

June 28, 2021

The Honorable Karen Bass
U.S. House of Representatives
2021 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Bass,

On behalf of the members of our collective organizations, we would like to thank you for your efforts to correct inequities in oral health care access and utilization within the current and former foster youth population by introducing the *Foster Youth Dental Act* (H.R.1794). We strongly support this legislation's provisions to improve continuity of oral health care services for current and eligible former foster youth by expanding the age requirement and providing incentives for dental providers to serve eligible youth.

As dentists, we know oral health is essential to general health and well-being at every stage of life, but all too often, health policies view the mouth separately from the rest of the body. Systemic conditions such as diabetes, for example, often first become apparent as mouth lesions or other oral problems. More than 90% of all systemic diseases produce oral signs and symptoms. Oral disease left untreated can result in pain, disfigurement, loss of school and work days, nutrition problems, expensive emergency room use for preventable dental conditions, and even death.

Youth who have aged out of the foster care system face considerable barriers in accessing oral health care. While foster youth may receive dental care while covered under Medicaid's EPSDT benefit, 39% of youths that have aged out of foster care do not have dental insurance. Additionally, foster care alumni without dental insurance are 93.5% less likely to have their dental needs met than those with insurance.¹ Most state Medicaid programs do not provide extensive dental care benefits for adults past the age of 20, contributing to the troubling oral health disparities impacting former foster youth.

We appreciate that this legislation recognizes the critical role reimbursement rates can play in addressing the current challenges facing Medicaid programs. We hope that the legislation's provisions to incentivize provider participation will help former foster youth receive the dental care they need while also serving as a future model to demonstrate that increasing provider reimbursement rates is an effective tool to improve Medicaid programs.

The *Foster Youth Dental Act* presents a commonsense multi-faceted approach to solving the access-to and utilization-of dental care issues among eligible former foster youth. If enacted, we believe this proposal's ultimate success will require active and robust collaboration among professional organizations; local, state, and federal governments; community organizations; and other private entities.

¹ Oral Health Care Needs of Young Adults Transitioning from Foster Care. Carrellas, A., Day, A., & Cadet, T. (2018). *Health & Social Work*, 43(1), 22-29. <https://pubmed.ncbi.nlm.nih.gov/29190341/>

We look forward to working with you during this critical time to protect the health of vulnerable populations, including current and former foster youth. We stand ready to help advance the *Foster Youth Dental Act* in Congress.

If you have further questions, please contact Pat O'Connor of the Academy of General Dentistry at patoconnor@kentoconnor.com.

Sincerely,

Academy of General Dentistry
American Academy of Dental Group Practice
American Academy of Oral and Maxillofacial Pathology
American Academy of Oral and Maxillofacial Radiology
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American Association of Women Dentists
American Dental Association
American Dental Education Association
American Society of Dentist Anesthesiologists
American Student Dental Association
Hispanic Dental Association