



Oral Health Provisions Healthcare Reform: A “Systems Fix” Approach

Burton Edelstein, President
Children’s Dental Health Project



Patient Protection and Affordable Care Act (“ACA”)

Began life as “the Senate Bill”

Later augmented by the “Reconciliation Bill”

Chockablock with oral health provisions

ACA cites the words:

“dental”	72 times
“dentist(s)”	9 times
“dentistry”	27 times
“oral care”	<u>19 times</u>
	127 times

Not a potpourri of provisions but a coherent “systems fix”



Goals for Today

- I. Who is CDHP and what standing does it have in federal policymaking?
- II. What's in ACA for "dental"?
- III. How might ACA impact the future of dentistry and the public's oral health?



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Acknowledgements: CDHP Staff – Team Effort

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CDHP's mission is to achieve oral health for all children through innovative policy solutions.

Two approaches:

1. Reduce disease burden
2. Improved access to quality care



The “upside down” problem:
Children with most need
have least care



CDHP Mission

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2. Improved access to quality care



The “fix” :
Children with most need
get most care



CDHP's Work

Governmental Action

Through

Legislation
Regulation
Agencies liaison

Programmatic Action

Through

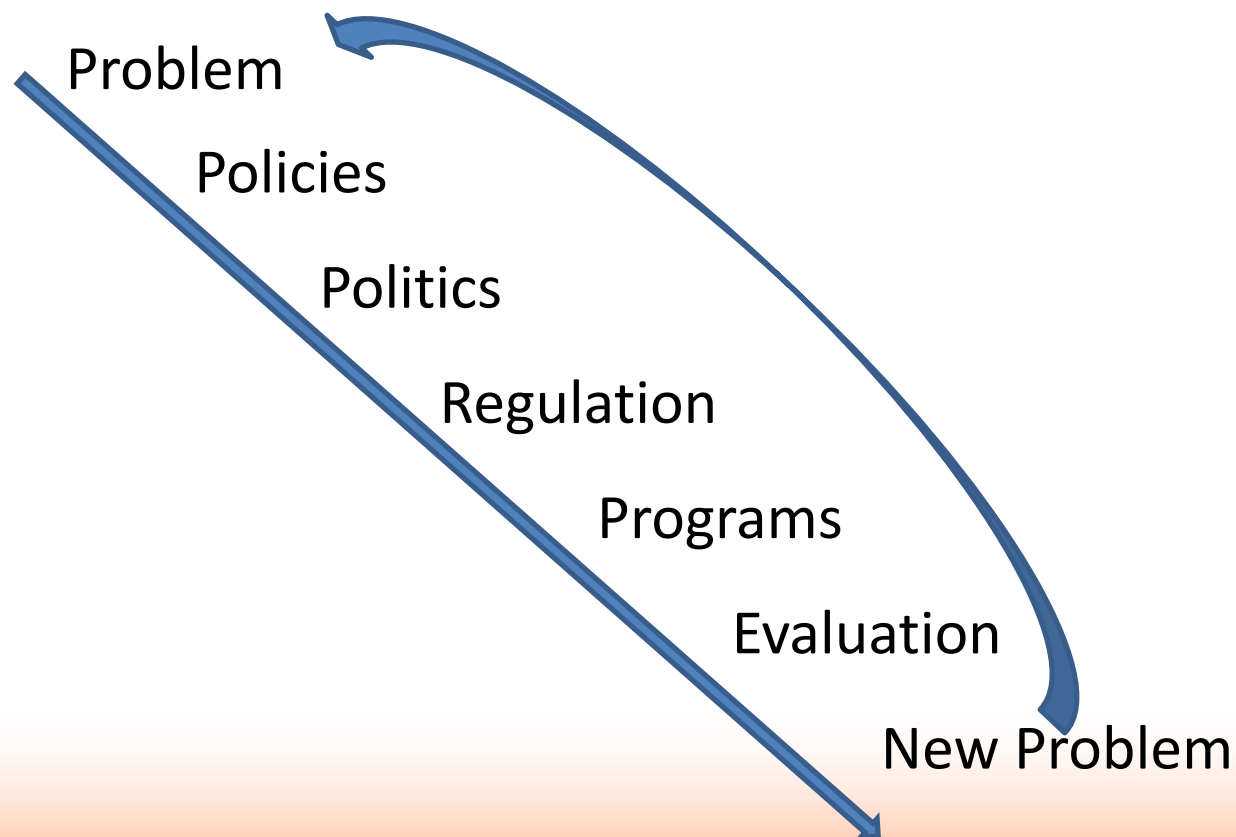
National Oral Health
Policy Center
Multicultural OH Alliance
State Infrastructure TA

Tools

Research & Analysis
Partnerships & Coalitions
Advocacy Support
Web, Briefings, Presentations, Testimonies
Information Development & Dissemination



Policy Cascade





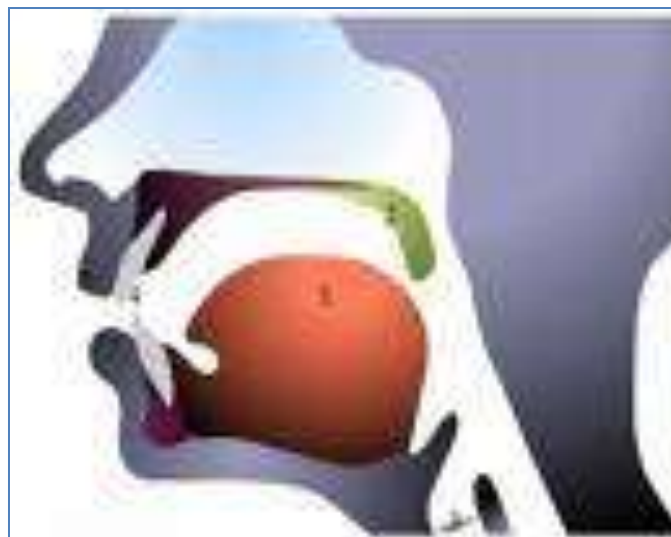
Perspective: The Mouth – an orphaned organ

An organ of

- Digestion
- Respiration
- Communication
- Protection
- Sensation

Home to unique structures

- Teeth and pulp
- Occlusion
- Periodontium
- Tongue
- Salivary glands
- TMJ





Focusing on “Systems Fixes”

CDHP Domains

1. Prevention
2. Coverage & Financing
3. Workforce
4. Safety Net
5. Surveillance



CDHP’s five “Buckets”

