

HEADs UP Act

Improving Oral Health Access for People with Disabilities



People with intellectual and developmental disabilities (I/DD) face significant barriers to health care, including critical gaps in oral health access. Individuals in households experiencing disability are more likely to rate their oral health as fair or poor, visit the dentist less frequently, and experience discrimination in health care settings.¹

The **Healthcare Extension and Accessibility for Developmentally Disabled and Underserved Population (HEADs UP) Act** would improve health care access for individuals with I/DD by designating them as a special medically underserved population under the Public Health Service Act. This designation would enable greater access to federal health care programs and services tailored to the needs of this population.² These include:

- The ability for community health centers to apply for competitive grant funding to expand their capacity to serve people with I/DD
- Access to medical school tuition aid programs for providers focused on this population
- Eligibility for J-1 visa waivers, allowing international medical students to continue working in the US for the two years following residency if serving this population
- Grants for continuing education to help providers improve their ability to treat people with I/DD
- Priority consideration in federal research funding

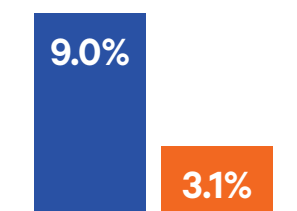
Individuals with a Disability Have Worse Oral Health Outcomes

Individuals in households experiencing disabilities:¹

- Rate their oral health as fair or poor at higher rates (38%) than those not in households experiencing disability (23%)
- Visit the dentist less frequently — 32.6% had not visited a dentist in 2 or more years compared to 19.7% in households not experiencing disability
- Are more frequently denied health care or oral health care due to discrimination — more than half (52.8%) compared to 36.9% in households not experiencing disability



Individuals in households experiencing disability report visiting the ED for dental care or pain at **nearly three times** the rate (9.0%) of those not in households experiencing disability (3.1%).



Understanding the “Medically Underserved Population” Designation

- Current law designates migrant and seasonal agricultural workers, homeless individuals and public housing tenants, and local citizens without access to basic health care as “Medically Underserved Populations” (MUP).
- People with I/DD likewise meet every criterion for a MUP: They lack access to primary care services because providers are not trained to treat them, they experience higher rates of poverty and infant mortality than the non-disabled population, and the I/DD population over 65 is growing rapidly.
- In its 2022 recommendations to the President and Congress, the National Council on Disability urged Congress to update the definition of Medically Underserved Populations to include people with I/DD.³

References

1. CareQuest Institute for Oral Health, *Family Affair: A Snapshot of Oral Health Disparities and Challenges in Individuals in Households Experiencing Disability*, Boston, MA: October 2022, <https://www.carequest.org/resource-library/family-affair-snapshot-oral-health-disparities-and-challenges-individuals>.
2. “Text - H.R.3380 - 118th Congress (2023-2024): HEADs UP Act of 2023,” Congress.gov, Library of Congress, May 19, 2023, <https://www.congress.gov/bills/118/congress/house/bills/3380/text>.
3. “Health Equity Framework for People with Disabilities,” NCD.gov, National Council on Disability, https://www.ncd.gov/assets/uploads/reports/2022/ncd_health_equity_framework.pdf.