

July 5, 2023

Carole Johnson
Administrator
Health Resources and Services Administration
5600 Fishers Lane, Room 14N39
Rockville, MD 20857

Dear Administrator Johnson:

On behalf of the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD), we are writing to you in response to the Health Resources and Services Administration's (HRSA) information collection request entitled, *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915-0172—Revision*. **ADA and AAPD strongly urge HRSA to retain the oral health national performance measure (NPM) rather than transitioning the oral health measure to a state performance measure.** Title V programs have led the way in maternal and child health (MCH) innovations, investment, and improvement, and **oral health must remain a national priority to ensure that progress is not slowed or reversed.**

The larger health care and health policy communities have acknowledged and highlighted the importance of oral health in pregnancy, postpartum, and early childhood stages in recent years. As of October 2022, for the first time in history, all states had at least some dental benefit for pregnant and postpartum individuals in their Medicaid programs,¹ and states are actively exploring opportunities to extend these benefits.² Additionally, the Centers for Medicare & Medicaid Services (CMS) is considering the addition of an "oral evaluation during pregnancy" quality measure to its Maternity Core Set for 2025, which would be in addition to the existing oral health measures in the Child Core Set.³

Maintaining optimal oral health in the pregnant and postpartum stages is important for preventing adverse birth outcomes and addressing maternal morbidity and mortality. Periodontal disease in mothers is associated with low birthweight, preterm birth, and maternal complications.⁴ There are also other oral health conditions that are more common in these stages:⁵

- Gingivitis may result from hormonal changes that exaggerate the response to bacteria in the gum tissue.⁶
- Dental caries may occur due to changes in diet such as increased snacking due to cravings, increased acidity in the mouth due to vomiting, dry mouth or poor oral hygiene stemming from nausea and vomiting.^{7, 8}

¹ [HHS Press Release](#)

² [Medicaid Postpartum Coverage Extension Tracker](#).

³ [Child and Adult Core Set Annual Review Workgroup: Measures Suggested for Addition to the 2025 Core Sets](#).

⁴ Choi SE, Choudhary A, Ahern JM, Palmer N, Barrow JR. Association between maternal periodontal disease and adverse pregnancy outcomes: an analysis of claims data. *Fam Pract*. 2021 Nov 24;38(6):718-723. doi: 10.1093/fampra/cmab037. PMID: 34173655.

⁵ [Perinatal and Infant Oral Health Care](#).

⁶ Niessen LC. Women's Health. In: Patton LL, Glick M, editors. *The ADA Practical Guide to Patients with Medical Conditions*. Second ed. Hoboken NJ: John Wiley & Sons; 2016. p. 423-34.

⁷ [Oral Health Care During Pregnancy and Through the Lifespan](#).

⁸ Niessen LC. Women's Health. In: Patton LL, Glick M, editors. *The ADA Practical Guide to Patients with Medical Conditions*. Second ed. Hoboken NJ: John Wiley & Sons; 2016. p. 423-34.

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- Pyogenic granuloma (also known as granuloma gravidarum) may develop due to hormonal changes.^{9, 10}
- Erosion stemming from vomiting because of morning sickness may be detected.¹¹

The Centers for Disease Control and Prevention (CDC) reports that caries is the most prevalent infectious disease in our nation's children. More than 40% of children have caries by the time they reach kindergarten. In contrast to declining prevalence of dental caries among children in older age groups, the prevalence of caries in low income US children under the age of 5 is increasing.

Early childhood caries (ECC) begins soon after tooth eruption and can have a lasting detrimental impact on the dentition. This disease is far more likely to occur in children who are of low socioeconomic status, who consume a diet high in sugar, and whose mothers have a low education level. Caries can affect children's growth, result in significant pain and potentially life-threatening infection, and diminish overall quality of life. Since medical health care professionals are far more likely to see new mothers and infants than dentists, it is essential that medical professionals and other non-dental health care and social service professionals be involved in the establishment of the dental home.¹²

Title V programs have been instrumental in addressing many of these challenges by:

- promoting dentist visits by the time a child reaches the age of 1;
- conducting oral health risk assessments;
- expanding the use of dental sealants and fluoride varnish;
- integrating oral health care into medical (primary) care; and,
- improving Medicaid dental coverage.

ADA and AAPD commend HRSA for its administration and support of Title V programs. We commit to working alongside HRSA and its grantees to improve the oral health and overall health of children, mothers, and families. We strongly believe that now is not the time to deprioritize oral health and we urge HRSA to:

- Retain the oral health NPM: Percent of women who had a preventive dental visit during pregnancy
- Retain the oral health NPM: Percent of children and adolescents, ages 1 through 17, who had a preventive dental visit in the past year

Thank you for the opportunity to comment on the proposed change. If you have any questions, please contact Corey McGee from ADA at 202-789-5175 or mcgeec@ada.org, or Chelsea Fosse from AAPD at 773-938-4857 or cfosse@aapd.org.

Sincerely,

George R. Shepley, D.D.S.
ADA President

Scott W. Cashion, D.D.S., MS
AAPD President

GRS:SWC:cm

⁹ Steinberg BJ, Hilton IV, Iida H, Samelson R. Oral health and dental care during pregnancy. Dent Clin North Am 2013;57(2):195-210.

¹⁰ Silva de Araujo Figueiredo C, Goncalves Carvalho Rosalem C, Costa Cantanhede AL, Abreu Fonseca Thomaz EB, Fontoura Nogueira da Cruz MC. Systemic alterations and their oral manifestations in pregnant women. J Obstet Gynaecol Res 2017;43(1):16-22.

¹¹ Steinberg BJ, Hilton IV, Iida H, Samelson R. Oral health and dental care during pregnancy. Dent Clin North Am 2013;57(2):195-210.

¹² [Guideline on Infant Oral Health Care.](#)