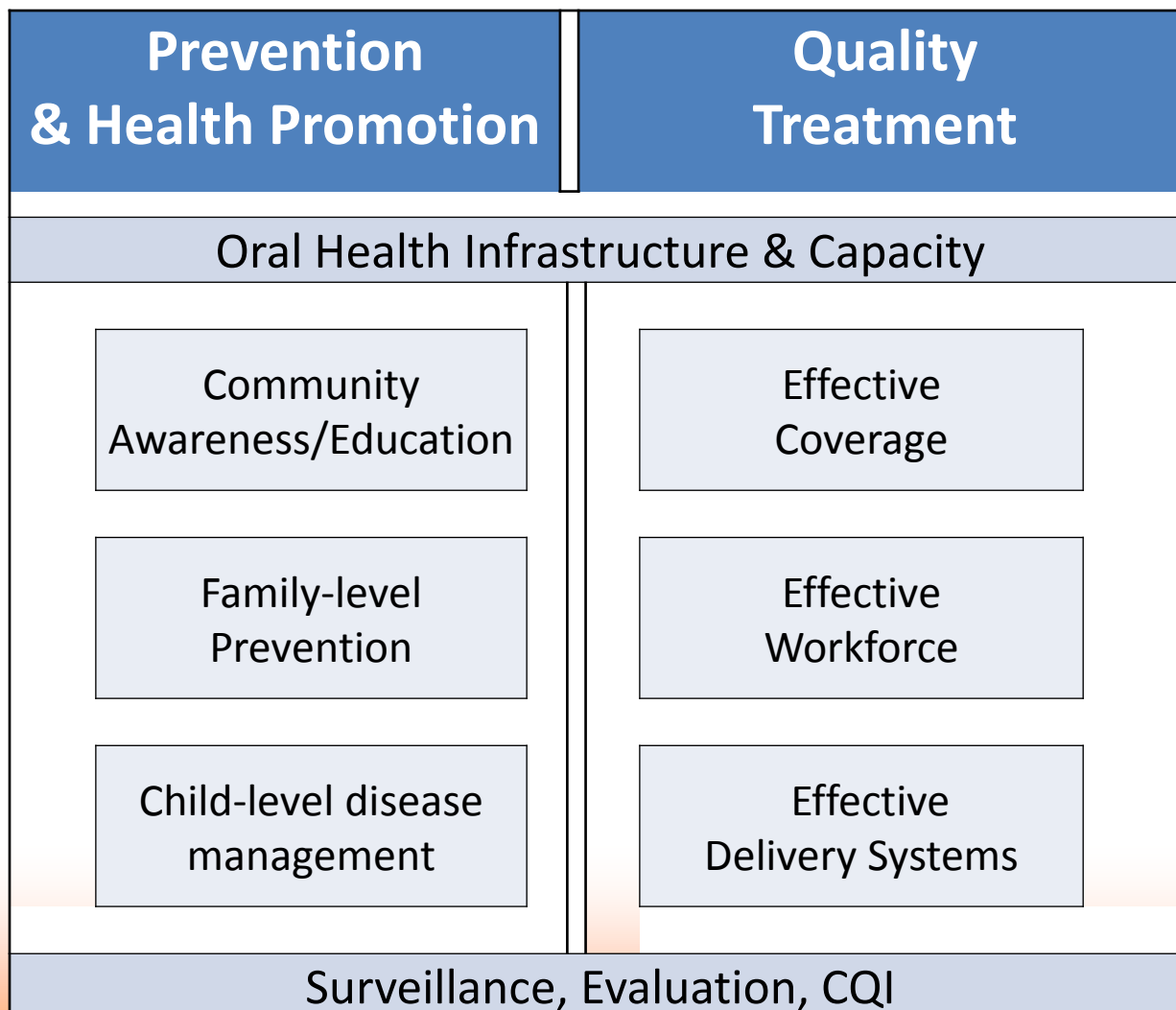


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CDHP's Systems Approach



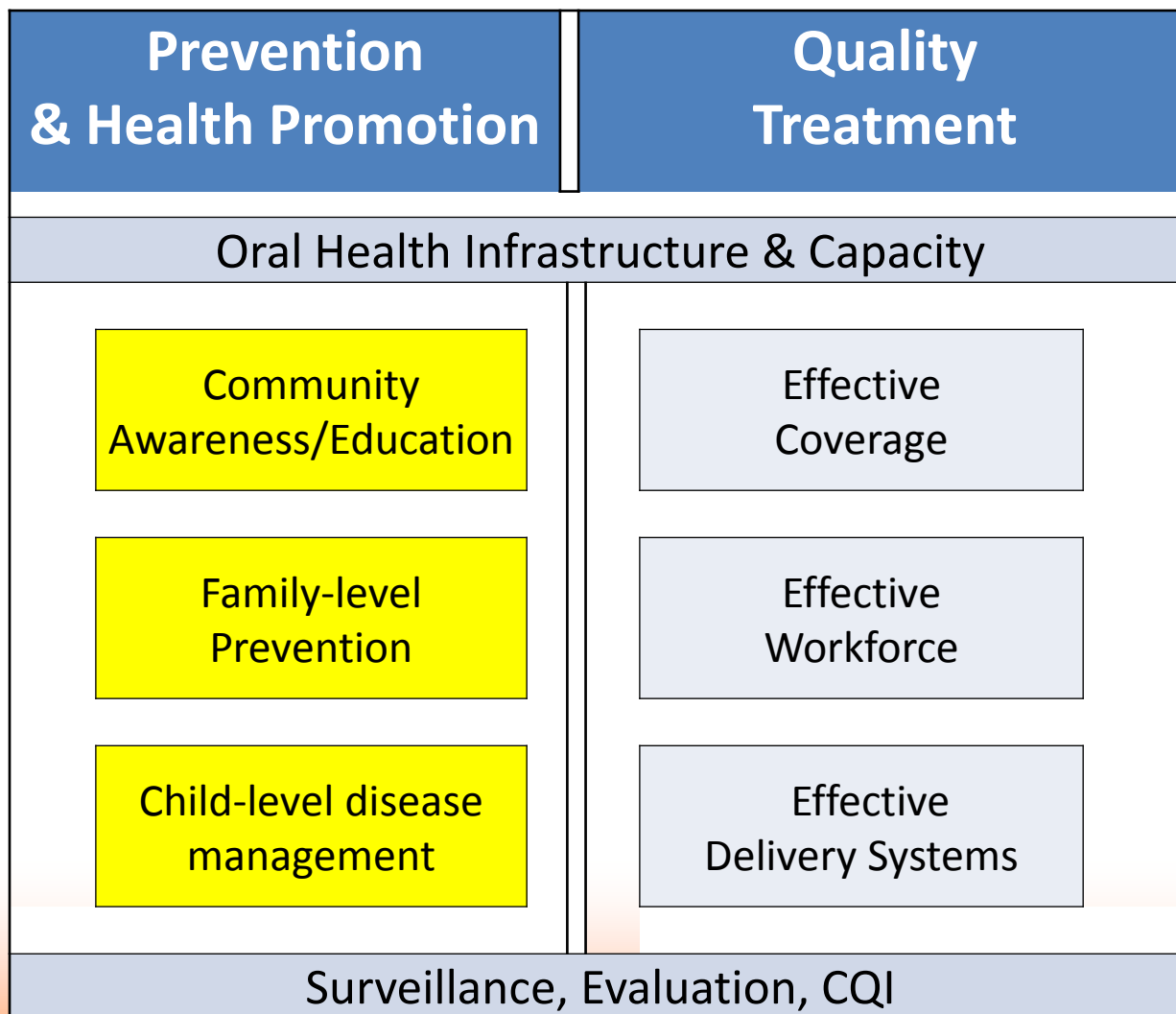


From Concept to Congress

	CHIP Reauth. 2009	Health Reform 2010
Infrastructure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Financing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Workforce	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Net	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surveillance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



