2001 ASSEMBLY JOINT RESOLUTION 73

November 6, 2001 – Introduced by Representatives Richards, Balow, Boyle, Bock, Sherman, Plale, Ott, Jeskewitz, Young, Ryba, Riley, Lassa, Lippert, Wasserman, Colon, Miller and Huber, cosponsored by Senators Grobschmidt, Burke, Roessler, Plache, Schultz and Wirch. Referred to Committee on Health.

Relating to: urging Congress to support increased oral health care access in the United States.

Whereas, safe and effective means of maintaining oral health have benefited the majority of Americans over the past half century, yet many still experience needless pain, suffering, and complications that devastate overall health and well-being, and incur financial and social costs that diminish the quality of life and burden American society in what amounts to a silent epidemic of oral disease that is affecting our most vulnerable citizens — poor children, the elderly, and many members of racial and ethnic minority groups; and

Whereas, oral health is integral to general health and new research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, and low-birth-weight, premature births, periodontal disease, and diabetes; and

Whereas, an estimated 25,000,000 Americans live in areas lacking adequate dental care services, as defined by Health Professional Shortage Areas criteria, and the public health infrastructure for oral health is insufficient to address the needs

of disadvantaged groups, and the integration of oral and general health programs is lacking; and

Whereas, expenditures for dental services alone made up 4.7% of the nation's health expenditures in 1998-\$53.8 billion; and

Whereas, insurance coverage for dental care is increasing but still lags behind medical insurance: for every child under 18 years of age without medical insurance, there are at least 2 children without dental insurance; for every adult 19 years of age or older without medical insurance, there are 3 adults without dental insurance; and

Whereas, many elderly individuals lose their dental insurance when they retire and, while Medicaid funds dental care for low–income and disabled elderly in some states, reimbursements are low and Medicare is not designed to reimburse for routine dental care; and

Whereas, there are many barriers to good oral health care which include patient and caregiver understanding of the value and importance of oral health to general health, low reimbursement rates, and administrative burdens for both patient and provider; now, therefore, be it

Resolved by the assembly, the senate concurring, That the members of the Wisconsin legislature urge Congress to develop and support a National Oral Health Plan, as laid out in the 2000 Surgeon General's Report on Oral Health in America, by changing perceptions regarding oral health and disease so that oral health becomes an accepted component of general health, by directing this message to the public, policymakers at all levels of government, and health care providers, by building an effective health infrastructure that meets the oral health care needs of all Americans and integrates oral health effectively into overall health, that removes known barriers between people and oral health services, and that uses

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public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases; and, be it further

Resolved, That the members of the Wisconsin legislature urge Congress to take action on The Dental Health Improvement Act (S.971) that would expand the availability of oral health services by strengthening the dental workforce in designated underserved areas; and, be it further

Resolved, That the assembly chief clerk shall provide a copy of this joint resolution to the President of the United States, the U.S. secretary of health and human services, the U.S. senate committee on health, education, labor and pensions, and each member of the Wisconsin congressional delegation.

11 (END)