

SPECIAL ISSUE

A Cursory Review:

Selected Dental/Oral Health Provisions and Other Provisions In Health Care Reform

April 2, 2010

Among the many provisions that pertain to dental or oral health included in health care reform legislation (H.R. 3590 and H.R. 4872) recently signed into law by President Barack Obama are these of interest and importance to academic dental institutions. (*Statutory language has been retained in describing many provisions.*)

- **Coverage of Oral Health Services for Children. Essential Health Benefits Requirements.** This provision guarantees coverage for oral health services for children. The Department of Health and Human Services (HHS) Secretary is required to define essential health benefits package to include ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorders; prescription drugs; rehabilitative services and devices; laboratory services; prevention and wellness services and chronic disease management; pediatric services, including oral and vision care. (*Sec. 1302 of S. 3590 unless otherwise noted*) A health insurance issuer that offers coverage in the individual or small group market shall ensure that such coverage includes the essential health benefits package required under section 1302. (*Sec. 2707*)
- **Training in General, Pediatric, and Public Health Dentistry. Support and Development of Dental Training Program.** This section establishes a dental cluster and funding for Title VII Health Professions Programs separate from medicine.

The HHS Secretary may make grants to, or enter into contracts with, a school of dentistry, public or nonprofit private hospital, or a public or private nonprofit entity to:

(A) 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

(B) 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

(C) 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

(D) 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

(E) 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)

(F) Meet the costs of projects to establish, maintain, or improve predoctoral and postdoctoral training in primary care programs

(G) Create a loan repayment program for faculty in dental programs

(H) 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

Faculty Loan Repayment: A grant or contract may be awarded to a program of general, pediatric, or public health dentistry to plan, develop, and operate a loan repayment program under which:

1. Individuals agree to serve full-time as faculty members
2. The program of general, pediatric, or public health dentistry agrees to pay the principal and interest on the outstanding student loans of the individuals

Authorizes \$30 million for FY 2010 and such sums as necessary for each fiscal year 2011-15. (Sec. 5303)

- **Dental Graduate Medical Education (GME): Rules for Counting Resident Time for Didactic and Scholarly Activities and Other Activities.** Modifies current law to allow hospitals to count resident time spent in didactic conferences toward DGME and IME costs in the provider (i.e., hospital) setting (effective for cost reporting periods beginning on or after October 1, 2001) and toward DGME in the non-provider (i.e., non-hospital) setting (effective for cost reporting periods beginning on or after July 1, 2009). (Sec. 5505)
- **National Health Care Workforce Commission.** Establishes a national commission tasked with reviewing health care workforce and projected workforce needs. The overall goal of the Commission is to provide comprehensive, unbiased information to Congress and the Administration about how to align federal health care workforce resources with national needs. Congress will use this information when providing appropriations to discretionary programs or in restructuring other federal funding sources. The commission shall be composed of 15 members appointed by the Government Accountability Office (GAO), including among others at least one representative from the health care workforce and health professionals, individuals skilled in health care-related research, and educational institutions. (Sec. 5101)

Initial high-priority topics include: 1) integrated health care workforce planning that identifies health care professional skills needed and maximizes the skill sets of health care professionals across disciplines; 2) an analysis of how to align Medicare and Medicaid graduate medical education (GME) policies with national workforce goals; and 3) the education and training capacity, projected demands, and integration with the health care delivery system of the oral health care workforce capacity at all levels. (Sec. 5101)

The term “**health care workforce**” includes, among others, all health care providers with direct patient care and support responsibilities, such as dentists, dental hygienists, and other oral health care professionals, allied health professionals and public health professionals. (Sec. 5101)

The term “**health professionals**” includes, among others, dentists, dental hygienists, public health professionals, allied health professionals and national representatives of health professionals; schools of dentistry, allied health, educational programs, public health professionals, oral health care industry and dental hygiene. (Sec. 5101)

