



# Oral Health Provisions in CHIPRA & Healthcare Reform: A “Systems-Fix” Approach

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# Health Reform

## Patient Protection and Affordable Care Act (PPACA)

Began life as “the Senate Bill”

Later augmented by the “Reconciliation Bill”

Chockablock with oral health provisions

PPACA 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”

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# Acknowledgments

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# Systems-Fix Approach

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

CDHP seeks sustainable “systems fixes” that:

1. Reduce disease
2. Improved access to quality care



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

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## CDHP's MISSION

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

CDHP seeks sustainable “systems fixes” that

1. Reduce disease occurrence
2. Improved access to quality dental care



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

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## CDHP's Work

### Governmental Action

Through

Legislation

Regulation

Agencies liaison

### Programmatic Action

Through

Targeted projects

Advocacy support

Information

development &  
dissemination

### Tools

Research & Analysis

Partnerships & Coalitions

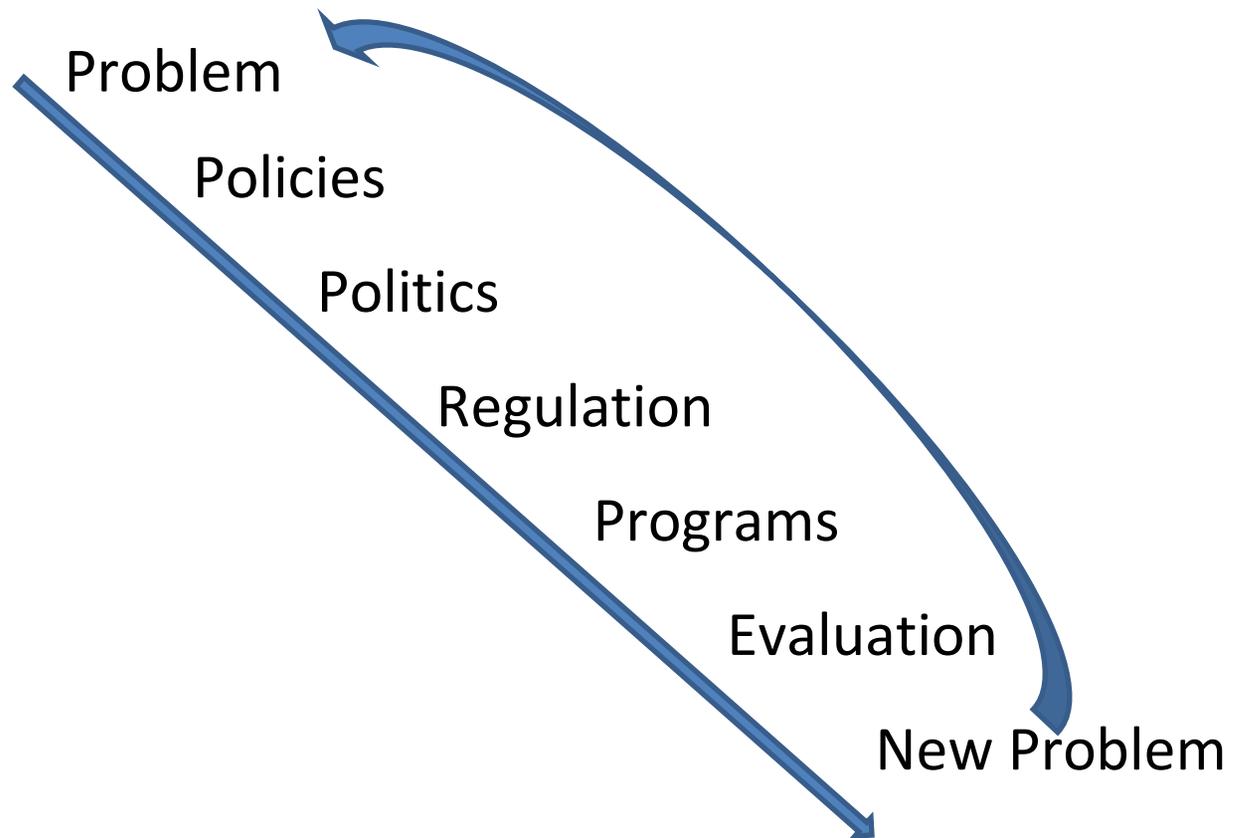
Web, Briefings, Presentations, Testimonies

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# Governmental Action

## Policymaking Cascade



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## 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



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## Focusing on “systems fixes”

