Costs, as much as location, impede dental-care access

Diverse testimony precedes proposed legislation

By Robert Selleck, Managing Editor

On June 7, Sen. Bernard Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., introduced the Comprehensive Dental Reform Act of 2012 in the Senate and House. The proposed legislation is titled “A bill to improve access to oral health care for vulnerable and underserved populations.”

In February, the Senate Subcommittee on Primary Health and Aging heard nearly 100 minutes of testimony at its hearing, “Dental Crisis in America: The Need to Expand Access.” The hearing focused on how to serve the reported one-third of the U.S. population that is not receiving adequate dental care. Extensive and diverse written testimony was submitted as well.

Several witnesses at the hearing spoke in favor of creating a new licensing concept for midlevel care providers, such as the dental therapists practicing in Alaska and Minnesota, which to date are the only states to have passed laws creating such licensing. The Dental Reform Act proposes a similar concept.

The governor of Kansas last month signed a bill that expands treatment capabilities for dental hygienists, enabling them to pull loose primary teeth, manually scrape decay from teeth and place temporary fillings. The Kansas law was created in response to a dentist shortage in parts of the state and to improve dental care for other vulnerable and underserved populations. The law also includes a provision enabling retired dentists to treat low-income patients or patients living in underserved areas of the state.

The subcommittee’s investigation into access-to-care issues wasn’t limited to potential expansion of midlevel practitioner licensing, a concept that has been opposed by both the American Dental Association and the Academy of General Dentistry. Those organizations’ advocacy components contend that opening certain treatment capabilities to midlevel practitioners with less training than dentists is not the best strategy from a patient-care standpoint to address access-to-care challenges.

Regarding other aspects of the proposed legislation, ADA President William

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Sen. Bernard Sanders, I-Vt., chairman of the U.S. Senate Subcommittee on Primary Health and Aging, leads the hearing on “Dental Crisis in America: The Need to Expand Access.” Photo Provided by U.S. Senate Committee on Health, Education, Labor and Pensions

Letter to the editor in chief

Questions on American Heart Association’s stance on periodontal disease and heart health

Dear Dr. Hoexter,

The recent article in the American Heart Association’s journal Circulation, [titled] “Periodontal Disease and Atherosclerotic Vascular Disease: Does the Evidence Support an Independent Association?” is an interesting read. However, I have some concerns regarding the AHA’s stance on periodontal disease and its implications on heart health.

Firstly, the article mentions several studies that have found a link between periodontal disease and various cardiovascular conditions. While this is a well-established fact, I would like to emphasize the importance of considering the evidence in the context of other factors that may influence heart health.

Secondly, the article highlights the need for further research to understand the mechanisms underlying the association between periodontal disease and cardiovascular disease. While this is undoubtedly crucial, it is important to note that the available evidence does not provide conclusive proof of causality.

Finally, I would like to express my concern about the AHA’s stance on endorsing the use of periodontal screening and intervention as a preventive measure for cardiovascular disease. I believe that such a recommendation should be based on robust evidence and should take into account the potential risks and benefits.

I urge the AHA to continue to support high-quality research in this area and to approach the issue with caution and a commitment to evidence-based decision-making.

Sincerely,

[Your Name]