- **Centers of Excellence.** The Centers of Excellence program, which develops a minority applicant pool to enhance recruitment, training, academic performance and other supports for minorities interested in

careers in health, is reauthorized at 150% of 2005 appropriations (\$50 million), and such sums as are necessary for subsequent fiscal years. (Sec. 5401)

- **Interdisciplinary, Community-based Linkages.** Authorizes a total of \$130 million for each fiscal year 2010-14 to establish community-based training and education grants for Area Health Education Centers (AHECs) and Programs. Two programs are supported - Infrastructure Development Awards and Points of Service Enhancement and Maintenance Awards - targeting individuals seeking careers in the health professions from urban and rural medically underserved communities. (Sec.5403)
- **Health Professions Training for Diversity.** Provides scholarships for disadvantaged students who commit to work in medically underserved areas as primary care providers, and expands loan repayments for individuals who will serve as faculty in eligible institutions. Funding is increased from \$37 to \$51 million for 2009 through 2013. (Sec. 5402)
- **Understanding Health Disparities: Data Collection and Analysis.** No later than two years from now, the HHS Secretary shall ensure that any federally conducted or supported health care or public health program, activity or survey collects and reports, to the extent practicable, data on race, ethnicity, primary language, data at the smallest geographic level, and any data deemed appropriate by the Secretary regarding health disparities. Directs the Secretary to analyze such data to detect and monitor trends in health disparities. The Secretary shall implement the approaches identified in such analyses for the ongoing, accurate, and timely collection and evaluation of data on health care disparities. (Sec. 4302)
- **Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission (MACPAC) Policies Affecting All Medicaid Beneficiaries.** Authorizes \$11 million for MACPAC for FY 2010. Clarifies the topics to be reviewed by the MACPAC, including assessment of adult services in Medicaid, payments for dental services, and a process for updating payments to dental health professionals. MACPAC membership shall include, among others, dentists and other health professionals, (Sec. 2801)
- **Medicaid Coverage for Lowest Income Populations.** Increases Medicaid eligibility to "newly-eligible" individuals with income at or below 133% of the Federal Poverty Level (FPL). Newly eligible individuals include persons under 65 who are pregnant and not entitled to Medicare. Medicaid eligibility for children ages 6 to 19 also increases to 133% of the FPL. States have the option to provide this expanded coverage on or after April 1, 2010, and may also extend coverage to these non-elderly, non-pregnant individuals above 133% of the FPL through a State plan amendment. States may provide for a presumptive eligibility period. (Sec. 2001)
- **CHIP-Related Provisions.** Extends the current reauthorization period of the Children's Health Insurance Program for two years, through September 30, 2015. (Sec. 10203)
- **Oral Health Care Prevention Activities.** Beginning in two years, the HHS Secretary, acting through the Director of the Centers for Disease Control and Prevention (CDC) and in consultation with professional oral health organizations, shall establish a five-year national public education campaign that is focused on oral health care prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer. The campaign shall be targeted to 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) in a culturally and linguistically appropriate manner. (Sec. 4102)

Requires the HHS Secretary to award demonstration grants to eligible entities to demonstrate the effectiveness of research-based dental caries disease management activities. Provides funds to all 50 states and territories and to Indians, Indian tribes, tribal organizations, and urban Indian organizations to develop oral health leadership, enhance oral health data systems, and utilize science-based strategies to

convey oral health prevention messages that include, but are not limited to, community water fluoridation and dental sealants. Authorizes such sums as necessary for FYs 2010 - 2014. (Sec. 4102)

The HHS Secretary shall ensure that the Medical Expenditures Panel Survey by the Agency for Healthcare Research and Quality (AHRQ) includes the verification of dental utilization, expenditure, and coverage findings. (Sec. 4102)

- **National Prevention, Health Promotion, and Public Health Council:** Directs the President to establish the National Prevention, Health Promotion, and Public Health Council that would:
 1. Provide coordination at the federal level on prevention, wellness, and health promotion practices
 2. Develop a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving health and reducing incidence of preventable illness
 3. Provide recommendations to the President and Congress on achieving public health goals (e.g., reduction of tobacco use, sedentary behavior, and poor nutrition)
 4. Propose evidence-based models and innovative approaches for producing health and wellness
 5. Establish processes for continual public input and submit reports