### CDHP Domains

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

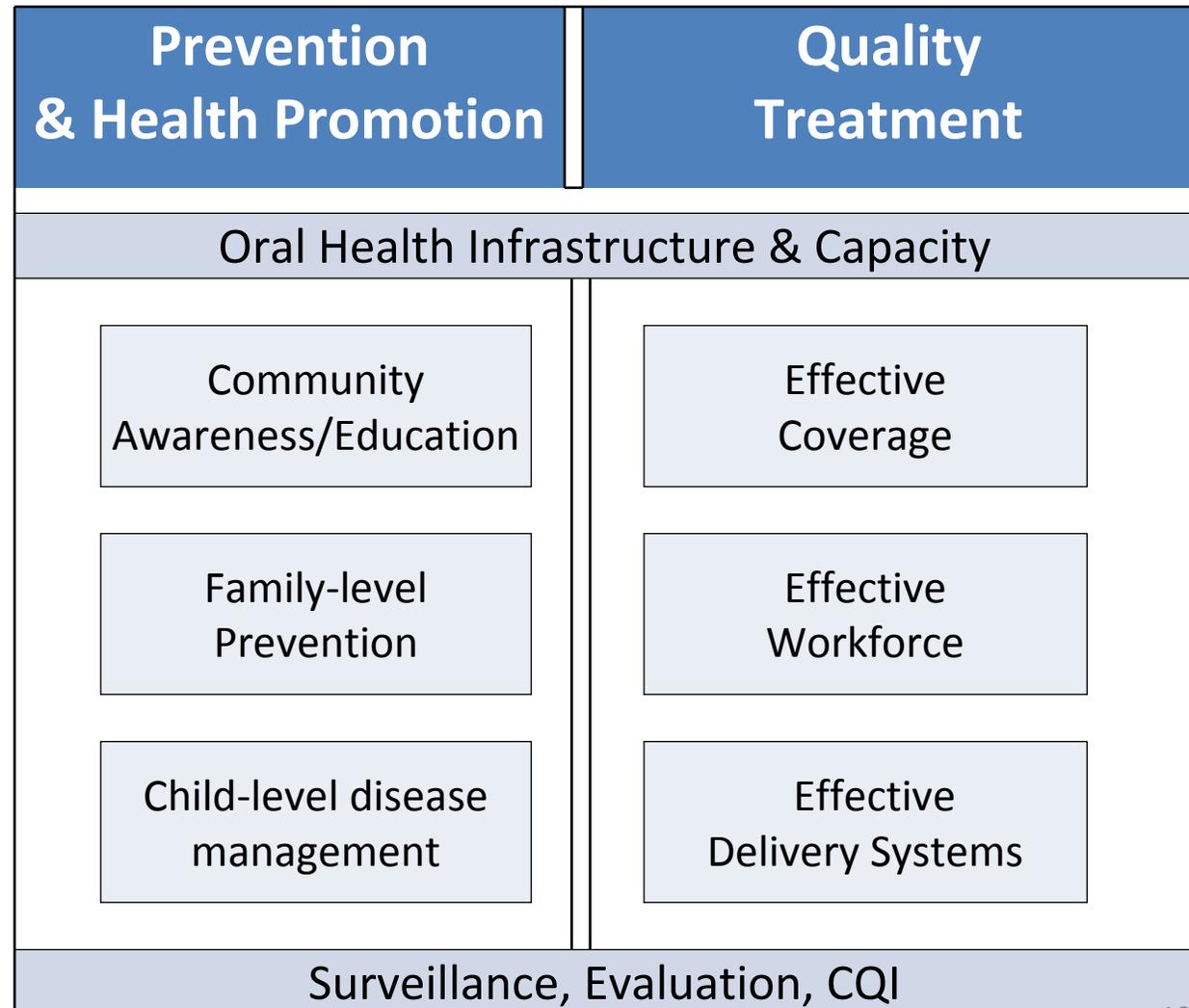


**CDHP’s five “Buckets”**

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# From Concept to Congress

Infrastructure  
Coverage  
Financing  
Workforce  
Safety Net  
Prevention  
Surveillance

