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United States Senate Committee on Health, Education, Labor and Pensions (HELP)
Hearing Title: Examining the Dental Care Crisis in America: How Can We Make Dental Care More Affordable and More Available?

Thursday, May 16, 2024, 10:00 a.m. ET
Rm. 430 Dirksen Senate Office Building

Testimony of Dr. Gordon R. Isbell III, DMD, MAGD
President and Dentist, Isbell Dental; Member, Academy of General Dentistry

Chairman Sanders, Ranking Member Cassidy, and Members of the Committee: I thank you for the opportunity to testify before you on behalf of the Academy of General Dentistry (AGD) to discuss access to and the issues facing the delivery of oral health care in the United States. The AGD is the only professional association that exclusively represents the needs and interests of general dentists, advancing general dentistry through quality continuing education and advocacy. The AGD provides its more than 40,000 members with the resources and support to provide the best dental care and oral health education.

The good news is that the nation is paying more attention to oral health. Research continues to highlight the importance of dental care to overall well-being, but also shows the inequities in access to dental care. The AGD is committed to addressing these inequities by leveraging the abilities of private practice general dentists. I recognize that the Committee has a broad jurisdiction with many important issues to focus on, and so I applaud you for your focus on oral health care. However, let me be clear, we must ensure that the private practice of dentistry is protected and that in our efforts to find solutions to common problems, we do not diminish the care we provide, make it harder to enter into and survive in private dental practice, or dilute the level of services that only fully trained and licensed dentists can and should provide.

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I am Dr. Gordon Isbell, III. I have practiced general dentistry in Gadsden, Alabama for 43 years. My son, Dr. Ross Isbell, and I have two practices in Gadsden and have 20 employees. We are a small business and a family restorative dental practice serving our patients and our community.

We have strived during these years to stay state-of-the-art technologically, as we believe our patients deserve to be treated with the highest standard of care possible.

I have sought to hone my skills for my entire career and have achieved Fellowships and Masterships in the AGD. I believe in the importance of lifelong learning in our profession.
I have also served my profession as state president of the Alabama Academy of General Dentistry and the Alabama Dental Association.

I have served in multiple capacities in organized dentistry from Regional Director to Trustee of the AGD Board to serving as Chairman of the American Dental Association's Council on Dental Practice, as well roles in many state and local societies.

The AGD believes that every American should have access to oral health care. Our practice cares for many underserved populations by working to treat patients through Donated Dental Services, Mission of Mercy, and Regional Access Missions programs. In particular, it has been an honor to serve so many of our veterans that have needed oral health care after they have served our nation and kept us free when they have had difficulty receiving all the care they need.

I have been a Physician Staff member at two local hospitals to help with our special needs populations. Our practice treats special needs patients as well as the elderly population in our community. I have a daughter with Spinal Muscular Atrophy who lives in an electric wheelchair, thus I understand and have lived knowing those with special needs have barriers that must be understood and the provider community as a whole must come together to help overcome these barriers to access. I would note that in our practice, we have safety protocols for our patients and

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staff. Our staff has access to emergency training opportunities. General dentistry is here to serve our patients safely and effectively.

Private practice dentists treat oral health care problems as early as possible. This helps ensure that patients will not need to go to an emergency room for treatment or develop subsequent medical issues. This type of early treatment saves patients and the health system money and improves overall health and quality of life for our fellow Americans. This is why it is critical to protect private practice dentistry, as only dentists can provide consistent, preventative oral health care and serve these needs.

Small businesses, including general dentistry, are challenged with increased governmental paperwork and regulations. Reimbursements have continually decreased as the cost of doing business has escalated over the past 43 years during my time practicing. These barriers make it challenging for individual practitioners to continually serve our citizens.

Additionally, workforce shortages are a continual challenge for small businesses like mine in private practice dentistry. Finding quality well-trained personnel to assist dentists in taking care of our patient population has been an issue for years and has only been exacerbated since COVID-19. Unfortunately, the outlook going forward is not promising. All six of the hygienists in our practice are at or near retirement age, but I am here to not just talk about challenges, but solutions as well.

