



# House and Senate SCHIP Reauthorization: Comparison of Dental Provisions

On July 31, 2007 the House of Representatives passed the Child Health and Medicare Protection Act of 2007 (CHAMP) which would reauthorized the State Children's Health Insurance Program (SCHIP) for five years (SCHIP expires September 30), commencing October 2007 (FY 2008). The next day, the Senate passed the Child Health Insurance Program Reauthorization Act. Within the more than 700 pages of legislation created by these two bills are a number of provisions important to children's dental coverage, quality of dental care, and access to dental services. This brief compares and contrasts the dental each of the provisions in the two bills. Legislative language is shown in *italics* of CDHP's analysis as notes.

| ISSUE  | HOUSE BILL   | SENATE BILL                                  |
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| <b>Federal Guarantee for Dental Coverage</b>   |  |  |
| Require access to basic dental coverage  | Sec 121(a)(5)(A): <i>The child health assistance provided to a targeted low-income child (whether through benchmark coverage or benchmark-equivalent coverage or otherwise) shall include coverage of the following: Dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.</i>                                     | None (see information on Dental Grant below) |
| <b>Dental Wrap-Around Benefit</b>  |  |  |
| Provide access to dental coverage for targeted children with medical but no commercial dental coverage | None   | None   |
| <b>Reliable Data Reporting on Dental Care</b>  |  |  |
| Reporting children receiving any, preventive, and restorative services                                 | Sec 144(c): <i>Reporting Information on Dental Health - (e) Information on Dental Care for Children- (1) IN GENERAL- Each annual report under subsection (a) shall include the following information with respect to care and services described in section 1905(r)(3) provided to targeted low-income children enrolled in the State child health plan under this title at any time during the year involved:</i> | None   |

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| <p>Reporting on preventive dental care (dental sealants)</p> <p>Inclusion of information from MCOs</p> | <p><i>`(A) The number of enrolled children by age grouping used for reporting purposes under section 1902(a)(43).</i></p> <p><i>`(B) For children within each such age grouping, information of the type contained in questions 12(a)-(c) of CMS Form 416 (that consists of the number of enrolled targeted low income children who receive any, preventive, or restorative dental care under the State plan).</i></p> <p><i>`(C) For the age grouping that includes children 8 years of age, the number of such children who have received a protective sealant on at least one permanent molar tooth.</i></p> <p><i>`(2) INCLUSION OF INFORMATION ON ENROLLEES IN MANAGED CARE PLANS- The information under paragraph (1) shall include information on children who are enrolled in managed care plans and other private health plans and contracts with such plans under this title shall provide for the reporting of such information by such plans to the State.'</i></p> |  |
| <p><b>Child Health Quality Measures</b></p>  |   |  |
|  | <p><b>Sec 151 “Pediatric Health Quality Measurement Program”</b></p>  | <p><b>Sec 501 “Child Health Quality Improvement Activities for Children Enrolled in Medicaid or CHIP”</b></p>  |
| <p>State reporting</p>   | <p>Mandates state reporting of measures developed and published by the Secretary by September 30, 2009</p>  | <p>Encourages “<i>voluntary and standardized</i>” state reporting of Initial Core Set of Health Care Quality Measures</p>  |
| <p>Establishing dental quality measures</p>  | <p>Sec 151(a)(1)(B)(i): <i>Such measures shall include measures relating to at least the following aspects of health care for children: (i) The proportion of insured (and uninsured) children who receive age-appropriate preventive health and dental care (including age appropriate immunizations) at each stage of child health development.</i></p>   | <p>“Initial Core Set of Health Care Quality Measures for Children Enrolled in Medicaid and CHIP” uses existing measures and calls for “<i>the Secretary shall publish an initial core set of child health quality measures that includes (but is not limited to) the availability of a full range of preventive services, treatments, and services for acute conditions...and treatments to correct or ameliorate the effects of chronic physical ...conditions in infants, young children, school-age children, and adolescents.</i>” (Sec 501, 1139A(a)(3)(B)(i-ii))</p> <p>Note: This could be interpreted to extend to dental but is not explicit about dental</p> |