CHIP  
Reauth.  
2009

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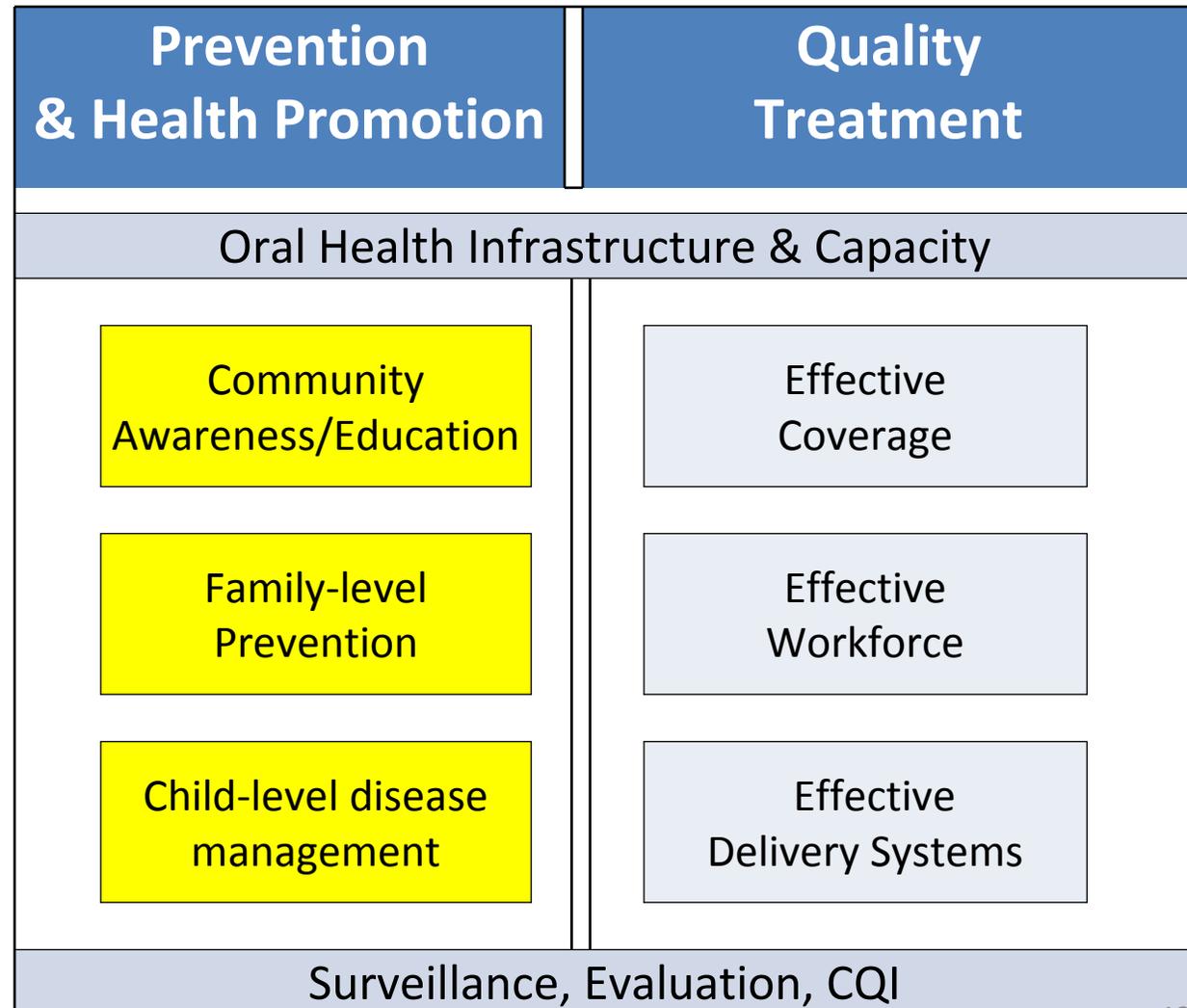
Health  
Reform  
2010

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# Healthcare Reform

## Prevention

- ☑ Public Education Campaign
  - 5 years, evidence-based
  - foci on:
    - Early Childhood Tooth Decay
    - Prevention
    - Pregnancy & risk groups

