



# Oral Health Provisions in Healthcare Reform

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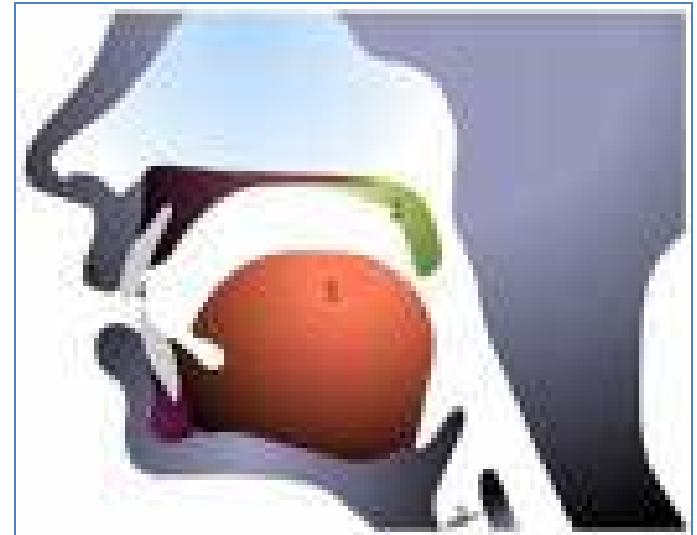
# Perspective: The Mouth – an orphaned organ



- 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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# 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
2. Improved access to quality care



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

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CDHP seeks sustainable “systems fixes” that

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



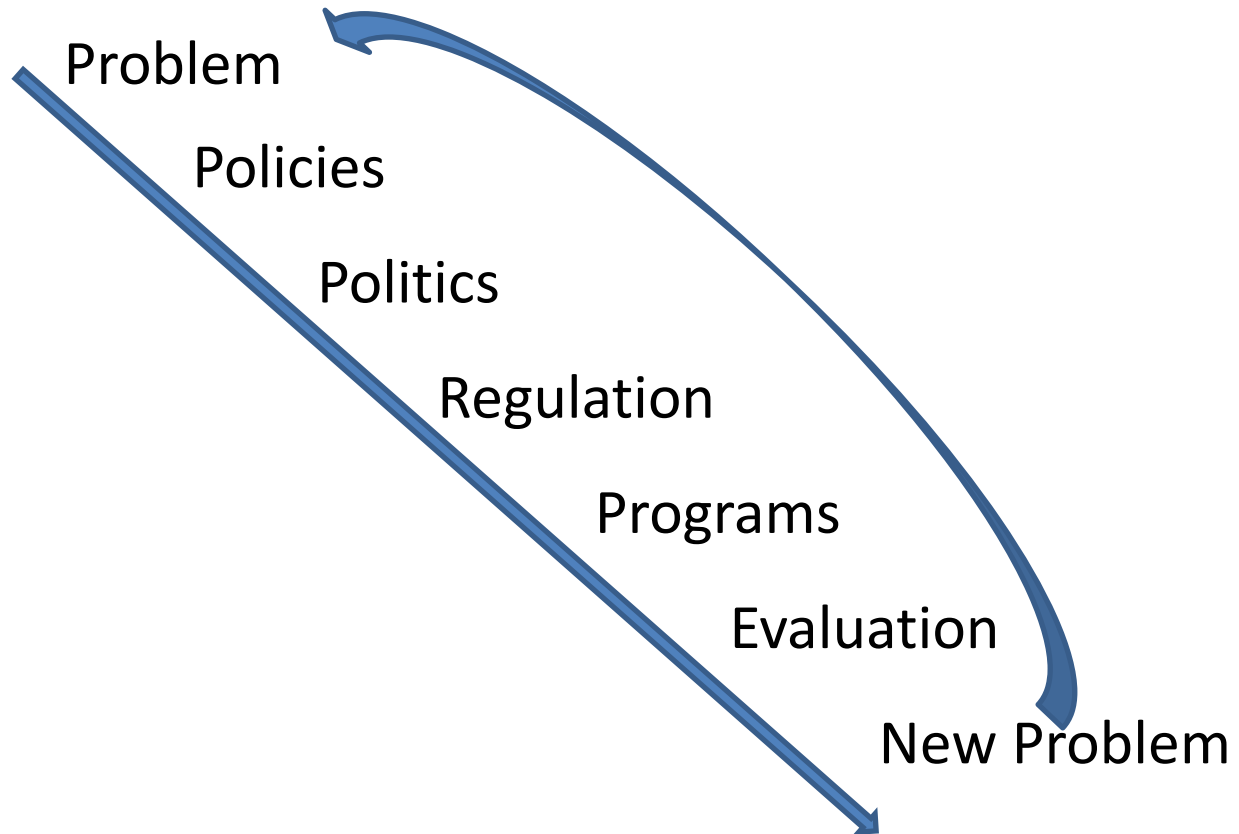
The “fix” :  
Children with most need  
get most care

