



Call to Action on Oral Health: Messages for Health Care Reform

November 2009

The U.S. Congress is in the final stages of crafting legislation to reform our nation's health care system. Members of the U.S. House of Representatives and U.S. Senate will spend the coming weeks and months combining the various bills that have been passed by Committees of jurisdiction to prepare for a final vote in both chambers. This presents an ideal opportunity for oral health advocates to send the message that key oral health provisions must be included in the health reform legislation that is sent to the President.

Contact your Senators and Representatives today to schedule a meeting to talk about the importance of oral health. Specifically, we recommend that you make the following key points:

- **Preserve the pediatric dental benefit.** All five committees of jurisdiction in the House and Senate passed bills that required health plans offered through the exchange to provide pediatric oral health services. The merged bill introduced by House Speaker Pelosi on 10/29 (H.R. 3962) retains this provision. Given the importance of oral health to overall health, this is an essential element of the children's benefits package and must be included in any bill sent to the President.
- **Defer to the House on oral health expertise.** H.R. 3962 also requires that the Health Benefits Advisory Committee charged with overseeing the Health Benefits Exchange must include experts in oral health. The Senate is silent on this issue. Because oral health and overall health have not been traditionally integrated, experts in oral health will be necessary to help ensure appropriate decisions are made with respect to coverage, benefit design, system delivery and quality.
- **Maintain oral health workforce provisions.** Language was included in the final House bill and the Senate Health, Education, Labor and Pensions (HELP) Committee bill to expand training programs for dentists and fund demonstration grants for midlevel providers. Access to care is dependent on a sufficient investment in the oral health workforce.
- **Ensure that tax provisions do not harm oral health.** Proposed taxes on health savings accounts and insurers threaten dental coverage. The most efficient strategy to address these threats is to include exemptions to these taxes for dental expenses.

To contact your elected officials, call the U.S. Capitol switchboard: (202) 224-3121 or go to the web sites of the U.S. House of Representatives (www.house.gov) and U.S. Senate (www.senate.gov).



Summary of Oral Health Provisions in the House Health Reform Bill

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

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

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

November 2009 – Danielle Grote Erbele, MA

ⁱ http://docs.house.gov/rules/health/111_ahcaa.pdf

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



Oral Health Provisions in the House Health Reform Bill: *Affordable Health Care for America Act* (H.R. 3962)

The below matrix lists the oral health provisions included in the *Affordable Health Care for America Act (H.R. 3962)*, the health reform bill that was passed by the U.S. House of Representatives on November 7, 2009. Specifically, the column to the left describes what the provision does and the column to the right is the legislative language that is included in the bill. Oral health provisions are listed in the order in which they appear in the bill.

What it does...	What it says...
Stand-alone Dental Plans Outside the Exchange	
Allows stand-alone dental plans to continue to operate outside of the health benefits exchange without meeting the requirements established under the exchange for medical plans. Five years after the exchange is operational, carriers offering the children's oral health benefit outside the exchange must comply with the requirements established under the exchange.	Sec. 202(c)(2) SEPARATE EXCEPTED COVERAGE PERMITTED – Nothing in— ... (B) this division shall be construed— (i) to prevent the offering of a standalone plan that offers coverage of excepted benefits described in section 2791(c)(2)(A) of the Public Health Service Act (relating to limited scope dental or vision benefits) for individuals and families from a State-licensed dental and vision carrier; or (ii) as applying requirements for a qualified health benefits plan to such a stand-alone plan that is offered and priced separately from a qualified health benefits plan.
Stand-alone Dental Plans Inside the Exchange	
Allows stand-alone dental plans to subcontract with medical plans to offer benefits in the health benefits exchange.	Sec. 221(d) PROVISION OF BENEFITS – Nothing in this division shall be construed as prohibiting a qualified health benefits plan from subcontracting with stand-alone health issuers or insurers for the provision of dental, vision, mental health, and other benefits and services.
Pediatric Oral Health Services in the Exchange	
Requires that plans offered under the health benefits exchange cover oral health services for children under 21.	Sec. 222(b) MINIMUM SERVICES TO BE COVERED – Subject to subsection (d), the items and services described in this subsection are the following: ... (10) Well-baby and well-child care and oral health, vision, and hearing services, equipment, and supplies for children under 21 years of age.
Adult Oral Health Services in the Exchange	
Requires the Secretary of Health and Human Services to report to Congress on the need and cost of providing oral health services for adults under the health benefits exchange.	Sec. 222(f) REPORT REGARDING INCLUSION OF ORAL HEALTH CARE IN ESSENTIAL BENEFITS PACKAGE.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to