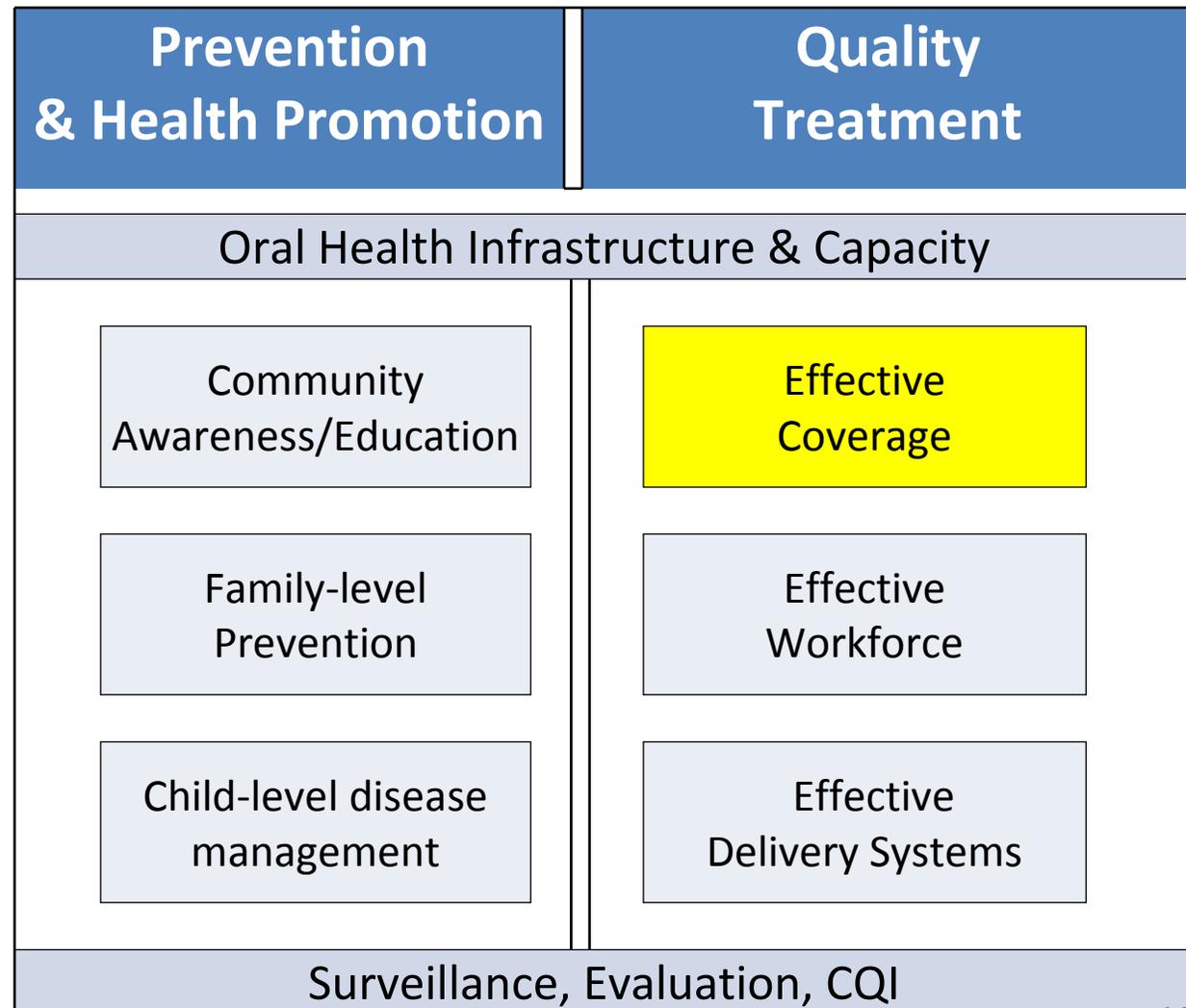
☑ School-based sealant program for all states

☑ Dental caries management grants to demonstrate effectiveness of research-based caries management

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# Healthcare Reform

## Coverage & Financing: Dental Benefit

- ☑ **Pediatric dental benefit integral to health coverage in “Exchanges”**
- ☑ Offerings by medical and “standalone” dental plans
- ☑ Consumer protections
- ☑ 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 have access to dental coverage

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## 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.”

### HCR:

“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 for Bright

Futures/BF Oral Health)

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# Healthcare Reform

Coverage  
&  
Financing:

