



Summary of Oral Health Provisions in Health Care Reform

CDHP's years-long efforts to ensure strong oral health provisions in Health Care Reform were realized when the House of Representatives passed the Senate version of Health Care Reform on March 22, 2010 and the President signed it into law the next day. The final law includes a host of provisions advanced by CDHP.

CDHP worked extensively with Congress throughout the long legislative process. Many of the oral health provisions were championed by Senator Jeff Bingaman (D-NM) with whom CDHP has been working for years on a "high water mark" oral health bill. Notably, Senator Bingaman is the only Senator who serves on both the Senate's Health Education Labor and Pension and the Finance Committees – the two committees involved in health reform legislation.

1. Coverage:

- a. Oral Health Services for Children – Requires that all insurance plans that are made available through state Exchanges to the uninsured and to small groups include oral care for children. Bars insurance plans operating under the Exchanges from charging out of pocket expenses for preventive services, including preventive pediatric oral health services. [SEC. 1302(b)(4); SEC. 1001]
- b. Stand-alone Dental Plans) – Allows stand-alone dental plans to participate in the Exchanges. Purchasers will have the option of buying pediatric dental coverage directly from standalone dental plans or through medical plans.
- c. Medicare Advantage – Requires Medicare Advantage Plans to use rebates to pay for dental coverage, and other services. [SEC. 3202]

2. Provider payments:

- a. Charges the Medicaid and CHIP Payment and Access Commission (a 17 member panel on which CDHP's Founder, Burton Edelstein, sits as the only dental professional) with review and report to Congress on payments to dental professionals. [SEC 2801]

3. Access provisions

- a. 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]
- b. Dental Medical Diagnostic Equipment – Establishes standards for accessibility of medical and dental diagnostic equipment for persons with disabilities. [SEC. 4203]

4. Prevention

- a. 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]
- b. Dental Caries Disease Management – Establishes a grant program to demonstrate the effectiveness of research-based dental caries disease management. [SEC. 4102]
 - c. 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]
5. Infrastructure
- a. Cooperative Agreements to Improve Oral Health Infrastructure – Requires 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. Congress will need to appropriate the necessary funds to fully realize an expansion to all states, territories, and tribes. [SEC. 4102]
 - b. Oral Health Care Surveillance Systems – Requires that the Secretary update and improve national oral health surveillance by
 - i. requiring the inclusion of oral health reporting on pregnant women through PRAMS (Note: currently the oral health component of PRAMS is optional);
 - ii. 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);
 - iii. 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);
 - iv. 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]
6. Workforce
- a. 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 (by the American Dental Association, American Dental Hygienists’ Association, and others) 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]
 - b. 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]
 - c. 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 pre-doctoral 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]

7. Training

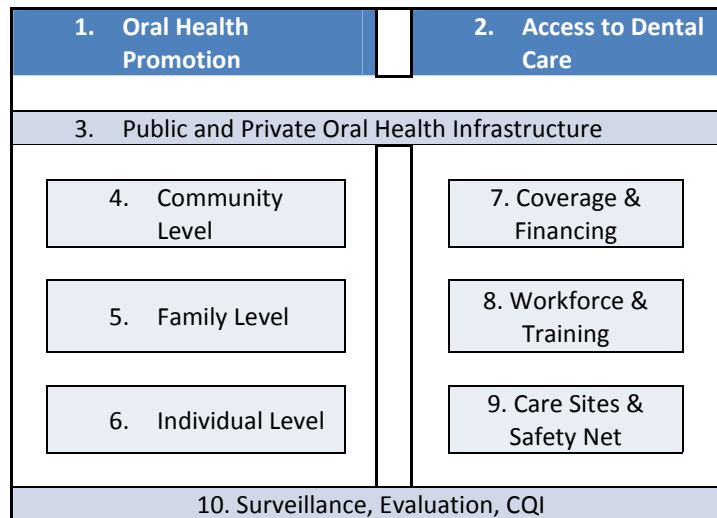
- a. Workforce Development – Establishes a unique appropriations line-item for training of general, pediatric, and public health dentists and appropriates \$30M for FY2010 to train oral health workforce. (Note: currently dental and medical training is appropriated in a single lump sum.)
- b. Expands “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 pre-doctoral training in primary care dentistry; providing technical assistance to pediatric dental training programs in population and public health issues. [SEC. 5303]
- c. 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).
- d. Primary Care Residency Programs – Establishes three-year, \$500,000 grants to establish new primary care residency programs, including dental programs. [SEC. 5508]
- e. Graduate Medical Education – Provides funding for new and expanding graduate medical education, including dental education. [SEC. 5508]



Understanding the Oral Health Provisions in Health Care Reform

The Patient Protection & Affordable Care Act's Oral Health Systems Fixes

Nearly two dozen provisions that specifically impact oral health and dental care were included in the healthcare reform bill signed by President Obama on March 23, 2010. Taken together with 10 “dental” provisions secured in the Children’s Health Insurance Program Reauthorization Act (CHIPRA), these actions constitute an overall “systems-fix” for advancing children’s oral health in America. In promoting these provisions, the Children’s Dental Health Project championed an integrated approach (see diagram) that calls for prevention and disease management to reduce disease occurrence (#1) coupled with effective treatment (#2) to address whatever disease isn’t prevented.