CDHP's Systems Approach





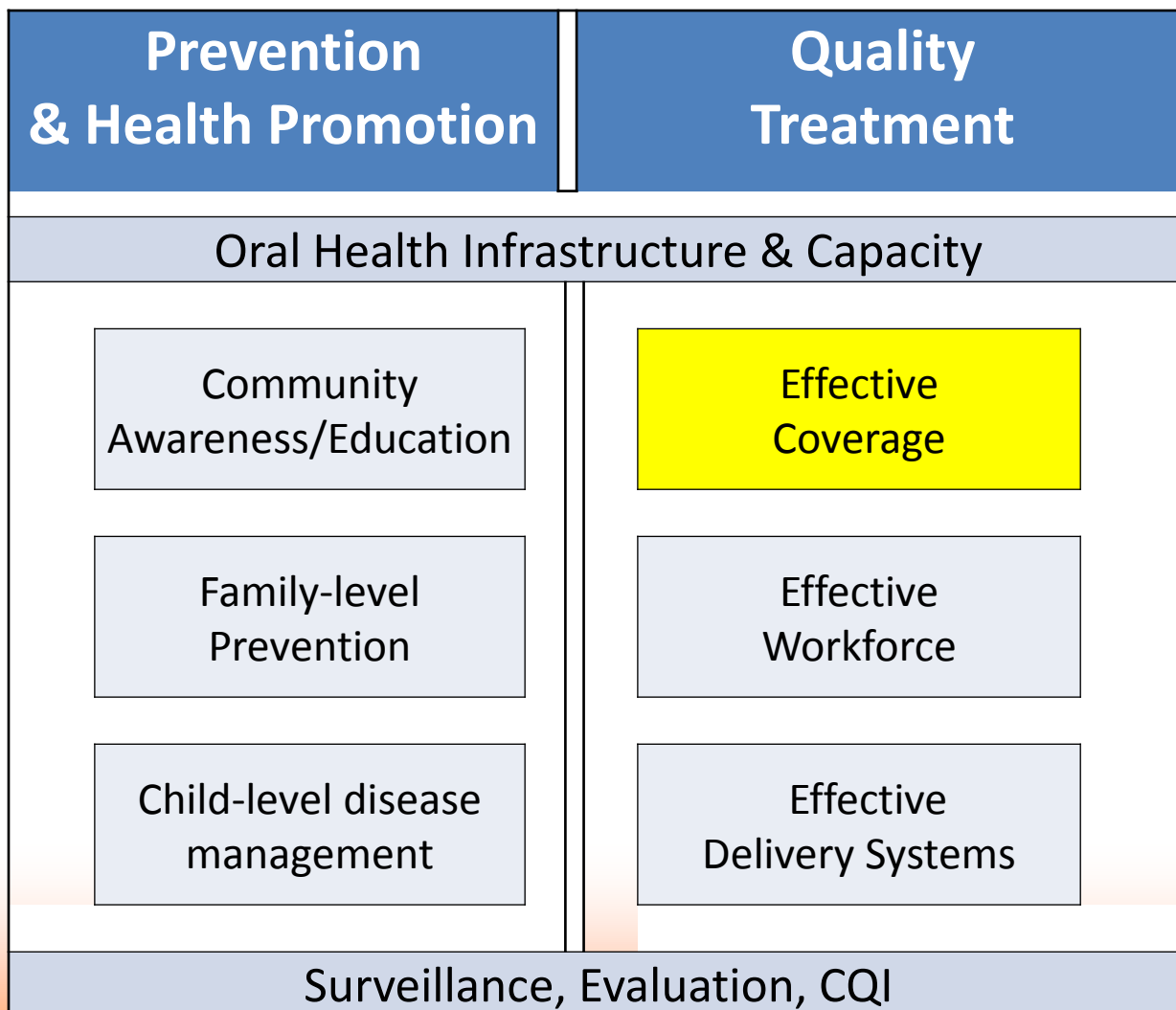
Healthcare Reform

Prevention

- ☑ Public Education Campaign
 - 5 years, evidence-based
 - foci on:
 - Early Childhood Tooth Decay
 - Prevention
 - Pregnancy & risk groups
- ☑ School-based sealant program for all states
- ☑ Dental caries management grants to demonstrate effectiveness of research-based caries management



CDHP's Systems Approach





Healthcare Reform

Coverage
&
Financing:

Dental
Benefit

- ☑ **Pediatric dental benefit integral to health coverage in Essential Benefit Plan & “Exchanges”**
- ☑ Offerings by medical and by stand-alone dental plans
- ☑ Requires Medicare Advantage Plans to use rebates to pay for dental and other services
- ☑ Revisits CHIP in 2016

With HCR, almost all children in America except illegal immigrants will likely have access to dental coverage



Dental coverage definitions

Medicaid

Any treatment need identified on a screening (EPSDT)

CHIP

“Coverage of dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.”

ACA

“Pediatric services, including oral and vision care.”

“Coverage of preventive health services: With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidance supported by the Health Resources and Services Administration”

(Code language for Bright Futures)



Healthcare Reform (18 provisions)

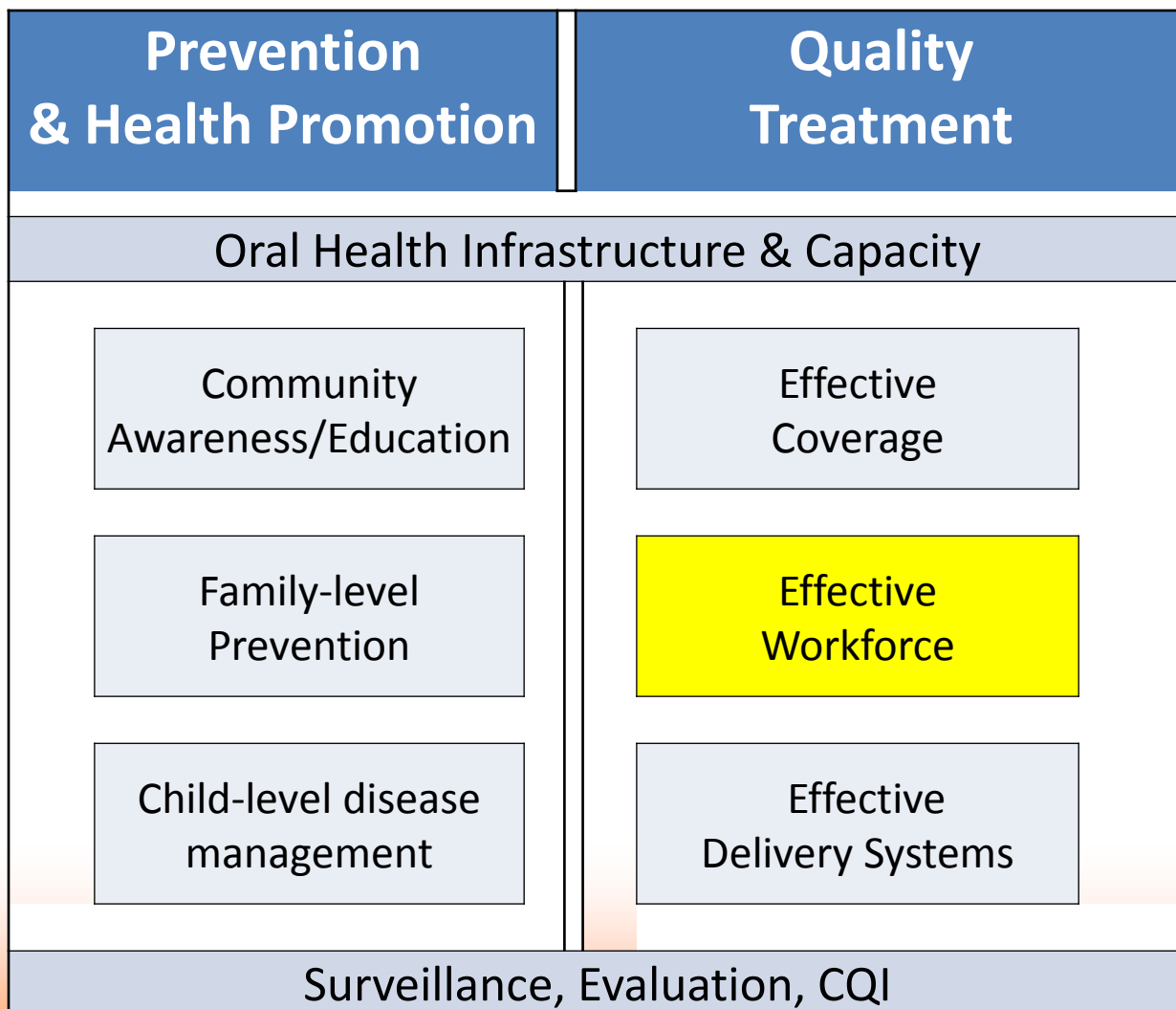
Coverage
&
Financing:

Dollars

- Income-based subsidies for purchase of insurance in the state Exchanges
- MACPAC charged with reporting to Congress on access and fees



Healthcare Reform (18 provisions)





Healthcare Reform (18 provisions)

Workforce I:

Dental Training

- ☑ “Title VII” primary care dental training for general, pediatric, and public health dentistry
 - “Line Item”
 - Doubling from \$15M to \$30M/yr
 - Expansions
 - Pre-doctoral
 - Continuing education
 - Faculty support
 - Curriculum
 - TA for training programs in “population and public health issues.”



