ADEA | THE VOICE OF DENTAL EDUCATION

AMERICAN DENTAL EDUCATION ASSOCIATION



The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

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May 13, 2020

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

Dear Madam Speaker:

Thank you for your leadership during the novel coronavirus (COVID-19) pandemic. The Provider Relief Fund established in the CARES Act (PL 116-126) and enhanced in the Paycheck Protection Program and Health Care Enhancement Act (PL 116-139) is an essential bridge to assist health care providers, including dental school clinics, to continue to provide high-quality care to patients. The Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act (H.R. 6800) continues that strong leadership.

Title VI, Public Health Assistance, of the HEROES Act authorizes grants to medical schools in rural, underserved or Minority Serving Institutions to build new schools and expand, enhance, modernize, and support existing schools.

On behalf of 68 dental schools and over 300 dental hygiene programs in the United States, I strongly request that you include similarly situated dental programs in the eligibility for these grants.

Before these schools and programs can fully reopen for patient care, most will require some modification to clinic spaces and protocols. For dental students, patient care 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, much like hospitals do. 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 and training in separate hospitals or affiliated academic health centers and do not require the stringent protective guidelines in their education buildings that are in place at dental school clinics.

Many dental schools are part of the same campus as the medical schools (there are dental schools at institutions with both allopathic and osteopathic medical schools), which are often in underserved communities. Dental schools also exist within Minority Serving Institutions, such as Meharry Medical College and Howard University.

During this crisis, some dental school clinics have been retrofitted to accommodate hospital beds to assist the academic medical centers, which are operating above capacity. Also, dental faculty and residents who remain on campus to treat dental emergencies have volunteered in many medical centers or hospitals to evaluate patients coming to the ER and perform other duties within their scope of practice (administering COVID-19 tests, for instance).

Dental schools are part of their local communities' health care safety net and are a valuable untapped health care resource that could be used at this time, and in future pandemics. Dental school clinics serve the same geographic patient populations as their medical colleagues, providing 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.

Therefore, we respectfully request that as you finalize the HEROES Act you include dental and dental hygiene school clinics in the eligibility for grants to expand, enhance and modernize these important community health care facilities, which will allow them to continue their missions during this health crisis. Otherwise, oral health care for underserved and medically compromised patients, as well as the low-income population, will go unmet due to the high costs associated with ensuring adequate safety precautions for the delivery of care.

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

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