CDHP’s “systems-fix” approach calls for prevention programs and disease management interventions at the community (#4), family (#5), and individual (#6) levels. With regard to treatment, the approach calls first for coverage and then for ensuring the necessary components that translate coverage into effective care. Care components include financing adequacy (#7), workforce sufficiency and competency (#8), and accessible public and private care delivery sites (#9). Both prevention and treatment require a strong public and private oral health infrastructure (#3). Once programs and policies are put into place, it is essential to monitor and evaluate the oral health and dental care of the public (#10) to determine whether any “tweaks” are needed.

For more information on Healthcare Reform and CHIPRA provisions, please go to www.cdhp.org where you will find both summaries and provision-by-provision legislative language or contact Colin Reusch at creusch@cdhp.org.



Oral Health Provisions in Health Care Reform Legislation

May 2010

The below matrix lists the oral health provisions included in the *Patient Protection and Affordable Care Act* and the *Health Care and Education Reconciliation Act of 2010*, which were signed into law by President Obama on March 23, 2010 and March 30, 2010 respectively. Specifically, the column to the left describes what the provision does, the center column is the legislative language that is included in the bill, and the column to the right addresses the timeline for implementation of each provision. Oral health provisions are listed in the order in which they appear in the legislation with the exception of language from the Reconciliation Bill which can be found at the end of the document.

What it does	What it says	When it happens
Preventive oral health services 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. 1001. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT. ... "SEC. 2713. COVERAGE OF PREVENTIVE HEALTH SERVICES. (a) IN GENERAL. A group health plan and a health insurance issuer offering group or individual health insurance coverage shall provide coverage for and shall not impose any cost sharing requirements for (1) evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force; (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and (3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.	2014
Stand-alone dental plans		
Exempts stand-alone dental plans from offering the full essential benefits package.	SEC. 1201. Amendment to the Public Health Service Act. "SEC. 2707. COMPREHENSIVE HEALTH INSURANCE COVERAGE. (a) COVERAGE FOR ESSENTIAL HEALTH BENEFITS PACKAGE. A health insurance issuer	2014

What it does	What it says	When it happens
Stand-alone dental plans (Continued)		
	<p>that offers health insurance coverage in the individual or small group market shall ensure that such coverage includes the essential health benefits package required under section 1302(a) of the Patient Protection and Affordable Care Act.</p> <p>(b) COST-SHARING UNDER GROUP HEALTH PLANS. A group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under paragraphs (1) and (2) of section 1302(c).</p> <p>(c) CHILD-ONLY PLANS. If a health insurance issuer offers health insurance coverage in any level of coverage specified under section 1302(d) of the Patient Protection and Affordable Care Act, the issuer shall also offer such coverage in that level as a plan in which the only enrollees are individuals who, as of the beginning of a plan year, have not attained the age of 21.</p> <p>(d) DENTAL ONLY. This section shall not apply to a plan described in section 1302(d)(2)(B)(ii)(I).</p>	
Oral care for children		
Requires that insurance plans offered under the Exchange include oral care for children.	<p>SEC. 1302(b) ESSENTIAL HEALTH BENEFITS.</p> <p>(1) IN GENERAL. Subject to paragraph (2), the Secretary shall define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:</p> <p>...</p> <p>(J) Pediatric services, including oral and vision care.</p>	2014
Offering of oral care for children		
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.	<p>SEC. 1302(b)(4) REQUIRED ELEMENTS FOR CONSIDERATION. In defining the essential health benefits under paragraph (1), the Secretary shall—</p> <p>...</p> <p>(F) provide that if a plan described in section 1311(b)(2)(B)(ii) (relating to stand-alone dental benefits plans) is offered through an Exchange, another health plan offered through such Exchange shall not fail to be treated as a qualified health plan solely because the plan does not offer coverage of benefits offered through the stand-alone plan that are otherwise required under paragraph (1)(J);</p> <p>...</p>	2014
Stand-alone dental plans in the Exchange		
Allows stand-alone dental plans to participate in the Exchange, as long as they offer a pediatric dental benefit.	<p>SEC. 1311(d)(2)(B)(ii) OFFERING OF STAND-ALONE DENTAL BENEFITS. Each Exchange within a State shall allow an issuer of a plan that only provides limited scope dental benefits</p>	2014