Introduction and Landscape

Oral Health is Critical to Overall Wellbeing

Studies have long documented the importance of an individual's oral health to their overall wellbeing. One journal from 2017 stated "the oral cavity is the intersection of medicine and

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dentistry and the window into the general health of a patient".[1] This holds true for patients across their lifespan, from birth to early youth, to women who are pregnant or postpartum, to those at the end of life. Research estimates that over 100 systemic diseases have oral manifestations.[2] For example, the Mayo Clinic states that poor oral health may contribute to various diseases and conditions, including: (1) endocarditis when bacteria from the mouth spreads through the bloodstream; (2) cardiovascular disease which may be linked to infections caused by oral bacteria; (3) birth complications; and (4) pneumonia. Additionally, poor oral health can also be an indicator of diseases such as diabetes, HIV/AIDS, osteoporosis, and Alzheimer's disease. Research also shows other conditions that might be linked to poor oral health, including eating disorders, poor nutritional intake, rheumatoid arthritis, certain cancers, and immune system disorders.[3]

Dentists like myself often identify illnesses and conditions before they are diagnosed by a physician. Patients tend to visit their dentists more regularly than their physicians. This may be due to the fact that many medical issues are asymptomatic, and patients therefore do not see a need to visit their physicians as frequently. Optimization of a patient's health through both primary and dental health care can alleviate many of these disease burdens on individuals and on the health care system as a whole.

Although dentistry accounts for just four percent of total national health expenditures,[4] dental health care can help prevent worsening of certain illnesses and ultimately save costs to both the individual patient and the overall health care system. For example, illnesses related to oral health

1 Patricia Alpert. *Oral Health: The Oral-Systemic Health Connection*. SAGE Journals. https://journals.sagepub.com/doi/abs/10.1177/1084822316651658.

2 Shawn F. Kane. *The Effects of Oral Health on Systemic Health*. General Dentistry Research Brief. https://www.agd.org/docs/default-source/self-instruction-(gendent)/gendent_nd17_aafp_kane.pdf.

3 Mayo Clinic Staff. *Oral Health: A Window to Your Overall Health*. May Clinic. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475.

4 Centers for Medicare & Medicaid Services. *National Health Expenditures 2017 Highlights*. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf.

result in 6.1 million days of bed disability, 12.7 million days of restricted activity, and 20.5 million lost workdays each year.[5] Additionally, data indicates that costs associated with emergency room visits for dental procedures may exceed $2 billion per year.[6] Therefore, it is important to note that unlike medical treatments, the vast majority of oral health conditions are avoidable through the prevention model of oral health literacy, sound hygiene, and preventative care. Doing so will help the patient avoid worsening health conditions and prevent them and the health care system from incurring great costs. For example, general dentists can help identify early signs of tooth decay, which can help patients avoid developing cavities or infections which can be costly and painful to treat. If patients develop oral infections, particularly those with preexisting conditions such as diabetes or certain cardiovascular conditions, they can experience severe health complications that result in emergency room visits.

Challenges Facing Dentistry and Oral Health

Given the importance of oral health to the nation's overall health and wellbeing, it is critical to address the numerous challenges facing dentistry. As I will discuss in greater detail later in my testimony, some of the biggest challenges in dentistry include inadequate access to oral health care, workforce shortages, significant dental student loan debt, low reimbursement from government programs, and anti-competitive insurance and governmental practices.

The AGD cares deeply about ensuring that every American has access to oral health care. Good oral health care is critical to peoples' health and wellbeing. Unfortunately, many communities lack access to oral health care services, especially those in rural and underserved communities and those individuals without insurance.

5 U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000. NIH publication 00-4713. https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf.

6 Owens, P., Manski, R., Weiss, A., *Emergency Department Visits Involving Dental Conditions, 2018.* Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Statistical Brief #280, August 2021. https://www.ncbi.nlm.nih.gov/books/NBK574495/pdf/Bookshelf_NBK574495.pdf

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Inadequate access to dental care is further exacerbated by the acute workforce issues plaguing the dental profession. There are severe dental auxiliary shortages across the country, particularly in rural and underserved areas. Furthermore, due to the dental student loan crisis, many dentists are forced to practice in specific geographic areas to make ends meet. Without policies that support the dental workforce, dentists are unable to provide care for their patients and access to care is reduced. This leaves the patients who are most in need of care without sufficient access to dental providers.

Dentists are committed to serving each and every individual with the best possible care, but simply are unable to because of a lack of adequate policy. Policies that may help advance access to care include supporting increasing the workforce and improving oral health literacy. These policy proposals will be discussed later in this testimony.

Finally, the private dental insurance industry is increasingly putting heightened pressure on dentists and patients through anti-competitive insurance tactics and inadequate reimbursement. Notably, insurance companies often force dentists to charge patients the maximum fee for "non-covered" services, rather than allowing dentists to charge patients a usual and customary fee. This practice harms the critical relationships between patients and dentists, and forces private-pay patients to absorb the additional out-of-pocket costs incurred by the dentist.