What it does...	What it says...
Adult Oral Health Services in the Exchange (Continued)	
	Congress a report containing the results of a study determining the need and cost of providing accessible and affordable oral health care to adults as part of the essential benefits package.
Oral Health Expertise on the Health Benefits Advisory Committee	
Requires that oral health care experts be included on the Health Benefits Advisory Committee that will oversee the health benefits exchange.	Sec. 223(a)(5) PARTICIPATION.—The membership of the Health Benefits Advisory Committee shall at least reflect providers, patient representatives, employers (including small employers), labor, health insurance issuers, experts in health care financing and delivery, experts in oral health care, experts in racial and ethnic disparities, experts on health care needs and disparities of individuals with disabilities, representatives of relevant government agencies and at least one practicing physician or other health professional and an expert in child and adolescent health and shall represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of such committee.
Adult Oral Health in Premium Plans	
Allows for adult oral health care to be included in premium-plus plans offered under the health benefits exchange.	Sec. 303(c)(5) PREMIUM-PLUS PLAN.—A premium-plus plan is a premium plan that also provides additional benefits, such as adult oral health and vision care, approved by the Commissioner. The portion of the premium that is attributable to such additional benefits shall be separately specified.
Workforce Development	
Authorizes \$1.3 billion over five years for training of oral health professionals.	Sec. 2213. TRAINING FOR GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTS AND DENTAL HYGIENISTS. Title VII (42 U.S.C. 292 et seq.) is amended— (1) in section 791(a)(1), by striking “747 and 750” and inserting “747, 749, and 750”; and (2) by inserting after section 748, as added, the following: “SEC. 749. TRAINING FOR GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTS AND DENTAL HYGIENISTS. “(a) PROGRAM.—The Secretary shall establish a training program for oral health professionals consisting of awarding grants and contracts under this section. “(b) SUPPORT AND DEVELOPMENT OF ORAL HEALTH TRAINING PROGRAMS.—The Secretary shall make grants to, or enter into contracts with, eligible entities—

What it does...	What it says...
<p>Workforce Development (Continued)</p>	<p>“(1) to plan, develop, operate, or participate in an accredited professional training program for oral health professionals;</p> <p>“(2) to provide financial assistance to oral health professionals who are in need thereof, who are participants in any such program, and who plan to work in general, pediatric, or public health dentistry, or dental hygiene;</p> <p>“(3) to plan, develop, operate, or participate in a program for the training of oral health professionals who plan to teach in general, pediatric, or public health dentistry, or dental hygiene;</p> <p>“(4) to provide financial assistance in the form of traineeships and fellowships to oral health professionals who plan to teach in general, pediatric, or public health dentistry or dental hygiene;</p> <p>“(5) to establish, maintain, or improve—</p> <p> “(A) academic administrative units (including departments, divisions, or other appropriate units) in the specialties of general, pediatric, or public health dentistry; or</p> <p> “(B) programs that improve clinical teaching in such specialties;</p> <p>“(6) to plan, develop, operate, or participate in predoctoral and postdoctoral training in general, pediatric, or public health dentistry programs;</p> <p>“(7) to plan, develop, operate, or participate in a loan repayment program for full-time faculty in a program of general, pediatric, or public health dentistry; and</p> <p>“(8) to provide technical assistance to pediatric dental 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>“(c) ELIGIBILITY.—To be eligible for a grant or contract under this section, an entity shall be</p> <p> “(1) an accredited school of dentistry, training program in dental hygiene, or public or nonprofit private hospital;</p> <p> “(2) a training program in dental hygiene at an accredited institution of higher education;</p> <p> “(3) a public or private nonprofit entity; or</p> <p> “(4) a consortium of—</p> <p> “(A) 1 or more of the entities described in paragraphs (1) through (3); and</p> <p> “(B) an accredited school of public health.</p> <p>“(d) PREFERENCE.—In awarding grants or contracts under this section, the Secretary shall give preference to entities that have a</p>