What it does	What it says	When it happens
Stand-alone dental plans in the exchange (Continued)		
	meeting the requirements of section 9832(c)(2)(A) of the Internal Revenue Code of 1986 to offer the plan through the Exchange (either separately or in conjunction with a qualified health plan) if the plan provides pediatric dental benefits meeting the requirements of section 1302(b)(1)(J)).	
Tax subsidies for stand-alone dental plans		
Allows beneficiaries covered under the Exchange to use their tax subsidy for both a stand-alone plan and a medical plan.	SEC. 1401. REFUNDABLE TAX CREDIT PROVIDING PREMIUM ASSISTANCE FOR COVERAGE UNDER A QUALIFIED PLAN. “SEC. 36B(b)(3)(E) SPECIAL RULE FOR PEDIATRIC DENTAL COVERAGE. For purposes of determining the amount of any monthly premium, if an individual enrolls in both a qualified health plan and a plan described in section 1311(d)(2)(B)(ii)(I) of the Patient Protection and Affordable Care Act for any plan year, the portion of the premium for the plan described in such section that (under regulations prescribed by the Secretary) is properly allocable to pediatric dental benefits which are included in the essential health benefits required to be provided by a qualified health plan under section 1302(b)(1)(J) of such Act shall be treated as a premium payable for a qualified health plan.	2014
Stand-alone dental plans and cost-sharing		
Cost-sharing protections may not be imposed on stand-alone dental plans.	SEC. 1402(c)(5) SPECIAL RULE FOR PEDIATRIC DENTAL PLANS. If an individual enrolls in both a qualified health plan and a plan described in section 1311(d)(2)(B)(ii)(I) for any plan year, subsection (a) shall not apply to that portion of any reduction in cost-sharing under subsection (c) that (under regulations prescribed by the Secretary) is properly allocable to pediatric dental benefits which are included in the essential health benefits required to be provided by a qualified health plan under section 1302(b)(1)(J).	2014
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. MACPAC ASSESSMENT OF POLICIES AFFECTING ALL MEDICAID BENEFICIARIES. (a) IN GENERAL. Section 1900 of the Social Security Act (42 U.S.C. 1396) is amended— ... (bb) by striking hospital, skilled nursing facility, physician, Federally-qualified health center, rural health center, and other fees and inserting payments to	2010

What it does	What it says	When it happens
MACPAC and payments to dental professionals (Continued)		
	medical, dental, and health professionals, hospitals, residential and long-term care providers, providers of home and community based services, Federally- qualified health centers and rural health clinics, managed care entities, and providers of other covered items and services; and ...	
Dental Coverage in Medicare Advantage		
Requires Medicare Advantage Plans to use rebates to pay for dental coverage, and other services.	SEC. 3202. BENEFIT PROTECTION AND SIMPLIFICATION. ... “(iii) FORM OF REBATE FOR PLAN YEAR 2012 AND SUBSEQUENT PLAN YEARS. For plan years beginning on or after January 1, 2012, a rebate required under this subparagraph may not be used for the purpose described in clause (ii)(III) and shall be provided through the application of the amount of the rebate in the following priority order: ... “(III) Third, to use the remaining share to meaningfully provide coverage of other health care benefits which are not benefits under the original Medicare fee-for-service program, such as eye examinations and dental coverage, and are not benefits described in subclause (II).”	2012
Oral health services at 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. SCHOOL-BASED HEALTH CENTERS. “SEC. 399Z–1. SCHOOL-BASED HEALTH CENTERS. (a) DEFINITIONS; ESTABLISHMENT OF CRITERIA. In this section: (1) COMPREHENSIVE PRIMARY HEALTH SERVICES. The term comprehensive primary health services means the core services offered by school-based health centers, which shall include the following: (A) PHYSICAL. Comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals to, and follow-up for, specialty care and oral health services.	2011

What it does	What it says	When it happens
Oral health public education campaign		
<p>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.</p>	<p>SEC. 4102. ORAL HEALTHCARE PREVENTION ACTIVITIES.</p> <p>...</p> <p>“SEC. 399LL. ORAL HEALTHCARE PREVENTION EDUCATION CAMPAIGN.</p> <p>(a) ESTABLISHMENT. The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with professional oral health organizations, shall, subject to the availability of appropriations, establish a 5-year national, public education campaign (referred to in this section as the campaign) that is focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.</p> <p>(b) REQUIREMENTS. In establishing the campaign, the Secretary shall—</p> <p>(1) ensure that activities are targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations, including Indians, Alaska Natives and Native Hawaiians (as defined in section 4(c) of the Indian Health Care Improvement Act) in a culturally and linguistically appropriate manner; and</p> <p>(2) utilize science-based strategies to convey oral health prevention messages that include, but are not limited to, community water fluoridation and dental sealants.</p> <p>(c) PLANNING AND IMPLEMENTATION. Not later than 2 years after the date of enactment of this section, the Secretary shall begin implementing the 5-year campaign. During the 2-year period referred to in the previous sentence, the Secretary shall conduct planning activities with respect to the campaign.</p>	<p>2010-2012</p>
Dental caries disease management		
<p>Establishes a grant program to demonstrate the effectiveness of research-based dental caries disease management.</p>	<p>SEC. 4102. ORAL HEALTHCARE PREVENTION ACTIVITIES.</p> <p>...</p> <p>“SEC. 399LL-1. RESEARCH-BASED DENTAL CARIES DISEASE MANAGEMENT.</p> <p>(a) IN GENERAL. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award demonstration grants to eligible entities to demonstrate the</p>	<p>2010-2011</p>