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# Governmental Action

## Policymaking Cascade



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# Focusing on “systems fixes”

## Domains

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



**CDHP’s five “Buckets”**

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## Governmental Action

Through

Legislation  
Regulation  
Agencies liaison

## Programmatic Action

Through

Targeted projects  
Advocacy support  
Information  
development &  
dissemination

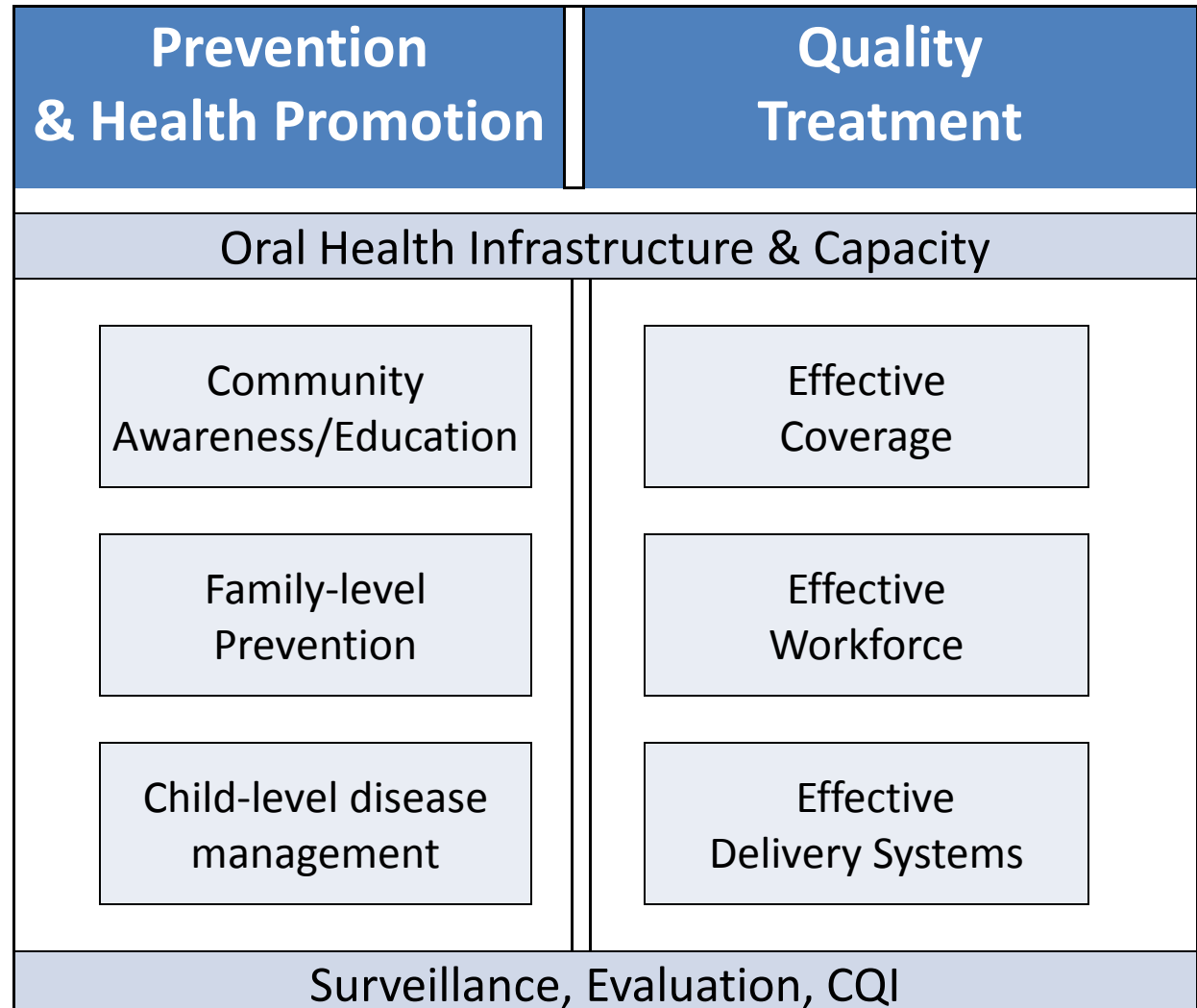
## Tools

Research & Analysis  
Partnerships & Coalitions  
Web, Briefings, Presentations, Testimonies