To address these challenges and more, the AGD supports a variety of policy solutions to enhance access to oral health services, strengthen the dental workforce, and promote small and independent dental practice owners.

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Priority Issues of Concern

In addition to ensuring access to dental health care and strengthening the private practice of dentistry, the AGD would also like to bring focus to four priorities we urge this Committee, and Congress, to act on:

I. Supporting increased workforce in dentistry
II. Promoting equitable relationships between dentists and insurers
III. Including the AGD as an approved provider of opioid training under the *Medication Access and Training Expansion (MATE) Act*
IV. Promoting oral health literacy

The AGD cares deeply about ensuring every American has access to oral health care. As discussed previously, oral health care is a critical predictor and indicator of overall wellbeing. Unfortunately, not everyone has access to dental health care, and these rates of access are significantly worse for underserved populations. For example, people who are located in rural areas, have lower incomes, and are Hispanic and non-Hispanic Black are less likely to have had a dental visit within the last year, according to 2019 data from the Centers for Disease Control and Prevention (CDC).[7] Additionally, those without insurance are also less likely to seek or receive dental health care.[8] Further, a 2021 survey found that nearly half of all Americans with insurance skipped a dental visit because of cost.[9]

That said, while the AGD supports federal programs aimed at addressing some of these disparities, such as community health centers (CHC), and recognizes that they can help increase access to

7 AE Cha AE, RA Cohen. *Urban-Rural Differences in Dental Care Use Among Adults Aged 18−64*. NCHS Data Brief, no 412. National Center for Health Statistics. 2021. https://www.cdc.gov/nchs/data/databriefs/db412-H.pdf.

8 Chad D. Meyerhoefer, Irina Panovska, and Richard J. Manski. *Projections Of Dental Care Use Through 2026: Preventive Care to Increase While Treatment Will Decline*. Health Affairs. https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0833.

9 Michelle Lambright Black. *Nearly Half of Insured Americans Skip Dental Visits, Procedures Due to Cost*. Value Penguin. https://www.valuepenguin.com/dental-survey.

care, we are concerned that increasing the number of CHCs where existing dental practices are already serving a population harms these small and independent dental practices. This unfair federal subsidization of such competition, including allowing the cherry picking of patients that already have a dental home and coverage, can force existing practices to close. There is also no guarantee that once private practice dentists are forced out of an area, that federally subsidized sites can care for the whole of the community. This, in turn, potentially worsens the access issue that we all want to solve. Many dentists, myself included, are small business owners and our independent practices are critical to the communities we serve. The AGD recognizes that CHCs can expand access to dental services in areas facing true workforce shortages, but we must work together and in coordination to fill the gaps that truly exist. We urge Congress and the Health Resources and Services Administration (HRSA) to consider the impact that changes to CHC policies and funding will have on the viability of independent dental practices. Furthermore, the AGD strongly supports CHC boards partnering with local dental societies in order to contract with locally practicing dentists to more adequately identify and reach underserved patients. In addition, the AGD has recently expressed concern through formal written communication to HRSA that the data used to calculate Health Professional Shortage Areas (HPSAs) may be out of date and is not updated expeditiously, resulting in inaccurate information and misallocation of needed resources. This inaccurate data can contribute to the problem I noted earlier, of establishing CHCs in areas where the need for them is not the greatest. I have attached the letter to my testimony and we are happy to submit this letter for the record.

I. Promoting a Strong Workforce

The AGD is deeply concerned about issues related to workforce strains, particularly the student loan debt burden impacting our members. Without policies that support the dental workforce, dentists are unable to provide care for their patients. Thus, the AGD strongly supports policies that will help the current workforce as well as the pipeline of future workers.

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For example, we support programs such as dental loan repayment programs, which place new graduates in underserved areas. Dental organizations also host large annual campaigns to fund care for children from underserved communities.

We also support programs that help with student loan relief, particularly for dentists practicing in underserved areas, and workforce policies that will support staffing and operational needs of dental practices. Let me be clear, all members of the dental team play an important role in providing care, but nothing can substitute for the training and skill required to become a dentist and any efforts to substitute care by those with less training or qualifications only increases the risk of harm and further complications to patients.