What it does	What it says	When it happens
Dental caries disease management (Continued)		
	<p>effectiveness of research-based dental caries disease management activities.</p> <p>(b) ELIGIBILITY. To be eligible for a grant under this section, an entity shall</p> <p>(1) be a community-based provider of dental services (as defined by the Secretary), including a Federally-qualified health center, a clinic of a hospital owned or operated by a State (or by an instrumentality or a unit of government within a State), a State or local department of health, a dental program of the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as such terms are defined in section 4 of the Indian Health Care Improvement Act), a health system provider, a private provider of dental services, medical, dental, public health, nursing, nutrition educational institutions, or national organizations involved in improving children's oral health; and</p> <p>(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.</p> <p>(c) USE OF FUNDS. A grantee shall use amounts received under a grant under this section to demonstrate the effectiveness of research-based dental caries disease management activities.</p> <p>(d) USE OF INFORMATION. The Secretary shall utilize information generated from grantees under this section in planning and implementing the public education campaign under section 399LL.</p>	
School-based dental sealant programs		
<p>Requires that all states, territories and Indian tribes receive grants for school-based dental sealant programs.</p>	<p>SEC. 4102. ORAL HEALTHCARE PREVENTION ACTIVITIES.</p> <p>...</p> <p>(b) SCHOOL-BASED SEALANT PROGRAMS. Section 317M(c)(1) of the Public Health Service Act (42 U.S.C. 247b-14(c)(1)) is amended by striking "may award grants to States and Indian tribes" and inserting "shall award a grant to each of the 50 States and territories and to Indians, Indian tribes, tribal organizations and urban Indian organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act)."</p>	<p>2010-2011</p>

What it does	What it says	When it happens
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.	<p>SEC. 4102. ORAL HEALTHCARE PREVENTION ACTIVITIES.</p> <p>...</p> <p>“(d) ORAL HEALTH INFRASTRUCTURE.</p> <p>(1) COOPERATIVE AGREEMENTS. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enter into cooperative agreements with State, territorial, and Indian tribes or tribal organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act) 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.</p> <p>(2) AUTHORIZATION OF APPROPRIATIONS. There is authorized to be appropriated such sums as necessary to carry out this subsection for fiscal years 2010 through 2014.”.</p>	2010-2011
Oral health care surveillance systems		
Requires that the Secretary update national oral health care surveillance systems.	<p>SEC. 4102. ORAL HEALTHCARE PREVENTION ACTIVITIES.</p> <p>...</p> <p>“(d) UPDATING NATIONAL ORAL HEALTHCARE SURVEILLANCE ACTIVITIES.</p> <p>(1) PRAMS.</p> <p>(A) IN GENERAL. The Secretary of Health and Human Services (referred to in this subsection as the Secretary) shall carry out activities to update and improve the Pregnancy Risk Assessment Monitoring System (referred to in this section as PRAMS) as it relates to oral healthcare.</p> <p>(B) STATE REPORTS AND MANDATORY MEASUREMENTS.</p> <p>(i) IN GENERAL. Not later than 5 years after the date of enactment of this Act, and every 5 years thereafter, a State shall submit to the Secretary a report concerning activities conducted within the State under PRAMS.</p> <p>(ii) MEASUREMENTS. The oral healthcare measurements developed by the Secretary for use under PRAMS shall be mandatory with respect to States for purposes of the State reports under clause (i).</p>	2010-2011

What it does	What it says	When it happens
Oral health care surveillance systems (Continued)		
	<p>(C) FUNDING. There is authorized to be appropriated to carry out this paragraph, such sums as may be necessary.</p> <p>(2) NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY. The Secretary shall develop oral healthcare components that shall include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey. Such components shall be updated by the Secretary at least every 6 years. For purposes of this paragraph, the term tooth-level surveillance means a clinical examination where an examiner looks at each dental surface, on each tooth in the mouth and as expanded by the Division of Oral Health of the Centers for Disease Control and Prevention.</p> <p>(3) MEDICAL EXPENDITURES PANEL SURVEY. The Secretary shall ensure that the Medical Expenditures Panel Survey by the Agency for Healthcare Research and Quality includes the verification of dental utilization, expenditure, and coverage findings through conduct of a look-back analysis.</p> <p>(4) NATIONAL ORAL HEALTH SURVEILLANCE SYSTEM.</p> <p>(A) APPROPRIATIONS. There is authorized to be appropriated, such sums as may be necessary for each of fiscal years 2010 through 2014 to increase the participation of States in the National Oral Health Surveillance System from 16 States to all 50 States, territories, and District of Columbia.</p> <p>(B) REQUIREMENTS. The Secretary shall ensure that the National Oral Health Surveillance System include the measurement of early childhood caries.</p>	
Dental medical diagnostic equipment		
<p>Establishes standards for accessible medical diagnostic equipment, including dental equipment.</p>	<p>SEC. 4203. REMOVING BARRIERS AND IMPROVING ACCESS TO WELLNESS FOR INDIVIDUALS WITH DISABILITIES.</p> <p>Title V of the Rehabilitation Act of 1973 (29 U.S.C. 791 et seq.) is amended by adding at the end of the following:</p> <p>“SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE MEDICAL DIAGNOSTIC EQUIPMENT.</p> <p>(a) STANDARDS. Not later than 24 months after the date of enactment of the Affordable Health Choices Act, the Architectural and Transportation Barriers Compliance Board shall, in consultation</p>	<p>2012</p>

