



On Saturday, November 7, the U.S. House of Representatives passed [H.R. 3962, the Affordable Health Care for America Act.](#) The landmark vote marks one step in the efforts of Congressional leaders and the Obama Administration to pass comprehensive health reform legislation.

The American Dental Hygienists' Association (ADHA) is committed to keeping the dental hygiene community informed on health reform matters that impact the profession. ADHA respects that there are many opinions on health reform within the dental hygiene community. This update is not intended to sway recipients in one direction or the

other on the issue, but is offered as a means to update dental hygiene professionals about the oral health provisions contained in H.R. 3962 and to offer an overview of ADHA's engagement in the process thus far.

Health reform legislation in the House and Senate touches on many facets of the health care delivery system. The following offers a brief overview of oral health provisions contained in H.R. 3962:

- **Pediatric Dental Benefit:** The bill includes a requirement for all eligible children to have dental coverage (through 21 years of age). The bill does not require an adult benefit, although it does include a provision to study the cost of offering an adult dental benefit.
- **Oral Health Workforce Provisions:** The bill includes a section that would establish grant programs and allocate federal monies towards the development of oral health providers and education programs to bolster the oral health workforce. Dental hygiene is included in some of the workforce provisions, several of which are focused on encouraging careers in public health and/or pediatric dentistry.
- **Oral Health Expertise:** The bill would convene a Health Benefits Advisory Committee, which would be comprised of "experts in oral health" in addition to experts in other health care fields, to make recommendations about health benefits and plans offered through the legislation.
- **Contracting with Stand-alone Dental Plans:** The bill would allow qualified (medical) benefit plans to subcontract with stand-alone dental plans to meet dental benefit requirements. This accommodates the way the current system is structured in that most medical plans do not include dental benefits and most dental insurance plans are offered separate from medical plans.
- **Medicaid Reimbursement/Eligibility Levels** – The bill would increase Medicaid eligibility to 150% of the federal poverty level (FPL) and directs the Secretary of Health and Human Services to ensure adequate payment levels under Medicaid.
- **Oral Health Programs in School-based Clinics:** The bill establishes a grant program for school-based health clinics, including those that offer oral health services.

H.R. 3962 passed the House by a vote of 220-215. The debate and work on health reform is not over with the House vote. The Senate is currently in the process of reconciling the two health reform bills pending in that chamber – one drafted by the Senate Health, Education, Labor and Pensions (HELP) Committee and the other drafted by the Senate Finance Committee. The differences between the two bills must be negotiated before any legislation moves to the Senate floor for consideration. Senate leaders have indicated they would like to begin debate on health reform legislation on the Senate floor the week of November 16.

As this effort continues to unfold, it is important to keep in mind that health reform is much **more than just one vote for or against health reform** legislation. Policymakers must weigh in and vote on various amendments and incarnations of health reform proposals as the legislation moves through the legislative process.

ADHA is recognized as a valued stakeholder in oral health and has been approached by policymakers and their staff for input on health reform. ***Not being a part of the dialogue on health reform is simply not an option for any stakeholder, including ADHA.*** As the national association that Empowers, Develops, and Supports dental hygiene professionals, ADHA has a responsibility to serve as the voice of the profession on policy matters. *The association has not endorsed a specific health reform plan or legislative vehicle.* ADHA's efforts relative to health reform are guided by the association's Statement on Health Reform: http://www.adha.org/downloads/ADHA_Health_Reform_Statement.pdf.

The Statement highlights oral health as an integral component of total health. As an oral health professional, you know that an individual cannot have a healthy body without a healthy mouth. As such, ADHA asserts that if/when comprehensive health reform proposals are considered by Congress, oral health should be included.

Please know that ADHA staff is available to answer questions and offer additional information. Contact us via e-mail by replying to this message or sending a separate message to gov.affairs@adha.net or by calling ADHA's Governmental Affairs Division at 312.440.8925. ADHA will continue to offer updates as efforts related to health reform continue.

Sincerely,

Your ADHA Governmental Affairs Team:

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