Healthcare Reform (18 provisions)

Workforce II

Faculty Support

- ☑ Faculty loan repayment for general, pediatric, public health dentistry.

Priorities:

- Medical-dental collaborations
- Trainees
 - > retention in primary care
 - > from rural, disadvantaged, and minority groups
- Teach
 - > in programs that reach underserved populations
 - > cultural competency
 - > health literacy
- Place grads in underserved areas
- Address people with special needs



Healthcare Reform (18 provisions)

Workforce III

Alternative Providers

- ☑ Alternative Dental Care Provider Demonstration Grants:
 - 5 years, \$4M/year, 15-sites
 - starts by 2012
 - to “train or employ” alternative providers including “CDHC,” “ADHP,” “DHAT,” “DT” or others
 - Charges Institute of Medicine to evaluate the demonstration

- ☑ Dental Health Aide Therapist Program allowance in lower 48 states with state approval



Healthcare Reform (18 provisions)

Workforce
IV

National
Commission

- ☑ **National Health Care Workforce Commission** to support national, state, and local workforce policymaking:
 - coordinate workforce issues across agencies
 - evaluate workforce training
 - encourage innovations
 - facilitate coordination across levels of government

Dental workforce capacity is listed as high priority area



Healthcare Reform (18 provisions)

Workforce V

Additional Workforce Provisions

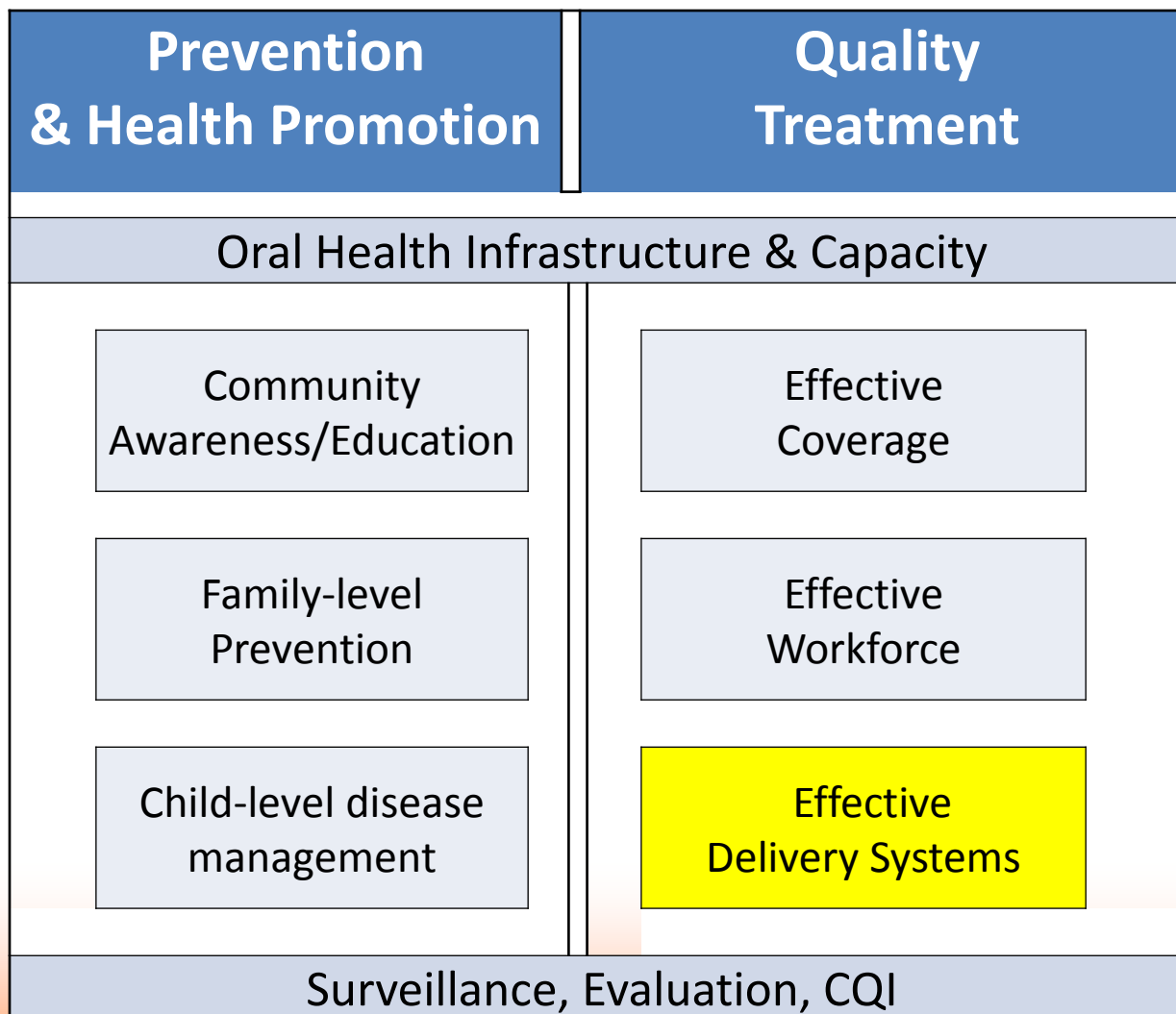
- ☑ Public Health Workforce
 - Establishes a stipend supported, National Health Service Corps-affiliated, multidisciplinary training program (including dentists).
 - established “Elite Federal Disaster Teams”

- ☑ Primary Care Residencies
 - Establishes 3-year, \$500K grants for new primary care residencies, including dental residencies

- ☑ Graduate Medical Education
 - funding expansion (including dental)