What it does	What it says	When it happens
Dental medical diagnostic equipment (Continued)		
	<p>with the Commissioner of the Food and Drug Administration, promulgate regulatory standards in accordance with the Administrative Procedure Act (2 U.S.C. 551 et seq.) setting forth the minimum technical criteria for medical diagnostic equipment used in (or in conjunction with) physicians offices, clinics, emergency rooms, hospitals, and other medical settings. The standards shall ensure that such equipment is accessible to, and usable by, individuals with accessibility needs, and shall allow independent entry to, use of, and exit from the equipment by such individuals to the maximum extent possible.</p> <p>(b) MEDICAL DIAGNOSTIC EQUIPMENT COVERED. The standards issued under subsection (a) for medical diagnostic equipment shall apply to equipment that includes examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.</p> <p>(c) REVIEW AND AMENDMENT. The Architectural and Transportation Barriers Compliance Board, in consultation with the Commissioner of the Food and Drug Administration, shall periodically review and, as appropriate, amend the standards in accordance with the Administrative Procedure Act (2 U.S.C. 551 et seq.).”</p>	
National Health Care Workforce Commission and oral health		
<p>Establishes a National Health Care Workforce Commission, for which oral health care workforce capacity is a high priority area for review.</p>	<p>SEC. 5101. NATIONAL HEALTH CARE WORKFORCE COMMISSION.</p> <p>(a) PURPOSE. It is the purpose of this section to establish a National Health Care Workforce Commission that—</p> <p>(1) serves as a national resource for Congress, the President, States, and localities;</p> <p>(2) communicates and coordinates with the Departments of Health and Human Services, Labor, Veterans Affairs, Homeland Security, and Education on related activities administered by one or more of such Departments;</p> <p>(3) develops and commissions evaluations of education and training activities to determine whether the demand for health care workers is being met;</p>	<p>2010-2011</p>

What it does	What it says	When it happens
National Health Care Workforce Commission and oral health (Continued)		
	<p>(4) identifies barriers to improved coordination at the Federal, State, and local levels and recommend ways to address such barriers; and</p> <p>(5) encourages innovations to address population needs, constant changes in technology, and other environmental factors.</p> <p>...</p> <p>(4) HIGH PRIORITY AREAS.</p> <p>(A) IN GENERAL. The initial high priority topics described in this paragraph include each of the following:</p> <p>...</p> <p>(iv) The education and training capacity, projected demands, and integration with the health care delivery system of each of the following:</p> <p>(I) Nursing workforce capacity at all levels.</p> <p>(II) Oral health care workforce capacity at all levels.</p> <p>...</p> <p>(i) DEFINITIONS. In this section:</p> <p>(1) HEALTH CARE WORKFORCE. The term “health care workforce” includes... dentists, dental hygienists, and other oral healthcare professionals...</p> <p>...</p> <p>(2) HEALTH PROFESSIONALS. The term health professionals includes—</p> <p>(A) dentists, dental hygienists...</p> <p>...</p> <p>(C)...oral health care industry dentistry and dental hygiene...</p>	
Workforce development		
<p>Authorizes \$30 million for fiscal year 2010 to train the oral health workforce.</p>	<p>SEC. 5303. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY.</p> <p>Part C of Title VII of the Public Health Service Act (42 U.S.C. 293k et seq.) is amended by—</p> <p>(1) redesignating section 748, as amended by section 5103 of this Act, as section 749; and</p> <p>(2) inserting after section 747A, as added by section 5302, the following:</p> <p>“SEC. 748. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY.</p> <p>(a) SUPPORT AND DEVELOPMENT OF DENTAL TRAINING PROGRAMS.</p> <p>(1) IN GENERAL. The Secretary may make grants to, or enter into contracts with, a school of dentistry, public or nonprofit private hospital, or a</p>	<p>2010</p>

What it does	What it says	When it happens
Workforce development (Continued)		
	<p>public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract</p> <p>(A) to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, or public health dentistry for dental students, residents, practicing dentists, dental hygienists, or other approved primary care dental trainees, that emphasizes training for general, pediatric, or public health dentistry;</p> <p>(B) to provide financial assistance to dental students, residents, practicing dentists, and dental hygiene students who are in need thereof, who are participants in any such program, and who plan to work in the practice of general, pediatric, public health dentistry, or dental hygiene;</p> <p>(C) to plan, develop, and operate a program for the training of oral health care providers who plan to teach in general, pediatric, public health dentistry, or dental hygiene;</p> <p>(D) to provide financial assistance in the form of traineeships and fellowships to dentists who plan to teach or are teaching in general, pediatric, or public health dentistry;</p> <p>(E) to meet the costs of projects to establish, maintain, or improve dental faculty development programs in primary care (which may be departments, divisions or other units);</p> <p>(F) to meet the costs of projects to establish, maintain, or improve predoctoral and postdoctoral training in primary care programs;</p> <p>(G) to create a loan repayment program for faculty in dental programs; and</p> <p>(H) to provide technical assistance to pediatric training programs in developing and implementing instruction regarding the oral health status, dental care needs, and risk-based clinical disease management of all pediatric populations with an emphasis on underserved children.</p> <p>(2) FACULTY LOAN REPAYMENT.</p> <p>(A) IN GENERAL. A grant or contract under subsection (a)(1)(G) may be awarded to a program of general, pediatric, or public health dentistry described in such subsection to plan, develop, and operate a loan repayment program under which</p> <p>(i) individuals agree to serve full-time as faculty members; and</p>	

