ADEA THE VOICE OF DENTAL EDUCATION

AMERICAN DENTAL EDUCATION ASSOCIATION

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The mission of ADEA is to lead and support the health professions community in preparing future-ready oral health professionals.

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March 26, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-232
The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230
The Capitol
Washington, DC 20510

Dear Madam Speaker and Leader McConnell:

The novel coronavirus (COVID-19) pandemic has affected every aspect of the world's daily life, and dental education and training are no exception. The American Dental Education Association's (ADEA) 78 member dental schools—68 in the United States and 10 in Canada—are faced with the same challenges as every college and university.

However, dental and medical schools are complicated by the clinical component of the curriculum—teaching students to provide hands-on care to individuals. For dental students, clinical experience is obtained in dental clinics, which are in all dental schools. These clinics must include most of the major service areas of a hospital and adhere to the rigorous guidelines that protect the health and safety of the public. Dental schools operate full clinical facilities with all the necessary treatment rooms and surgical suites, including areas for sterilization, diagnostic services such as radiology and pathology, and business operations.

In contrast, medical schools conduct the majority of their clinical teaching in separate hospitals or affiliated academic health centers. Hospitals are not closing; in fact, they are in increased demand and are still generating revenue for their institutions. If a dental school clinic is closed, the revenue stream from patients who pay for services, and from Medicaid and Childrens Health Insurance Program (CHIP) beneficiaries, stops. Dental clinics do not generate profits for the school or the institution, but clinic revenue offsets some operational costs. Since most of these clinics are located in the building housing the dental school within an institution of higher education, many of these facilities are now closed to students and patients. When this clinic revenue is lost, which is the alternative finance source for public institutions, the burden for funding will lie on already strained state budgets or even higher tuition.

Additionally, dental school clinics are part of the dental safety net and provide care at reduced rates. According to the Health Resources and Services Administration, the United States has 6,300 dental shortage areas where 59 million people do not have adequate access to dental care. In academic year 2016-17, U.S. dental school clinics provided care during 2.7 million patient visits. A large number of the individuals who receive dental care in these clinics are members of underserved populations and do not have private insurance or the ability to pay private practice fees.

This past week, ADEA surveyed U.S. dental schools on the amount of clinic revenue they are losing. We found that, based on those who responded, the average clinic is losing $54,750 each day it is closed. On March 13, the President declared that a national emergency had existed in the United States since March 1 because of COVID-19. By the end of March, each U.S. dental school clinic will have lost $766,500 and will lose about $1.1 million every month it remains closed. That means that the 68 U.S. schools will lose approximately $74.5 million every month. As noted above, this loss will place a greater burden on state taxpayers, or on future students, or both.

This is the financial cost to the institution; however, it is not possible to put a cost on the lost care to patients. Many have nowhere else to go for needed dental care. In this time of crisis, dental school clinics are primarily seeing emergencies only; but a toothache can turn into a life-threatening emergency, as we saw with 12-year-old Deamonte Driver several years ago (he died from a tooth abscess that spread to his brain—his death could have been prevented by a simple tooth extraction).

The research enterprise, an integral component within dental education has also been shut down. ADEA has been in close contact with colleagues at the American Association for Dental Research (AADR), who have noted that it will be challenging to restart much of this work and institutions will require additional financial support to reopen research facilities and replace lost equipment and subjects.

Therefore, we respectfully request that as you deliberate on assistance to hospitals and other medical facilities, that you include the patient care clinics in dental schools and other oral health programs that care for underserved populations.

If you have any questions or would like more information, please do not hesitate to contact me or Tim Leeth, ADEA Chief Advocacy Officer, at leetht@adea.org or 202-236-5354.

Sincerely,

Karen P. West

Karen P. West, D.M.D., M.P.H.
President and CEO
American Dental Education Association

Cc: Christopher H. Fox, D.M.D., D.M.Sc., Chief Executive Officer, American Association for Dental Research