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| Definition of quality measures for dental         | Sec 151(a)(1)(B)(ii): <i>Such measures shall include measures relating to at least the following aspects of health care for children: The proportion of insured (and uninsured) children who receive dental care for restoration of teeth, relief of pain and infection, and maintenance of dental health.</i>  | None  |
| Consultation                                      | Sec 151(a)(3)(C): <i>In developing and implementing the children's health quality measurement program, the Secretary shall consult with (B)...and other primary and specialized pediatric health care professionals (including members of the allied health professions)..(C) dental professionals;...</i>  | Sec 501, Sec 1139A.(b)(3)(B-C): In addition to the initial core set of measures, the Senate calls for a January 1, 2010, start of an expanded program to improve quality measures. This new program must be developed in consultation with a variety of entities including, "...other primary and specialized pediatric health care professionals (including members of the allied health professionals)...dental professionals, including pediatric dental professionals." |
| Reporting   | By January 1, 2010 and every 2 years thereafter   | By January 1, 2010 and every 3 years thereafter.<br><br>Under Section 608(d) [in an unrelated section of the legislation], the Secretary is required to include in this report, " <i>status of the Secretary's efforts to improve...the quality of children's health care ... including preventive health services, <u>dental care</u>, health care for acute conditions,...</i> "  |
| Grants  | The House bill allows the Secretary to " <i>award grants and contracts to develop, test, validate, update, and disseminate quality measures under the program</i> " but does not authorize funding.   | The Senate bill authorizes up to 10 state demonstration grants annually at \$20M for quality improvement methodologies, promote IT, evaluate provider-based delivery models, and demonstrate us of electronic records. Bill also requires Secretary to develop an obesity reduction demonstration project.  |
| <b>Governmental Accountability Office Studies</b> |   |   |
| Access to dental care                             | Sec 144(d)<br><i>(d) GAO Study and Report- (1) STUDY- The Comptroller General of the United States shall provide for a study that examines-- (A) access to dental services by children in underserved areas; and (B) the feasibility and appropriateness of using qualified mid-level dental health providers, in coordination with dentists, to improve access for children to</i> | Sec 608(c)<br><i>(c) GAO Study and Report on Access to Oral Health Care, Including Preventive and Restorative Services- (1) IN GENERAL- The Comptroller General of the United States shall conduct a study of children's access to oral health care, including preventive and restorative services, under Medicaid and CHIP, including--(A) the extent to</i>   |

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|   | <p><i>oral health services and public health overall. (2) REPORT- Not later than 1 year after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1).</i></p>  | <p><i>which providers are willing to treat children eligible for such programs; (B) information on such children's access to networks of care; (C) geographic availability of oral health care, including preventive and restorative services, under such programs; and (D) as appropriate, information on the degree of availability of oral health care, including preventive and restorative services, for children under such programs. (2) REPORT- Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit a report to the appropriate committees of Congress on the study conducted under paragraph (1) that includes recommendations for such Federal and State legislative and administrative changes as the Comptroller General determines are necessary to address any barriers to access to oral health care, including preventive and restorative services, under Medicaid and CHIP that may exist.</i></p> |
| <p><b>Education on Oral Health</b></p>  |   |  |
| <p>New parent education on oral health</p>  | <p><i>Sec 144(a) Dental Education for Parents of Newborns- The Secretary of Health and Human Services shall develop and implement, through entities that fund or provide perinatal care services to targeted low-income children under a State child health plan under title XXI of the Social Security Act, a program to deliver oral health educational materials that inform new parents about risks for, and prevention of, early childhood caries and the need for a dental visit within their newborn's first year of life.</i></p>                                       | <p>None</p>  |
| <p><b>Contracting Dental Services</b></p>   |   |  |
| <p>Allowing contracting between private dentists and federally qualified health centers</p> | <p><i>Sec 144(b) Provision of Dental Services Through FQHCs- (1) MEDICAID- Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended-- (A) by striking 'and' at the end of paragraph (69); (B) by striking the period at the end of paragraph (70) and inserting `; 'and'; and (C) by inserting after paragraph (70) the following new paragraph: `(71) provide that the State will not prevent a Federally-qualified health center from entering into contractual relationships with private practice dental providers in the provision of Federally-</i></p> | <p>None</p>  |

