



# Summary of Oral Health Provisions in the House Health Reform Bill

The U.S. House of Representatives on November 7, 2009 passed its health reform package, the *Affordable Health Care for America Act (H.R. 3962)*<sup>i</sup>, by a vote of 220-215. Below is a summary of oral health provisions included in that bill. For a complete list of oral health provisions, including legislative language, see the CDHP document entitled, “Oral Health Provisions in the House Health Reform Bill: *Affordable Health Care for America Act (H.R. 3962)*,” which is available on CDHP’s web site at [www.cdhp.org](http://www.cdhp.org).

- **Oral Health Services for Children** – The legislation establishes a “health insurance exchange” where the uninsured can purchase insurance from private companies or the government-run public option. Any plan participating in the exchange is required to cover oral health services<sup>ii</sup> for children under the age of 21 years old. [Sec. 222(b)(10)]
- **Oral Health Services for Adults** – While adult coverage of oral health services is not required to be offered under the exchange, the legislation requires the Secretary of Health and Human Services to report to Congress on the need and cost of providing such coverage. It also allows for adult oral health care to be included in ramped up “premium-plus” plans offered under the exchange. [Sec. 222(f); Sec. 303(c)(5)]
- **Oral Health Expertise** – The legislation establishes a “Health Benefits Advisory Committee” to oversee and design the health insurance exchange. It requires that multiple oral health care experts be included on that committee. [Sec. 223(a)(5)]
- **Workforce Development** – Authorizes \$1.3 billion over five years for training of oral health professionals and \$283 million over five years for the public health workforce corps, including funding for scholarships and loan repayment programs for dental students and grants to dental schools. [Sec. 2213; Sec. 2231]
- **Workforce Innovations** – Establishes a grant program to fund innovations in interdisciplinary care training, including delivery of oral health services. Establishes an advisory committee on health workforce evaluation and assessment to address health workforce needs, including in oral health. [Sec. 2252; Sec. 2261]
- **Stand-alone Dental Plans** – Allows stand-alone dental plans to continue to operate outside of the health benefits exchange without meeting the requirements established under the exchange for medical plans and to subcontract within the exchange. Five years after the exchange is operational, carriers offering the children’s oral health benefit outside the exchange must comply with the requirements established under the exchange. [Sec 202(c)(2); Sec. 221(d)]

- **Dental Health Aide Therapists** – Requires that dental health aide therapists currently serving Alaska Natives through the Indian Health Service do not extract adult teeth without input from a dentist. Requires that the Secretary of Health and Human Services establish a panel to review the safety, cost effectiveness and quality of care delivered by dental health aide therapists serving Alaska Natives through the Indian Health Service. Requires that dental health aide therapists serving Alaska Natives do not practice through the Indian Health Service in the lower 48 states. [Sec. 3101]
- **Oral Health for Native Americans** – Authorizes the Secretary of Health and Human Services to use funds designated for Native Americans’ health for providing dental care. Establishes comprehensive school health education programs for Native American children, which include programs on oral health. Requires that Native Americans’ medical quality assurance records be kept confidential, including dental records. [Sec. 3101]
- **School-based Health Clinics** – Authorizes \$50 million for fiscal year 2011 for the operation of school-based health clinics, which may include oral health services. [Sec. 2511]
- **Positive Health Behaviors** – Authorizes \$30 million per year for five years for grants to promote positive health behaviors and outcomes, including programs to improve oral health. [Sec. 2530]
- **Infant Mortality Programs** – Authorizes \$10 million per year for five years for programs designed to address infant mortality, including programs that provide counseling on oral health. [Sec. 2532]
- **Accessibility for People with Disabilities** – Requires that guidelines are established to ensure that new medical equipment is accessible to people with disabilities, including chairs used for dental examinations. [Sec. 2592]
- **Emergency Responders and Homeland Security** – Adds dental providers to national emergency response and homeland security statutes. [Sec. 2555; Sec. 2556]

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<sup>i</sup> [http://docs.house.gov/rules/health/111\\_ahcaa.pdf](http://docs.house.gov/rules/health/111_ahcaa.pdf)

<sup>ii</sup> “Oral health services” are not defined by the bill, but are left up to the Health Benefits Advisory Committee to define.