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# CDHP's Systems Approach



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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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# CHIPRA (10 Provisions)

## Coverage

- ☑ Defined benefit + “wrap”;
- ☑ Mandatory information for families

## Financing

- ☑ Establishes MACPAC

## Workforce

- ☑ GAO study on access & dental midlevels

## Safety Net

- ☑ Public -private contracting

## Prevention

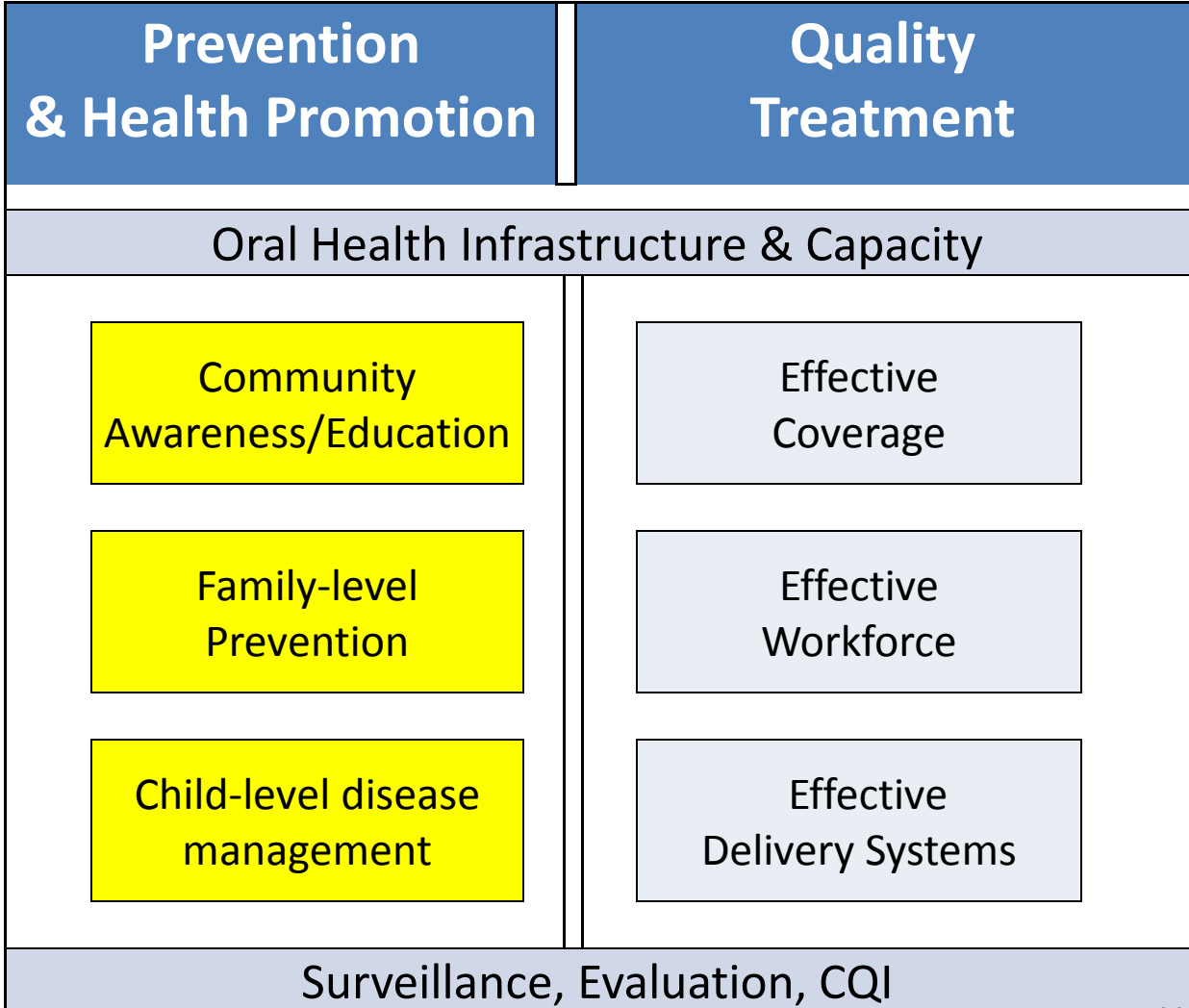
- ☑ New parent education

## Surveillance

- ☑ Mandatory performance reporting + new quality measure development

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# Healthcare Reform (18 provisions)



