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SENATE JOINT RESOLUTION NO. 24

Offered January 14, 2004

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Establishing a joint subcommittee to study access to and the costs of oral health care. Report.

Patron—Marsh

Referred to Committee on Rules

WHEREAS, oral health has improved dramatically over the last 50 years, and the nation's oral health is the best it has ever been; however, oral diseases, a "silent epidemic," remain common in the United States; and

WHEREAS, although highly preventable, dental disease is chronic, progressive, and destructive, does not heal without therapeutic intervention, and if treatment is postponed, can become severe over time; and

WHEREAS, writing in *Oral Health in America: A Report of the Surgeon General, 2000*, the former Secretary of Health and Human Services stated that "oral health is integral to overall health, and ignoring oral health problems can lead to needless pain and suffering, complications that can devastate well-being, and financial and social costs that significantly diminish quality of life and burden American society"; and

WHEREAS, dental decay is one of the most common chronic infectious diseases among children, five times as common as asthma and seven times as common as hay fever in five- to 17-year-olds; and

WHEREAS, information provided by the Surgeon General indicates: 17 percent of children aged two to four years have already had decay; by age eight approximately 52 percent of children have experienced decay; by the age of 17, dental decay affects 78 percent of children; and among low-income children, almost 50 percent of tooth decay remains untreated, resulting in pain, dysfunction, being underweight, poor appearance, and problems that can greatly affect academic performance; and

WHEREAS, among adults aged 35 to 44 years, 69 percent have lost at least one permanent tooth, 48 percent have gingivitis, and 22 percent have destructive gum disease; and among adults aged 65 to 74, 26 percent have lost all their natural teeth; and

WHEREAS, oral clefts are one of the most common birth defects in the United States, affecting about one per 1,000 births, and about 30,000 people in the nation are diagnosed with mouth and throat cancer each year, which are the sixth most common cancers in U.S. males and the fourth most common in African-American men, and 8,000 die of these cancers; and

WHEREAS, members of racial and ethnic groups experience a disproportionate level of oral health problems, and the worst dental health problems are found among the poor, the elderly, and minorities; and

WHEREAS, in 1998, a total of \$53.8 billion was spent on dental care, 48 percent was paid by dental insurance, four percent by government programs, and 48 percent was paid out-of-pocket; and

WHEREAS, the National Council of State Legislatures reported that, in 2000, only 759, or 23 percent, of the 3,239 dentists in active practice in Virginia received any payment from Virginia Medicaid, and that only 313, or 10 percent, of Virginia dentists received more than \$10,000 in payment from Virginia Medicaid; and

WHEREAS, more than 108 million Americans do not have dental insurance, and because of costly dental care services and out-of-pocket expenses, even for working and middle-class citizens with dental insurance, many persons neglect their oral health and postpone regular visits to the dentist; and

WHEREAS, recent studies substantiate that, in Virginia and other states across the nation, low-income children and adults have limited access to dental care; and

WHEREAS, increasing access to affordable oral health care would help reduce and prevent the most common dental diseases, promoting the overall health of citizens; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study access to and the costs of oral health care. The joint subcommittee shall consist of 10 members that includes 10 legislative members. Members shall be appointed as follows: four members of the Senate to be appointed by the Senate Committee on Privileges and Elections; and six members of the House of Delegates to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates.

In conducting its study, the joint subcommittee shall (i) ascertain the state of oral health in Virginia; (ii) identify and evaluate oral health care needs by demographic characteristics in the Commonwealth; (iii) determine the number of persons without adequate or any dental insurance; (iv) determine the

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59 number of dental visits each year by age, gender, services rendered, and costs of services; and (v)
60 recommend strategies to promote and increase good oral health in the Commonwealth, including, but not
61 limited to, issues relating to access to oral care by poor, low-income, and minority persons, and ways to
62 provide affordable oral health care for all persons.

63 Administrative staff support shall be provided by the Office of the Clerk of the Senate. Legal,
64 research, policy analysis, and other services as requested by the joint subcommittee shall be provided by
65 the Division of Legislative Services. Technical assistance shall continue to be provided by the Board of
66 Dentistry, the State Health Department, the Virginia Dental Association, and the Old Dominion Dental
67 Society. All agencies of the Commonwealth shall provide assistance to the joint subcommittee for this
68 study, upon request.

69 The joint subcommittee shall be limited to four meetings for the 2004 interim, and the direct costs of
70 this study shall not exceed \$10,000 without approval as set out in this resolution. Approval for
71 unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the
72 joint subcommittee and the respective Clerk. If a companion joint resolution of the other chamber is
73 agreed to, written authorization of both Clerks shall be required.

74 No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members
75 or a majority of the House members appointed to the joint subcommittee (i) vote against the
76 recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the
77 joint subcommittee.

78 The joint subcommittee shall complete its meetings by November 30, 2004, and the chairman shall
79 submit to the Division of Legislative Automated Systems an executive summary of its findings and
80 recommendations no later than the first day of the 2005 Regular Session of the General Assembly. The
81 executive summary shall state whether the joint subcommittee intends to submit to the Governor and the
82 General Assembly a report of its findings and recommendations for publication as a document. The
83 executive summary and report shall be submitted as provided in the procedures of the Division of
84 Legislative Automated Systems for the processing of legislative documents and reports and shall be
85 posted on the General Assembly's website.

86 Implementation of this resolution is subject to subsequent approval and certification by the Joint
87 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or
88 delay the period for the conduct of the study, or authorize additional meetings during the 2004 interim.