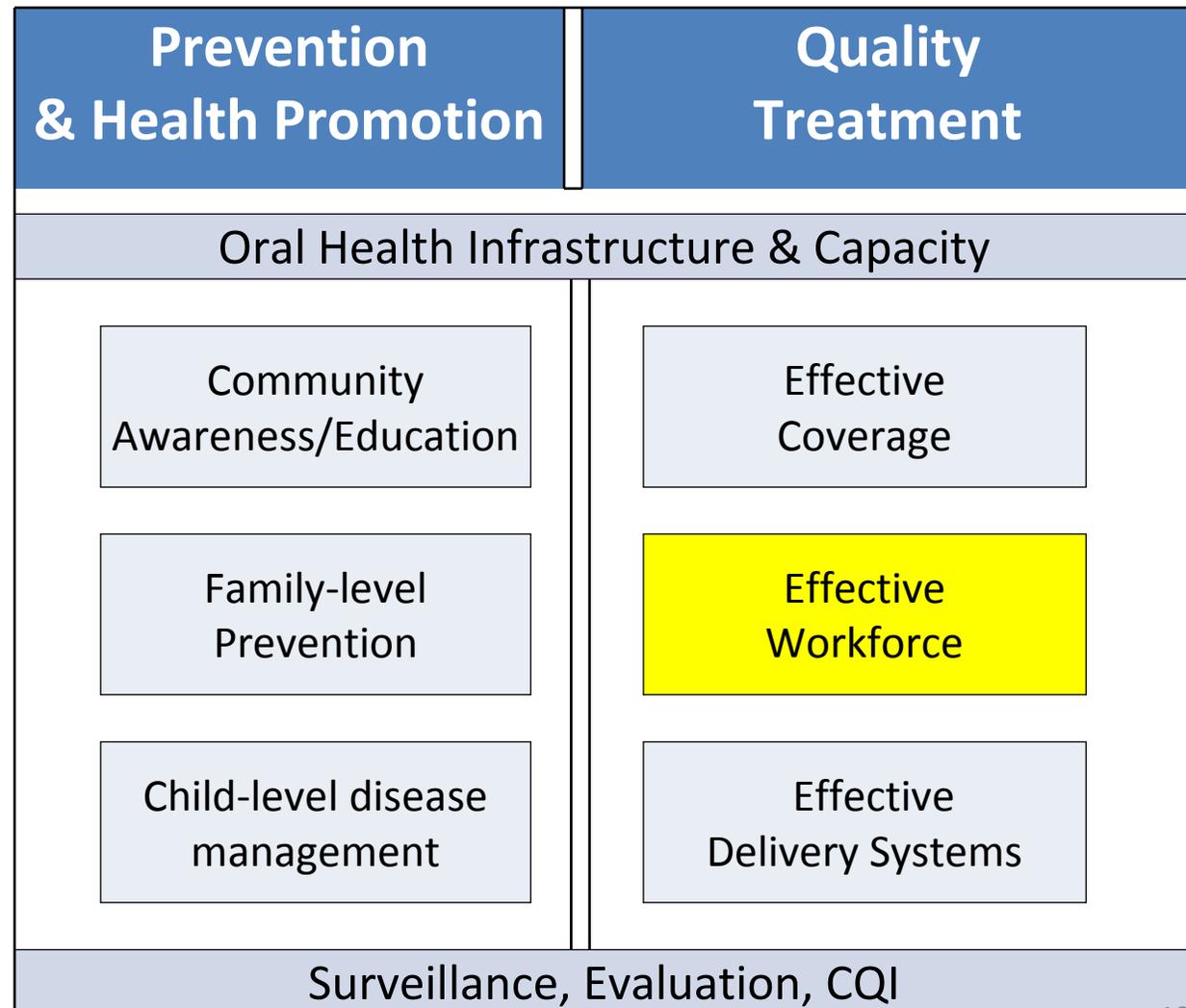
Dollars

- Income-based subsidies for purchase of insurance in the state Exchanges
- MACPAC charge to report to Congress on access and fees

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# Healthcare Reform

## Workforce I:

## Dental Training

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

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# Healthcare Reform

## Workforce II

## Faculty Support

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

### Priorities:

- Medical-dental collaborations
- Trainee retention in primary care
- Increased training of rural, disadvantaged, and minority trainees
- Teach in programs that reach underserved populations
- Teach cultural competency and health literacy
- Place grads in underserved areas
- Address people with special needs

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# Healthcare Reform

## 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

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## 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