What it does...	What it says...
<p>Workforce Development (Continued)</p>	<p>demonstrated record of at least one of the following:</p> <p>“(1) Training a high or significantly improved percentage of oral health professionals who practice general, pediatric, or public health dentistry.</p> <p>“(2) Training individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among oral health professionals).</p> <p>“(3) A high rate of placing graduates in practice settings having the principal focus of serving in underserved areas or populations experiencing health disparities (including serving patients eligible for medical assistance under title XIX of the Social Security Act or for child health assistance under title XXI of such Act or those with special health care needs).</p> <p>“(4) Supporting teaching programs that address the oral health needs of vulnerable populations.</p> <p>“(5) Providing instruction regarding the oral health status, oral health care needs, and risk-based clinical disease management of all pediatric populations with an emphasis on underserved children.</p> <p>“(e) REPORT.—The Secretary shall submit to the Congress an annual report on the program carried out under this section.</p> <p>“(f) DEFINITIONS.—In this section:</p> <p>“(1) The term ‘health disparities’ has the meaning given the term in section 3171.</p> <p>“(2) The term ‘oral health professional’ means an individual training or practicing—</p> <p>“(A) in general dentistry, pediatric dentistry, public health dentistry, or dental hygiene; or</p> <p>“(B) another oral health specialty, as deemed appropriate by the Secretary.”.</p> <p>SEC. 2216. AUTHORIZATION OF APPROPRIATIONS.</p> <p>(a) IN GENERAL.—Part F of title VII (42 U.S.C. 295j et seq.) is amended by adding at the end the following:</p> <p>“SEC. 799C. FUNDING THROUGH PUBLIC HEALTH INVESTMENT FUND.</p> <p>“(a) PROMOTION OF PRIMARY CARE AND DENTISTRY.—For the purpose of carrying out subpart XI of part D of title III and sections 747, 748, and 749, in addition to any other amounts authorized to be appropriated for such purpose, there are authorized to be appropriated, out of any monies in the Public Health Investment Fund, the</p>

What it does...	What it says...
Workforce Development (Continued)	
	<p>following:</p> <p>“(1) \$240,000,000 for fiscal year 2011. “(2) \$253,000,000 for fiscal year 2012. “(3) \$265,000,000 for fiscal year 2013. “(4) \$278,000,000 for fiscal year 2014. “(5) \$292,000,000 for fiscal year 2015.”.</p> <p>(b) EXISTING AUTHORIZATION OF APPROPRIATIONS.—Subsection (g)(1), as so redesignated, of section 747 (42 U.S.C. 293k) is amended by striking “2002” and inserting “2015”</p>
Public Health Workforce	
<p>Authorizes \$283 million over five years for the public health workforce corps, including funding for scholarships and loan repayment programs for dental students and grants to dental schools.</p>	<p>SEC. 2231. PUBLIC HEALTH WORKFORCE CORPS.</p> <p>...</p> <p>“SEC. 340M. PUBLIC HEALTH WORKFORCE SCHOLARSHIP PROGRAM.</p> <p>“(a) ESTABLISHMENT.—The Secretary shall establish the Public Health Workforce Scholarship Program (referred to in this section as the ‘Program’) for the purpose described in section 340L(a).</p> <p>“(b) ELIGIBILITY.—To be eligible to participate in the Program, an individual shall—</p> <p>...</p> <p>“(B) have demonstrated expertise in public health and be accepted for enrollment, or be enrolled, as a full-time or part-time student in a course of study or program (approved by the Secretary) at—</p> <p>“(i) an accredited graduate school or program of nursing; health administration, management, or policy; preventive medicine; laboratory science; veterinary medicine; or dental medicine; or</p> <p>...</p> <p>“SEC. 340N. PUBLIC HEALTH WORKFORCE LOAN REPAYMENT PROGRAM.</p> <p>“(a) ESTABLISHMENT.—The Secretary shall establish the Public Health Workforce Loan Repayment Program (referred to in this section as the ‘Program’) for the purpose described in section 340L(a).</p> <p>“(b) ELIGIBILITY.—To be eligible to participate in the Program, an individual shall—</p> <p>...</p> <p>“(B) have demonstrated expertise in public health and have a graduate degree in a course of study or program (approved by the Secretary) from—</p> <p>“(i) an accredited school or program of nursing; health administration, management, or policy; preventive medicine; laboratory science; veterinary medicine; or dental medicine; or...</p>