The Council's Advisory Group shall include a diverse group of licensed health professionals. (Sec.4001)

- **Research on Optimizing the Delivery of Public Health Services.** Directs the HHS Secretary, acting through the Director of the Center for Disease Control and Prevention (CDC), to provide funding for research in the area of public health services and systems. Such research shall include:
 1. Examining evidence-based practices relating to prevention, with a particular focus on high-priority areas as identified by the Secretary in the National Prevention Strategy or Healthy People 2020, and including comparing community-based public health interventions in terms of effectiveness and cost
 2. Analyzing the translation of interventions from academic settings to real-world settings
 3. Identifying effective strategies for organizing, financing, or delivering public health services in real-world community settings (Sec. 4301)
- **School-Based Health Centers.** Establishes a grant program for eligible entities to support the operation of "school-based health centers," as defined in the Children's Health Insurance Program Reauthorization Act of 2009. Preference will be given to school-based health centers that serve a large population of medically underserved children. The Centers will offer "comprehensive primary health services." These core services shall include 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. Authorizes \$50 million for FYs 2010-14. (Sec. 4101)
- **National Health and Nutrition Examination.** The HHS Secretary shall develop oral health care components that include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey, which survey shall be updated at least every six years. 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 CDC. (Sec. 4102)

- **National Oral Health Surveillance System.** This provision increases the participation of states in the National Oral Health Surveillance System from 16 states to all 50 states, territories, and the District of Columbia. The HHS Secretary shall ensure that the National Oral Health Surveillance System includes the measurement of early childhood caries. Authorizes such sums as may be necessary for each fiscal year 2010-2014. (Sec. 4102)
- **Funding for National Health Service Corps.** Increases and extends the authorization of appropriations for the National Health Service Corps (NHSC) scholarship and loan repayment program. (Sec. 5207) It authorizes:
 - \$320,000,000 for FY 2010
 - \$424,000,000 for FY 2011
 - \$535,000,000 for FY 2012
 - \$691,000,000 for FY 2013
 - \$893,000,000 for FY 2014
 - \$1.2 million for FY 2015
- **National Health Service Corps Improvements.** Improves the National Health Service Corps (NHSC) program by increasing the loan repayment amount, allowing for half-time service, and allowing for teaching to count for up to 20% of the Corps service commitment. (Sec. 10501(n))
- **Alternative Dental Health Care Provider Demonstration Project.** The HHS Secretary is authorized to award grants to 15 eligible entities to enable them to establish a demonstration program to establish training programs or employ alternative dental health care providers to increase access to dental health care services in rural and other underserved communities.

The term “**alternative dental health care providers**” includes community dental health coordinators, advanced 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.

The demonstration projects shall begin in no fewer than two years and conclude no later than seven years from now. To be eligible to receive a grant, an entity must:

- 1) Be an institution of higher education, including a community college, a public-private partnership, a federally qualified health center, an Indian Health Service (IHS) facility or a tribe or tribal organization, 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 a public hospital or health system
- 2) Be within a program accredited by the Commission on Dental Accreditation or within a dental education program in an accredited institution
- 3) Submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require

Each grant shall be in an amount that is not less than \$4,000,000 for the five-year period during which the demonstration project is conducted. (Sec.5304)

- **Indian Health Care Improvement.** This provision reauthorizes the IHS and provides for an election made by an Indian tribe or tribal organization located in a State (other than Alaska) in which the use of dental health aide therapist services is authorized under state law to supply such services in accordance with State law. (Sec. 10221)

- **Dental Exemption:** This provision exempts dental and vision coverage from the premium amounts subject to excise tax on high-cost health insurance plans. (*Sec. 1401 of H.R. 4872*)

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