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# Healthcare Reform

## Workforce V

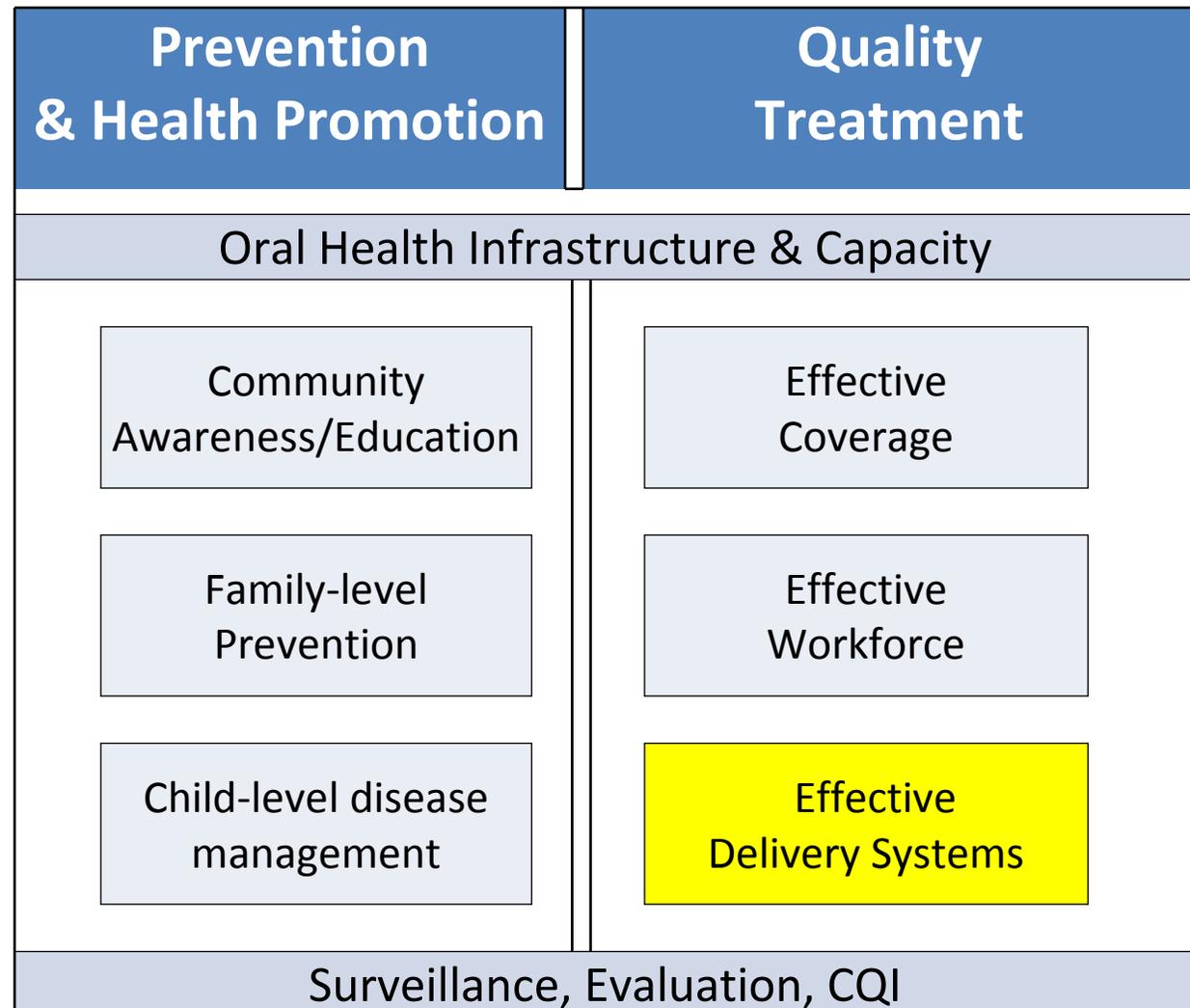
## Additional Workforce Provisions

- ☑ 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)

