



Health Care Reform: A Side-by-Side Comparison of Dental Provisions in Proposed Legislation

Three bills in the House of Representatives and the Senate will eventually be combined into a single health reform package. In the House, the Energy and Commerce Committee, the Education and Labor Committee and the Ways and Means Committee have collaborated to produce a single “Tri-Committee” bill. In the Senate, the Health, Education, Labor and Pensions (HELP) Committee has released its version of the bill and the Finance Committee is still working on its version. The legislation under consideration includes significant provisions to improve access to oral health, which are outlined below.¹

<u>Issue</u>	<u>House Tri-Committee Bill</u> <i>America’s Affordable Health Choices Act, H.R. 3200</i>	<u>Senate HELP Committee Bill</u> <i>Affordable Health Choices Act, S._</i>	<u>Senate Finance Committee Bill</u> <i>America’s Health Future Act of 2009</i>
Dental Coverage for Children			
<i>Guarantee universal dental coverage for all children: For every child without health insurance, two are without dental insurance.</i>	Establishes a “Health Insurance Exchange” program for individuals and certain businesses to purchase either public or private insurance products that are overseen by the government. All plans in the Exchange are required to include oral health services (as defined by an expert panel) for children under 21 years of age. [Sec. 122(b)(10)]	Establishes an “Affordable Health Benefit Gateway” program for individuals and certain businesses to purchase either public or private insurance products that are overseen by the government. All plans in the Gateway are required to include oral care for children, the details of which are to be defined by an expert panel. [Sec. 3103(h)(1)(A)(ix)]	Requires that health insurance plans offered in the individual and small group markets provide “...pediatric services (including dental and vision)...”

¹ To view the full bill text, go to the Committee web sites: <http://energyandcommerce.house.gov>; <http://help.senate.gov>; <http://finance.senate.gov>

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Oral Health Expertise			
<i>Require that an expert in oral health be included on any health benefits advisory committee.</i>	Amendment: <i>Chairman's Mark passed on 9-23-09 includes an amendment offered by Representatives DeGette, Sarbanes and McNerney to require that an expert in oral health be included in the health benefits advisory committee.</i>	None.	None.
Dental Coverage for Pregnant Women and All Adults			
<i>Guarantee universal dental coverage for all. Oral health is an integral component of overall health and it should not be separated in the health delivery system. Further, dental caries is transmissible from mother to child and pregnant women with periodontal disease are at risk for low birth/preterm birth in addition to long-term health consequences.</i>	Establishes an expert panel to determine which benefits will be included in the Exchange, though adult oral health coverage is not specifically offered. The Exchange may include "premium-plus" plans that provide additional benefits, such as oral health coverage. [Sec. 203 (c)(5)] Amendment: <i>Amendment by Rep. Butterfield passed 9-23-09 requiring HHS to report to Congress on the need and cost of including adult dental coverage in the essential benefits package.</i>	Establishes an expert panel to determine which benefits will be included in the Gateway. [Sec. 3103]	None.

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Prevention			
<i>Establish standards for dental pediatric well-child and preventive care. The current lack of definitive research on pediatric populations limits the ability of the U.S. Preventive Services Task Force from making recommendations for effective care for children's health, development and oral health.</i>	Includes children's oral health coverage in "well child and well baby" care, as defined by an expert panel, for the purposes of the Exchange. [Sec. 122(b)(10)]	Establishes a public education campaign on oral health, demonstration grants to develop research-based dental caries management programs, and school-based dental sealant programs for all 50 states. [Sec. 313]	None.
Infrastructure and Surveillance			
<i>Support the establishment and maintenance of an oral health infrastructure that include core public health functions of assessment, assurance, and policy development.</i>	None.	Authorizes CDC to make public health infrastructure improvements in the states to bolster dental public health programs. ² [Sec. 314] Requires surveillance to track the population's oral health and use of dental services (through PRAMS, NHANES, MEPS and CDC's state-level reporting system). [Sec. 314]	None.

² Specifically, the bill authorizes CDC support to states to "establish oral health leadership and program guidance, oral health data collection and interpretation, (including determinants of poor oral health among vulnerable populations), a multi-dimensional delivery system for oral health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral health."

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Workforce			
<i>Invest in additional training of all health professionals to promote oral health and incentivize health professionals to integrate science-based dental disease management (specifically dental caries) in the delivery of health care.</i>	<p>Creates a comprehensive program to train professionals in the fields of general, pediatric and public health dentistry. Particular emphasis is given to training individuals who are minorities, placing professionals in underserved communities and targeting children and vulnerable populations. [Sec. 2215]</p> <p>Establishes a permanent Advisory Committee on Health Workforce Evaluation and Assessment, which includes "oral health professionals." [Sec. 2261]</p> <p>Makes dental students eligible for public health workforce scholarships, student loan reimbursement, and training and enhancement programs. [Sec. 2231, Sec. 2232]</p> <p>Provides for "the delivery of health services through interdisciplinary and team-based models, which may include...oral health services." [Sec. 2252]</p>	<p>Creates a comprehensive program to train professionals in the fields of general, pediatric and public health dentistry. Particular emphasis is given to training individuals who are minorities, placing professionals in underserved communities and targeting children and vulnerable populations. [Sec. 433]</p> <p>Provides funding for demonstration grants to test different models of alternative dental providers. [Sec. 434]</p>	None.

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Quality			
<i>Ensure that oral health is a standard that is measured and that appropriate expertise exists among the stakeholder body that is measuring quality.</i>	None. ³	None.	None.
Federal Coordination			
<i>Establish Federal leadership in the Secretary's office to coordinate all Federal activities related to oral health and dental care.</i>	None.	None.	None.
School-Based Programs			
<i>Improve school-based dental public health interventions.</i>	Allows federally funded school-based health centers to use funds for dental programs. [Sec. 2511]	Allows federally funded school-based health centers to use funds for dental programs. [Sec. 312]	None.

³ While the bill includes significant provisions on quality, oral health is not included.

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Dental Standalone Plans			
<i>Allowing dental standalone plans to participate in the health insurance exchange.</i>	Amendment: <i>A revised version of an amendment offered by Rep. Melancon passed en bloc 7-30-09 to allow dental standalone plans to participate in the exchange.</i>	None.	Amendment: <i>A revised version of an amendment by Sen. Stabenow to allow standalone plans to participate in the exchange was included on 9-22-09 in the Chairman's Mark.</i>
Excise Tax			
<i>The formula to calculate the excise includes dental coverage in the list of taxable benefits, making dental coverage vulnerable to cuts by employers and workers when insurers pass on the cost.</i>	None.	None.	Dental plans are included in the list of taxable benefits under the new excise tax.