

## BOARD OF DIRECTORS

Burton L. Edelstein, DDS MPH  
*Founder & Chair*  
Professor of Dentistry and  
Health Policy & Management  
Columbia University  
New York, NY

Fotinos S. Panagakos, DMD PhD  
MBA  
*Vice Chair*  
Director of Clinical Research  
Relations and Strategy  
Colgate Palmolive  
New York, NY

Marion Ein Lewin  
*Secretary*  
Chevy Chase, MD

Steven William Kess, MBA  
*Treasurer*  
Vice President, Global  
Professional Relations  
Henry Schein, Inc.  
Melville, NY

Cheryl Austein Casnoff  
Senior Fellow in Public Health  
National Opinion Research  
Center, University of Chicago  
Bethesda, MD

Caswell A. Evans, Jr., DDS MPH  
Associate Dean for Prevention  
and Public Health Sciences  
University of Illinois  
College of Dentistry  
Chicago, IL

Genevieve M. Kenney, PhD  
Senior Fellow and Health  
Economist  
The Urban Institute  
Washington, DC

Michael Scott Labson, JD  
Partner  
Covington & Burling LLP  
Washington, DC

Linda Loranger  
Senior Vice President and  
Director of Health Policy Team  
Burness Communications  
Chevy Chase, MD

Jesley Ruff, DDS  
Senior Vice President and Chief  
Professional Officer  
American Dental Partners, Inc  
Milwaukee, WI

Kevin Thomas  
Managing Partner  
Elevate Oral Care  
Wellington, FL



## ACA: Fulfilling the Pledge to Improve America's Oral Health

In the Patient Protection and Affordable Care Act (ACA)<sup>i</sup>, Congress took unprecedented action in identifying and addressing the oral health needs of Americans, especially children. The single most significant step toward this end was the inclusion of a mandated pediatric benefit, including oral health services as part of the essential benefits package. The challenge now is to ensure that the benefit, along with the numerous complementary oral health provisions in the new law are sufficiently prioritized, supported, and implemented so that the promise these individual provisions hold can be realized as improved oral health for all.

ACA's oral health and dental care provisions are not a loose potpourri of independent initiatives, but rather represent a coherent, integrated set of system improvements aimed at solving a major health problem.<sup>ii</sup> The potential benefits of these provisions are manifold: better overall health at lower cost; greater health equity; enhanced capacity for millions of children to grow, eat, play, and learn; improved general health throughout the lifespan; and, as adults, improved employability and productivity, lower costs to the US military for remedial care of inductees, and potential reductions in premature births.

Congress effectively responded to CDC's finding that childhood tooth decay, despite being overwhelmingly preventable, stubbornly remains the most common chronic disease among American children and is becoming even more prevalent among young children.<sup>iii</sup> It heeded the US Surgeon General's call for increased attention to oral health as a core component of overall health and for the need to reduce oral health disparities.<sup>iv</sup> It honored the work of advocates who highlighted for Congress the fact that pediatric oral health is consequential, as tragically demonstrated by the preventable death of 12-year-old Deamonte Driver due to complications of an abscessed tooth.<sup>v</sup>

Better oral health outcomes can be achieved at lower cost if dentally-necessary care is initiated early in childhood. Additionally, some children are at higher-risk and need individualized prevention and disease management which should become the standard of care. In mandating that pediatric services include oral health care, Congress fully recognized that a child's overall health was not at the exclusion of his or her oral health. While this vision of the future is possible, it is only attainable if each of the oral health provisions is properly implemented and fully funded as a comprehensive approach to improving the oral health system. A brief description of those oral health components includes the following.

### Coverage and Access

- Essential Benefits [Sec. 1302(b)(J)] ensures that the essential benefits package offered within an Exchange includes *pediatric services, including dental and vision care*. Congress was recognizing that oral health is instrumental to overall health and supports a comprehensive pediatric specific benefit package that includes medically necessary preventative, disease management and restoratives services that are necessary to achieving oral health.  
*Mandatory in 2014.*



Dental Stand Alone Option [Sec. 1311(d)(2)B(ii)] allows the pediatric dental services to be provided through a limited-scope dental plan and/or in conjunction with a Qualified Health Plan (QHP). This provision builds on the existing health insurance system in which more than 90 percent of individuals with private dental coverage receive it through a limited-scope dental plan. Although Congressional amendments allowing for the participation of limited-scope dental plans offered in an Exchange clearly states “[limited-scope dental plans] must comply with any relevant consumer protections required for participation in the Exchange,”<sup>vi</sup> concerns about the applicability of certain consumer protections arise when examining the legislative language.