CDHP Systems Approach





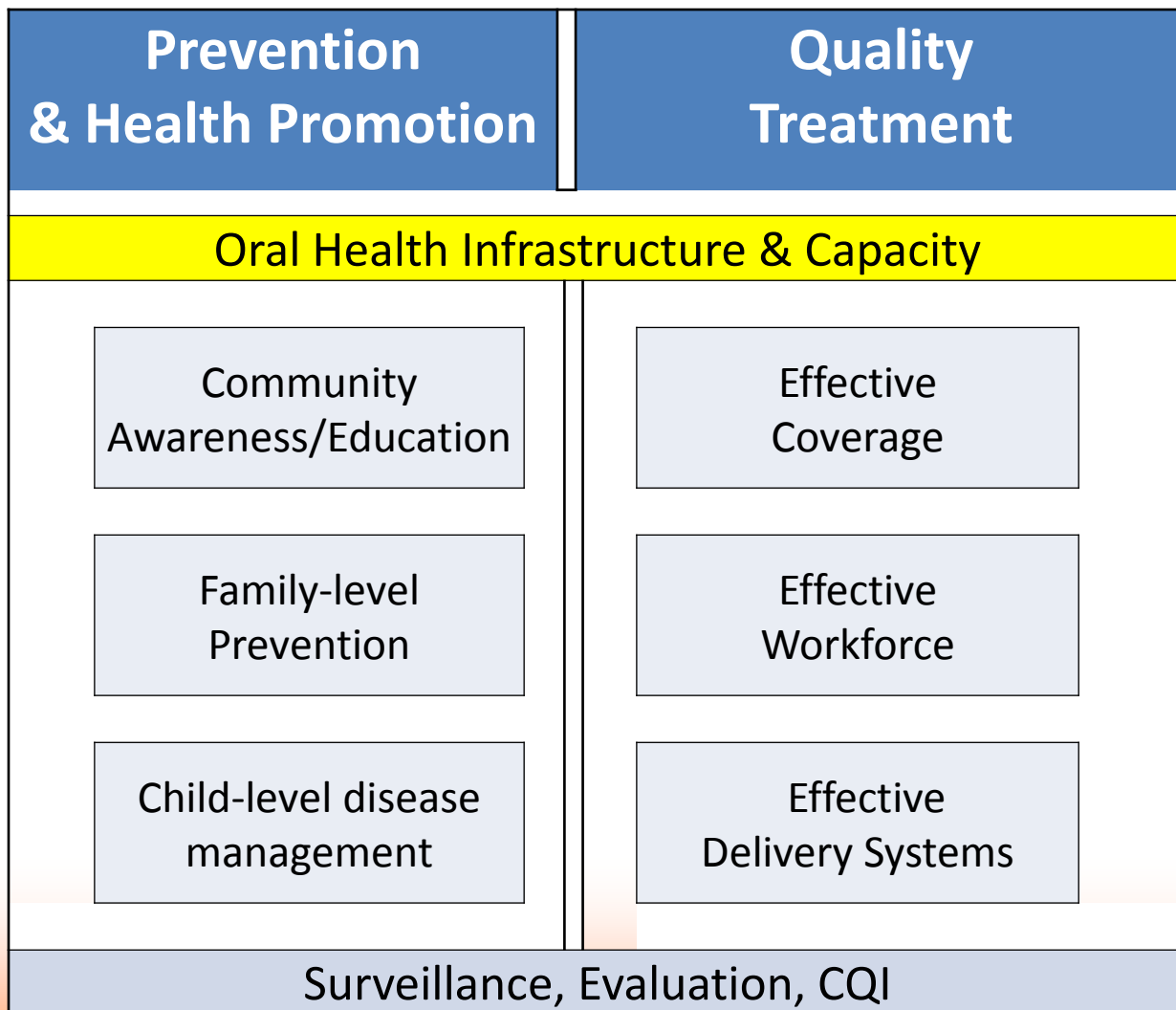
Healthcare Reform (18 provisions)

Delivery System

- ☑ Federally Qualified Health Centers
 - \$11B in new additional support including dental
- ☑ School-Based Health Centers
 - expansion grants
 - inclusion of dental services
- ☑ Dental/Medical equipment
 - establishes standards for accessibility for persons with disabilities



CDHP Systems Approach





Healthcare Reform (18 provisions)

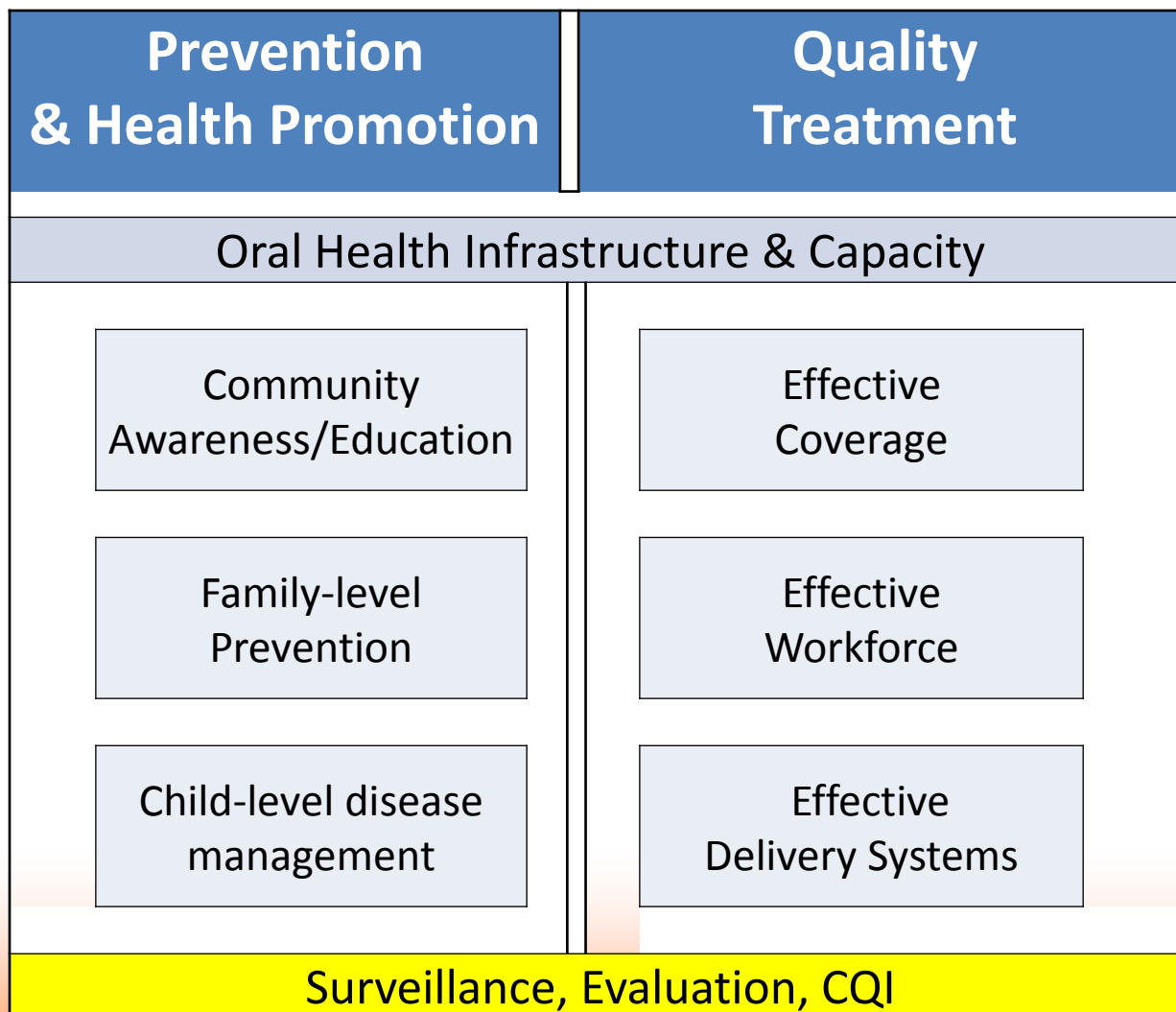
Infra-structure

- ☑ CDC support to states
 - Expands from 16 states to all states + Territories + Tribes
 - Cooperative agreements for:
 - leadership development
 - data collection
 - interpretation of risk
 - program guidance
 - delivery system improvements
 - science-based population-programs

(Note: CDHP supports this program through a CDC cooperative agreement)



CDHP Systems Approach





Healthcare Reform (18 provisions)

Surveillance

- Update and improve oral health surveillance
- 1. PRAMS : mandatory pregnancy module
- 2. NHANES: retains “tooth-level” surveillance
- 3. MEPS: institutes “look-back” validation
- 4. NOHSS: requires all states to participate in CDC oral health surveillance



Healthcare Reform “Take Homes”

One mandate

Coverage

Many opportunities

New programs and dollars for prevention, workforce, safety net, infrastructure, surveillance

Congressional stance

Oral health (at least for children) is integral to overall health in federal policymaking. Adults don't matter.

“The Story”

Unprecedented “systems-change” legislation that is overwhelmingly consistent with dental associations' policies.



