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April 30, 2020

The Honorable Mike Pence
Vice President of the United States
Eisenhower Executive Office Building
1650 Pennsylvania Avenue, NW
Washington, DC 20501

Dear Vice President Pence:

On behalf of the American Dental Hygienists' Association (ADHA) and the American Dental Education Association (ADEA), we thank you for your leadership in response to the novel coronavirus (COVID-19) pandemic, and applaud you for your ongoing work to provide the American people and economy with support and relief during these uncertain and unprecedented times.

We also wish to stress to you the importance of oral health as a part of total health, and ask you not to overlook oral health care providers in the many important decisions you continue to make during this national crisis. Specifically, with respect to distribution of the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Fund through the Public Health and Social Services Emergency Fund (PHSSEF), please ensure the inclusion of those who provide oral health services, including oral health care providers and dental school and dental hygiene education program clinics. With respect to Personal Protective Equipment (PPE), please ensure that oral health care providers have access to needed PPE, including N95 respirator masks and face shields, *before* the provision of elective dental procedures resumes.

ADHA is the largest national organization representing the professional interests of the more than 185,000 registered dental hygienists across the country. Dental hygienists are licensed primary care oral health professionals and members of the oral health care team who focus on preventing oral disease and identifying and treating oral disease. Dental hygienists administer a range of oral health services, including prophylaxis (cleaning), sealants, fluoride treatments, oral health education, and oral cancer screenings, among other services.

ADEA is The Voice of Dental Education. Its mission 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. Its members include all 78 U.S. and Canadian dental schools, more than 1,000 allied and advanced dental education programs, including many of the nation's more than 325 dental hygiene education programs (at least one in every state). Each dental

education program operates a clinic on site or in the community at which dental and dental hygiene students deliver oral health care services, alongside licensed oral health providers, as part of their clinical education.

As you and the Coronavirus Task Force oversee the federal government's continued efforts to distribute the \$175 billion that the CARES Act allocated to the PHSSEF to reimburse eligible health care providers for expenses or lost revenue attributable to COVID-19—along with the additional \$75 billion allocated by Congress—**ADHA and ADEA respectfully request that you include oral health care providers among those receiving funds through the PHSSEF.**

Medicaid, unlike Medicare, can provide oral health benefits. More than 20 million children on Medicaid received required oral health services in 2018, according to [Form CMS-416](#). As of 2019, [47 states and the District of Columbia provided at least limited adult dental Medicaid benefits](#), even though adult dental benefits are optional under Medicaid. Total dental spending in 2018 was \$136 billion, or 3.7% of total health spending in the United States, according to data from the American Dental Association Health Policy Institute. We were pleased to see HHS announce on April 22 that “There are some providers who will receive further, separate funding, including...dentists, and providers that solely take Medicaid.”

To illustrate the tremendous losses suffered by the dental community due to COVID-19, we want to share an example from Indiana. Indiana University School of Dentistry (IUSD) operates a dental clinic where dental and dental hygiene students provide clinical services, an essential component of their clinical education. The loss of revenue for each day the IUSD dental clinic is closed is \$103,448. The dental clinic has been closed to all but emergency cases since March 30, with losses mounting every day.

As essential federal dollars continue to flow to health care providers during the COVID-19 pandemic, we ask you to please ensure dental school and dental hygiene education program clinics—along with other sites where oral care services are provided—receive needed funds to address significant revenue loss. Medicaid providers, including dental clinics, serve the nation's most vulnerable populations. Please ensure their revenue losses are considered for reimbursement through the Provider Relief Fund .

While we look forward to the day when dental exams and procedures are available once again, the leadership of both the federal government and the nation's governors will be needed to ensure that dentists, dental hygienists and others on the dental team have access to necessary PPE, including N95 respirator masks and face shields, before these services commence. This is all the more important given the Centers for Medicare & Medicaid Services (CMS) April 19 [Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1](#).

Oral health providers are particularly vulnerable to COVID-19 transmission given their close proximity to patients. In its March 18 announcement on elective surgeries and procedures, CMS made this point, with particularly strong recommendations for dental procedures: **“Dental procedures use PPE and have one of the highest risks of transmission due to the close proximity of the healthcare provider to the patient.** To reduce the risk of spread and to preserve PPE, we are recommending that all non-essential dental exams and procedures be postponed until further notice.”

In its April 7 [guidance](#) for dental settings, the Centers for Disease Control and Prevention (CDC) noted that the practice of dentistry involves the use of instruments, including handpieces, ultrasonic scalers

and air-water syringes, which create a visible spray containing large particle droplets of water, saliva, blood, microorganisms and other debris. CDC further noted that this spatter may also contain certain aerosols. The CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) recommends prioritizing respirators for these aerosol-generating procedures. Thus, in order to safely and effectively treat patients, oral health care providers need access to proper PPE, including N95 respirators. Further, the Occupational Safety and Health Administration placed dental health care providers in the "very high exposure risk" category in its [Guidance on Preparing Workplaces for COVID-19](#). In addition, the CMS April 19 recommendations, noted above, likewise warn that "procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 masks and face shields."

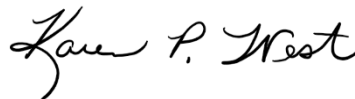
Accordingly, we implore the Task Force to work with relevant federal agencies and stakeholders, as well as the nation's governors, to help ensure that there is adequate PPE for the entire dental team, including N95 respirators and face shields, before the dental team returns to work and elective dental services resume.

Thank you for your consideration of ADHA's and ADEA's views, and again for the important leadership role you are playing during this crisis. We would be pleased to provide additional information or answer questions regarding our position. Do not hesitate to contact ADHA Washington Counsel Karen Sealander (ksealander@mwe.com) at McDermott Will & Emery, or ADEA Chief Advocacy Officer Tim Leeth (tleeth@adea.org).

Sincerely,



Ann Battrell, MSDH
Chief Executive Officer
American Dental Hygienists' Association



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

cc: Matt Crespin, MPH, RDH, ADHA President
Lisa Moravec, RDH, MSDH, ADHA President-Elect
Ryan Quock, D.D.S., Chair of the ADEA Board of Directors
The Honorable Alex Azar, Secretary of Health and Human Services
The Honorable Seema Verma, Administrator, Centers for Medicare and Medicaid Services
The Nation's Governors