What it does...	What it says...
<p>Public Health Workforce (Continued)</p>	<p>SEC. 2232. ENHANCING THE PUBLIC HEALTH WORKFORCE.</p> <p>...</p> <p>“SEC. 765. ENHANCING THE PUBLIC HEALTH WORKFORCE.</p> <p>“(a) PROGRAM.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the Centers for Disease Control and Prevention, shall establish a public health workforce training and enhancement program consisting of awarding grants and contracts under subsection (b).</p> <p>“(b) GRANTS AND CONTRACTS.—The Secretary shall award grants to, or enter into contracts with, eligible entities—</p> <p>“(1) to plan, develop, operate, or participate in, an accredited professional training program in the field of public health (including such a program in nursing; health administration, management, or policy; preventive medicine; laboratory science; veterinary medicine; or dental medicine) for members of the public health workforce, including midcareer professionals;</p> <p>...</p> <p>“(4) to provide financial assistance in the form of traineeships and fellowships to public health professionals who are participants in any program described in paragraph (1) and who plan to teach in the field of public health, including nursing; health administration, management, or policy; preventive medicine; laboratory science; veterinary medicine; or dental medicine.</p> <p>“(c) ELIGIBILITY.—To be eligible for a grant or contract under this section, an entity shall be—</p> <p>“(1) an accredited health professions school, including an accredited school or program of public health; nursing; health administration, management, or policy; preventive medicine; laboratory science; veterinary medicine; or dental medicine;</p> <p>...</p> <p>SEC. 2235. AUTHORIZATION OF APPROPRIATIONS.</p> <p>(a) IN GENERAL.—Section 799C, as added by section 2216 of this Act, is amended by adding at the end the following:</p> <p>“(b) PUBLIC HEALTH WORKFORCE.—For the purpose of carrying out subpart XII of part D of title III and sections 765, 766, and 768, in addition to any other amounts authorized to be appropriated</p>

What it does...	What it says...
Public Health Workforce (Continued)	
	<p>for such purpose, there are authorized to be appropriated, out of any monies in the Public Health Investment Fund, the following:</p> <p>“(1) \$51,000,000 for fiscal year 2011. “(2) \$54,000,000 for fiscal year 2012. “(3) \$57,000,000 for fiscal year 2013. “(4) \$59,000,000 for fiscal year 2014. “(5) \$62,000,000 for fiscal year 2015.”.</p> <p>(b) EXISTING AUTHORIZATION OF APPROPRIATIONS.—Subsection (a) of section 770 (42 U.S.C. 295e) is amended by striking “2002” and inserting “2015”.</p>
Testing New Workforce Models in Oral Health	
<p>Establishes a grant program to fund innovations in interdisciplinary care training, including delivery of oral health services.</p>	<p>SEC. 2252. INNOVATIONS IN INTERDISCIPLINARY CARE TRAINING.</p> <p>Part D of title VII (42 U.S.C. 294 et seq.) is amended by adding at the end the following:</p> <p>“SEC. 759. INNOVATIONS IN INTERDISCIPLINARY CARE TRAINING.</p> <p>“(a) PROGRAM.—The Secretary shall establish an innovations in interdisciplinary care training program consisting of awarding grants and contracts under subsection (b).</p> <p>“(b) TRAINING PROGRAMS.—The Secretary shall award grants to, or enter into contracts with, eligible entities—</p> <p>“(1) to test, develop, and evaluate health professional training programs (including continuing education) designed to promote—</p> <p>“(A) the delivery of health services through interdisciplinary and team-based models, which may include patient-centered medical home models, medication therapy management models, and models integrating physical, mental, or oral health services; and</p> <p>“(B) coordination of the delivery of health care within and across settings, including health care institutions, community-based settings, and the patient’s home; and</p> <p>“(2) to implement such training programs developed under paragraph (1) or otherwise.</p> <p>“(c) ELIGIBILITY.—To be eligible for a grant or contract under subsection (b), an entity shall be</p> <p>“(1) an accredited health professions school or program;</p> <p>“(2) an academic health center;</p> <p>“(3) a public or private nonprofit entity (including an area health education center or a geriatric education center); or</p> <p>“(4) a consortium of 2 or more entities described</p>