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- II. What's in ACA for "dental" and how did it get there?
- III. there?
- IV. How might ACA impact the future of dentistry and the public's oral health?**



Anticipating the Future



“The answer to everything isIt Depends”

Don Sadowsky DDS PhD

Dental Sociologist

- ✓ Tuesday Nov 2nd
 - Governors (3/4)
 - Representatives (all)
 - Senators (1/3)
- ✓ Federal Regulators
- ✓ Federal Courts
- ✓ State Legislatures
- ✓ State Regulators
- ✓ Exchanges
- ✓ Public's response



Anticipating the Future: Child Coverage



Essential Benefit in Qualified Health Plans

- Through medical plan (owned or contracted) or
- Through stand-alone dental plan

Poor children:	better enrolment into Medicaid
Low-income:	better enrolment into CHIP
Small market:	standardized (comprehensive?) plans or displaced to Exchanges
Large market:	grandfathered or standardized
Undocumented:	uncovered



Anticipating the Future: Child Benefit



At issue

1. CMS definition of “including oral and vision”
 - Medicaid, CHIPRA, & commercial precedent?
 - MACPAC advice to Congress?
 - Deferral to State Exchanges?
 - Actions of stand-alone plans?
2. Reference to Bright Futures Oral Health
 - Definition & implementation of “preventive dental services”?
3. Consumer protections
 - Regulation around Stabenow Amendment?
 - Actions of stand-alone plans?
 - Exchanges policies?



Anticipating the Future: Adult Coverage



Possibilities

1. Low income: As adult Medicaid extends in 2014 to ~16M adults (mostly men) will States ...
 - Expand “optional” adult dental Medicaid programs?
 - Drop or reduce “optional” adult Medicaid coverage?
 - Expand safety net programs?
2. Moderate and high income: As adult medical coverage expands and improves and more children gain dental coverage, will more employers and individuals elect adult dental coverage?
 - Growth of the dental individual market?
 - Growth of the dental small employer market?
3. Will child benefit regulations ultimately impact adult coverage?



Anticipating the Future: Reducing Disease Burden



Possibilities

1. Evidence-based “dental caries disease management”
advances in evidence-based care?
2. Early intervention per CHIPRA and Bright Futures
new education role for dental plans; wider adoption of primary medical provider involvement and acceptance of dental home and age 1 visit?
3. Oral health public education campaign
change public awareness and demand for preventive and disease management services?
4. School based sealant program expansions
concomitant expansion of comprehensive school services?



Anticipating the Future: Reducing Disease Burden



Possibilities

5. Prevention and public health trust fund
dental piece?
6. Community development grants
fluoridation improvements?
7. Home visitation and early intervention for high risk children
inclusion of oral health promotion?



Anticipating the Future: Dental Workforce



Possibilities

1. More postdoctoral dental training (AEGD, GPR)
greater skill levels for complex procedures and complex patients?
2. More pediatric and public health dentists
greater access or flooded markets?
3. More interdisciplinary training
greater physician/nurse involvement?
4. New dental midlevels
changes in practice acts?
changes in practice business models?
improvements in access for the underserved?
more focus by dentists on complex patients and procedures?
5. More and better-trained faculty
priorities on community engagement, medical-dental interface



Anticipating the Future: Dental Delivery



Possibilities

1. More children with private & public dental insurance
 - Expansion of children's care in private dental offices?
 - More roles for midlevels?
2. Comprehensive school-based dental services for children
 - New HRSA grant program? Coordination with school-based sealant programs? Integration with Dental Therapists and other midlevels?
3. Massive FQHC expansion
 - Greater public-private contracting?
 - Expanded dental safety net?
 - More AEGD training in FQHCs?
4. Growth of the "private safety net"
 - Growth of Medicaid/CHIP-only pediatric practices with management companies?
 - More engagement of large group practices in public insurance?



Anticipating the Future: State Infrastructure



Possibilities

1. Expansion of State Oral Health competencies
 - New and expanded dental public health leadership, state oral health plan implementations, local surveillance and data generation, more policy activity from the public health sector.
2. Enhanced surveillance of national dental care and oral health surveillance
 - New and more reliable data for Congress and Agencies
 - Empowerment of MACPAC
 - New “power center” in oral health policymaking



Values Expressed by ACA Dental Provisions



1. Evidence-based care, bringing the best science to bear.
2. Movement toward universal coverage for children with a meaningfully comprehensive benefit that is focused on prevention.
3. Dental workforce that advances the role of the dentist-as-oral-physician while expanding the Dental Team.
4. Greater attention to the underserved.
5. More medical-dental interchange.
6. Greater public health and safety net capacities.
7. Greater dental education capacities.
8. Greater accountability through surveillance



For Real Time Updates

www.cdhp.org ; Twitter; Facebook

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Children's Dental Health Project

Children's Dental Health Project is a national non-profit organization working since 1997 to create and advance innovative solutions to achieve oral health for all children.

CDHP commitment:

- Preventing childhood dental decay
- Engaging policymakers
- Promoting solutions

Focus Areas:

- ✓ Prevention
- ✓ Access, Coverage & Financing
- ✓ Workforce & Training
- ✓ Infrastructure
- ✓ Monitoring & Quality



The Mouth: An Orphaned Organ

An organ of:

- Digestion
- Respiration
- Communication
- Protection
- Sensation

Home to unique structures:

