



Board of Directors

Bonnie Branson, RDH, PhD
UMKC School of Dentistry

Karen Finstad
Delta Dental of KS Foundation

Heidi Lowry
Rawlins County Dental Clinic

Ron Gaches, JD
KS Dental Hygienists' Assn.

Catherine Gray
Child Care Aware of KS

Bill Hammond
USD 443

Cathy Harding, MA
KS Association for the
Medically Underserved

Mark Herzog, DDS

Barbara Langner
Kansas Health
Policy Authority

Jose Lopez, DDS

Denise Maseman, RDH, MS
WSU School of
Dental Hygiene

Rich Oberbeck
Henry Schein Dental

Jill Quigley

Kevin Robertson, MPA, CAE
KS Dental Assn.

Douglas Stuckey
Community Health Center of SEK

Marlou Wegener
Blue Cross and
Blue Shield of KS

Katherine Weno, DDS, JD
KDHE, Bureau of Oral Health

**U.S. Department of Health and Human Services
Essential Health Benefits Listening Session
November 15, 2011**

Oral Health Kansas, Inc. is a statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

We appreciate the opportunity to provide this feedback about the Essential Health Benefits Package (EHBP) in the Affordable Care Act.

Oral health is critical to a lifetime of overall health. Although pediatric dental disease is the number one chronic childhood condition, it is preventable with access to early risk-assessment and prevention services.

Oral care was included in the EHBP under the category of pediatric services because the benefit was envisioned by Congress to provide children with the full scope of services necessary to prevent and effectively treat any condition, including dental disease. The emphasis on preventive and wellness services and chronic disease management in the EHBP suggests Congressional intent to develop a benefit package that is comprehensive while focusing on cost-effective care.

As a result, we believe the ACA pediatric dental benefit should reflect the policies of the American Dental Association, American Academy of Pediatric Dentistry, California Dental Association, and the American Academy of Pediatrics to provide early risk-assessment and individualized, risk-based care, according to each child's identified level of risk.

While HHS has been instructed to develop the Essential Benefits Package according to existing private coverage, public programs (Medicaid and CHIP) are the only market in which pediatric-only dental benefits are provided and are structured according to a child's level of risk.

Initial actuarial analysis demonstrates that even with the majority of children in a high-risk category, a risk-based, individualized pediatric dental benefit would cost less than the current system of a capped, one-size fits-all benefit.

We urge the Department to define the pediatric dental benefit in the EHBP as a set of dental services that reflects current professional and governmental evidence-based guidelines and recommendations that are designed to improve oral health outcomes in children. This policy definition reflects three key principles in optimal child oral health:

800 SW Jackson, Suite 1120
Topeka, KS 66612

785.235.6039 (phone)
785.233.5564 (fax)
info@oralhealthkansas.org

www.oralhealthkansas.org

1. This policy supports "individualized" care for children according to their levels of risk for disease.
2. This policy redirects existing clinical diagnostic and preventive resources so that the intensity of care received by children is individualized and prevention is provided in the most appropriate setting in the collaboration with the child's medical home and other community health care agencies.
3. This policy supports the provision of all pediatric dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions for the attainment and maintenance of oral health in children.

Thank you again for the opportunity to discuss pediatric oral care within the EHBP. This benefit signals an important change in how dental services can be best designed for children in Kansas and across the country. There is no better time to set a course for improving childhood dental disease using the most current research available. We are happy to provide any additional information or answer questions.

Respectfully submitted,

Tanya Dorf Brunner
Executive Director
Oral Health Kansas
tdorf@oralhealthkansas.org