



## **SPECIAL ISSUE**

### **NATIONAL HEALTH CARE REFORM**

The House of Representatives is scheduled to vote tomorrow on H.R. 3962, the *Affordable Health Care for America Act*, which is an historic bill to reform the U.S. health care system.

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The initial outlays of this health care reform bill have been estimated at \$891 billion over 10 years. The non-partisan Congressional Budget Office (CBO) has stated that by 2019 the costs savings and revenue raised from the legislation would decrease the federal deficit by \$129 billion. *The Affordable Health Care for America Act* would provide coverage to 96% of legal residents in the United States. ADEA's bedrock advocacy position on health care reform is that any comprehensive reform of the U.S. health care system should provide universal coverage to all Americans; and that every American should have access to and coverage of affordable diagnostic, preventive, restorative, and primary oral health care services so as to eliminate pain, suffering, and infection.

#### **Oral Health Provisions**

Among other oral health provisions included in the 1,990-page bill are three that are especially important to academic dentistry. The first is guaranteed oral health benefits for children, (though we are greatly disappointed that a provision for adult dental benefits was not included). The bill stipulates that any insurance plan that wants to participate in the insurance exchange must include oral health benefits for children. It also creates a Health Benefits Advisory Commission which would include an oral health expert and would decide specific benefits for children.

The second provision relates to investments in the dental workforce. The bill creates a new title for dental and funds Pediatric and General residency training programs under the Title VII Health Professions Programs separately from medicine, makes dental schools eligible to apply for federal grants for which currently only medical schools are eligible, and creates a new loan repayment program for dental faculty.

H.R. 3962 also includes a provision that clarifies that the time spent by dental residents in didactic training activities (educational seminars, classroom lectures, research conferences, presentations of papers and research results to fellow residents, dental students, and faculty) is eligible for Graduate Medical Education (GME) funding.

#### **Other Major Components**

**Insurance Reform:** The legislation creates a program called the Health Insurance Exchange through which individuals and small businesses could shop among private insurers and a public insurer. States could participate in the national exchange or set up their own exchange if they agree to meet federal standards. The public option would be administered through the Department of Health and Human Services (HHS) and would be self-sustaining. Anybody who is not covered by an employer-sponsored plan, Medicare, or Medicaid could purchase insurance through the exchange. In 2013 the exchange would be open to small businesses with twenty-five or fewer employees, and larger companies would be able to buy in over the following years. Under the legislation, insurance plans would have to accept all applicants and offer young adults the option of staying on their parents' policies through the age of 26. Additionally, plans would be prohibited from excluding coverage of preexisting conditions, implementing annual or lifetime medical spending caps, and differentiating premiums based on health status.

**Mandates:** The reform legislation requires individuals to acquire health insurance coverage or pay a fee (there are exceptions and waiver opportunities). The bill calls for employers to either offer health insurance to their employees or make a contribution that would help fund affordable coverage. Small businesses with annual payrolls of less than \$500,000 would be exempt. Tax credits would be available to specified small businesses.

**Economic Assistance:** *The Affordable Health Care for America Act* expands Medicaid coverage to everyone whose income is 150% of the federal poverty level or less, which in 2009 is \$33,100 for a family of four. Affordability credits to purchase insurance would be offered on a sliding scale to those individuals and families making up to 400% of the Federal Poverty Level (FPL). Limits on out-of-pocket spending would also be implemented on a sliding scale. For those individuals and families at 400% of the poverty level, annual caps would be \$5,000 and \$10,000, respectively. These levels would be indexed for inflation.

**Revenue Raising Provisions:** Taxpayers with adjusted gross incomes of \$1 million for married couples and \$500,000 for single individuals would pay a surcharge of 5.4% on income above these levels. Additionally, the bill eliminates over-the-counter medications from Flexible Spending Accounts (FSAs), limits contributions to FSAs to \$2500, and imposes a tax of 2.5% on medical devices.

### **Support for the Legislation**

The legislation has garnered the support of major organizations, including the AARP, American Medical Association (AMA), AFL-CIO, American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American Heart Association (AHA), American Nurses Association (ANA), American Public Health Association (APHA), Association of American Medical Colleges (AAMC), Federation of American Hospitals (FAH), National Association of Community Health Centers (NACHC), National Association of Public Hospitals and Health Systems (NAPH), National Education Association (NEA), and the Service Employees International Union (SEIU).

Passage of H.R. 3962 requires 218 votes. The vote is expected to be very close and without Republican support.