



2005 Market Street, Suite 2800 215.575.9050 Phone
Philadelphia, PA 19103-7077 215.575.4939 Fax

901 E Street NW, 10th Floor 202.552.2000 Phone
Washington, DC 20004 202.552.2299 Fax
www.pewtrusts.org

August 30, 2021

The Honorable Richard Neal
Chair
Ways & Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Ways & Means Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chair Neal and Ranking Member Brady,

Thank you for your leadership to strengthen our nation's Medicare program to include comprehensive dental coverage for all adults who rely on Medicare for their health care. This expansion will increase access to critical oral health care for millions of older Americans. The Pew Charitable Trusts (Pew) appreciates the opportunity to share relevant research and findings on how dental therapists can play a key role in expanding Medicare benefits cost-effectively and ensuring older Americans can receive high-quality dental care.

Pew is a non-profit research and policy organization that applies a rigorous, analytical approach to improve public policy, inform the public, and stimulate civic life. Through our Dental Campaign, we promote evidence-based, cost-effective policies to ensure people get the dental care they need to lead healthy lives.

As you know, the lack of a comprehensive oral health benefit in Medicare has left a large portion of older Americans without dental coverage. Almost half of all Medicare beneficiaries —24 million people—lack dental insurance so many forgo needed dental services.ⁱ In 2018, 47% of beneficiaries did not see a dentist.ⁱⁱ

This is an urgent health issue. Older adults are more likely to suffer from gum disease, which can exacerbate adverse outcomes of chronic medical conditions such as diabetes and heart disease.ⁱⁱⁱ Poor oral health and problems with access to care are particularly acute for people of color, individuals with disabilities, low-income seniors, those living in rural areas and those in poorer health.^{iv} In fact, nearly 70% of Black and over 60% of Hispanic Medicare beneficiaries did not see a dentist in the last year.^v It is critical that this population have access to affordable comprehensive dental care.

Adding a Medicare dental benefit is an important step that will significantly increase the number of seniors seeking dental care. However, solving the affordability problem, as a new benefit will do, does not by itself ensure that beneficiaries will receive the care they need. Research has long shown that achieving improved access to care requires an adequate supply of health care providers in locations available to patients given patients' ability to travel.^{vi} An innovative oral health provider, called a dental therapist, can play an important role in assuring that a new benefit will meet its goals.

Dental therapists are skilled dental professionals, similar to nurse practitioners or physician assistants in medicine. They are authorized to practice in all or part of 13 states, and over a dozen other states are considering legislation to authorize their practice. Dental therapists work as part of a dental team alongside dental hygienists and dental assistants under the supervision of a dentist to provide a limited set of preventive and routine restorative procedures, such as cleanings, fillings, and simple extractions. They work in a variety of settings but are trained to extend care to underserved populations, including in

rural and Tribal communities, nursing homes, long-term care facilities, Veterans' facilities, and federally qualified health centers.

As Medicare has seen over the years, access to healthcare services improved when midlevel providers were added as eligible providers.^{vii} For the new benefit to be most effective, it is necessary for dental therapists to be recognized providers and their services be reimbursed in both public and private practice settings. The data show that dental therapists could greatly benefit Medicare enrollees in the states where they are authorized to practice. Research shows that patients that go to practices employing dental therapists experience reductions in travel and wait times, especially in rural areas.^{viii} Dental clinics also report that hiring dental therapists increases dental team productivity and improves patient satisfaction.^{ix}

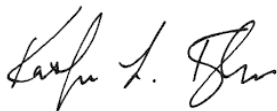
Dental therapists also command lower salaries than dentists, so incorporating them into the team can help dentists provide more cost-effective care. The savings from the lower costs of employing dental therapists make it economical for both public and private dental practices to expand capacity and increase access to publicly insured individuals as well as underserved communities.^x

For example, Apple Tree Dental Clinic, a non-profit organization in Minnesota, sends a dental team, including a dental therapist, to provide on-site care at a nursing home for veterans. The dental therapist provides eight to 10 dental visits each day for average daily production revenues up to \$3,122.^{xi} The average employment costs per day for the dental therapist are \$222 less than for a dentist, totaling savings of \$52,000/year for Apple Tree.^{xii} Even though the dental therapy scope of practice is significantly less than that of dentists, the dental therapist can perform 70-90% of the procedures needed by the residents.^{xiii}

Expanding Medicare can improve oral health and reduce health disparities of older Americans. Dental therapists, as recognized and billable providers, can help the dental delivery system reach these outcomes.

Should you have any questions, or if we can be of assistance, please contact Erin Hass at ehass@pewtrusts.org.

Sincerely,



Kathy Talkington
Director, Health Programs
The Pew Charitable Trusts

CC:

The Honorable Ron Wyden, Chair, Senate Finance Committee
The Honorable Mike Crapo, Ranking Member, Senate Finance Committee
The Honorable Bernard Sanders, Chair, Senate Budget Committee
The Honorable Lindsey Graham, Ranking Member, Senate Budget Committee
The Honorable Frank Pallone, Jr., Chair, House Energy and Commerce Committee
The Honorable Cathy McMorris Rodgers, Ranking Member, House Energy and Commerce Committee

ⁱ Kaiser Family Foundation, "Medicare and Dental Coverage: A Closer Look" (2021), <https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/>.

ⁱⁱ Ibid.

ⁱⁱⁱ The Pew Charitable Trusts, "Older Americans Need Better Access to Dental Care: Aging population means problem becoming more acute" (2016), https://www.pewtrusts.org/-/media/assets/2016/07/olderamericans_fs_final.pdf.

^{iv} Justice in Aging, "Creating an Oral Health Benefit in Medicare: A Statutory Analysis" (2019), <https://www.justiceinaging.org/wp-content/uploads/2019/01/Creating-an-Oral-Health-Benefit-in-Medicare-A-Statutory-Analysis.pdf>.

^v Kaiser Family Foundation (2021).

^{vi} The Concept of Access: Definition and Relationship to Consumer Satisfaction Roy Penchansky and J. William Thomas *Medical Care*, Vol. 19, No. 2 (Feb., 1981)

^{vii} G. M. Oliver, L. Pennington, S. Revelle, and M. Rantz, "Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients" *Nursing Outlook* 62, no. 6 (2014): 440, <https://doi.org/10.1016/j.outlook.2014.07.004>.

^{viii} Minnesota Department of Health and Minnesota Board of Dentistry (2014). Early Impacts of Dental Therapists in Minnesota, https://mn.gov/boards/assets/2014DentalTherapistReport_tcm21-45970.pdf.

^{ix} *Ibid.*

^x *Ibid.*

^{xi} Apple Tree Dental, "A Dental Therapist in Long-Term Care: A Case Study," (2017), <http://www.appletreedental.org/wp-content/uploads/2017/09/ADT-LTC-Case-Study-091517.pdf>.

^{xii} *Ibid.*

^{xiii} *Ibid.*