



Access to Care

Access to dental care in the United States of America is an important issue requiring a collaborative integrated effort with multiple parties including patient advocates, consumers, community leaders, legislators, educators, organized medical and dental communities, federal and state governmental agencies, third party reimbursement organizations, and others. The disparity issues influencing access to care are complex with economic, cultural, and educational components requiring an integrated effort.¹⁻⁵ Many Americans lack the understanding of the role of oral health and its effect on overall health.⁶ While universal access to care is a worthy goal, it must not be at the sacrifice of the quality of oral health care for all Americans.¹

Currently, 91% of the total population of the United States has medical insurance coverage compared to only 77% with dental insurance coverage. The most commonly cited reason for not visiting the dentist is lack of insurance. Individuals living below the poverty level are more than twice as likely to report delaying dental visits because of costs.⁷⁻¹⁰ Creating a system that allows adequate access to dental care for all will require an integrated approach of federal and state governmental agencies, third party reimbursement organizations, legislators, community leaders, and organized medical and dental communities.¹⁻¹⁰ It is essential these stakeholders work together to provide adequate resources for new initiatives as well as existing programs, to increase capacity by enrolling new providers to serve these at-risk populations. In addition, allocation of these resources needs to reflect an increasing emphasis on education, prevention, and early intervention to better serve patients over their lifetime. In turn, over time, this will direct resources to where they generate the most return on investment for both patients and the programs providing care, which will hopefully begin to reduce the incidence of dental disease and better manage the costs associated with treatment for everyone involved.

The American College of Prosthodontists (ACP) has been working in concert with the American Dental Association (ADA) to address access to care issues (<http://www.ada.org/en/public-programs/action-for-dental-health/access-to-care>). The U.S. National Oral Health Alliance and the Medicaid Provider Advisory Committee are just two examples of the ADA's strategic efforts.¹¹ Although not part of the public health care system, the community of dentists in private practice provided \$2.16 billion in free or discounted care to disadvantaged children and adults in 2007.²⁻⁵ More than 70% of dentists provide charity care, with the average donating more than \$13,000 in free or discounted care annually.²⁻⁵ Each year, ACP members work with their local charities, dental schools, and community organizations to provide care for the underserved. Annually, the ACP hosts National Prosthodontics



Awareness Week (NPAW), informing the public of proper oral health care, including holding oral healthcare screenings.

It is the position of the American College of Prosthodontists to continue to work with the American Dental Association to address access to care issues so that all Americans have access to oral health care and to encourage its members to continue to provide free or discounted care for the underserved.

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