What it does	What it says	When it happens
Workforce development (Continued)		
	<p>(ii) the program of general, pediatric or public health dentistry agrees to pay the principal and interest on the outstanding student loans of the individuals.</p> <p>(B) MANNER OF PAYMENTS. With respect to the payments described in subparagraph (A)(ii), upon completion by an individual of each of the first, second, third, fourth, and fifth years of service, the program shall pay an amount equal to 10, 15, 20, 25, and 30 percent, respectively, of the individuals student loan balance as calculated based on principal and interest owed at the initiation of the agreement.</p> <p>(b) ELIGIBLE ENTITY. For purposes of this subsection, entities eligible for such grants or contracts in general, pediatric, or public health dentistry shall include entities that have programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Eligible entities may partner with schools of public health to permit the education of dental students, residents, and dental hygiene students for a master's year in public health at a school of public health.</p> <p>(c) PRIORITIES IN MAKING AWARDS. With respect to training provided for under this section, the Secretary shall give priority in awarding grants or contracts to the following:</p> <p>(1) Qualified applicants that propose collaborative projects between departments of primary care medicine and departments of general, pediatric, or public health dentistry.</p> <p>(2) Qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, who enter and remain in general, pediatric, or public health dentistry.</p> <p>(3) Qualified applicants that have a record of training individuals who are from a rural or disadvantaged background, or from underrepresented minorities.</p> <p>(4) Qualified applicants that establish formal relationships with Federally qualified health centers, rural health centers, or accredited teaching facilities and that conduct training of students, residents, fellows, or faculty at the center or facility.</p> <p>(5) Qualified applicants that conduct teaching programs targeting vulnerable populations such</p>	

What it does	What it says	When it happens
Workforce development (Continued)		
	<p>as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with disabilities, and individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations.</p> <p>(6) Qualified applicants that include educational activities in cultural competency and health literacy.</p> <p>(7) Qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings.</p> <p>(8) Qualified applicants that intend to establish a special populations oral health care education center or training program for the didactic and clinical education of dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.</p> <p>(d) APPLICATION. An eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.</p> <p>(e) DURATION OF AWARD. The period during which payments are made to an entity from an award of a grant or contract under subsection (a) shall be 5 years.</p> <p>The provision of such payments shall be subject to annual approval by the Secretary and subject to the availability of appropriations for the fiscal year involved to make the payments.</p> <p>(f) AUTHORIZATIONS OF APPROPRIATIONS. For the purpose of carrying out subsections (a) and (b), there is authorized to be appropriated \$30,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015.</p> <p>(g) CARRYOVER FUNDS. An entity that receives an award under this section may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than 3 years.”</p>	

What it does	What it says	When it happens
Alternative Dental Health Care Providers		
<p>Establishes five-year, \$4 million demonstration projects to test alternative dental health care providers.</p>	<p>SEC. 5304. ALTERNATIVE DENTAL HEALTH CARE PROVIDERS DEMONSTRATION PROJECT.</p> <p>Subpart X of part D of title III of the Public Health Service Act (42 U.S.C. 256f et seq.) is amended by adding at the end the following:</p> <p>“SEC. 340G–1. DEMONSTRATION PROGRAM.</p> <p>(a) IN GENERAL.</p> <p>(1) AUTHORIZATION. The Secretary is authorized to award grants to 15 eligible entities to enable such entities to establish a demonstration program to establish training programs to train, or to employ, alternative dental health care providers in order to increase access to dental health care services in rural and other underserved communities.</p> <p>(2) DEFINITION. The term alternative dental health care providers includes community dental health coordinators, advance practice dental hygienists, independent dental hygienists, supervised dental hygienists, primary care physicians, dental therapists, dental health aides, and any other health professional that the Secretary determines appropriate.</p> <p>(b) TIMEFRAME. The demonstration projects funded under this section shall begin not later than 2 years after the date of enactment of this section, and shall conclude not later than 7 years after such date of enactment.</p> <p>(c) ELIGIBLE ENTITIES. To be eligible to receive a grant under subsection (a), an entity shall—</p> <p>(1) be—</p> <p>(A) an institution of higher education, including a community college;</p> <p>(B) a public-private partnership;</p> <p>(C) a federally qualified health center;</p> <p>(D) an Indian Health Service facility or a tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act);</p> <p>(E) a State or county public health clinic, a health facility operated by an Indian tribe or tribal organization, or urban Indian organization providing dental services; or</p> <p>(F) a public hospital or health system;</p> <p>(2) be within a program accredited by the Commission on Dental Accreditation or within a dental education program in an accredited institution; and (3) shall submit an application to</p>	<p>2011-2012</p>

