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POSITION PAPER

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FUNDING DENTAL READINESS

Requested Action:

The Reserve Officers Association supports **specific funding for restorative dental care prior to deployment**. It is important that the members of the Reserve Force not only be prepared through training, but in health, to serve on deployments needed in the post-9/11 military operations.

The Pentagon plans to continue to use the Reserve Force operationally with most Reservists be activated once every five years. This problem won't go away following the withdrawal from Afghanistan.

ROA also **supports extending subsidized dental care benefits for returning members of the Reserve component to 210 days after a deployment**, as deployed service members do not always have access to the dental professionals when overseas in order to maintain dental health. Reserve component members should not need to subsidize their own dental repairs.

Discussion:

As of February 2012, Reserve and guard members in the Transition Assistance Management Program (TAMP) were authorized the same access to dental benefits as active-duty personnel. All work must be completed within the member's 180-day TAMP maximum, and at Military Treatment Facilities if at no cost.

While this is a step in the right direction, as it gives Reserve Force personnel the same priority as their active duty counterparts, members need dental providers in their own communities.

Members of the Reserve Component must satisfy a dental evaluation during a readiness screening prior to deployment. In order to be eligible to deploy, a service member must fall into either tier/class I or tier/class II dental readiness standard. However, treatment at active-duty dental treatment facilities is only accessible after the service member has been ordered to active duty for a period of more than 30 days.

Members of the Reserve Component and their families are eligible to enroll in TRICARE Dental Program (TDP). While this program is sufficient to provide the needed restorative dental care for a service member prior to deployment, it places the expense burden on the individual National Guard or Reserve member. TDP should be a supplement to, not a substitute for, military dental treatment.

By funding restorative care prior to deployment, we can ensure that these service members are readiness eligible to be deployed and perform the missions for which they are trained.

Those Reservists who mobilize do meet a dental readiness standard, but dental hygiene does deteriorate when individuals are assigned to missions away from military support facilities.

Most often, these warriors return home with tooth decay, infection or gum disease, and no longer meet re-deployment dental standards.

Congress extended access for demobilized Guard and Reserve members to active duty dental benefits during the 180-day TAMP period. But this post-deployment coverage is inadequate because it requires RC members to be treated at a military dental clinic or pay co-payments through dental insurance. While this provides easier access to civilian dentists, RC members are again subsidizing DoD readiness.

Since coverage is not reflected in DEERS until the month following demobilization, members also need to contact MetLife to make sure they have coverage for early treatments. Family members are not automatically reenrolled when their sponsor leaves active duty status. They must re-enroll.

Without DoD being responsible to restore the dental readiness of a post-deployment Guard or Reserve member, the burden of correcting the damage aggravated by the deployment becomes a cost shifted from the military onto the member. Active duty personnel have access to military dentist at no cost well beyond 180 days following deployment.

These Reserve Component members and their families willingly take on the responsibilities of a deployment and accept the same risk and sacrifice as the Active duty. They should get the same corrective procedures as their Active counterparts. Without further reimbursement, some restorative dental work may be incomplete, impacting future readiness.

Background:

Since 9/11/2001, the Reserve Component has being asked to participate in frequent deployment and contribute as regular members of the operational component as demonstrated during the overseas contingency operations in Iraq and Afghanistan. In some cases, battle ready National Guard and Reserve members were ineligible for deployment because of poor dental health—costing the military readiness because of their inability to deploy.

Army policy is - if a RC Soldier reports to the mobilization platform and is validated as dental readiness class (tier) 3 with dental disease that cannot be treated to standard level 2 status within 25 days of the mobilization station arrival date, the Soldier will be identified as a Dental REFRAD (Release from Active Duty).

The Reserve Health Readiness Program provides “comprehensive dental treatment management when Service members cannot be deployed due to dental conditions.”

Dental readiness is a commander’s and an individual RC member’s responsibility. This can setup a conflict because while authorized restorative dental work is funded by Operation and Maintenance funding, that money is often needed to address other equipment and training readiness concerns.

During an alert status the commander may be allowed to use contingency operation funds for dental repair, but this results in “just in time” treatment, which in the early stages of the war

caused extractions rather than restoration, creating what was called “pumpkin soldiers”. This country is rich enough not to have this happen again.