What it does...	What it says...
Testing New Workforce Models in Oral Health (Continued)	
	<p>in paragraphs (1) through (3). “(d) PREFERENCES.—In awarding grants and contracts under this section, the Secretary shall give preference to entities that have a demonstrated record of at least one of the following: “(1) Training a high or significantly improved percentage of health professionals who serve in underserved communities. “(2) Broad interdisciplinary team-based collaborations. “(3) Addressing health disparities. ...</p>
Advisory Committee on Workforce Evaluation	
<p>Establishes an advisory committee on health workforce evaluation and assessment to address health workforce needs, including in oral health.</p>	<p>SEC. 2261. HEALTH WORKFORCE EVALUATION AND ASSESSMENT. Subpart 1 of part E of title VII (42 U.S.C. 294n et seq.) is amended by adding at the end the following: “SEC. 764. HEALTH WORKFORCE EVALUATION AND ASSESSMENT. “(a) ADVISORY COMMITTEE.—The Secretary, acting through the Assistant Secretary for Health, shall establish a permanent advisory committee to be known as the Advisory Committee on Health Workforce Evaluation and Assessment (referred to in this section as the ‘Advisory Committee’) to develop and implement an integrated, coordinated, and strategic national health workforce policy reflective of current and evolving health workforce needs. ... “(i) DEFINITION.—In this section, the term ‘health workforce’ includes all health care providers with direct patient care and support responsibilities, including physicians, nurses, physician assistants, pharmacists, oral health professionals (as defined in section 749(f)(2)), allied health professionals, mental and behavioral health professionals (as defined in section 775(f)(2)), and public health professionals (including veterinarians engaged in public health practice).”</p>
Funding for School-based Health Clinics	
<p>Authorizes \$50 million for fiscal year 2011 for the operation of school-based health clinics, which may include oral health services.</p>	<p>SEC. 2511. SCHOOL-BASED HEALTH CLINICS. (a) IN GENERAL.—Part Q of title III (42 U.S.C. 280h et seq.) is amended by adding at the end the following: “SEC. 399Z–1. SCHOOL-BASED HEALTH CLINICS. “(a) PROGRAM.—The Secretary shall establish a school-based health clinic program consisting of</p>