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# Healthcare Reform



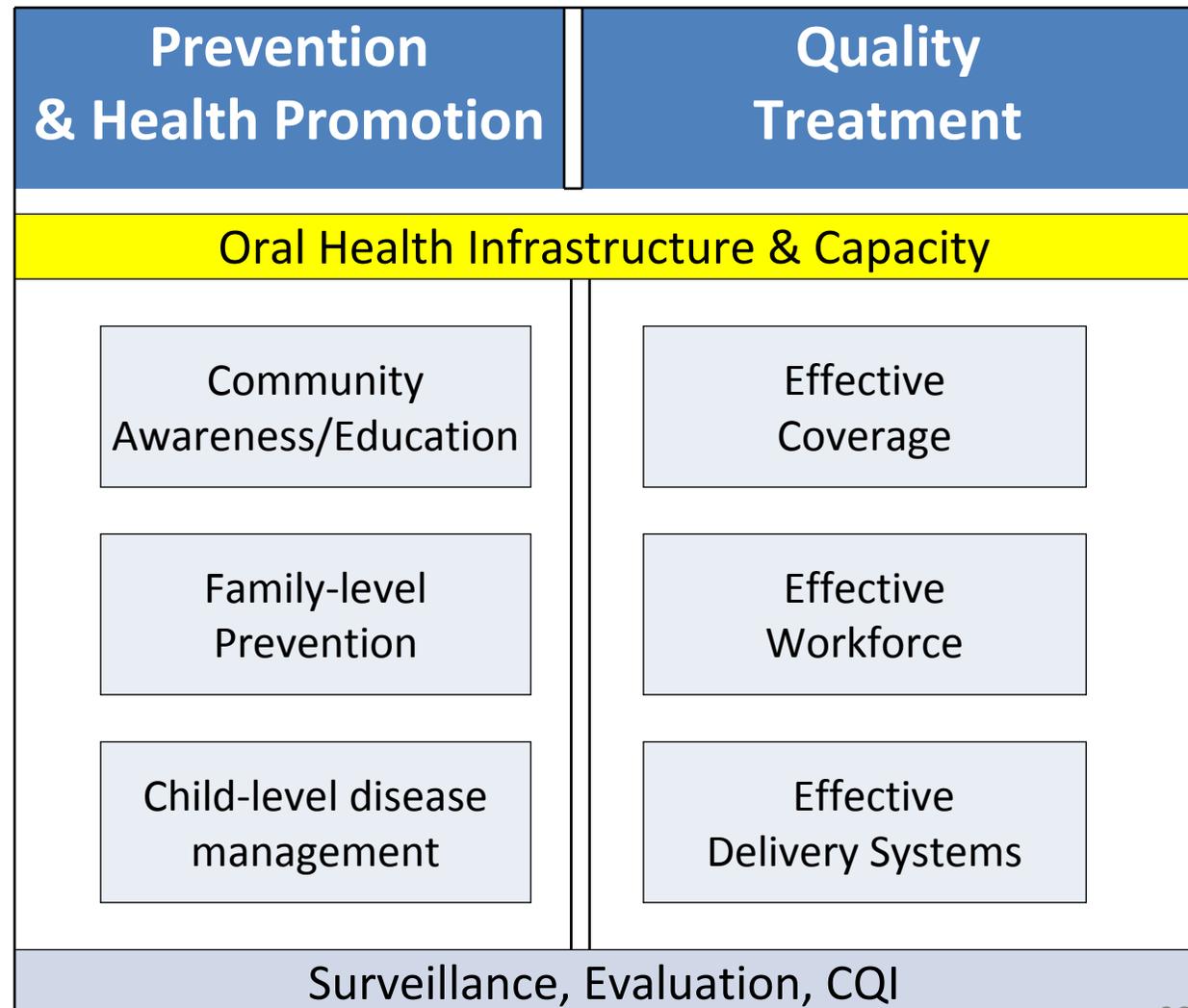
## Delivery System

- ☑ 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

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# Healthcare Reform

## Infra-structure

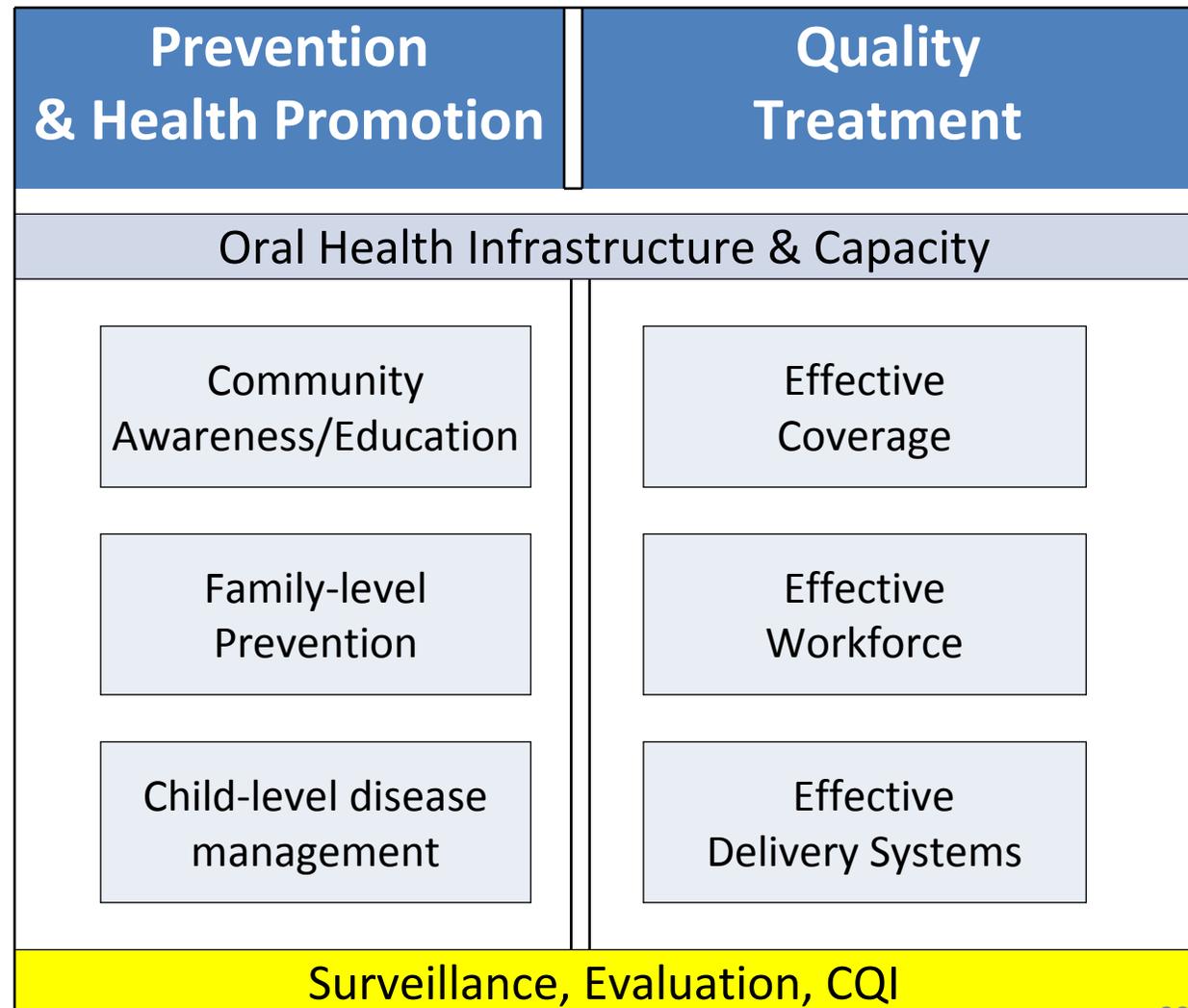
- ☑ CDC support to states
  - Expands from 16 states to all states + Territories + Tribes
  - Cooperative agreements for:
    - leadership development
    - data collection
    - interpretation of risk
    - program guidance
    - delivery system improvements
    - science-based population-level programs