### Prevention and Disease Management Opportunities

- Oral Health Prevention Education Campaign [Sec. 4102] charges the Secretary of DHHS to prepare for a 5-year national public education campaign that is focused on oral healthcare prevention and education. Building on the experience of CDC’s Center for Chronic Disease Control and Prevention with education campaigns (“Fruits and Veggies Matter,” “Inside Knowledge: Get the Facts about Gynecologic Cancer,” “National Diabetes Education Program,”<sup>vii</sup>) this education will aim to inform the public about the preventable nature of all three primary oral diseases and thereby improve health and decrease treatment costs.  
*FY11 Appropriations Requested: \$5 million*
- Research-based Dental Caries Disease Management [Sec 4102] charges the Secretary with awarding grants to demonstrate the effectiveness of dental caries disease management activities. Dental caries is an infectious, transmissible and progressive disease that can have severe consequences. A minority of children experience the highest risk for cavities with the most extreme consequences, including brain infections and death. Most troubling is that children at high-risk for early childhood caries (significant disease at a young age) even after dental care have a relapse of rates ranging to 50% because the underlying disease hasn’t been controlled – only treatment of the obvious symptoms. Therefore, building the evidence-based for dental caries management will provide the necessary information to control disease and dental expenditures long-term.  
*FY11 Appropriations Requested: \$8 million*
- School-based dental sealant programs [Sec 4102(b)] expand existing public health prevention interventions to all 50 states and territories. School-based sealant programs are critical to reaching low-income children who are less likely to have access to dental coverage or services. Typically, programs target schools with a high percentage of low-income students identified through the school-lunch program. Dental sealant programs have been established because sealants have been identified as being cost-effective<sup>viii</sup> and potentially cost saving<sup>ix</sup> in preventing the most common cavities in permanent teeth.  
*FY11 Appropriations Requested: \$15 million*

### Workforce enhancement Opportunities

- Alternative Dental Health Care Providers [Sec 4303] authorizes five-year demonstrations to develop new dental health care providers and directs IOM to evaluate the outcomes. GAO has reported that “several factors contribute to the low use of dental services among low-income persons who have coverage; the major factor is difficulty finding dentists to treat them.” Therefore, states have begun to seek alternative dental workforce models to



address the limited access to a dentist in particular communities. These demonstration grants provide the incentive to test new workforce models that meet the unique demands of a community within the parameters of their prevailing state dental practice acts. They will provide the information necessary to identify models that could be duplicated to further improve access in other states and communities.<sup>x</sup>

*FY11 Appropriations Requested: \$15 million*

- Training in General, Pediatric, and Public Health Dentistry [Sec 5303] enhances existing Title VII health professionals training by authorizing grants to provide technical assistance to pediatric training programs to emphasize care for underserved children. Additionally, dental school faculties are supported to emphasize education on risk-based care and primary prevention. These provisions directly address the need to shift the focus of primary care dentistry toward prevention and disease management in addition to traditional educational experience with treatment. Providing additional attention and experience with the unique challenges facing underserved families has the potential for expanding the workforce and improving overall oral health of the highest-risk populations across the country.

*FY11 Appropriations Requested: \$30 million*

#### **Surveillance & Quality Assurance Opportunities**

- National Oral Healthcare Surveillance [Sec 4102] supports the data system that allows the comparison of state and national statistics on dental services and community fluoridation including demographic-specific information. Such ongoing data collection and analysis regarding oral health assessments, dental services, and program outcomes allows for a long-term evaluation of the impact that federal and state programs have on the oral health of target populations.

*FY11 Appropriations Requested: \$5 million*

#### **Infrastructure building Opportunities**

- Oral Health Infrastructure Cooperative Agreements [Sec 4102] expands eligibility from 19 states all states, territories, and tribes for existing cooperative agreements to establish a multidimensional oral health delivery system and infrastructure. These cooperative agreements provide between \$230,000-\$350,000 annually to states to establish and maintain basic statewide oral health services for all residents, but with a special focus on assuring access to the underserved. Program funds help to establish leadership in the state, monitor disease risk factors, and establish and evaluate prevention programs (specifically community water fluoridation and school-based sealant programs).

*FY11 Appropriations Requested: \$25 million*



---

<sup>i</sup> (“ACA”, Pub.L. 111-148)

<sup>ii</sup> Edelstein BL, Samad F, Mullin L, Booth M. Oral health provisions in US Healthcare reform. J Am Dent Assoc 2010 (in press).

<sup>iii</sup> Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, et al. Trends in oral health status: United States, 1988–1994 and 1999–2004. National Center for Health Statistics. Vital Health Stat 11(248). 2007.

<sup>iv</sup> U.S. Department of Health and Human Services. Oral health in America: A report of the surgeon general. Rockville, Md.: U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000. NIH publication 00–4713.

<sup>v</sup> Hearing on the comprehensive health reform discussion draft: Hearings before the Subcommittee on Health of the Committee on Energy and Commerce, 111th Cong., 1st Sess. (2009) (Written statement of Marian Wright Edelman).

<sup>vi</sup> Stabenow Amendment C-7 to The Chairman’s Mark. *To allow stand-alone dental and vision plans to offer the required pediatric dental and vision services and to be offered in the individual and small group markets including within the insurance exchanges.*

<sup>vii</sup> Center for Chronic Disease Control and Prevention, Communication Campaigns. Available at <http://www.cdc.gov/chronicdisease/resources/campaigns.htm>. Accessed 8-17-10.

<sup>viii</sup> Griffin SO. Sealant program improves health outcomes and reduces state health expenditures in 2007/2008. CDC Division of Oral Health. Available at [http://www.cdc.gov/OralHealth/state\\_programs/pdf/sample\\_one\\_pager.pdf](http://www.cdc.gov/OralHealth/state_programs/pdf/sample_one_pager.pdf). Accessed 8-6-10.

<sup>ix</sup> Weintraub JA, Stearns SC, Burt BA, Beltran ED, Eklund SA (1993). A retrospective analysis of the cost-effectiveness of dental sealants in a children’s health center. Soc Sci Med 36:1483–1493.

<sup>x</sup> U.S. General Accounting Office. Oral Health: Factors Contributing to Low Use of Dental Services by Low-Income Populations. GAO/HEHS-00-149. Washington, D.C.: September 11, 2000.