

PREPARED STATEMENT

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Mr. Chairman and distinguished members of the committee, I thank you for your strong interest in improving the dental readiness of Reserve and National Guard Service members. As the Chief of the Dental Care Branch at the TRICARE Management Activity, I am responsible for the management of the various Department of Defense (DoD) dental programs that provide care to over 9.2 million eligible beneficiaries. Today, I will provide a brief explanation of DoD's dental readiness classification system; discuss the current state of Reserve Component (RC) dental readiness; and give an overview of dental programs available to Reserve Component members. The Services will address the challenges they face to improve RC dental readiness and describe their initiatives to address the challenges.

As stated in Health Affairs (HA) Policies 06-001 and 07-011, the DoD dental readiness goal is to have 95 percent of all U.S. forces worldwide deployable. For over 24 years, DoD has successfully gauged the dental readiness of the Services, both Active and Reserve Components, through use of an Oral Health and Readiness Classification System. The Department revised the current classification system, as described in HA Policy 02-011, in June 2002. The various dental readiness classifications are:

- Dental Class 1 – Individuals with a current dental examination, who do not require dental treatment or re-evaluation. Healthy service members who are worldwide deployable;
- Dental Class 2 - Individuals with a current dental examination, who have oral conditions/diseases that require non-urgent care or re-evaluation. These are oral conditions, which are unlikely to result in a dental emergency within 12 months. Service members who are worldwide deployable;
- Dental Class 3 – Patients who require urgent or emergent dental treatment that if not accomplished will likely result in a dental emergency within 12 months. Class 3 individuals are considered **not worldwide deployable**; and
- Dental Class 4 – Individuals who have not accomplished their periodic dental examinations or patients with unknown dental classifications and are considered **not worldwide deployable**.

### **Current Dental Readiness Status**

When comparing the Department's quarterly reports on the Individual Medical Readiness (IMR) for Active Components for the first quarter of fiscal year (FY) 2008 with the first quarter of FY 2007, each of the Services has shown progress in meeting the DoD goal of 95 percent dental readiness. The Air Force

is the only Service, however, that meets or exceeds the goal with 98.3 percent of their personnel being dentally ready. Currently the Army is at 87.3 percent, the Navy 87.0 percent and the Marines are 76.8 percent.

When comparing quarterly IMR reports for Reserve Components for the first quarter of FY 2008 with the first quarter of FY 2007, there has not been any significant change. None of the Services meets the DoD goal of 95 percent dental readiness. As of 1 December 2008, the Army National Guard was at 43.2 percent, Army Reserve 50.6 percent, Marine Corps Reserve 77.7 percent, Air Force Reserve 84.9 percent, Air Force National Guard 88.8 percent, and the Navy Reserve was 90.0 percent.

It is important to understand some basics about dental readiness. The majority of the Class 3 dental conditions in our service members are a result of dental decay (caries), and dental decay is a chronic infectious disease. To properly treat and prevent dental decay, individuals at high risk for this disease must modify their diets and eating behaviors and practice effective daily oral hygiene. If these measures are not taken, dental decay may recur in the same teeth that previously received treatment. Frequently, the recurrence of disease will result in a more extensive treatment need which may include a larger filling, a root canal and/or a crown.

Several studies have validated the importance of DoD's Oral Health and Readiness Classification System. A study by the Tri-Service Center for Oral Health Studies, published in *Military Medicine* in October 2007 showed the dental emergency rate for Class 3 personnel is 8.8 times higher than personnel in Class 1 and 3.9 times higher than the rate in Class 2 personnel. A recent report on 900 Air Force personnel deployed for 120 days found that only 1.7 percent received any needed dental care during the deployment. This demonstrates that if we deploy personnel in good oral health, their chances for a dental emergency during the deployment are significantly reduced.

## **Dental Programs for Reserve Component Members**

### *TRICARE Dental Program*

In various surveys, to include the Status of Forces Survey of Reserve Component members, approximately 70 percent of reservists have responded that they have some form of dental insurance provided by their civilian employer. For those Reserve Component members without employer-sponsored dental insurance, DoD offers the TRICARE Dental Program (TDP), a comprehensive

dental insurance program for Active Duty family members, Reserve Component members and their families.

Over the past two years, there have been about 8 – 10 percent of eligible Reserve members who have elected to enroll in the TDP. The Air Guard has the highest enrollment with 21.8 percent. The lowest enrollment rate is the Marine Corps Reserve with only 2.8 percent enrolled. The Government pays 60 percent of the monthly premium with the reservist paying 40 percent; currently a reservist pays a low monthly premium of \$11.58. There is an annual maximum payment for dental services of \$1,200 with cost shares for the more expensive procedures such as root canals, crowns, extractions. Most preventive services are covered at 100 percent and do not count toward the annual maximum. There is also coverage for orthodontics with a lifetime maximum payment of \$1,500.

For FY 2007, 71.6 percent of the reservists enrolled in the TDP utilized at least one covered procedure. The TDP network of dentists is quite large with over 84,434 participating dental offices. This includes 63,555 general dentist locations and 20,769 specialist locations. The current reimbursement rates for participating dentists are adequate as evidenced by the high number of participating dentists in the program. However, there are some areas in the U.S. where the reimbursement rates have been adjusted upward to improve access to care.

### *Reserve Health Readiness Program*

In addition, the Reserve Health Readiness Program (RHRP) provides medical and dental care for reservists. The RHRP has a network of contracted dentists that provides dental exams and Class 3 treatment needs to assist reservists in achieving and maintaining dental readiness. During the past 12 months approximately 180,000 reservists received their annual dental exams and 7,500 Class 3 patients received required dental care. The vast majority (92 percent) of these reservists who received their exams and required treatment were Army.

### *Early Activation Dental Care*

Reservists on 90-day early activation orders are eligible for dental care at the same level as Active Duty Service members. The majority of this dental care is provided in military Dental Treatment Facilities (DTFs); however, when needed, referrals are made to dentists in the private sector. Private sector dental care for Active Duty personnel is managed by the TRICARE Management Activity. Currently this program is administered by personnel at the Military Medical Support Office in Great Lakes, Illinois.

### *Transitional Assistance Management Program*

The Transitional Assistance Management Program (TAMP) includes a dental benefit for recently de-activated or separated military members. This dental benefit provides space available care in military DTFs for 180 days from the date of leaving Active Duty status. It should be noted that very few DTFs have space available to treat these members. But, Reservists who are deactivated and who will remain in the Reserves are eligible to enroll in the TDP.

### *Department of Veterans Affairs (VA)*

Finally, all Service members who are separated from Active Duty receive a DD Form 214, Certificate of Release or Discharge from Active Duty. A section of this form documents whether there are any dental conditions requiring treatment that DoD could not provide prior to separation. If treatment is required, the member may apply for treatment to the VA within 180 days of release from Active Duty. The VA will notify the member of their eligibility status for this treatment. On average, about 18 percent of eligible deactivated Reservists have utilized this benefit over the past three years.

### **Conclusion**

Mr. Chairman, distinguished members, thank you for your interest in improving the dental readiness of our National Guard and Reservists. As you can see, the Department offers several options to improve the dental readiness of these Service members. We look forward to your continued support as we implement new and improved programs to improve the oral health of Reserve Component members.