What it does...	What it says...
Funding for School-based Health Clinics (Continued)	
	<p>awarding grants to eligible entities to support the operation of school-based health clinics (referred to in this section as ‘SBHCs’).</p> <p>...</p> <p>“(l) DEFINITIONS.—In this section:</p> <p>“(1) COMPREHENSIVE PRIMARY HEALTH SERVICES.—The term ‘comprehensive primary health services’ means the core services offered by SBHCs, which—</p> <p>...</p> <p>“(B) may include additional services, such as oral health, social, and age-appropriate health education services, including nutritional counseling.</p> <p>...</p> <p>“(m) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated \$50,000,000 for fiscal year 2011 and such sums as may be necessary for each of fiscal years 2012 through 2015.”.</p>
Grants to Promote Positive Health Behaviors	
<p>Authorizes \$30 million per year for five years for grants to promote positive health behaviors and outcomes, including programs to improve oral health.</p>	<p>SEC. 2530. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS AND OUTCOMES.</p> <p>Part P of title III (42 U.S.C. 280g et seq.) is amended by adding at the end the following:</p> <p>“SEC. 399V. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS AND OUTCOMES.</p> <p>“(a) GRANTS AUTHORIZED.—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention and other Federal officials determined appropriate by the Secretary, is authorized to award grants to eligible entities to promote positive health behaviors for populations in medically underserved communities through the use of community health workers.</p> <p>“(b) USE OF FUNDS.—Grants awarded under subsection (a) shall be used to support community health workers—</p> <p>“(1) to educate, guide, and provide outreach in a community setting regarding health problems prevalent in medically underserved communities, especially racial and ethnic minority populations;</p> <p>“(2) to educate, guide, and provide experiential learning opportunities that target behavioral risk factors including—</p> <p>...</p> <p>“(l) untreated dental and oral health problems; and</p> <p>...</p> <p>“(k) DEFINITIONS.—In this section:</p> <p>“(1) COMMUNITY HEALTH WORKER.—The</p>

What it does...	What it says...
Grants to Promote Positive Health Behaviors (Continued)	
	<p>term ‘community health worker’ means an individual who promotes health or nutrition within the community in which the individual resides—</p> <p>...</p> <p>“(E) by advocating for individual and community health, including oral and mental, or nutrition needs; and</p> <p>...</p> <p>“(I) AUTHORIZATION OF APPROPRIATIONS.— There is authorized to be appropriated to carry out this section \$30,000,000 for each of fiscal years 2011 through 2015.”.</p>
Infant Mortality Programs	
<p>Authorizes \$10 million per year for five years for programs designed to address infant mortality, including programs that provide counseling on oral health.</p>	<p>SEC. 2532. INFANT MORTALITY PILOT PROGRAMS.</p> <p>(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”), acting through the Director, shall award grants to eligible entities to create, implement, and oversee infant mortality pilot programs.</p> <p>...</p> <p>(d) USE OF FUNDS.—Any infant mortality pilot program funded under this section may—</p> <p>...</p> <p>(3) develop and implement standardized systems for improved access, utilization, and quality of social, educational, and clinical services to promote healthy pregnancies, full term births, and healthy infancies delivered to women and their infants, such as—</p> <p>...</p> <p>(D) additional counseling for at-risk mothers, including smoking cessation programs, drug treatment programs, alcohol treatment programs, nutrition and physical activity programs, postpartum depression and domestic violence programs, social and psychological services, dental care, and parenting programs;</p> <p>...</p> <p>(h) AUTHORIZATION OF APPROPRIATIONS.— To carry out this section, there are authorized to be appropriated \$10,000,000 for each of fiscal years 2011 through 2015.</p>
Emergency Responders and Homeland Security	
<p>Adds dental providers to national emergency response and homeland security statutes.</p>	<p>SEC. 2555. DENTAL EMERGENCY RESPONDERS: PUBLIC HEALTH AND MEDICAL RESPONSE.</p> <p>(a) NATIONAL HEALTH SECURITY STRATEGY.—Section 2802(b)(3) (42 U.S.C.</p>