The AGD strongly supports the reauthorization of the *Action for Dental Health Act*, which would reauthorize critical state grants to support dental health workforce initiatives in areas with dental health provider shortages from fiscal years (FY) 2024 to 2028. These grants are managed by HRSA and provide $13.9 million in annual funding for oral health workforce grants. Grants authorized by the *Action for Dental Health Act* improve the oral health workforce's capacity and increase access to dental health services. These grants are especially important in rural and underserved areas that face severe workforce shortages which affect access to dental care. Funding from these grants could be used for a variety of important workforce initiatives, including, but not limited to: (1) recruiting and retaining dental professionals; (2) establishing or expanding dental residency programs in coordination with accredited dental training institutions in states without dental schools; (3) providing grants or low-interest and no-interest loans to help dentists who participate in the Medicaid program to establish or expand dental practices in geographic areas with dental shortages; and (4) contributing to loan forgiveness and repayment programs. The *Action for Dental Health Act* would support rural and underserved communities by bolstering the oral health workforce in these areas and improving access to crucial dental services.

Furthermore, the AGD supports Title VII of the *Public Health Services Act* (PHSA). Section 748, entitled *Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene*,

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administers grants through HRSA to bolster postdoctoral dental and dental hygiene programs, advance dental education, and offer loan repayments for a spectrum of dental specialties, including general dentistry. Such grants play a pivotal role in broadening the accessibility of oral health care services, especially in rural and underserved regions. Moreover, Section 784 grants address the scarcity of dental school professors by facilitating faculty loan repayment programs and professional development courses. These initiatives also champion diversity within the dental field through programs like the Health Careers Opportunity Program (HCOP), Centers of Excellence (COE), and Minority Faculty Fellowship Program (MFFP). Through FY 2025, HRSA commits an annual investment of $14 million to postdoctoral training in general, pediatric, and public health dentistry residency programs, aimed at fostering the evolution and enhancement of novel care delivery models in underserved areas. The AGD strongly advocates for the reauthorization of these pivotal programs well beyond 2025.

As in many sectors throughout the health care industry and beyond, workforce strains among dentists were greatly exacerbated during the COVID-19 pandemic. Some practices had many of their employees quit during the pandemic due to the additional stress and fear resulting from the virus. Stressors and strains on the workforce like this ultimately decrease access to oral health care and exacerbate the burden on dental practices.

Additionally, the AGD strongly supports solutions to address the dental student loan crisis, including through the *Resident Education Deferred Interest (REDI) Act*. The average dental school student graduates with over $262,000 in debt. With dental school tuition nearly doubling since 2000, new dentists are faced with staggering amounts of debt after graduation, which can limit their ability to choose a preferred career path. Most dental students rely on federal student loans to finance their education. In addition, with the passage of the *Budget Control Act of 2011*, graduate students lost access to federally subsidized loans. Under this program, the federal government pays the interest while students are in school, during a grace period, and during periods of deferment. The loss of this benefit has increased the debt burden on graduate and professional students, including dental students.

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Unfortunately, education costs can be a disincentive to practicing in underserved areas after graduation. The REDI Act would bolster the workforce and increase access to care by allowing dental and medical students to defer their student loans interest-free while working in an internship or residency program. Dentists frequently earn modest salaries during their residency, while their student loan debt rapidly increases due to accruing interest. The REDI Act would allow more dentists to practice in underserved or rural areas where salaries may be lower.

Some argue that to address access to care issues, we need to create a new mid-level dental provider. The AGD disagrees. Oral health will not be optimized by introducing a less-educated practitioner who is authorized to perform non-reversible surgical procedures. This model will create a system where those with more critical oral and medical health issues will be treated by practitioners with less training. Enacting policies, like those outlined above, to eliminate disincentives to practice in underserved areas will allow citizens to find a dental home led by a general dentist. The AGD looks forward to working with the committee to reach that common goal.

II. Equitable Insurance Practices

Many dentists, myself included, independently own our small dental practices. Independent dental practices are integral to the communities we serve, especially in rural and underserved areas that have limited access to providers. Unfortunately, we have regularly heard from members who feel the dental insurance industry forces independent dentists into unfair contracts that harm their practices and their patients. Currently, dental insurers often require providers to charge patients the maximum fee for non-covered services, rather than allowing dentists to charge patients a usual and customary amount for non-covered services, or independently negotiating a price with the patient. This practice, known as fee capping, disrupts long-standing patient-dentist relationships and forces private-pay patients to absorb the additional costs incurred by the dentist.