- Teeth and pulp
- Occlusion
- Periodontium
- Tongue
- Salivary glands
- TMJ

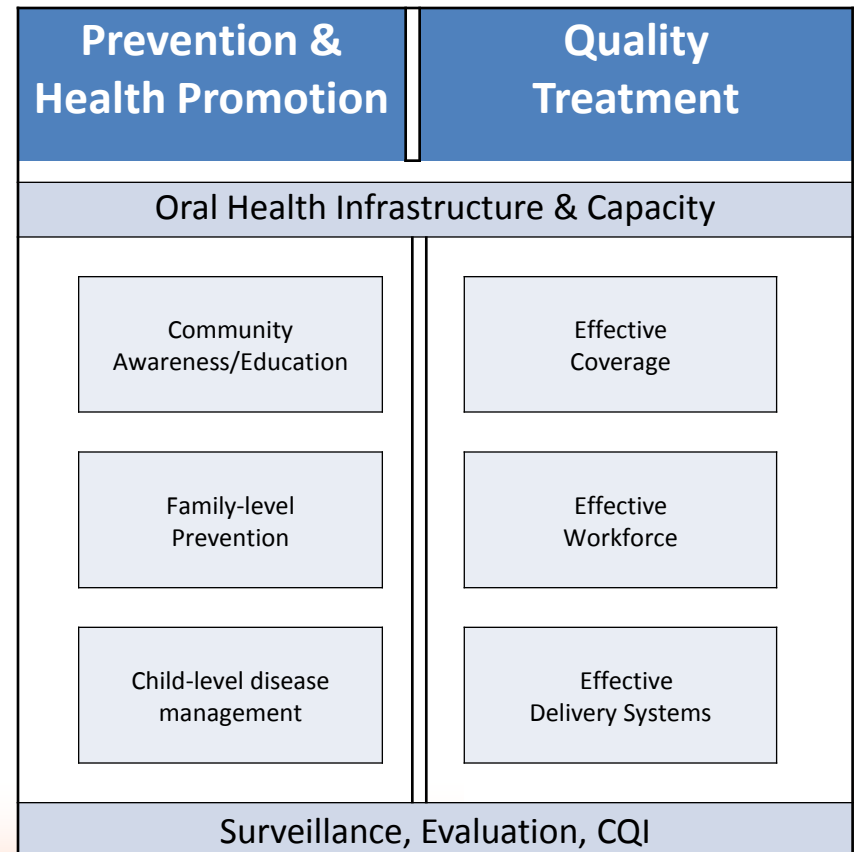




Oral Health in Health Care Reform

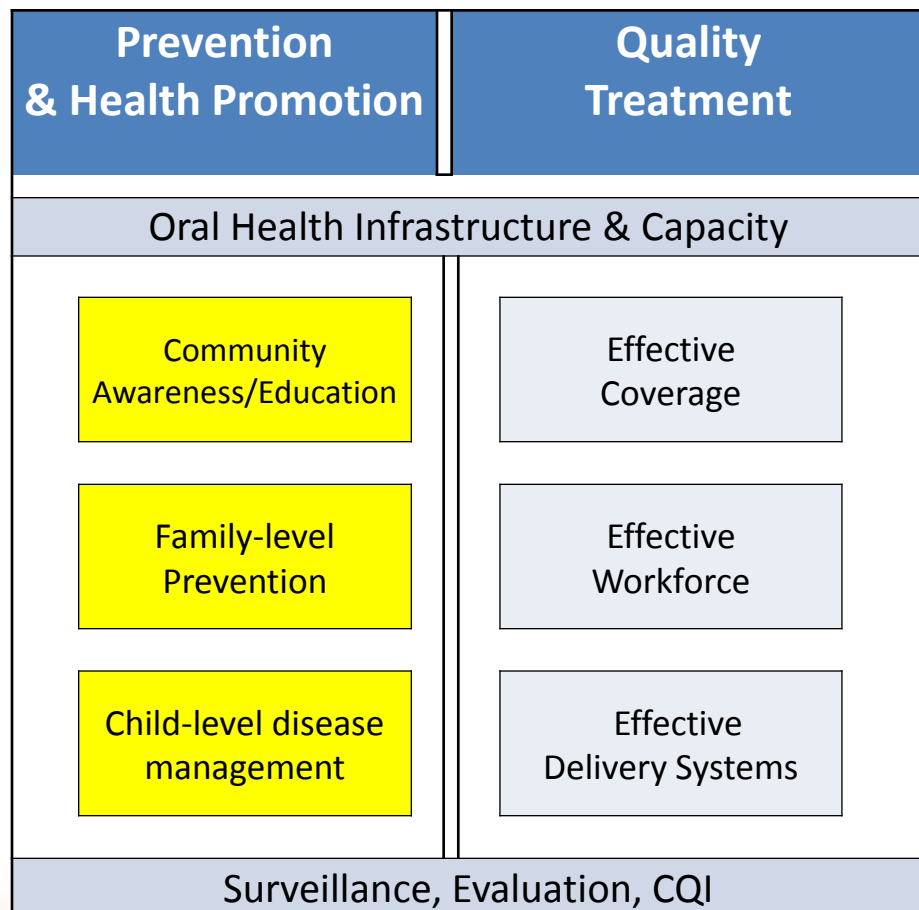
- Comprehensive systems fix approach, building on CHIPRA.
- ACA - Health coverage bill
- Provides dental coverage to children and adolescents
- Coverage is supported by numerous additional provisions
- Many authorized provisions now require appropriations and Agency development.

Systems Framework





Prevention Systems Fixes



- ✓ Oral Health Services for Children
- ✓ Oral Health Public Education Campaign
- ✓ Dental Caries Disease Management
- ✓ School-based Dental Sealant Programs
- ✓ Prevention and Public Health Trust Fund



What's in CHIPRA? Prevention

Mandatory Oral Health Services

Requires State CHIP programs to provide coverage for services *“necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.”*

Supplemental Dental Coverage

Allows states to provide dental coverage that “wraps” around commercial medical coverage for children who are eligible for CHIP and who receive private medical but no dental insurance.

New Parent Education

Establishes a requirement that parents of newborns be informed of risks for early childhood caries and its prevention.

MACPAC

Establishes the Medicaid and CHIP Payment and Access Commission (MACPAC) to advise Congress on Medicaid policy

Quality Assurance

Requires federal reports on the quality of children’s health care under Medicaid and CHIP and specifies that these reports must include information on the “status of efforts to improve dental care.”



What's in ACA? Prevention

★ Oral Health Services for Children (SEC 1302b and 2713)	Requires State Exchanges to include oral health services to children, prohibits cost sharing on preventive services
Dental Caries Disease Management (SEC 4102)	Establishes a national grant program to demonstrate the effectiveness of research-based dental caries disease management
School-based Dental Sealant Programs (SEC 4102)	Requires that states receive grants for school-based dental sealant programs
Oral Health Public Education Campaign (SEC 4102)	Requires HHS Secretary to establish a 5-year public education campaign to promote oral health
Prevention and Public Health Trust Fund (SEC 4002)	Establishes a fund to provide an expanded and sustained national investment in prevention and public health programs – may include oral health
Oral Health Surveillance and Monitoring (SEC 4102)	Requires that PRAMS, NHANES, and NOHSS include oral health measurements and questions and expands NOHSS funding to all 50 states



Oral Health Services for Children

SEC. 1302(b) ESSENTIAL HEALTH BENEFITS.

(1) IN GENERAL. Subject to paragraph (2), the Secretary shall define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:

...

(J) Pediatric services, including oral and vision care.



Oral Health Services for Children

- Requires that insurance plans offered under the Exchanges include oral care for children.
 - Offerings by medical and “standalone” dental plans
 - Consumer protections for affordability and access to insurance (dental stand alone plans exempted)
 - **No cost sharing on preventive services**
 - Income-based subsidies
- Revisits CHIP in 2016
- Expands MACPAC’s responsibilities, advisory role, and reporting requirements



Individual/Child Level Prevention

SEC. 4102, SEC. 399LL-1 RESEARCH-BASED DENTAL CARIES DISEASE MANAGEMENT.

(a) IN GENERAL. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award demonstration grants to eligible entities to demonstrate the effectiveness of research-based dental caries disease management activities.



Individual/Child Level Prevention

Dental Caries Disease Management Grants:

- Establishes a grant program to demonstrate the effectiveness of research-based caries management
- Eligible grantees include:
 - FQHC's, CHC's, Health Departments
 - Indian Tribes and Tribal Organizations, IHS
 - Publicly-Owned Hospital Clinics
 - Dental Schools
 - Non-profits and for-profits



Examples of other Caries Management Activities of Interest

- **Caries Management by Risk (CAMBRA) – promoted by California Dental Association in addition to guidelines and coalitions.**
- Online caries management training programs pediatricians and family physicians
- American Dental Association (ADA) caries risk assessment tools
- “Opening the Mouth” - The Maternal and Child Health Bureau sponsored online training for state officials on caries management.
- Systems Dynamics Modeling by CDHP and Colorado to assess costs and benefits of various caries interventions at public and individual levels.



Individual/Child Level Prevention

SEC. 4102, SEC. 399LL-1 SCHOOL-BASED SEALANT PROGRAMS

Section 317M(c)(1) of the Public Health Service Act (42 U.S.C. 247b–14(c)(1)) is amended by ... inserting

“shall award a grant to each of the 50 States and territories and to Indians, Indian tribes, tribal organizations and urban Indian organizations...”



Individual/Child Level Prevention

School-Based Sealant Programs:

- Expands scope of CDC school-based dental sealant programs to provide grants to all states, tribes, and territories
- Currently, 16 states are federally funded
- In-school programs screen, identify unmet needs, and provide sealants to high risk children or who are otherwise unlikely to receive them





Community/Family Level Prevention

SEC 4102, SEC. 399LL. ORAL HEALTHCARE PREVENTION EDUCATION CAMPAIGN.

(a) ESTABLISHMENT. The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with professional oral health organizations, shall, subject to the availability of appropriations, establish a 5-year national, public education campaign (referred to in this section as the campaign) that is focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.



