

*We've made progress, but there is no guarantee that what we want will remain in the final health reform legislation.*

*In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, takes a look inside the health care reform bills that have emerged from Congress and finds some welcome attention to oral health.*

## **Putting Some "Teeth" in Health Care Reform Bills**

You could hardly pick up a newspaper this summer without finding the words "health care reform" somewhere on the front page, and since Congress has been in session this fall the stream of media coverage has continued unabated. Yet despite the nation's focus on health care, a subject near and dear to our hearts, oral health has been largely invisible in reports of the ongoing debate.

Given my many years of observing the political process on Capitol Hill, I'm not surprised, but with the press looking elsewhere you may have missed some encouraging news. A number of provisions that would benefit our academic dental institutions and improve the oral health of Americans found their way into the bills drafted in Congress this summer and into [the bill](#) recently passed by Senator Max Baucus, the chairman of the powerful Senate Finance Committee.

ADEA has focused its efforts in health care reform on advocating for access to and coverage of health care services, including oral health care, for all Americans; significant workforce changes in the Title VII Health Professions Programs; and overturning a disputed interpretation by the Centers for Medicare and Medicaid Services (CMS) with regard to dental Graduate Medical Education (GME). These are detailed in the July edition of the [ADEA Washington Update](#), but I'll give you a brief recap here.

Let's start with the workforce provisions. Two of the three congressional reform plans would separate dentistry from medicine in the Title VII Primary Care Medicine and Dentistry program and include public health dentistry and dental hygienists in a new dentistry section. Providing the opportunity for dentistry to advocate for its own funding, independent of medicine, has the potential to expand the number of residency programs available in both general dentistry and pediatric dentistry. Doing so is central to improving access to oral health care services.

Two other provisions in the proposals would also provide welcome support to the work of our institutions. The bills make academic dental institutions eligible for Title VII grants that support faculty development in primary care and predoctoral education, and for Title VII grants for Academic Administrative Units (AAU) in Primary Care. AAU grants underwrite the costs of establishing, maintaining, or improving academic departments, divisions, or other units that provide clinical training in primary care. Currently, only medical schools are eligible for these grants. The bills also establish a new dental school faculty loan repayment program.

The next issue may seem a bit arcane, but it is anything but that for dental schools receiving GME funding for their residency programs. As you recall, GME funding for residency programs in non-hospital settings was severely restricted in 2003 by changes the [Centers for Medicare and Medicaid Services](#) (CMS) made to its regulations. At that time, CMS also reversed its previous interpretation and disallowed for GME funding the time medical and dental residents spend in didactic training activities. ADEA has argued for years that these activities (which include educational seminars, classroom lectures, research conferences, and patient care-related research) are essential components of educating and training medical and dental residents. As a result of ADEA's advocacy efforts, two of the three reform plans include clarifying language that makes it very clear that a hospital should be eligible for GME funding for didactic training activities.



ADEA is also pleased that the bills would establish a public education campaign focused on oral health, to be carried out by the [Centers for Disease Control and Prevention](#) (CDC). The CDC would also be called upon to award demonstration project grants for research-based dental caries disease management, a move that should have a positive impact on the health of populations served by community-based providers.

Although we are heartened by the inclusion of children's oral health benefits in all three of the reform bills put forth this summer, there is no requirement that adults be covered. Unfortunately, policy makers still do not quite appreciate the value and importance of oral health and its connection to general health. As you know, there are essentially no dental benefits in the [Medicare program](#). You may not know that oral health benefits for adults would be included only in the most expensive of the new plans available through the health exchanges proposed in the health care reform bills.

In September, the [ADEA Legislative Advisory Committee](#) and [ADEA Leadership Institute Fellows](#) came to Washington to advocate for these provisions, but it is too early to assess the impact of their efforts and those of countless others.

"Everything is in flux," I am told by Jack Bresch, ADEA Associate Executive Director and Director of the ADEA Center for Public Policy and Advocacy. "Nothing is predictable. Even if all the oral health provisions pass the House, the bill has to go to conference. We've made progress, but there is no guarantee that what we want will remain in the final health reform bill."

When President Obama spoke to a joint session of Congress on health care reform in September, he observed that the character of our country contains both a rugged individualism and a big-heartedness that allows us to stand in other people's shoes. As he put it, Americans share "a belief that in this country, hard work and responsibility should be rewarded by some measure of security and fair play; and an acknowledgment that sometimes government has to step in to help deliver on that promise."

Government will play a decisive role in the health care drama unfolding before us, but will it deliver a package that benefits dental education or, most importantly, the oral health of its citizens? As I write, it remains unclear whether Congress will succeed in taking any steps toward reform, let alone a giant leap into a significantly improved future. Nevertheless, ADEA continues to collaborate with other organizations to urge Congress to move forward on health care reform and to make sure that oral health is included in that process. As daily witnesses to the ravages of oral disease in our clinics and emergency rooms, can we do any less?



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