# Summary of Oral Health Provisions in the Senate Health Reform Bill

Senate Majority Leader Reid on November 18, 2009 introduced the Senate health reform package, the *Patient Protection and Affordable Care Act*<sup>i</sup>. Below is a summary of oral health provisions included in that bill, organized under the categories of *Coverage and Access*, *Prevention and Infrastructure* and *Workforce and Training*. For a complete list of oral health provisions, including legislative language, see the CDHP document entitled, “Oral Health Provisions in the Senate Health Reform Bill: *Patient Protection and Affordable Care Act*,” which is available on CDHP’s web site at [www.cdhp.org](http://www.cdhp.org).

## **Coverage and Access**

- **Oral Health Services for Children** – Requires that insurance plans offered under the Exchange include oral care for children. Bars insurance plans operating under the Exchange from charging out of pocket expenses for preventive services, including preventive pediatric oral health services. [SEC. 1302(b)(4); SEC. 1001]
- **Stand-alone Dental Plans** – Allows stand-alone dental plans to participate in the Exchange, with the following specifics:
  - Exempts stand-alone dental plans from offering the full essential benefits package. [SEC. 1201]
  - Allows plans operating under the exchange not to offer oral care for children if there are stand-alone dental plans in the Exchange that do offer it. [SEC. 1302(b)(4)]
  - Allows stand-alone dental plans to participate in the Exchange, as long as they offer a pediatric dental benefit. [SEC. 1311(d)(2)(B)(ii)]
  - Allows beneficiaries covered under the Exchange to use their tax subsidy for both a stand-alone plan and a medical plan. [SEC.1401]
  - Cost-sharing reductions may not be imposed on stand-alone dental plans. [SEC. 1402(c)(5)]
- **MACPAC and payments to dental professionals** – Requires the Medicaid and CHIP Payment and Access Commission (MACPAC) to review and report to Congress on payments to dental professionals. [SEC. 2801]
- **Dental Coverage in Medicare Advantage** – Requires Medicare Advantage Plans to use rebates to pay for dental coverage, and other services. [SEC. 3202]

### **Coverage and Access (Continued)**

- **School-based Health Centers** – Provides grants to school-based health centers and includes oral health services in qualified services to be provided at those centers. [SEC. 4101]
- **Dental Medical Diagnostic Equipment** – Establishes standards for accessibility of medical and dental diagnostic equipment for persons with disabilities. [SEC. 4203]

### **Prevention and Infrastructure**

- **Public Education Campaign** – Requires the Secretary to establish a 5-year, evidence-based public education campaign to promote oral health, including a focus on early childhood caries, prevention, oral health of pregnant women, and oral health of at-risk populations. [SEC. 4102]
- **Dental Caries Disease Management** – Establishes a grant program to demonstrate the effectiveness of research-based dental caries disease management. [SEC. 4102]
- **School-based Dental Sealant Programs** – Requires that all states, territories and Indian tribes receive grants for school-based dental sealant programs. (Note: Currently only 16 states benefit from these grants.) [SEC. 4102]
- **Cooperative Agreements to Improve Oral Health Infrastructure** – Requires the CDC to enter into cooperative agreements with the states, territories and Indian tribes to improve oral health infrastructure through leadership and program guidance, data collection and interpretation of risk, delivery system improvements, and science-based population-level programs. [SEC. 4102]
- **Oral Health Care Surveillance Systems** – Requires that the Secretary update and improve national oral health surveillance by:
  - requiring the inclusion of oral health reporting on pregnant women through PRAMS (Note: currently the oral health component of PRAMS is optional);
  - retaining the current NHANES “tooth-level” surveillance (Note: This reverses plans to drop tooth-level analysis in NHANES and replace it with “person-level” analysis and allows ongoing longitudinal analysis of American’s oral health status);
  - requiring the MEPS survey findings be validated through a “look back” procedure (Note: currently MEPS conducts this validation for medical expenditures but not for dental expenditures);
  - requiring all states to participate in the CDC’s National Oral Health Surveillance System. (Note: currently only 16 states are required to participate.) [SEC. 4102]