What it does...	What it says...
Emergency Responders and Homeland Security (Continued)	
	<p>300hh-1(b)(3) is amended—</p> <p>(1) in the matter preceding subparagraph (A), by inserting “dental and” before “mental health facilities”; and (2) in subparagraph (D), by inserting “and dental” after “medical”.</p> <p>(b) ALL-HAZARDS PUBLIC HEALTH AND MEDICAL RESPONSE CURRICULA AND TRAINING.—Section 319F(a)(5)(B) (42 U.S.C. 247d-6(a)(5)(B)) is amended by striking “public health or medical” and inserting “public health, medical, or dental”.</p> <p>SEC. 2556. DENTAL EMERGENCY RESPONDERS: HOMELAND SECURITY.</p> <p>(a) NATIONAL RESPONSE FRAMEWORK.—Paragraph (6) of section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101) is amended by inserting “and dental” after “emergency medical”.</p> <p>(b) NATIONAL PREPAREDNESS SYSTEM.—Subparagraph (B) of section 653(b)(4) of the Post-Katrina Emergency Management Reform Act of 2006 (6 U.S.C. 753(b)(4)) is amended by striking “public health and medical” and inserting “public health, medical, and dental”.</p> <p>(c) CHIEF MEDICAL OFFICER.—Paragraph (5) of section 516(c) of the Homeland Security Act of 2002 (6 U.S.C. 321e(c)) is amended by striking “medical community” and inserting “medical and dental communities”.</p>
Accessible Equipment for People with Disabilities	
<p>Requires that guidelines are established to ensure that new medical equipment is accessible to people with disabilities, including chairs used for dental examinations.</p>	<p>SEC. 2592. ACCESS 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. STANDARDS FOR ACCESSIBILITY OF MEDICAL DIAGNOSTIC EQUIPMENT.</p> <p>“(a) STANDARDS.—Not later than 9 months after the date of enactment of the Affordable Health Care for America Act, the Architectural and Transportation Barriers Compliance Board (Access Board) shall issue guidelines setting forth the minimum technical criteria for new medical diagnostic equipment to be purchased for use in (or in conjunction with) physician’s offices, clinics, emergency rooms, hospitals, and other medical settings. The guidelines shall ensure that such equipment is accessible to, and usable by, individuals with disabilities, including provisions to ensure independent entry to, use of, and exit from the equipment by such individuals to the maximum extent possible.</p>

What it does...	What it says...
Accessible Equipment for People with Disabilities (Continued)	
	<p>“(b) MEDICAL DIAGNOSTIC EQUIPMENT COVERED.—The guidelines issued under subsection (a) for medical diagnostic equipment shall apply to new purchases of 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 equipment commonly used for diagnostic or examination purposes by health professionals.</p> <p>...</p>
Dental Health Aide Therapists’ Scope of Practice	
<p>Requires that dental health aide therapists currently serving Alaska Natives through the Indian Health Service do not extract adult teeth without input from a dentist.</p>	<p>SEC. 3101. INDIAN HEALTH CARE IMPROVEMENT AMENDED.</p> <p>...</p> <p>“SEC.121. COMMUNITY HEALTH AIDE PROGRAM</p> <p>...</p> <p>“(b) SPECIFIC PROGRAM REQUIREMENTS.—The Secretary, acting through the Community Health Aide Program of the Service, shall—</p> <p>...</p> <p>(7) ensure that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and further that dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.</p>
Study to Evaluate Dental Health Aide Therapists	
<p>Requires that the Secretary of Health and Human Services establish a panel to review the safety, cost effectiveness and quality of care delivered by dental health aide therapists serving Alaska Natives through the Indian Health Service.</p>	<p>SEC. 3101. INDIAN HEALTH CARE IMPROVEMENT AMENDED.</p> <p>...</p> <p>“SEC.121. COMMUNITY HEALTH AIDE PROGRAM</p> <p>...</p> <p>“(c) PROGRAM REVIEW.—</p> <p>“(1) NEUTRAL PANEL.—</p> <p>“(A) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2).</p> <p>“(B) MEMBERSHIP.—Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community</p>

