

*You are in a unique position to convey to policymakers the seriousness of this endeavor and the human and financial costs of poor oral health.*

*In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, considers key provisions of the Affordable Care Act related to oral health care and dental education and acknowledges the work that lies ahead.*



## Health Care Reform: A Work In Progress

As I write this letter, the mood here in Washington, DC, is subdued. All are reflecting on the January 8 tragedy in Tucson, Arizona, and its 20 victims. Legislative action on Capitol Hill is at a standstill, and a planned vote in the U.S. House of Representatives on the Affordable Care Act (ACA) has been postponed.

In due time, lawmakers will resume work on the implementation of the ACA, also known as [Public Law PL 111-148](#). The legislation, signed into law by President Barack Obama in March 2010, represents a historic attempt to reform the U.S. health care system. As ADEA asserted in a statement issued on the day the U.S. House of Representatives approved the ACA, "For two years, the American Dental Education Association has raised its voice in the halls of Congress and at the White House in support of systemic health care reform that includes essential oral health benefits for all Americans. The reform that has been set into motion today is, ADEA believes, the beginning of creating such a system and fulfilling our vision."

Since that day, so much has transpired on Capitol Hill—including the swearing-in this month of a new Republican majority in the House—that it has been easy to lose sight of this seminal piece of legislation. Among the ACA's many components, it extends coverage to almost all U.S. citizens, it includes important provisions related to improving their oral health, it addresses key issues of importance to academic dental institutions, and it is entirely compatible with the [ADEA Policy Statement on Health Care Reform: Oral Health Care: Essential to Health Care Reform](#) adopted by the 2010 ADEA House of Delegates. To quote ADEA's statement once again, "In our judgment, the benefits that our fellow citizens will accrue from this legislation certainly outweigh its imperfections."

Clearly, not everyone agrees with this assessment. Recent developments in the judicial arena regarding the constitutionality of the bill's individual health insurance mandate suggest that the Supreme Court will soon be weighing in on some provisions of the new law. Nevertheless, ADEA continues to believe in the Guiding Principles' assertion that "comprehensive health reform should provide universal coverage to all Americans and access to high-quality, cost effective oral health care services."

What are the key achievements of this legislation? I put this question to ADEA's President-elect, Dr. Leo Rouse. "The most important aspect of the bill is that it is founded on prevention," he told me. "Historically, dentistry has been on the frontline of stressing prevention. It's the cornerstone of our profession."

The ACA lists prevention and wellness services among the essential health benefits that must be included in any insurance coverage offered to the individual or small-group markets. More specifically, from our community's vantage point, it establishes a five-year national public-education campaign focused on oral health care prevention and education. Based at the Centers for Disease Control and Prevention, the campaign will focus on children, pregnant women, the elderly, individuals with disabilities, and members of ethnic and racial minorities.

The ACA contains [more than two dozen provisions in all that relate to oral health and health professions education](#). You can find them all on our website. For now, I would like to share with you the six provisions that are most significant from the perspective of our community.

1. and 2. Insurance plans required to include pediatric oral health services for children up to 21 years of age, and pediatric oral health services named as an essential health benefit.

The ACA guarantees children access to pediatric oral health services and lists these services as an essential health benefit. These provisions build on the inclusion of pediatric dental benefits in the 2009 reauthorization of the Children's Health Insurance Program, and they represent a major step in the direction of universal coverage for all Americans, a goal that ADEA championed in concert with a broad coalition that reached beyond the oral health community.

3. New dental section established within Title VII.

The ACA creates a separate dental section within Title VII of the Public Health Service Act for training in general, pediatric, and public health dentistry. It makes dental public health and dental hygiene programs eligible for federal training grants, and it makes dental schools eligible for grants previously available only to medical schools. It creates a new faculty loan repayment program for general, pediatric, and public health dentists who agree to serve as full-time faculty.

4. Graduate Medical Education rules modified.

The ACA reverses a 2001 ruling rendering ineligible for GME reimbursement the time spent by medical and dental residents in didactic activities. In other words, the bill allows hospitals to count dental and medical residents' time spent in scholarly activities toward Direct Graduate Medical Education (D-GME) and Indirect Medical Education (IME) costs in hospital settings, and toward D-GME in non-hospital settings such as dental school clinics.

4. National Health Care Workforce Commission established.

To provide comprehensive, unbiased information to Congress and the administration on how to align federal workforce resources with national needs, the ACA establishes a National Health Care Workforce Commission with representation from the various professions, including dentistry. The commission will focus initially on several high-priority topics. These include integrated health care workforce planning and "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."

5. Title VII diversity programs reauthorized.

All Title VII diversity programs designed to increase minority representation in the health professions were reauthorized by the ACA. These include:

- Centers of Excellence (COE), which provide financial aid to health professions schools with significantly higher enrollment of URM students to encourage pursuit of health professions careers
- Health Careers Opportunity Program (HCOP), which funds "pipeline" programs that identify and recruit individuals from disadvantaged backgrounds and support their education and training in the health professions
- Scholarships for Disadvantaged Students (SDS), which allow disadvantaged students to work in medically underserved areas as primary care providers
- Faculty Loan Repayment Program (FLRP), which provides funds to recruit and assist individuals from disadvantaged backgrounds who are willing to serve as faculty for at least two years in a dental or other health professions school or training program

These provisions, and many of the other components of the ACA, provide a welcome roadmap for strengthening dental education and meeting the nation's oral health care needs in the years ahead. But, as I noted at the beginning of this letter, health care reform is still a work in progress. Regulations must be written to guide the implementation of this landmark legislation, and while the millions of dollars it authorizes look great on paper, none of the ACA's goals can be realized unless Congress appropriates adequate funds.

As always, ADEA is prepared to focus its advocacy efforts around those elements of the new law that are of greatest importance to academic dentistry and oral health. The ADEA Center for Public Policy and Advocacy will remain on the frontlines, and so will our members. As Leo reminded me, you are in a unique position to convey to policymakers, both on Capitol Hill and at the state and local levels, the seriousness of this endeavor and the human and financial costs of poor oral health.

We said back in March that the ACA "is not a perfect response to ADEA's advocacy. It is, unquestionably, a critical step in the right direction." Let's not make the perfect the enemy of the good. Now is time to pick up our feet, turn our eyes to the goal, and keep on moving forward.



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