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It is also incredibly challenging for small, independent dental practices to negotiate with large, consolidated dental insurance companies as the two negotiating parties are on vastly unequal playing fields. This is especially problematic in communities with a limited number of dental insurers, as providers are forced to accept contracts that may disadvantage their practices and their patients. The AGD urges Congress to pass the *Dental and Optometric Care Access Act of 2023* (DOC Access Act), which would prohibit fee capping. This practice also relieves carriers' obligation to provide coverage for a wider range of services. Dentists and patients should be allowed to agree on payment terms that fit the patient's needs, while allowing the dentist to operate a successful practice and provide the best possible care. While over 40 states have enacted legislation prohibiting this practice, many plans are regulated federally and can circumvent these protections. The DOC Access Act is critical to banning fee capping at a federal level. The bill would allow providers to charge a fair and customary amount for non-covered services rather than be subjected to an insurer's mandated fee schedule. The DOC Access Act would promote fairness in contracts between providers and insurers, increase the quality of care for patients, and protect consumers from anti-competitive practices.

III. Safe Opioid Prescribing Practices

The AGD sincerely thanks the Chair and Ranking Member, as well as Senator Collins on this Committee and Senator Bennet, for their efforts to include the AGD as an approved training provider for prescribers of opioids in the reauthorization of the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act* (SUPPORT Act). This training, as required by the *MATE Act*, is essential to educate providers on safe opioid prescribing practices. We especially appreciate Senator Collins' tireless work to ensure that general dentists can readily access essential prescribing training.

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The AGD recognizes that the dire opioid epidemic continues to plague American communities. Recent studies have found that while opioid prescribing by dentists is decreasing[10], dentists still prescribe 8.6 percent of all opioids.[11] As general dentists continue to prescribe opioids for pain management, the AGD will continue to educate them on safe opioid prescribing, opioid addiction, and alternative treatment options that may be used.

IV. Oral Health Literacy

In addition, the AGD greatly appreciates Senator Luján's and Senator Collins' efforts on the *Oral Health Literacy and Awareness Act of 2023*. We strongly believe that by improving oral health literacy, we further everyone's access to dental health care, particularly among underrepresented populations including rural populations. Unfortunately, studies show that dental care visits declined drastically during the early phases of the COVID-19 pandemic, and although they have rebounded since, rates of dental care visits remain below pre-pandemic levels.[12] Further, some populations require more regular or intensive visits to their dentists but are unaware of this need or the consequences of foregoing this care. For example, pregnant women may experience worse oral health due to hormonal fluctuations, and it is critical they see their dentist regularly to ensure any infection does not pass onto the fetus. Other barriers to access and utilization that patients report include transportation issues, lack of oral health literacy,[13] fear, and anxiety. In summary, educating the public about the importance of maintaining good oral health should be a top concern — as oral disease left untreated can result in pain, disfigurement, loss of school and workdays,

10 H. Yan Connie et al, *Trends in Opioid Prescribing by General Dentists and Dental Specialists in the United States*, 2012–2019. Am J Prev Med. 2022 Jul; 63(1): 3–12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9233039/.

11 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Dental Pain Care*. https://www.cdc.gov/opioids/healthcare-professionals/prescribing/dental-pain.html.

12 Ashley M. Kranz, Annie Chen, Grace Gahlon, and Bradley D. Stein. *2020 Trends in Dental Office Visits During the COVID-19 Pandemic*. The Journal of the American Dental Association. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7942140/.

13 Institute of Medicine, Board on Population Health and Public Practice. *Oral Health Literacy*. https://www.ncbi.nlm.nih.gov/books/NBK207122/.

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nutrition problems, expensive emergency room use for preventable dental conditions, and even death.

Conclusion

The AGD continues to advance its mission to promote and advance oral health for all by advocating for improved oral health literacy and a regulatory environment that supports general dentists' practice of primary oral health care. In conclusion, successfully advancing access to, and delivery of, oral health care to all Americans will require swift and intentional action. This action will need to support both the workforce, so they are able to care for patients across the United States regardless of where they are located or patients' ability to pay, and the patients, by educating them on the importance of healthy oral habits and expanding their access to care. Progress will require partnership across all stakeholders, including government and industry, and we urge your support for policies that prioritize oral health and wellbeing in conjunction with the dental profession across all practice locations, including private, independent practice. The AGD strongly believes every person deserves a dental home and access to routine, safe, reliable, and quality oral health care provided by trained and licensed professionals, led by dentists.

Thank you for the opportunity to appear before the Committee today, and I look forward to your questions.