What it does	What it says	When it happens
Alternative Dental Health Care Providers (Continued)		
	<p>the Secretary at such time, in such manner, and containing such information as the Secretary may require.</p> <p>(d) ADMINISTRATIVE PROVISIONS.</p> <p>(1) AMOUNT OF GRANT. Each grant under this section shall be in an amount that is not less than \$4,000,000 for the 5-year period during which the demonstration project being conducted.</p> <p>(2) DISBURSEMENT OF FUNDS.</p> <p>(A) PRELIMINARY DISBURSEMENTS. Beginning 1 year after the enactment of this section, the Secretary may disperse to any entity receiving a grant under this section not more than 20 percent of the total funding awarded to such entity under such grant, for the purpose of enabling the entity to plan the demonstration project to be conducted under such grant.</p> <p>(B) SUBSEQUENT DISBURSEMENTS. The remaining amount of grant funds not dispersed under subparagraph (A) shall be dispersed such that not less than 15 percent of such remaining amount is dispersed each subsequent year.</p> <p>(e) COMPLIANCE WITH STATE REQUIREMENTS. Each entity receiving a grant under this section shall certify that it is in compliance with all applicable State licensing requirements.</p> <p>(f) EVALUATION. The Secretary shall contract with the Director of the Institute of Medicine to conduct a study of the demonstration programs conducted under this section that shall provide analysis, based upon quantitative and qualitative data, regarding access to dental health care in the United States.</p> <p>(g) CLARIFICATION REGARDING DENTAL HEALTH AIDE PROGRAM. Nothing in this section shall prohibit a dental health aide training program approved by the Indian Health Service from being eligible for a grant under this section.</p> <p>(h) AUTHORIZATION OF APPROPRIATIONS. There is authorized to be appropriated such sums as may be necessary to carry out this section.”</p>	
Public Health Workforce		
<p>Establishes a public health workforce track, including funding for scholarships and loan repayment programs for dental students and grants to dental schools.</p>	<p>SEC. 5315. UNITED STATES PUBLIC HEALTH SCIENCES TRACK.</p> <p>Title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:</p> <p>“PART D—UNITED STATES PUBLIC HEALTH SCIENCES TRACK</p>	<p>2010-2011</p>

What it does	What it says	When it happens
Public Health Workforce (Continued)		
	<p>“SEC. 271. ESTABLISHMENT.</p> <p>(a) UNITED STATES PUBLIC HEALTH SERVICES TRACK.</p> <p>(1) IN GENERAL. There is hereby authorized to be established a United States Public Health Sciences Track (referred to in this part as the Track), at sites to be selected by the Secretary, with authority to grant appropriate advanced degrees in a manner that uniquely emphasizes team-based service, public health, epidemiology, and emergency preparedness and response. It shall be so organized as to graduate not less than—</p> <p>...</p> <p>(B) 100 dental students annually;</p> <p>...</p> <p>(b) NUMBER OF GRADUATES. Except as rural communities and underrepresented minorities.</p> <p>(b) CONTRACT AND SERVICE OBLIGATION.</p> <p>(1) CONTRACT. Upon being admitted to the Track, a medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, or nursing student shall enter into a written contract with the Surgeon General that shall contain</p> <p>(A) an agreement under which—</p> <p>(i) subject to subparagraph (B), the Surgeon General agrees to provide the student with tuition (or tuition remission) and a student stipend (described in paragraph (2)) in each school year for a period of years (not to exceed 4 school years) determined by the student, during which period the student is enrolled in the Track at an affiliated or other participating health professions institution pursuant to an agreement between the Track and such institution; and provided in subsection (a), the number of persons to be graduated from the Track shall be prescribed by the Secretary. In so prescribing the number of persons to be graduated from the Track, the Secretary shall institute actions necessary to ensure the maximum number of first-year enrollments in the Track consistent with the academic capacity of the affiliated sites and the needs of the United States for medical, dental, and nursing personnel.</p> <p>...</p> <p>(d) PROGRAMS. The Surgeon General may establish the following educational programs for Track students:</p> <p>...</p>	

What it does	What it says	When it happens
Public Health Workforce (Continued)		
	<p>(2) A cooperative program for medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students.</p> <p>...</p> <p>(f) AUTHORITY OF THE SURGEON GENERAL.</p> <p>(1) IN GENERAL. The Surgeon General is authorized—</p> <p>(A) to enter into contracts with, accept grants from, and make grants to any nonprofit entity for the purpose of carrying out cooperative enterprises in medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing research, consultation, and education;</p> <p>...</p> <p>(3) SCIENTISTS. Scientists or other medical, dental, or nursing personnel utilized by the Track under an agreement described in paragraph (1) may be appointed to any position within the Track and may be permitted to perform such duties within the Track as the Surgeon General may approve.</p> <p>...</p> <p>“SEC. 273. STUDENTS; SELECTION; OBLIGATION.</p> <p>(a) STUDENT SELECTION.</p> <p>(1) IN GENERAL. Medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students at the Track shall be selected under procedures prescribed by the Surgeon General. In so prescribing, the Surgeon General shall consider the recommendations of the National Health Care Workforce Commission.</p> <p>(2) PRIORITY. In developing admissions procedures under paragraph (1), the Surgeon General shall ensure that such procedures give priority to applicant medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students from (ii) subject to subparagraph (B), the student agrees—</p> <p>...</p> <p>(IV) if pursuing a degree from a school of medicine or osteopathic medicine, dental, public health, or nursing school or a physician assistant, pharmacy, or behavioral and mental health professional program, to complete a residency or internship in a specialty that the Surgeon General determines is appropriate; and (V) to serve for a</p>	

