



Columbia University College of Dental Medicine • New York University College of Dentistry • Stony Brook University School of Dental Medicine
Touro College of Dental Medicine • University at Buffalo School of Dental Medicine • University of Rochester School of Medicine & Dentistry

Testimony of:

Jonathan Teyan, President

New York State Academic Dental Centers (NYSADC)

At a Joint Budget Hearing of

The New York State Assembly/Senate Committees on Health

&

The New York State Senate Committee on Finance &

The New York State Assembly Committee on Ways and Means

February 8, 2022

9:30AM

Virtual Public Hearing



Columbia University College of Dental Medicine • New York University College of Dentistry • Stony Brook University School of Dental Medicine
Touro College of Dental Medicine • University at Buffalo School of Dental Medicine • University of Rochester School of Medicine & Dentistry

Good afternoon, Chairs Weinstein, Krueger, Gottfried and Rivera and other distinguished members of the New York State Legislature. Thank you for this opportunity to testify on the Executive budget proposal for state fiscal year 2023.

My name is Jonathan Teyan, President of the New York State Academic Dental Centers (NYSADC). NYSADC is the consortium of the six dental schools in New York State. NYSADC works in partnership with its members to advance dental education and address disparities in oral health care.

Background

An estimated 7.3 million people in the United States (U.S.) have an intellectual or other developmental disability (I/DD). Developmental disabilities cause functional limitations in three or more areas of life such as self-care, receptive and expressive language, learning, mobility, capacity for independent living, and economic self-sufficiency. Intellectual disabilities are characterized by significant limitations in cognitive functioning and adaptive behavior and with onset during the developmental period from birth to age 18. Individuals with I/DD bear a disproportionately high burden of oral disease and remain at higher risk of oral diseases throughout their lives. The most common dental conditions include untreated carries, periodontitis, significant oral pain, gingivitis, and injured or missing teeth, but some I/DD conditions, such as cerebral palsy, down syndrome, and Sjogren's syndrome can further exacerbate and accelerate dental problems. Unfortunately, systemic barriers to access have contributed to chronically poorer oral and overall health for people with I/DD. Nationwide, individuals with I/DDs receive dental evaluations 17 percent less frequently than the general population. Those who do receive dental evaluations are still significantly less likely to receive treatments required to address patient concerns; such treatments can range from basic cleanings to reconstructive surgeries.

Systemic Challenges

There is a persistent shortage of dental providers in the U.S. who treat patients with moderate to severe I/DD, with only 10 percent of general practice dentists reporting that they regularly treat individuals with cerebral palsy, intellectual disability or other medically compromising conditions. The historical lack of



Columbia University College of Dental Medicine • New York University College of Dentistry • Stony Brook University School of Dental Medicine
Touro College of Dental Medicine • University at Buffalo School of Dental Medicine • University of Rochester School of Medicine & Dentistry

exposure to, and specialized training for, patients with I/DD in dental schools has created a dearth of willing providers and perpetuated a culture of uncertainty and hesitancy in treating this population. Prior to the implementation of new Council on Dental Accreditation (CODA) requirements in 2020 (more below), more than 75 percent of dental students in the U.S. reported little to no training in providing care to people with I/DD.

Significant strides have been made in the past several years in updating requirements for dental schools. As of July 2020, CODA requires that undergraduate (DDS and DMD) dental students have both didactic learning and clinical experiences with patients with special needs. Moreover, the American Dental Association revised its Code of Professional Conduct to state that "dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's...disability."

Despite this new CODA requirement for undergraduate dental students, access to clinical training remains a barrier for general practice dentists seeking to treat patients with I/DD. Indeed, the number of postgraduate training opportunities in New York State has contracted in the past several years. Helen Hayes Hospital in West Haverstraw, NY – which specializes in treating patients with special needs and has for decades been an important safety-net oral health provider for people with I/DD – recently suspended its General Practice Residency (GPR) program due to the significant financial challenges imposed by the COVID-19 pandemic. Graduates of this program have frequently gone on to practice in major hospital systems throughout the northeast and termination of this training opportunity creates a significant gap and threatens the pipeline of dental providers in New York State with advanced training for patients with special needs.

NYSADC Fellowship to Address Oral Health Disparities

The New York State Academic Dental Centers (NYSADC) designed and piloted its Fellowship to Address Oral Health Disparities in 2021, successfully placing two recent graduates of dental residency programs in fellowships at NYU College of Dentistry and the Touro College of Dental Medicine.



Columbia University College of Dental Medicine • New York University College of Dentistry • Stony Brook University School of Dental Medicine
Touro College of Dental Medicine • University at Buffalo School of Dental Medicine • University of Rochester School of Medicine & Dentistry

The fellowship consists of a one-year intensive training program focused on patients with I/DD that follows completion of a General Practice Residency (GPR) or Advanced Education in General Dentistry (AEGD) program. Fellows provide direct patient care in clinical settings that specialize in serving patients with special needs for the duration of the fellowship year. Fellows are also required to devote at least one day per week during the fellowship year to teaching and/or conducting research at one of New York State's six academic dental centers. Committing 20 percent of the fellow's time to academic and teaching work helps mitigate another training barrier for undergraduate dental students – the relative shortage of dental faculty with direct experience providing care for patients with I/DD. By leveraging the clinical experience of the fellows, the academic dental centers can expand undergraduate students' exposure to practitioners treating this underserved population.

Upon completion of the fellowship year, fellows commit to working at a site in New York State with a significant I/DD patient population (as determined by scoring metrics to be developed by NYSADC) and continuing teaching and/or conducting research at a dental school for one year. This service commitment can alternatively be fulfilled by providing part-time care at an approved facility and continuing teaching and/or research responsibilities over two years. Additionally, NYSADC will continue to cultivate fellows and graduates of the fellowship program as mentors to undergraduates and postgraduates interested in providing care for people with I/DD.