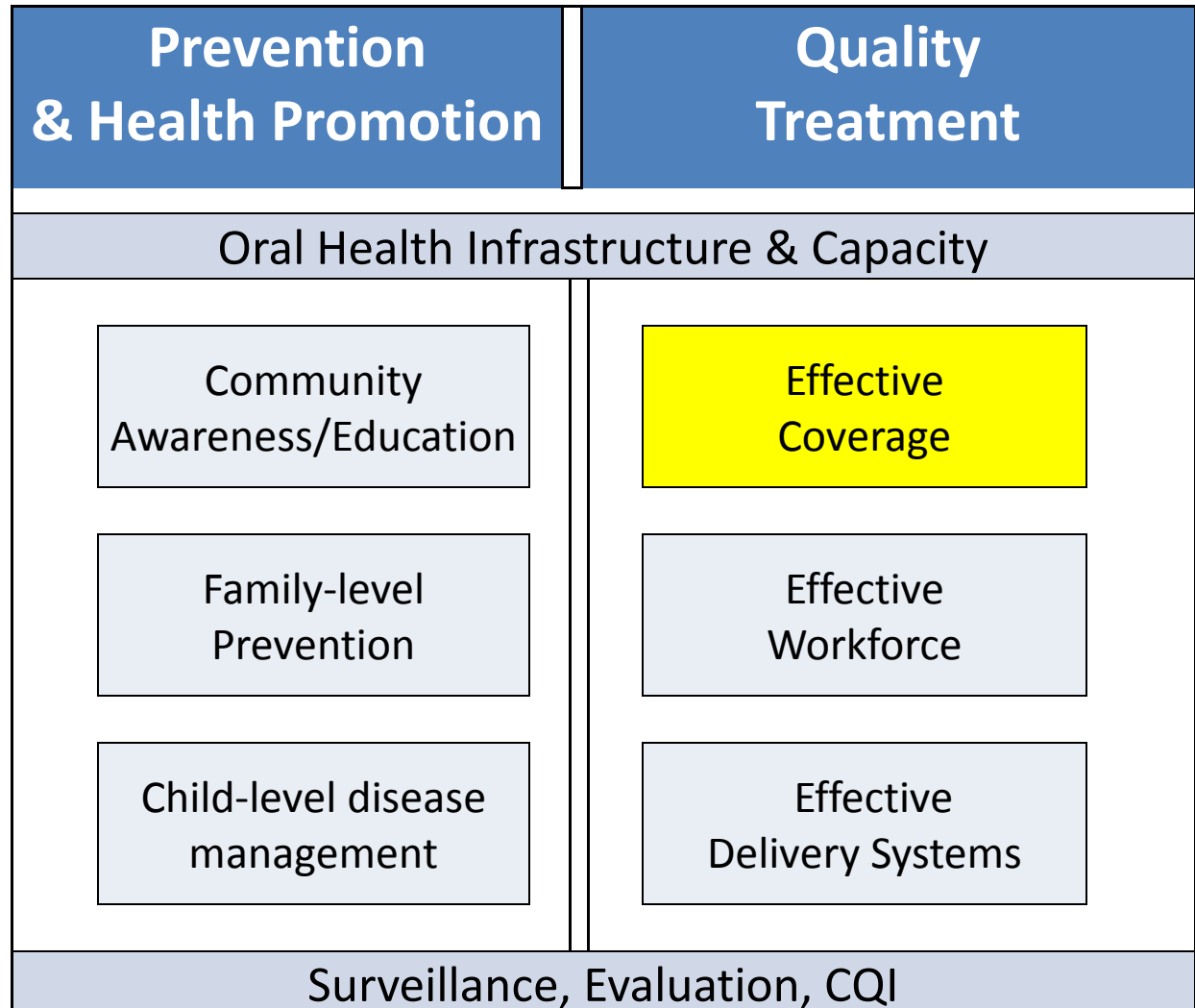
## Prevention

- ☑ Public Education Campaign
  - 5 years, evidence-based
  - foci on:
    - Early Childhood Tooth Decay
    - Prevention
    - Pregnancy & risk groups
- ☑ School-based sealant program expansion from 16 current states to all states
- ☑ Dental caries management grants to demonstrate effectiveness of research-based caries management

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# Healthcare Reform (18 provisions)

