

Oral Health Provisions Contained in House and Senate Health Reform Legislation



	House	Senate	Impact on Oral Health and Dental Hygiene
Bill Information	HR 3962 <i>Passed by House 11.7.2009</i> http://thomas.loc.gov/cgi-bin/bdquery/z?d111:h.r.03962:	HR 3590 <i>Passed by Senate 12.24.2009</i> http://thomas.loc.gov/cgi-bin/bdquery/z?d111:h.r.03590:	
Dental Benefits and Coverage	Pediatric Dental Benefit Includes oral health care services as part of the minimum services provided as part of the essential benefits package for children under 21 years of age. Section 222(b)(10)	Pediatric Dental Benefit Includes oral health care as part of the minimum services provided as part of the essential benefits package for children under 21 years of age. Section 1302(b)(1)(J)	<i>The mandatory pediatric dental benefit in both the House and Senate bills requires that dental coverage be offered as part of any essential benefits package for children under the age of 21. Both bills will enable stand-alone dental plans to dental benefits as part of any health insurance exchange and/or to subcontract with medical plans.</i>
	Study of Adult Dental Benefit Requires the Secretary of Health and Human Services to conduct a study determining the need and cost for oral health care services for adults offered as part of the essential benefits package. The report will be submitted to Congress within one year of the legislation passing. Section 222(f)	No similar provision.	<i>Adult dental coverage is not required as part of the essential benefits package in the House or Senate bill. The cost of offering such a benefit was cited as a central reason for not including an adult dental benefit in either bill. The House bill includes a provision to study the cost of an adult dental benefit and report back to Congress. The data from the report could be used to consider the possibility of adding a dental benefit for adults at a later date.</i>
	Medicaid Eligibility Sets Medicaid eligibility rate for individuals at 150% of the Federal poverty level (\$33,075 for a family of four). Section 1701	Medicaid Eligibility Sets Medicaid eligibility rate for individuals at 133% of the Federal poverty level (\$29,327 for a family of four). Section 1331(e)	<i>The Senate bill expands Medicaid eligibility to all individuals at 133% of the Federal poverty level (FPL). The House bill would raise the minimum federal rate of eligibility for services provided under Medicaid to 150% of the FPL.</i>
	Oral Health Expertise on Health Benefits Advisory Committee(s) Includes oral health experts on an advisory committees convened to oversee Health Benefits Exchange or Exchanges. Section 223(a)(5)	No similar provision.	<i>Both the House and Senate bills would convene various advisory boards and commissions. The House bill includes a provision requiring that any advisory committee convened to oversee health benefits or health insurance exchanges</i>