Finally, NYSADC will formalize and expand the fellowship curriculum and recruit a program director to oversee curricula and coordinate fellows' teaching and research experiences statewide.

Request: New York State Academic Dental Centers requests \$750,000 in New York State fiscal year 2022-2023 to support six fellowships that provide advanced clinical training in the provision of oral health care for people with intellectual and developmental disabilities.

With funding from New York State, NYSADC will support six fellows – one at each of our six academic dental centers, which are geographically distributed across the state. Fellows will be supported with one



Columbia University College of Dental Medicine • New York University College of Dentistry • Stony Brook University School of Dental Medicine
Touro College of Dental Medicine • University at Buffalo School of Dental Medicine • University of Rochester School of Medicine & Dentistry

year of salary during the fellowship year with salaries indexed to the average second-year residency (PGY-2) salary in the region in which the fellow is practicing. Salary support is approximately \$95,000 per fellow per year. An additional \$30,000 per year per fellow supports program administration, including but not limited to curriculum development, coordination of education and research projects, program oversight and faculty mentoring.

Promoting Access to Oral Health and Reducing Disparities

The COVID-19 pandemic has provided further proof that the problem of health disparities continues to plague our state and nation. Too many people simply do not have access to reliable, consistent, affordable, high quality health care.

One area where this is especially true is oral health. Too often, oral health is treated separately from systemic health. This must change. Poor oral health is associated with numerous comorbid conditions that reduce quality of life and threaten overall health. Nearly 4 million New Yorkers reside in dental shortage areas – both urban and rural – where access to regular, high quality care can be a challenge.¹

Geography is not the only barrier to oral health care. First and foremost, with very few exceptions, Medicare does not cover dentistry.² Many private insurance plans likewise fail to cover dental care, and those that do often have limited benefits requiring patients to pay out of pocket for even routine dental care. More complex procedures and long-term treatments can be prohibitively expensive for many patients, who may opt to delay or forgo care altogether. Even Medicaid does not cover dental services for adults in most states. Fortunately, it does so in New York, but that coverage can be limited and reimbursements often do not cover the costs of clinic operations.

¹ Center for Health Workforce Studies. Needs Assessment on Oral Health Rational Service Areas (RSAs) Using Composite Indicators in New York State. 2018. <https://www.chwsny.org/our-work/presentations/needs-assessment-on-oral-health-rational-service-areas-rsas-using-composite-indicators-in-new-york-state/>

² Unfortunately, efforts to include dentistry in Medicare as part of the Build Back Better bill are not likely to succeed.



Columbia University College of Dental Medicine • New York University College of Dentistry • Stony Brook University School of Dental Medicine
Touro College of Dental Medicine • University at Buffalo School of Dental Medicine • University of Rochester School of Medicine & Dentistry

For people with intellectual and developmental disabilities (I/DD), who rely significantly on Medicaid, the lack of comprehensive dental coverage and low reimbursement rates exacerbate their difficulty in accessing dental services. Nationwide, people with I/DD receive dental evaluations 17% less often than the population as a whole and often face long delays in access to care, leading to worsening conditions that degrade their quality of life and threaten overall health.

New York State's six academic dental centers (ADCs) have long been safety net providers, offering the highest quality, cutting-edge treatment to all patients, regardless of insured status or ability to pay. Located throughout the state, with catchment areas that coincide with many of New York's dental shortage areas, our ADCs close the access gap for many patients who would otherwise be unable to obtain dental care. As part of larger academic medical centers, they also offer coordinated care that helps keep patients healthier. Each year, New York's ADCs have nearly 350,000 visits by patients relying on Medicaid or Medicaid Managed Care and more than 18,000 visits by patients with I/DD.

Our ADCs are among the few providers who will treat undocumented immigrants and treat all uninsured patients, charging only what the patient can afford. They also follow care plans that are best for patients. This large amount of uncompensated care, as well as the difficulty raising funds and accessing capital, can act as a barrier to expansion and additional services.

Seeing patients in clinical settings is an essential component of dental education, but our students, residents and fellows go above and beyond what is required to complete their education and obtain licensure to practice. During the course of their education and training, they are exposed to, and provide direct care for, a broadly diverse patient population, including patients with special needs and from other underserved communities.

Recognizing the important role that dental school clinics play as safety net providers, New York State formerly provided supplementary funding for clinic operations to offset the financial losses associated with



Columbia University College of Dental Medicine • New York University College of Dentistry • Stony Brook University School of Dental Medicine
Touro College of Dental Medicine • University at Buffalo School of Dental Medicine • University of Rochester School of Medicine & Dentistry

the uncompensated care they provided. Unfortunately, that support was eliminated during the financial crisis of 2008-09.

Given what we now know about the vital importance of oral health to overall health and the barriers to access that are unique to dentistry and that have been exacerbated by and highlighted by the pandemic, now is the time for New York State to renew this support and expand the scope to support all six ADCs across the state. An annual commitment by the State, distributed equitably among the ADCs will help offset, but not entirely defray, the costs associated with treating New York's most underserved communities. The improved oral health outcomes will not only enhance quality of life but will lead to better overall health and reduced long-term costs to New York's health systems overall.

Closing

Thank you for the opportunity to testify today and for your continued support of academic dentistry. I welcome any questions you may have.

Respectfully submitted,

Jonathan Teyan

NYSADC Member Institutions

Columbia University College of Dental Medicine

New York University College of Dentistry

Stony Brook University School of Dental Medicine

Touro College of Dental Medicine

University at Buffalo School of Dental Medicine

University of Rochester School of Medicine & Dentistry