## 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)

# Healthcare Reform (18 provisions)



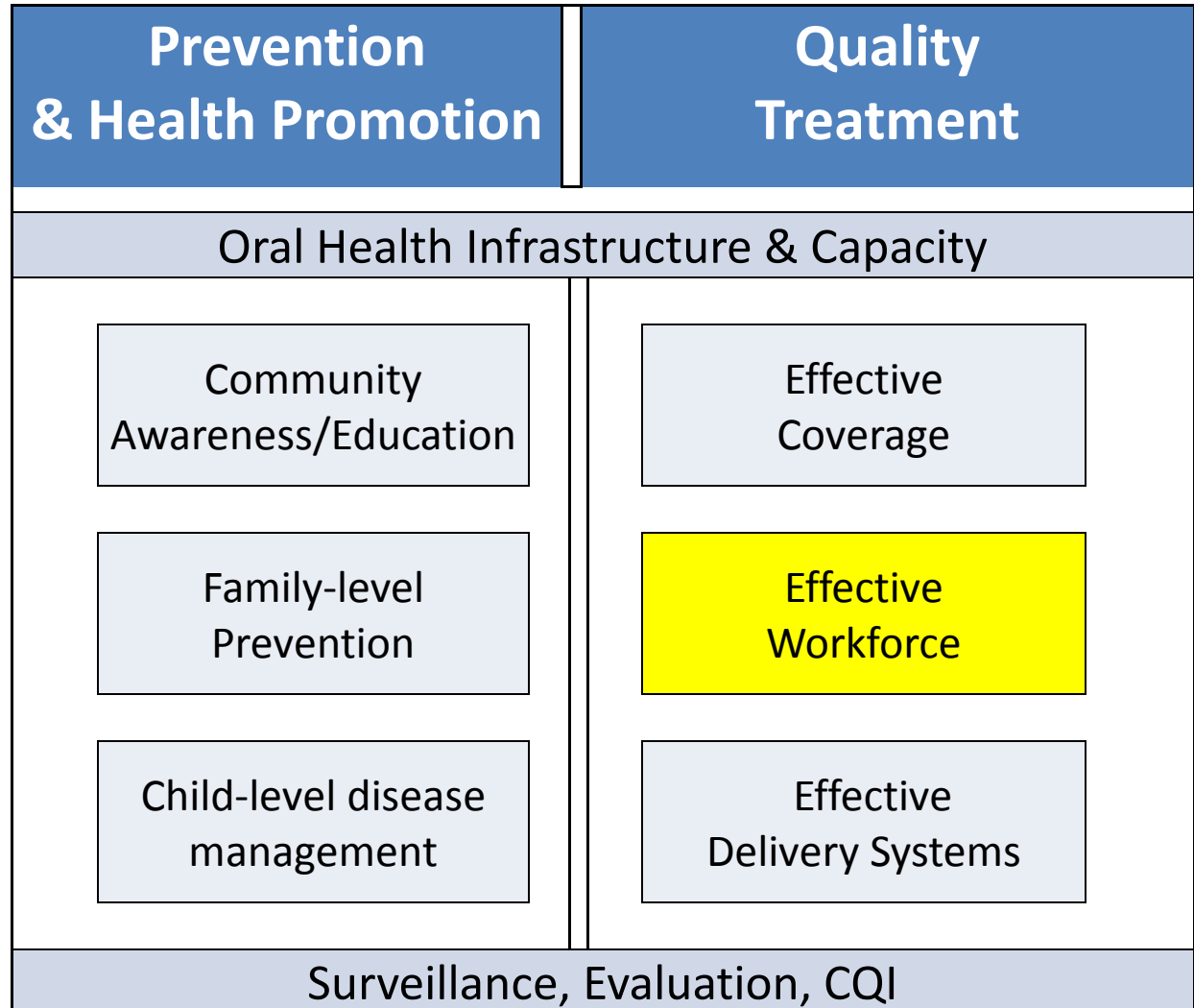
Coverage  
&  
Financing:  
  
Dollars

- ☑ 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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## Workforce I:

## Dental Training

- ☑ “Title VII” primary care dental training:
  - “Line Item”
  - Increase from \$7M to \$30M
  - Pre-doctoral training
  - Practitioner education
  - Faculty support
  - Curriculum development
  - TA to training programs in “population and public health issues.”