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|  | <p><i>qualified health center services.’ (2) CHIP- Section 2107(e)(1) of such Act(42 U.S.C. 1397g(e)(1)), as amended by section 112(b), is amended by inserting after subparagraph (A) the following new subparagraph: `(B) Section 1902(a)(71) (relating to limiting FQHC contracting for provision of dental services).’</i></p> <p><i>.(3) EFFECTIVE DATE- The amendments made by this subsection shall take effect on January 1, 2008.</i></p> <p><b>Note:</b> The language authorizes FQHCs to contract with private dentists in order to expand care availability for people who seek services in health centers. This approach was developed by CDHP for the CT Health Foundation and endorsed by ADA and the National Association of Community Health Centers</p> |  |
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**Children’s Access, Payment, and Equality Commission**

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| <p>Impact of Medicaid and SCHIP policies on dental access</p> | <p>The House bill establishes a “Children’s Access, Payment, and Equality Commission” analogous to the federal commission that manages Medicare. This “Commission” annually reviews and reports on Medicaid and CHIP payment rates to providers and issues of access, affordability, coverage, and services.</p> <p>Sec 141 inserts a new section under the Medicaid Title (XIX) of the Social Security Act as Sec 1900. The dental provision is Sec 1900(b)(2)(B): <i>The impact of Federal and State Medicaid and CHIP payment policies on access to services (including dental services) for children (including children with disabilities) and other Medicaid and CHIP population.”</i></p> <p>The Commission is required to study and report on “payment methodologies and their relationship to access and quality of care for Medicaid and CHIP beneficiaries;” the impact of payments on quality of care and access; and the effect of DRA and similar “benchmark plan” coverage on access and quality. It also requires consideration of children with special needs and services provided by the safety net.</p> | <p>None</p> |
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| <b>Dental Health Grants to States</b>                                |      |  |
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| Improving availability of dental services and strengthening coverage | None | <p>Section 608(a) establishes a fund of \$200M over five years for Dental Health Grants to states (see appended language) <i>“for the purpose of carrying out programs and activities that are designed to improve the availability of dental services and strengthen dental coverage for targeted low-income children enrolled in State child health plans.”</i></p> <p>The legislation further specifies the use of funds stating, <i>“The programs and activities described in subsection (a)(1) may include the provision of enhanced dental coverage under the State child health plan.”</i></p> <p>This grant program would require no matching funds from States and maintenance of effort of current dental SCHIP coverage. It would require explicit reporting by states to DHHS and by DHHS to Congress</p> <p>Notes: The grant program clearly provides states the opportunity to improve dental services in a wide variety of ways such as, however the legislation is <i>not</i> clear on whether such grants could be used for direct payment of services.</p> |
| <b>Accessibility of Dental Provider Information</b>                  |      |  |
| Improved information identifying Medicaid and SCHIP dental providers | None | <p>Section 608(b) <i>“Improved Accessibility of Dental Provider Information More Accessible to Enrollees Under Medicaid and CHIP- The Secretary shall--(1) work with States, pediatric dentists, and other dental providers to include on the Insure Kids Now website (<a href="http://www.insurekidsnow.gov/">http://www.insurekidsnow.gov/</a>) and hotline (1-877-KIDS-NOW) a current and accurate list of all dentists and other dental providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under CHIP, and shall ensure that such list is updated at least quarterly; and (2) work with States to include a</i></p>   |

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|   |   | <p><i>description of the dental services provided under each State plan (or waiver) under Medicaid and each State child health plan (or waiver) under CHIP on such Insure Kids Now website.</i></p> <p>Further requires that the Secretary work with “states, pediatric dentists, and other dental providers” in establishing and constantly updating these lists.</p> |
| <b>Expanded Eligibility</b>   |   |  |
| Age expansion   | Section 131 allows states to expand coverage to beneficiaries over the age of 19 in Medicaid and CHIP in a phase in (to age 21 in 2010, 23 in 2011, 24 in 2012, and 25 in 2013)     | None   |
| Legal immigrants  | Sec 132 allows states to expand coverage to legal immigrant children and pregnant women in Medicaid and, if they’ve done so in Medicaid, to do so in CHIP                           | None   |
| Pregnant women  | Section 133 allows states to cover pregnant women if they have met certain coverage specifications in their base plan. Children born to covered women are deemed covered from birth | None   |
| <b>Deficit Reduction Act Clarifications</b>   |   |  |
| Ensures that full EPSDT dental benefits must be provided by states that elect “benchmark” or “benchmark equivalent” plans under DRA | Section 122 technical language  | Section 605 technical language   |