

ADEA Policy Brief

Understanding the History and Securing the Future of Ryan White Dental Safety Net Programs

ADEA THE VOICE OF DENTAL EDUCATION

The HIV/AIDS Epidemic

Approximately 46% of people with HIV/AIDS experience at least one major HIV-related oral health problem, yet individuals with HIV/AIDS face persistent barriers when accessing dental care. Academic dental institutions are one of the main dental care providers for people living with HIV/AIDS.

Regular dental care for people living with HIV/AIDS is necessary to monitor the development of potentially life-threatening opportunistic infections that manifest orally.

- **Problem:** An estimated 58–64% of people living with HIV/AIDS do not receive regular dental care.
- **Significance:** The effects of unmet dental needs go beyond pain and discomfort and can lead to lower medication compliance and poor nutrition, among other serious health issues.

Ryan White Dental Programs Play a Significant Role

The Ryan White HIV/AIDS Program is the nation's largest federal program funded exclusively for low-income, underinsured and uninsured people living with HIV/AIDS.

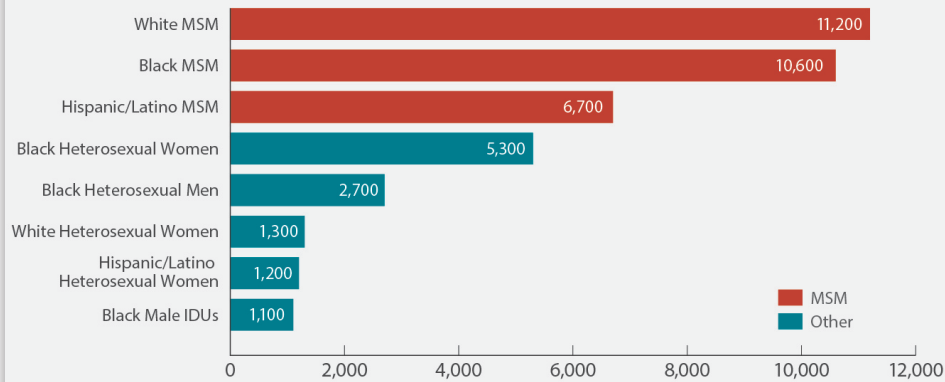
- **Filling the Gaps:** The Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP) were created to address gaps in dental care for people with HIV/AIDS. The programs specifically focus on oral health for HIV/AIDS patients and fall under Part F of the law. These dental programs play a significant role in the health and well-being of people living with HIV/AIDS.

Dental Reimbursement Program

The DRP's mission is to reduce unmet dental needs in the HIV/AIDS population and clinically train dental students, dental hygiene students and dental residents to care for people with HIV/AIDS.

- Under the DRP, more than 11,700 dental students, dental hygiene students and dental residents were trained in 2011 and provided dental care to more than 37,100 people with HIV/AIDS.

Estimates of New HIV Infections in the United States for the Most-Affected Subpopulations, 2010



Source: CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012;17(4). Subpopulations representing 2% or less are not reflected in this chart. Abbreviations: MSM, men who have sex with men; IDU, injection drug user.

- The DRP defrays some of the cost of uncompensated care that grantees provide to people living with HIV/AIDS.
- The program is open to accredited academic dental institutions, advanced dental education programs and dental hygiene educational programs that can demonstrate incurring non-reimbursed costs from treating HIV/AIDS patients.

Community-Based Dental Partnership Program

The CBDPP increases the number of dental professionals providing care to patients with HIV/AIDS in underserved rural and urban areas through education and clinical training.

- Nearly 3,000 dental students, dental hygiene students and dental residents were trained through this program in 2011.
- The program also increases access points for people living with HIV/AIDS to receive quality dental services by forming collaborative, community-based HIV dental care partnerships between community dental clinics and private practice dentists and accredited dental and dental hygiene programs.

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The Challenges Facing the Ryan White Dental Programs Are Substantial

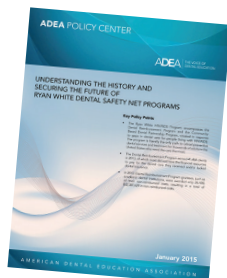
In 2013, DRP grantees, such as academic dental institutions, were awarded only 26.10% of non-reimbursed costs, resulting in a total of \$32,387,629 in non-reimbursed costs. The low reimbursement rates, combined with administratively onerous reporting requirements, threaten participation in the dental programs.

- **Program Barriers:** Low reimbursement rates discourage academic dental institutions that administer the DRP from investing in infrastructure and human resources necessary to apply for funding.
- **Growing Need:** A growing number of Ryan White clients need dental services, yet funding for dental programs is declining.

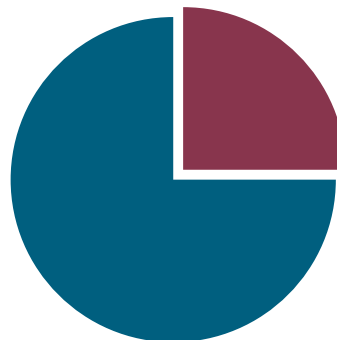
Securing the Resources for Dental Care for People Living with HIV/AIDS

The Ryan White HIV/AIDS Program is literally the only path to critical preventive dental services and treatment for thousands of adults in the United States, especially for those who need them the most. DRP and CBDPP remain fundamental programs for providing dental care, coordinating with primary care services and training health care professionals. Yet, the untenable reimbursement structure and burdensome administrative requirements jeopardize the continued involvement of academic dental institutions in the Ryan White HIV/AIDS Programs. Thoughtful consideration must be given to adequate funding for these programs to ensure that the Ryan White HIV/AIDS dental programs can continue to serve the oral health needs of people living with HIV/AIDS.

The full ADEA report, "Understanding the History and Securing the Future of Ryan White Dental Safety Net Programs," is available at adea.org/RyanWhiteDental/#Resources.



536,219 Ryan White Clients Served in 2012



- Majority are below 100% FPL
- 1 out of 4 are uninsured
- 32% are insured by Medicaid
- 47% are Blacks/African Americans

In 2013, Dental Reimbursement Program grantees, such as academic dental institutions, were awarded only 26.10% of their non-reimbursed costs resulting in a total of \$32,387,629 in non-reimbursed costs.

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