An interview with Dr Ronald L. Tankersley, President of the ADA

The health-care reform bill recently approved by the US Congress aims to improve access to health care for over 50 million Americans. However, dental groups say that the legislation significantly neglects oral health. Dental Tribune Group Editor Daniel Zimmermann spoke with Dr Ronald L. Tankersley, President of the American Dental Association, about the historic decision and its effect on dentistry in the US.

Daniel Zimmermann: The American Dental Association did not support the health-care reform bill recently approved by Congress. Could you explain the rationale for your decision?

Dr Ronald L. Tankersley: As America’s leading advocate for oral health, our decision was primarily based on the oral-health provisions of the bill. We could not support the health-care reform legislation because it does not include provisions to meaningfully improve access to dental care for millions of American children, adults and elderly by properly funding Medicaid dental services.

You say that the reform does not do enough to assure that low-income families receive adequate oral health care. On the other hand, millions of people will finally be able to buy health insurance regardless of their social status or pre-existing medical conditions.

While countless other groups can weigh in on the health-care reform’s over-all merits and flaws, people look to the ADA for a determination of its effect on oral health care. And when the government is willing to spend close to a trillion dollars over the next ten years, but not spend a dime on improving access to Medicaid dental services for those most in need, somebody has to raise an objection. If we hadn’t done that now, how could we expect lawmakers to take our concerns seriously in the future? That was the basis of our decision.

You have also rejected the idea of workforce pilot programmes. Could you tell us the reason for this?

The ADA’s opposition to the alternative dental models pilot programme was limited and based upon our long-held belief that certain surgical procedures must be performed only by licenced dentists.

The big losers of this reform are going to be the insurance companies. What effect do you think the reform will have on the dental profession itself?

Although the ADA could not support the final legislation, we did recognise that it contained many worthwhile provisions pertaining to oral health. These general, paediatric or public-health dentists and funding for the National Health Services Corps loan repayment programme. These provisions, which the ADA supported and lobbied for, will have a measurable, beneficial effect on dentistry and dental patients.

In your opinion, what should be changed in the reform bill to make it feasible for dentists and advance patient care today?

When it comes to improving access to oral health care, our message remains: fund Medicaid dental benefits.

Thank you very much for the interview.

Dr Ronald L. Tankersley

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