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July 16, 2009

The Honorable Henry Waxman
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United State House of Representatives
Washington, DC

Dear Chairmen Waxman, Rangel, Miller and Congressmen Barton, Camp and Klein:

The Children's Dental Health Project commends your leadership in addressing key health care issues through the America's Affordable Health Choices Act of 2009. Specifically we appreciate your commitment to oral health and your recognition that the mouth is part of the body through the inclusion of oral health in well child/well baby care and your substantial support for training oral health providers. These efforts are critical steps in the right direction to reforming our health care system and provide a strong foundation for improving the health of Americans.

As the national non-profit organization representing children and their oral health we are committed to continuing to work with you to ensure systems are in place to address the comprehensive health needs of all children and their families. Therefore, we encourage you to considering three key issues that currently remain a concern.

1. **Assuring oral health coverage when children transition off CHIP.** Providing coverage for children is an important step in reversing the current upward trend in tooth decay among our nation's youngest children. However, without a guarantee that dental coverage for working families will continue after the expiration of the Children's Health Insurance Program (CHIP), this legislation may leave children worse off than they are today. It is important that this historic legislation ensures that families' dental coverage will not be lost in the transition of benefits after the expiration of CHIP.

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2. Include dental coverage as part of maternity care. Preventing dental caries can begin with pregnant women. Dental caries is the most common disease of childhood and it is an infectious, transmissible, and a progressive disease. In light of this, providing dental care to pregnant women and new mothers is an efficient prevention strategy for tooth decay and eliminating a risk factor for low birth weight/pre-term births.
3. Include oral health expertise on the Health Benefit Advisory Committee. History has dictated that dental professionals and dental care are delivered separately from medical care which has lead to the “mouth” often being carved out and treated as a less important organ system. Due to these separate education and financing systems, the Health Benefit Advisory Committee is not likely to include oral health expertise in the way that it is constructed under the current language. By including an expert in oral health on the Health Benefits Advisory Committee, the outcome is guaranteed to be more effective and efficient. Such an expert will be able to identify research-based solutions to enhance primary and preventive care, while promoting early interventions to avoid pain, infection and inappropriate use of the emergency room.

We applaud your commitment to the health of our nation’s children and their families and we welcome the opportunity to work with you to ensure their oral health in this unprecedented legislation. Ultimately, improving the oral health of all children is a cost effective investment in the health, development and productivity our nation’s future.

Sincerely,

A handwritten signature in black ink, appearing to read "Burton Edelstein DDS MPH".

Burton Edelstein, DDS, MPH
Founding Chair