

# Summary of Oral Health Provisions in Health Care Reform



## 1. Access, Coverage & Financing:

- 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. [SEC. 1302(b)(4)]
- 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]
- d. MACPAC – Charges the Medicaid and CHIP Payment and Access Commission (MACPAC) with review and report to Congress on payments to dental professionals. [SEC 2801]
- e. 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]
- f. Dental Medical Diagnostic Equipment – Establishes standards for accessibility of medical and dental diagnostic equipment for persons with disabilities. [SEC. 4203]

## 2. 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]

## 3. 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]



#### 4. Surveillance & Monitoring:

- a. 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]

#### 5. Workforce & Training:

- 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]
- d. 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.)
- e. Dental Workforce Training Program – 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]



- f. 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).
- g. Primary Care Residency Programs – Establishes three-year, \$500,000 grants to establish new primary care residency programs, including dental programs. [SEC. 5508]
- h. Graduate Medical Education – Provides funding for new and expanding graduate medical education, including dental education. [SEC. 5508]