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## 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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## Workforce III

## Alternative Providers

- ☑ Alternative Dental Care Provider Demonstration Grants:
  - 5 years, \$4M, 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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## Workforce V

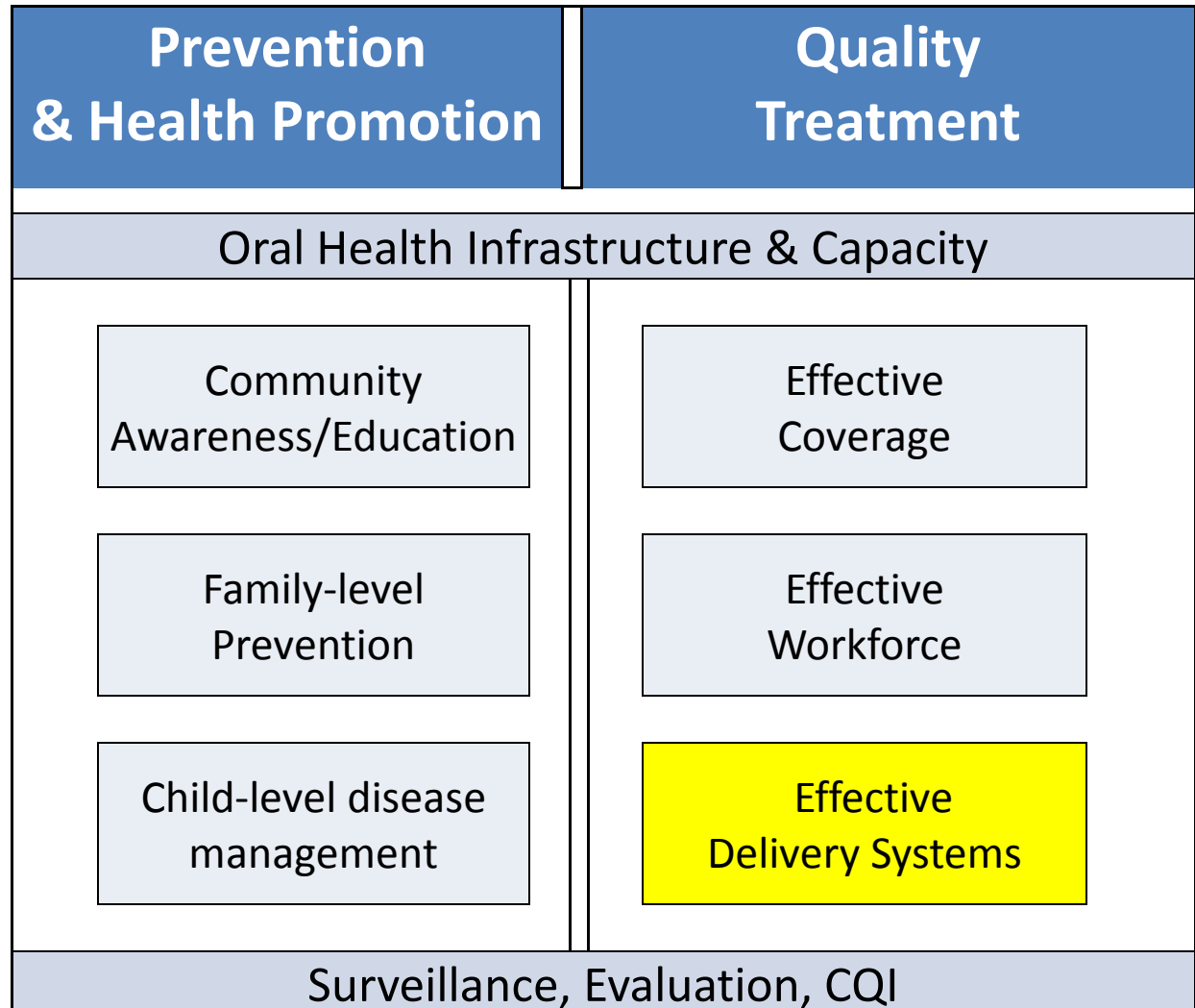
## Additional Workforce Provisions

- ✓ 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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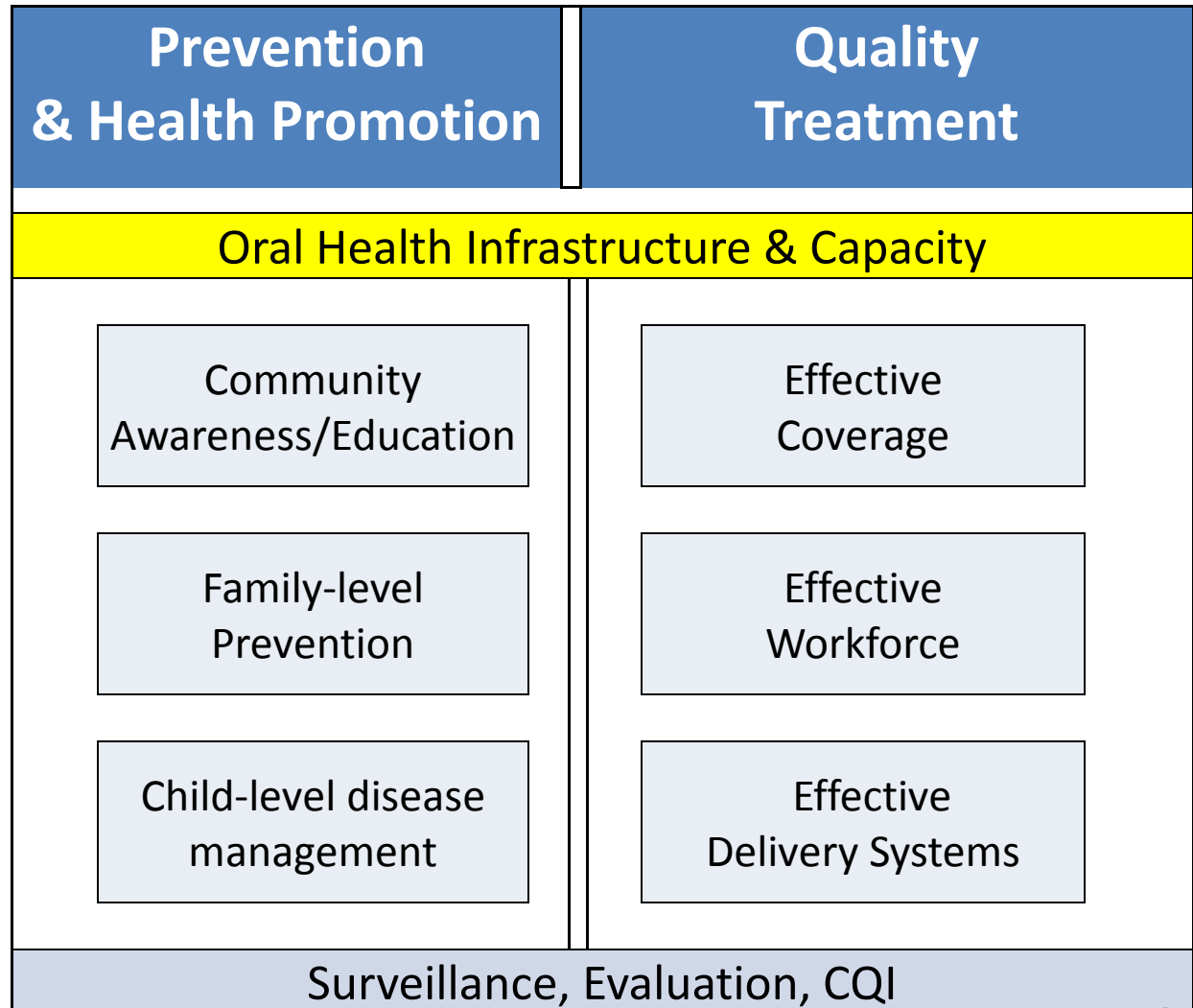
## Delivery System

- ✓ Federally Qualified Health Centers
  - \$11B in new 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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## Infra-structure

