

American Dental Hygienish' Association McDermott, Will & Emery 600 13™ Street, N.W. Washington, D.C. 20005-3096 {202} 756-8000

OFFICERS

Lisa B. Potter, RDH, President
Karla J. Girts, BSDH, RDH, President-Elect
Ann E. Naber, RDH, Vice President
Jamie B. Menees, RDH, 8S, Treasurer
Beverly P. Whitford, RDH, BS, Immediate Past President

TRUSTEES

Marie Jones-Bridges, RDH, District I
Susan Callahan Barnard, RDH, MS, District II
Irene Mary Connolly, RDH, MS, District III
Tammi O. Byrd, RDH, District IV
Barb Forrest, RDH, District V
Raychene Michaels, RDH, BS, District VI
Carrie D. Benson, RDH, District VIII
Diann Bomkamp, RDH, BSDH, District VIII
Doris Baker, RDH, MA, District IX
Stephanie Bassenberger James, RDH, MS, District XI
Mary Turner, RDH, MS, District XI
Gayle Chang, RDH, B.Ed., District XII

EXECUTIVE DIRECTOR
Stanley B. Peck

The Honorable John Dingell 2322 Rayburn House Office Building Washington, D.C. 20515-6115

Dear Representative Dingell:

On behalf of the American Dental Hygienists' Association (ADHA), I write to express ADHA's support for the principles espoused in the Family Care Act of 2000. This legislation is an important step toward the goal of meaningful health insurance coverage, including oral health insurance coverage, for all children and their parents.

Regretfully, there is room for much improvement in our children's oral health, a fundamental part of total health. Studies show that oral disease currently afflicts the majority of children in our country. Dental caries (tooth decay), gingivitis, and periodontitis (gum and bone disorders) are the most common oral diseases. The Public Health Service reports that 50% of all children in the United States experience dental caries in their permanent teeth and two-thirds experience gingivitis.

The percentages of children with dental disease are likely far higher for the traditionally underserved Medicaid-eligible population and for those eligible for the State Children's Health Insurance Program (SCHIP). For example, one of the most severe forms of gum disease -- localized juvenile periodontitis -- disproportionately affects teenage African-American males and can result in the loss of all teeth before adulthood. If untreated, gum disease causes pain, bleeding, loss of function, diminished appearance, possible systemic infections, bone deterioration and eventual loss of teeth. Yet, each of the three most common oral health disorders -- dental caries, gingivitis, and periodontitis -- can be prevented through the type of regular preventive care provided by dental hygienists.

Despite the known benefits of preventive oral health services and the inclusion of oral health benefits in Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, only one in 5 (4.2 million out of 21.2 million) Medicaid-eligible children actually received preventive oral health services in 1993 according to a 1996 U.S. Department of Health and Human Services report entitled Children's Dental Services Under Medicaid: Access and Utilization.

The nation simply must improve access to oral health services and your legislation is an important building block for all who care about our children's oral health, a fundamental part of general health and well-being.

We in the dental hygiene community look forward to working together toward our shared goal of health insurance coverage for all of our nation's families. Please feel free to call upon me or ADHA's Washington Counsel, Karen Sealander of McDermott, Will & Emery (202-756-8024), at any time.

Stay D. Per-1

Sincerely,

Stanley B. Peck

Executive Director

cc: Karla J. Girts, BSDH, RDH, President

Karen S. Sealander, Washington Counsel