## **Workforce and Training**

- **Alternative Dental Health Care Providers** – Establishes five-year, \$4 million 15-site demonstration program beginning within two years to “train or employ” alternative dental health care providers. Defines “alternative dental providers” to include currently proposed new dental professionals and others to be determined by the DHHS Secretary. Charges the DHHS Secretary to contact with the Institute of Medicine in evaluating this program. [SEC. 5304]
- **National Health Care Workforce Commission** – Establishes a National Health Care Workforce Commission, for which oral health care workforce capacity is a designated high priority area for review. The Commission will: support national, state and local policymaking; coordinate workforce issues across agencies; evaluate the education and training of health professionals with regard to demand for services; facilitate coordination across levels of government, and encourage workforce innovations. [SEC. 5101]
- **Workforce Development** – Establishes a unique appropriations line-item for training of general, pediatric, and public health dentists and appropriates \$30M for FY2010 to train oral health workforce. (Note: currently dental and medical training is appropriated in a single lump sum.) Expands “Title VII” dental workforce training program to include:
  - training of dental students and practicing dentists as well as residents (Note: currently the program supports only the training of dental residents);
  - providing financial assistance to dental trainees (including dental hygienists);
  - developing new training programs
  - expanding faculty capacity through traineeships and fellowships for dentists committed to teaching; grants for faculty development; and faculty loan repayment programs;
  - advancing predoctoral training in primary care dentistry;
  - providing technical assistance to pediatric dental training programs in population and public health issues. [SEC. 5303]
- **Faculty Loan Repayment Program** – Establishes a dental faculty loan repayment program for faculty engaged in primary care dentistry to include general dentistry, pediatric dentistry, and public health dentistry. Priorities are established for eight categories of faculty who:
  - collaborate with medical care providers
  - demonstrate retention of trainees in primary care and public health dentistry;
  - demonstrate training of rural, disadvantaged, and minority dentists;
  - collaborate with FQHCs and other safety-net providers;
  - teach in programs that target underserved populations of all ages and medical and social conditions;
  - teach cultural competency and health literacy;
  - succeed in placing graduates in underserved areas or in the service of underserved populations;
  - intend to establish training programs for special needs populations (inclusive of disabled, cognitively impaired, medically complex, physically limited, and vulnerable elderly).

**Workforce and Training (Continued)**

- **Public Health Workforce** – Establishes through the Surgeon General a multidisciplinary health professional training program for select individuals committed to public health and safety. The program supports stipends and loan repayments as well as grants to institutions (including dental schools) and obligates trainees to service in the National Health Service Corps proportional to the years of training support. Requires that Track trainees tailor their predoctoral education and postdoctoral training to disciplines pertinent to public health and safety and that educational preparation involve community-based experiences in multidisciplinary teams. Establishes “Elite Federal Disaster Teams” comprised of Track faculty and students to respond to national emergencies (public health, natural disaster, bioterrorism, and other emergencies). [SEC. 5315]
- **Primary Care Residency Programs** – Establishes three-year, \$500,000 grants to establish new primary care residency programs, including dental programs. [SEC. 5508]
- **Graduate Medical Education** – Provides funding for new and expanding graduate medical education, including dental education. [SEC. 5508]

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<sup>i</sup> [www.democrats.senate.gov](http://www.democrats.senate.gov)