room. They are unaware of dental access locations and visit emergency rooms as a reflex action. Emergency room visits for dental problems cost nearly \$3 billion from 2008 through 2010. Providing dental care in ER settings costs more than providing regular care by oral health professionals. Also,

most ER visits only provide patients with pain medication and antibiotics, and do not treat the underlying problem.

Currently, there are hundreds of ER referral programs in virtually every state in the United States. While recent research indicates that the current ER referral programs are working as the use of emergency rooms for dental conditions is decreasing, we cannot let up now. More still needs to be done to expand ER referral programs and H.R. 2422 will help.

I believe that the use of community dental health coordinators (CDHC) can continue this positive trend by connecting patients to dental homes and ensuring that care is delivered in the most appropriate, cost-effective venue possible. The CDHC program trains individuals to directly address the underlying social determinants of health by providing patient navigation, oral health information, and preventive self-care for people who typically do not receive dental services.

The role of a CDHC is threefold:

- educating the community about the importance of dental health and healthy behaviors;
- providing limited preventive services, such as fluoride varnish and dental sealants; and
- connecting the community to dental teams that can provide more complex care.

CDHCs work in inner cities, remote rural areas, and Indian Country. Most grew up in these communities, allowing them, through cultural competence, to better understand the problems that affect access to dental care. The CDHC model has been adapted to numerous community settings, including clinics, schools, Head Start centers, institutional settings, churches, social service agencies, and others.

It's important to note that an evaluation based on 88 case studies of CDHC programs demonstrated the real world value of the CDHC in making the dental team more efficient and effective. Screenings, dental education and certain preventive services were delivered by the CDHCs and individuals needing additional care did not "fall through the cracks" of a complicated delivery system.

Chairman Burgess, Ranking Member Green, and members of the subcommittee, I believe that the Action for Dental Health Act of 2017 is an important piece of legislation that will enhance ongoing efforts to reduce the barriers to oral health care facing many Americans today. Thank you again for the opportunity for H.R. 2422 to be included in this hearing and I look forward to working with you to advance this important legislation.