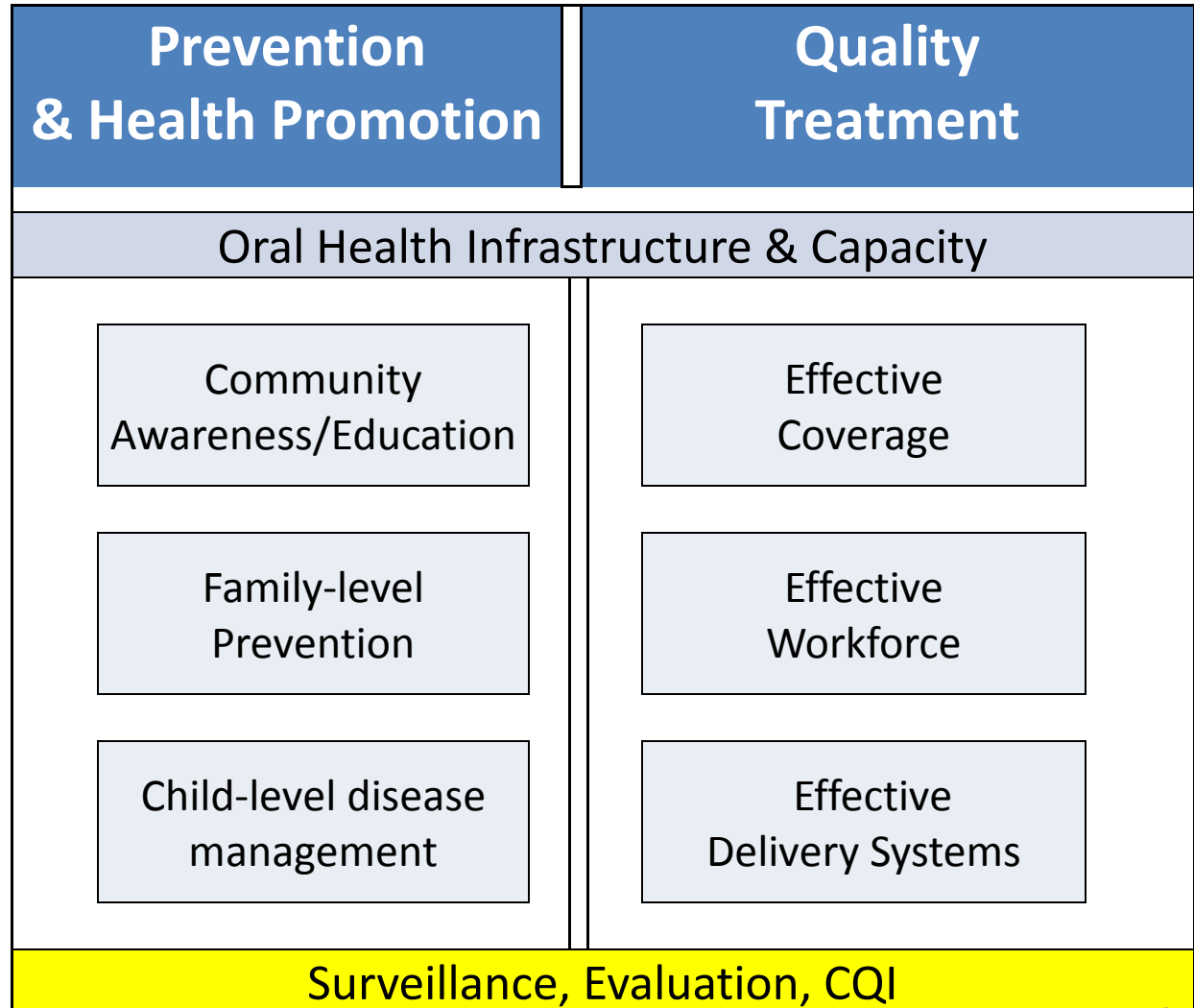
- ☑ CDC support to states
  - Expands from 16 states to all states + Territories + Tribes
  - Cooperative agreements for:
    - leadership development
    - data collection
    - interpretation of risk
    - program guidance
    - delivery system improvements
    - science-based population-level programs

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: What's next



## A Long Way To Go

Responding to criticism (lawsuits, midterm elections)

Appropriations legislation

Regulation, including:

- definition of dental care
- allocation of \$100M “Public Health Investment Trust Fund”

Timeline determinations

Program implementations

The “5 Year Requirement”

Likely additional modifying legislation

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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: “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

# HEALTHCARE REFORM: What does it mean for Community Activists



Your questions: What Does it Mean to

**Children:** Birth -21 covered by Medicaid, CHIP, HCR  
Parental coverage through age 26 with dental coverage to be determined

**Ages 19-20:** Medicaid: EPSDT election  
CHIP: dental coverage  
HCR: Supplemental coverage to be determined

**Adults:** Butterfield amendment (House Bill) not part of the legislation. No adult provision

**Special Pops:** Pregnant women  
Special needs

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# HEALTHCARE REFORM: What does it mean for Community Activists

Your questions: What Does it Mean to

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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# HEALTHCARE REFORM: What does it mean for Community Activists

Your questions: Implementation schedule

CDHP is now working on the timeline and will have a definitive piece within two weeks. Preliminary info:

Exchanges operational:	2014
CHIP review:	2016
CDC campaign:	no date
Demonstrations, commissions	1 or 2 years after passage
FQHC funding:	

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# HEALTHCARE REFORM: What does it mean for Community Activists

Your questions:

Recommendations for state oral health coalitions

Roles:

- track the legislation and DHHS actions
- disseminate information broadly
- resist any efforts to weaken OH provisions
- act on opportunities
- continue to partner widely
- represent consumer viewpoint
- liaison with state officials

Grant

Opportunities: track and apply as available

Other Ideas: help CDHP help you

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