Note: CDHP supports this program through a CDC cooperative agreement

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## Surveillance

Update and improve oral health surveillance

1. PRAMS : makes the oral health module on pregnancy mandatory rather than optional
2. NHANES: retains “tooth-level” surveillance rather than “person-level”
3. MEPS: institutes “look-back” validation as in medical findings
4. NOHSS: requires all states to participate in CDC oral health surveillance

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# HEALTHCARE REFORM: “Take-homes”

One mandate: **Coverage**

Many opportunities: **New programs and dollars for**

- Prevention
- Workforce
- Safety net
- Infrastructure
- Surveillance

One message from Congress: **Oral health is integral to overall health in federal policymaking**

“The Story”: **Unprecedented “systems-change” legislation that is overwhelmingly consistent with dental associations’ policies and positions**

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# HEALTHCARE REFORM: A long way to go

## Your Questions: 1. Now what?

Responding to criticism (lawsuits, midterm elections)

Appropriations legislation

Regulation, including:

- definition of dental care
- allocating \$100M "Public Health Investment Trust Fund"

Timeline determinations

Likely additional modifying legislation

Program development and implementation

The "5 Year Requirement"

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# HEALTHCARE REFORM: CDHP's plan

## Next Steps at CDHP

1. Develop the definitive catalogue of oral health provisions.
2. Work with regulators on interpretation and legislative intent.
3. Continue working with regulators and program officials on CHIPRA implementation.
4. Seek program funding through the Public Health Inv. Trust Fund and appropriations legislation.
5. Liaison with advocates, the professions, states policymakers, and others committed to children's oral health.
6. Monitor and respond to program development and implementation.
7. Monitor and respond to outcomes.

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## HEALTHCARE REFORM: Federal agencies?

### Your questions: 2. Roles of Federal Agencies?

Oral health provisions imply DHHS-wide activities within, between, and among federal agencies

Some are very specific

e.g. PRAMS, NHANES, NOHSS = CDC DOH

MEPS = AHRQ

e.g. Title VII = HRSA BHP

e.g. CHIPRA benefit = CMS

e.g. Public private contracting = CMS + HRSA

Others will benefit extensively by the DHHS-wide Oral Health Coordinating Committee and Oral Health Initiative

Variety of MOUs currently underway

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# HEALTHCARE REFORM: Timeline

Your questions: 3. Timelines?

## **Short term: addresses health insurance problems**

\* Within 90 days

Establish “temporary high risk health insurance pool” from 2010-2014 for coverage of people with pre-existing conditions

Early retiree insurance fund support

\* At six months

Lifts caps, rescissions, limits waiting periods, prohibits pre-existing condition limits for children, expands coverage to age 26 for dependent children

“No wrong door” enrolment and “express lane”

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# HEALTHCARE REFORM: Timeline

## Your questions: 3. Timelines?

### 2010: **Infrastructure changes**

CDC: Infrastructure program expansion; Oral health campaign; Research on public health services and systems; Surveillance enhancements

HRSA: Title VII expansion; Alternative providers; Increased \$ for National Health Service Corps; School based health centers;

IHS: DHAT expansion in accordance with state law  
Workforce Commission; National Center for Healthcare Workforce Analysis; National Prevention, Health Promotion, and Public Health Council; Interagency Working Group on Health Care Quality etc

MACPAC charge

Study of regionalizing the federal poverty level

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# HEALTHCARE REFORM: Timeline

## Your questions: 3. Timelines?

### 2011: **More infrastructure changes**

Secretary's reports on reporting requirements, outcomes-measurement,  
AHRQ comparative effectiveness research enhancement  
Center for Medicare and Medicaid Innovation established  
New criteria for medical/dental equipment accessibility  
Changes to health savings and medical savings accounts  
Initiates the Prevention and Public Health Fund  
Limits health insurance "medical loss ratios"

### 2013: **Insurance and revenue reforms**

Cross-state insurance plans allowable  
Cap on flexible spending arrangements  
Excise tax (2.3%) on medical and dental equipment

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Source: ADA implementation timeline



# HEALTHCARE REFORM: Timeline

## Your questions: 3. Timelines?

### 2014: **Coverage Initiatives**

State exchanges for individual and small group markets

Qualified health plans + dental benefit

Standard health plans available by states to low-income

Individual mandate starts

Sliding scale tax credits

End of preexisting conditions exclusion for adults

Guaranteed issue and renewability

Medicaid expansion to 133% FPL with expanded federal \$  
phased out to 2020

### 2018: **Revenue changes**

Cadillac tax exclusive of dental coverage costs

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# HEALTHCARE REFORM: What does it mean for Community Activists

Your questions: 4. What Does it Mean to local programs

FQHCs: tremendous funding expansion  
public private contracting expansion  
dental expansions

SBHCs: expansions with dental allowance

CHCs/ RHCs: more patients with coverage

Private offices: more patients with coverage

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