Community/Family –Level Prevention

- **Public Education Campaign:**
 - 5 year, evidence-based campaign modeled on prior campaigns (e.g. Folate campaign) with a focus on:
 - Early childhood
 - Tooth decay
 - Prevention
 - Pregnancy
 - Risk groups





Community/Family Level Prevention

SEC. 4002 PREVENTION AND PUBLIC HEALTH FUND.

- (a) **PURPOSE.**—It is the purpose of this section to establish a Prevention and Public Health Fund (referred to in this section as the “Fund”), to be administered through the Department of Health and Human Services, Office of the Secretary, to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.
- (c) **USE OF FUND.**—The Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, for prevention, wellness, and public health activities including prevention research and health screenings, such as the Community Transformation Grant Program, the Education and Outreach Campaign for Preventive Benefits, and Immunization pPograms.



Community/Family –Level Prevention

Public Health and Prevention Trust Fund

- Establishes a mandatory fund for prevention and public health programs authorized by the Public Health Service Act (including ACA)
- HHS Secretary OR Congress can transfer monies from the fund to eligible programs and activities like the Community Transformation Grants

FY 2010	\$500 million
FY 2011	\$750 million
FY 2012	\$1 billion
FY 2013	\$1.25 billion
FY 2014	\$1.5 billion
FY 2015 and beyond	\$2 billion per year



Moving the Oral Health Authorizations through Appropriations

- May 2010: [Sign-on letter](#) w/ 70 organizations requesting funding for the ACA oral health provisions
- September 2010: Congress passed a continuing resolution (CR) for FY 2011. Funds most agencies at 2010 levels through December 3.
- Senate Appropriations Committee and House Labor HHS Appropriations Subcommittee included oral health, but fell short of full funding
- House deferring to [Senate proposal](#) is likely best case scenario for FY 2011 when CR expires.
- Despite lack of funding, Federal government is moving forward with implementation through regulations & rulemaking, ARRA funding, and shifting money between agencies (e.g. Title VII)



Moving the Oral Health Authorizations through Appropriations

	What we asked for	House Proposed FY11	Senate Proposed FY 11
Public Education Campaign	\$5 million	?	? - \$15 million increase for CDC Division of Oral Health
Caries Disease Management	\$8 million	?	\$0
School-Based Sealant Programs	\$15 million	?	? - \$15 million increase for CDC Division of Oral Health
Title VII Primary Care Dentistry Training	\$30 million	?	At least \$15 million
Alternative Provider Demo. Grants	\$15 million	?	\$0 - But as much as \$8 million may be available
Oral Health Surveillance	\$5 million	?	? - \$34 million from Prevention Trust Fund for NCHS
CDC Oral Health Infrastructure Grants	\$25 million	?	? - \$15 million increase for CDC Division of Oral Health



Appropriations Sign-on Letter

May 19, 2010

The Honorable David Obey
Chairman, Appropriations Subcommittee on Labor, Health and Human Services
House of Representatives
Washington, DC 20510

Dear Representative Obey:

We applaud your leadership in recognizing that oral health is central to overall health. We are grateful to you and your colleagues for including a number of groundbreaking provisions promoting oral health in the Patient Protection and Affordable Care Act (PPACA). We are asking you to extend your leadership as Chairman of the House Appropriations Subcommittee on Labor, Health and Human Services to ensure that these provisions are realized with sufficient funding in FY'11.

Virtually all dental disease can be prevented yet half of all kindergartners enter school with visible tooth decay that can affect their ability to eat, sleep and learn. Given your unparalleled commitment to prevention, we encourage you to robustly fund the following oral health programs in FY'11:

Oral Health Prevention-

- Oral Health Prevention Public Education Campaign – The Secretary was directed to begin planning a five-year national public education campaign in March of this year, focused on prevention and education and targeted oral health improvements for specific populations including young children, pregnant women, and individuals with disabilities. We urge you to invest \$5 million in FY'11 as authorized to ensure that this long overdue public education campaign gets fully off the ground by 2012.
- Dental Caries Disease Management – The Secretary is directed to award grants to demonstrate the effectiveness of research-based dental caries disease management, specifically to develop and promote strategies that address suppression of early childhood tooth decay. We urge you to set aside at least \$8 million in FY'11 for dental caries disease management grants, which will help insurers, health professionals, and communities invest in earlier, smarter, more targeted interventions in dental caries to effectively transfer science to practice.
- School-Based Sealant Programs – Currently, the CDC funds only 16 states to carry out school based sealant programs. The new health reform law requires that ALL states - as well as territories and Indian tribes - receive grants for school-based dental sealant programs. To support this requirement, CDC will need at least \$35 million in FY'11 to hire a full time sealant coordinator and initiate efforts to build sealant placement teams that target schools with large numbers of underserved children.

Oral Health Workforce Improvements-

- PPACA significantly expands the numbers of Americans with dental coverage through the pediatric dental benefit and Medicaid expansion, thereby further stressing the existing dental workforce. In order to assure expanded training of primary care dentists and dental hygienists, we urge you to include \$30 million in funding for FY 2011 as authorized by Section 5303 of PPACA, Section 748 of the Public Health Service Act.

WDCH 180705.210448.0910

1

- 6 professional dental groups
- 10 children's advocacy groups
- 17 state and local oral health advocacy organizations
- 12 national oral health groups
- 4 dental foundations
- 6 national health and child advocacy groups
- 15 state and local health and child advocacy groups



The Good News for Oral Health in ACA

Oral Health Services for Children (Dental Benefit)	Required
Prevention and Public Health Trust Fund	Required
School-Based Health Centers Capital Program	Mandatory: \$200 million through 2013 for construction and improvements
Community Health Center Expansion (operations, construction, and improvements)	Mandatory: \$11 billion through 2015
Primary care dentistry training and workforce improvements (may contain alternative provider demo funding).	FY11 Proposed: \$47.982 million (increase of \$15.1 million)
National Health Workforce Commission	FY11 Proposed: \$3 million
CDC Division of Oral Health	FY11 Proposed: \$25 million (increase of \$10 million)



Next Steps: Federal-Level

- Continue to press oral health provisions, as FY12 funding is essential to get these programs off the ground
- FY12 is currently in the budget process so now is the time to contact Agencies about budgeting for these programs and initiatives
- Contact your Representatives to educate them of oral health provisions and use [CDHP talking points](#)
- Encourage your Representatives to champion a specific provision for upcoming appropriations
- Comment on Federal [regulations and rules](#)



Next Steps: State-Level

- Organize and educate oral health and child advocates to prepare for state policymaking
- Work with States to get the Exchanges up and running with all required benefits and special attention to the pediatric dental benefit
- Identify successful comprehensive oral health programs that may be useful as models for the pediatric oral health benefit



Other Prevention Efforts: What We Can Do **NOW**

- CHIP supplemental dental coverage - “dental wrap.”
- Development of evidence-based standards and guidelines for clinical, behavioral, and nutritional approaches to prevention (New York, California, AAPD).
- Develop and strengthen care for pregnant women and new mothers and integrate ECC education into those programs (WIC, Home Visiting, Healthy Start).
- Target populations with risk-based approaches to dental caries prevention.
- Work with insurers to create effective new parent information presentations



Other Prevention Efforts, Continued

- Partner dental and medical schools with community organizations (Title VII priority).
- Work with health plans to improve perinatal and infant oral health care and bring down costs of premature births and reduce costly emergency care.



Resources

- *ACA Summary and Talking Points*, CDHP Healthcare Reform Center: www.cdhp.org/cdhp_healthcare_reform_center
- *TrendNotes*, National Maternal and Child Oral Health Policy Center: www.nmcohpc.org
- *Comment on Rules and Regs*, Office of Consumer Information & Insurance Oversight www.hhs.gov/ociio

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