

February 16, 2021

Representative Robert Bierman  
[rep.robert.bierman@house.mn](mailto:rep.robert.bierman@house.mn)  
(via electronic delivery)

Dear Rep. Bierman,

I am writing on behalf of the Board of Dentistry in support of HF838/SF701- Adult dental service medical assistance coverage expanded to include periodontal disease nonsurgical treatment. Not only is this initiative very important to overall health and wellness for our citizens, we want to approach our support from a bit of a different angle; considering health equity, standard of care, and the ethical responsibility of providers.

The following is in the "Dentist's Pledge":

I understand and accept that my primary responsibility is to my patients, and I shall dedicate myself to render, to the best of my ability, the **highest standard of oral health care** and to maintain a relationship of respect and confidence. **Therefore, let all come to me safe in the knowledge that their total health and well-being are my first considerations.**

The following is found in the ADA Code of Conduct: Section 3 PRINCIPLE: BENEFICENCE ("do good"). The dentist has a duty to promote the patient's welfare. This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement.

**Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.** We hold allied dental health professionals to the same standards when it comes to ethical responsibility.

When a patient under the Medicaid program does not have a comprehensive benefit set, to include periodontal coverage, it is putting their health at risk and their treating provider in an ethical dilemma. If the patient cannot afford to pay for the treatment outright, the provider is expected to postpone or ignore treatment of active oral disease. If a patient with private insurance presents clinically with periodontal disease, they are able to receive better coverage for the treatment under their more comprehensive benefit set. This is an issue of oral health equity.

Medicaid currently only covers for treatment for carious disease (tooth decay) for non- pregnant adults. The current benefit set does not address another major part of the oral disease model, periodontal disease. Frankly, this disease can have even more major impact to overall health and wellness for patients. The patients deserve better.

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In addition, asking a provider to “turn the other way” when they diagnose active oral disease is not ethical and is not the standard of care when striving for oral health equity. We should not have a tiered care system when it comes to the treatment of oral disease. Restoring the benefits for periodontal treatment gets us one step closer in the right direction to promote patient health.

Thank you for bringing forward this important bill. Please feel free to share my email with colleagues that will be hearing the bill in committee(s).

Best,



**Bridgett Anderson LDA, MBA, Executive Director**

cc. Patrick McQuillan, Committee Administrator