			<i>include oral health experts. The House provision is significant as it ensures oral health expertise is represented in committees that make decisions about oral health benefits.</i>
Dental Workforce	No similar provision.	Alternative Dental Health Care Provider Demonstration Project Grants Awards grants for up to 15 demonstration programs to establish programs to train or employ alternative dental health providers to increase access to dental care in underserved communities. Programs to establish or employ advanced practice dental hygienists, public health dental hygienists, independent dental hygienists, dental therapists, and community dental health coordinators are among those eligible for grants. Section 5304	<i>The Alternative Dental Health Care Provider grants provision contained in the Senate bill would provide up to \$60 million in federal funding to educate and test new oral health workforce models. The provision is significant given the interest of oral health stakeholders, including ADHA, in demonstrating the potential effectiveness of new members of the oral health care team, like the Advanced Dental Hygiene Practitioner. Grants could be allocated to a host of dental hygiene workforce models.</i>
	Title VII Provisions to Expand and Educate the Oral Health Workforce Provisions to support training of general, pediatric, and public health dentists and dental hygienists: - Federal monies to plan, develop and carry out professional training programs - Financial assistance for students who will practice in general, pediatric, or public health dentistry or dental hygiene - Grants for programs that train providers who plan to teach in general, pediatric, public health dentistry or dental hygiene Section 2215	Title VII Provisions to Expand and Educate the Oral Health Workforce Provisions to support training of general, pediatric, and public health dentists and dental hygienists: - Federal monies to plan, develop and carry out professional training programs - Financial assistance for students who will practice in general, pediatric, or public health dentistry or dental hygiene - Grants for programs that train providers who plan to teach in general, pediatric, public health dentistry or dental hygiene Section 5303	<i>Along with including coverage for care, both the Senate and House bills include provisions to develop the health care workforce to ensure providers are available for those eligible for services. Provisions are focused on expanding the number of oral health providers working with underserved areas or providing care to underserved populations. Both bills contain provisions specific to the oral health workforce that include dental hygiene. Dental hygiene providers, students, and education programs are listed as eligible entities in a number of the dental workforce development provisions.</i>
	Alaskan Dental Health Aide Therapist Program Limits the Alaskan Dental Health Aide Therapist (DHAT) program to that state, not allowing Indian tribes or tribal organizations in other states to replicate the DHAT program. Directs a neutral panel to conduct a study of Alaskan DHATs to ensure the level of care provided is adequate and appropriate and to report the	Alaskan Dental Health Aide Therapist Program Does not extend the DHAT program beyond Alaska, but enables Indian tribes or tribal organizations located in a state where dental health aide therapist or mid-level dental provider services are authorized under state law to administer such services on tribal land. The bill prohibits tribes from filling any job	<i>Both the House and Senate bills include provisions to address the health care needs of Native American populations. The House bill maintains the status-quo by limiting the DHAT program to only Alaska. The Senate bill does not expand the DHAT program, but does not preclude dental therapist or dental</i>

	findings to the House. Section 121	vacancies for a dentist with a dental health aide therapist. Section 10221	<i>mid-level providers from practicing on tribal land in any state as long as the services are authorized by state law. Essentially, the Senate language would enable tribes to use new dental workforce provider models, like dental therapists and advanced dental therapists in Minnesota, to administer care on tribal land.</i>
Disease Prevention and Oral Health Literacy	Grants to Support School-Based Health Clinics Charges the Secretary of Health and Human Services to support a grant program to support the operation of school-based health clinics, including those that provide oral health services. Section 2511	Grants to Support School-Based Health Clinics Charges the Secretary of Health and Human Services to support a grant program to support the operation of school-based health clinics, including those that provide oral health services. Section 4101	<i>Both the House and Senate bills establish a grant program for school-based health clinics and both extend eligibility to clinics that offer oral health services. The Senate bill includes a number of other provisions to improve oral health literacy and surveillance. The House bill contains a section entitled "National Prevention and Wellness Strategy" that would promote prevention and wellness programs and campaigns. The section does not explicitly name oral health, but does not necessarily preclude oral health from being included in national prevention and wellness objectives.</i>
	No similar provision.	Oral Health Prevention and Education Campaign Five year, national oral health prevention and education campaign led by the Centers for Disease Control (CDC) targeted towards vulnerable populations. Section 4102(a)	
	No similar provision.	Research-Based Dental Caries Disease Management Establishes a grant program through the CDC for entities to demonstrate the effectiveness of research-based dental caries disease management activities. Section 4102(a)	
	No similar provision.	School-Based Sealant Programs Expands existing grant program for school sealant programs to include all 50 states and territories. Section 4102(a)	
	No similar provision.	Investment in Oral Health Infrastructure and Surveillance Establishes cooperative grants program overseen by the CDC to award grants to states, territories, and Indian tribes and tribal organizations to establish oral health leadership and program guidance, oral health data collection and interpretation, a multi-dimensional oral health delivery system, and to	

		implement science-based programs to improve oral health. Section 4102(a)	
	No similar provision.	Updates to National Oral Health Care Surveillance Activities Directs the Secretary of Health and Human Services to carry out various programs and efforts to improve oral health monitoring and data collection. Section 4102(a)	