What it does...	What it says...
Study to Evaluate Dental Health Aide Therapists (Continued)	
	<p>practitioners, oral epidemiologists, and Alaska Natives.</p> <p>“(2) STUDY.—</p> <p> “(A) IN GENERAL.—The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate.</p> <p> “(B) PARAMETERS OF STUDY.—The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study.</p> <p> “(C) INCLUSIONS.—The study shall include a determination by the neutral panel with respect to—</p> <p> “(i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaska Natives;</p> <p> “(ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and</p> <p> “(iii) whether safer and less costly alternatives to the dental health aide therapist services exist.</p> <p> “(D) CONSULTATION.—In carrying out the study under this paragraph, the neutral panel shall consult with Alaska Tribal Organizations with respect to the adequacy and accuracy of the study.</p> <p>“(3) REPORT.—The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—</p> <p> “(A) any determination of the neutral panel under paragraph (2)(C); and</p> <p> “(B) any comments received from an Alaska Tribal Organization under paragraph (2)(D).</p>
Expansion of Dental Health Aide Therapist Model	
<p>Requires that dental health aide therapists serving Alaska Natives do not practice through the Indian Health Service in the lower 48 states.</p>	<p>SEC. 3101. INDIAN HEALTH CARE IMPROVEMENT AMENDED.</p> <p>...</p> <p>“SEC.121. COMMUNITY HEALTH AIDE PROGRAM</p> <p>...</p> <p> “(d) NATIONALIZATION OF PROGRAM.—</p> <p> “(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary</p>

What it does...	What it says...
Expansion of Dental Health Aide Therapist Model (Continued)	
	<p>determines to be appropriate. “(2) EXCEPTION.—The national Community Health Aide Program under paragraph (1) shall not include dental health aide therapist services.</p>
Native Americans’ Oral Health	
<p>Authorizes the Secretary of Health and Human Services to use funds designated for Native Americans’ health for providing dental care.</p>	<p>SEC. 3101. INDIAN HEALTH CARE IMPROVEMENT AMENDED. ... “SEC. 201 INDIAN HEALTH CARE IMPROVEMENT FUND. “(a) USE OF FUNDS.—The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, for the purposes of— ... “(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian Tribes with the highest levels of health status deficiencies and resource deficiencies: ... “(C) Dental care. ...</p>
School Education for Native Americans	
<p>Establishes comprehensive school health education programs for Native American children, which include programs on oral health.</p>	<p>SEC. 3101 INDIAN HEALTH CARE IMPROVEMENT AMENDED. ... “SEC. 209. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS. “(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—In addition to carrying out any other program for health promotion or disease prevention, the Secretary, acting through the Service, is authorized to award grants to Indian Tribes and Tribal Organizations to develop comprehensive school health education programs for children from pre-school through grade 12 in schools for the benefit of Indian children. “(b) USE OF GRANT FUNDS.—A grant awarded under this section may be used for purposes which may include, but are not limited to, the following: ... “(6) Developing school programs on nutrition education, personal health, oral health, and fitness. ... “(e) DEVELOPMENT OF PROGRAM FOR BIA-</p>

School Education for Native Americans (Continued)	
	<p>FUNDED SCHOOLS.—</p> <p>“(1) IN GENERAL.—The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, acting through the Service, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools for which support is provided by the Bureau of Indian Affairs.</p> <p>“(2) REQUIREMENTS FOR PROGRAMS.— Such programs shall include—</p> <p>“(A) school programs on nutrition education, personal health, oral health, and fitness;</p> <p>...</p>
Confidentiality for Native Americans	
<p>Requires that Native Americans’ medical quality assurance records be kept confidential, including dental records.</p>	<p>SEC. 3101. INDIAN HEALTH CARE IMPROVEMENT AMENDED.</p> <p>...</p> <p>“SEC. 813. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALIFIED IMMUNITY FOR PARTICIPANTS.</p> <p>“(a) CONFIDENTIALITY OF RECORDS.— Medical quality assurance records created by or for any Indian Health Program or a health program of an Urban Indian Organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c).</p> <p>...</p> <p>“(j) DEFINITIONS.—In this section:</p> <p>...</p> <p>“(2) The term ‘medical quality assurance program’ means any activity carried out before, on, or after the date of enactment of this Act by or for any Indian Health Program or Urban Indian Organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian Health Program or Urban Indian Organization medical or dental treatment review committees, or other review bodies responsible for quality assurance, credentials, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks.</p>

November 2009 – Danielle Grote Erbele, MA

ⁱ http://docs.house.gov/rules/health/111_ahcaa.pdf