What it does	What it says	When it happens
Public Health Workforce (Continued)		
	<p>period of time (referred to in this part as the period of obligated service) within the Commissioned Corps of the Public Health Service equal to 2 years for each school year during which such individual was enrolled at the College, reduced as provided for in paragraph (3);</p> <p>...</p> <p>(c) SECOND 2 YEARS OF SERVICE. During the third and fourth years in which a medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, or nursing student is enrolled in the Track, training should be designed to prioritize clinical rotations in Federal medical facilities in health professional shortage areas, and emphasize a balance of hospital and community-based experiences, and training within interdisciplinary teams.</p> <p>(d) DENTIST, PHYSICIAN ASSISTANT, PHARMACIST, BEHAVIORAL AND MENTAL HEALTH PROFESSIONAL, PUBLIC HEALTH PROFESSIONAL, AND NURSE TRAINING. The Surgeon General shall establish provisions applicable with respect to dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students that are comparable to those for medical students under this section, including service obligations, tuition support, and stipend support. The Surgeon General shall give priority to health professions training institutions that train medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students for some significant period of time together, but at a minimum have a discrete and shared core curriculum.</p> <p>(e) ELITE FEDERAL DISASTER TEAMS. The Surgeon General, in consultation with the Secretary, the Director of the Centers for Disease Control and Prevention, and other appropriate military and Federal government agencies, shall develop criteria for the appointment of highly qualified Track faculty, medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students, and graduates to elite Federal disaster preparedness teams to train and to respond to public health emergencies, natural disasters, bioterrorism events, and other emergencies.</p> <p>(f) STUDENT DROPPED FROM TRACK IN AFFILIATE SCHOOL. A medical, dental,</p>	

What it does	What it says	When it happens
	<p>physician assistant, pharmacy, behavioral and mental health, public health, or nursing student who, under regulations prescribed by the Surgeon General, is dropped from the Track in an affiliated school for deficiency in conduct or studies, or for other reasons, shall be liable to the United States for all tuition and stipend support provided to the student.</p> <p>“SEC. 274. FUNDING. Beginning with fiscal year 2010, the Secretary shall transfer from the Public Health and Social Services Emergency Fund such sums as may be necessary to carry out this part.”.</p>	
Primary care residency programs		
<p>Establishes three-year, \$500,000 grants to establish new primary care residency programs, including dental programs.</p>	<p>SEC. 5508. INCREASING TEACHING CAPACITY.</p> <p>(a) TEACHING HEALTH CENTERS TRAINING AND ENHANCEMENT. Part C of title VII of the Public Health Service Act (42 U.S.C. 293k et. seq.), as amended by section 5303, is further amended by inserting after section 749 the following:</p> <p>(a) PROGRAM AUTHORIZED. The Secretary may award grants under this section to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs.</p> <p>(b) AMOUNT AND DURATION. Grants awarded under this section shall be for a term of not more than 3 years and the maximum award may not be more than \$500,000.</p> <p>(c) USE OF FUNDS. Amounts provided under a grant under this section shall be used to cover the costs of</p> <p>...</p> <p>(C) accreditation by the Accreditation Council for Graduate Medical Education (ACGME), the American Dental Association (ADA), or the American Osteopathic Association (AOA); and</p> <p>...</p>	<p>2010-2011</p>
Graduate medical education		
<p>Provides funding for new and expanded graduate medical education, including dental education.</p>	<p>SEC. 5508. INCREASING TEACHING CAPACITY.</p> <p>...</p> <p>“SEC. 340H. PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.</p> <p>(a) PAYMENTS. Subject to subsection (h)(2), the Secretary shall make payments under this section for direct expenses and for indirect</p>	<p>2010-2011</p>

What it does	What it says	When it happens
	<p>expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for expansion of existing or establishment of new approved graduate medical residency training programs.</p> <p>...</p> <p>(1) APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM. The term approved graduate medical residency training program means a residency or other postgraduate medical training program—</p> <p>(A) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and</p> <p>(B) that meets criteria for accreditation (as established by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the American Dental Association).</p> <p>...</p>	
Reconciliation Bill		
<p>Excludes stand-alone dental benefits from total cost of plans subject to the high-cost plan excise tax.</p>	<p>SEC. 1401. HIGH-COST PLAN EXCISE TAX.</p> <p>...</p> <p>4) in subsection (d)(1)(B), by redesignating clause (ii) as clause (iii) and by inserting after clause (i) the following new clause:</p> <p>“(ii) any coverage under a separate policy, certificate, or contract of insurance which provides benefits substantially all of which are for treatment of the mouth (including any organ or structure within the mouth) or for treatment of the eye, or”;</p> <p>and</p>	<p>2017</p>

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ⁱ <http://thomas.loc.gov>