



States Implement Health Reform



March 2011

Oral Health

Overview

The 2010 Affordable Care Act (ACA) contains a variety of initiatives that relate to oral health, including those that address coverage and access, prevention, oral health infrastructure and surveillance, and the dental health workforce.

Key Federal Provisions

Of the many oral health related initiatives in the ACA, some were funded by the law, while others were authorized subject to funding. Among the oral health provisions that either require no separate appropriation or were funded by the ACA, key initiatives include insurance benefits for children, cost-sharing restrictions, public health grants that may include oral health initiatives, and a requirement to review dental provider reimbursement rates.

Insurance Benefits for Children. The ACA requires plans in the state health insurance exchanges to provide coverage for children's oral health services as an essential health benefit (section 1302). Additional guidance related to the essential health benefits is anticipated from U.S. Department of Health and Human Services (HHS) in late 2011, and health insurance exchanges must be operational by Jan. 1, 2014.

Section 1311 of the ACA allows for stand-alone dental plans that offer pediatric dental benefits to participate in state health insurance exchanges. If a stand-alone dental plan is offered in the exchange, then other insurance plans with limited dental benefits still can participate in a state exchange. These dental plans are exempt from offering the essential benefits package (section 2707) and cost sharing protections (section 1402). Dental-only plans should be available when the state health insurance exchanges are implemented in 2014.

Prohibition of Cost Sharing for Certain Preventive Pediatric Oral Health Services. Section 1001 of the law prohibits insurance plans from imposing copayments or coinsurance for certain preventive services for new plans or policies as of Sept. 23, 2010. Among the specific services to be covered with no out-of-pocket costs are

oral health risk assessments for children and fluoride supplements for children whose water source does not contain fluoride.

Prevention and Public Health Fund. The ACA establishes the Prevention and Public Health Fund in section 4002. The law invests \$15 billion over 10 years, and \$2 billion each year thereafter to initiate public health and prevention efforts in states and communities, including \$500 million in 2010 and \$750 million in 2011. Although oral health is not specifically mentioned in the act, states may use funds to improve surveillance and community and clinical prevention.

Medicaid and CHIP Payment Access Commission (MACPAC). MACPAC reviews state and federal Medicaid and CHIP access and payment policies and makes recommendations to states, Congress and the HHS secretary. Section 2801 of the ACA amends statutes related to MACPAC, and requires a review of provider reimbursement rates, including those for dental professionals; it provides funding to carry out the work. This information is to be part of the annual MACPAC report to Congress, the first of which was due in March 2011.

Authorized but Currently Unfunded Provisions

Various additional oral health initiatives within the ACA are authorized, but funding currently is not appropriated. These provisions fall into three categories: oral health infrastructure, prevention and treatment, and workforce, described below.

Oral Health Infrastructure. Within section 4102 of the ACA, the following provisions relate to oral health infrastructure and surveillance:

- The Centers for Disease Control and Prevention (CDC) currently provides funding to 19 states for cooperative agreements to improve their oral health



infrastructure. The ACA requires the CDC to extend this funding opportunity to all states, territories and tribes.

- The ACA requires the National Oral Health Surveillance System to measure early childhood caries and authorizes funding to all 50 states to help perform this activity.
- The ACA requires that oral health components be included in the Pregnancy Risk Assessment and Monitoring System.
- The ACA also requires the National Health and Nutrition Examination Survey to include oral health components.

Prevention and Treatment. The ACA addresses prevention and treatment through a variety of grant programs and an education campaign. Sections 4101 and 4102 include the following unfunded provisions:

- Requires the CDC to establish a five-year oral health care prevention education campaign, subject to the availability of appropriations.
- Authorizes a program providing grants to states to carry out research-based dental caries disease management programs and demonstrate program effectiveness.
- Extends grants for school-based dental sealant programs to all states, territories and tribes.
- Requires distribution of operations grants to school-based health centers; services include oral health referrals follow-up.

Workforce. A few unfunded directives in the ACA address the oral health care workforce, including:

- The ACA established the National Health Care Workforce Commission, which identifies dental workforce issues among the commission's priorities. Among other things, the commission will evaluate health professionals' education and training in the context of demand for services and encourage workforce innovations. Appointments to the commission were made in September 2010.
- A demonstration project for alternative dental health providers for 15 sites over five years was authorized for up to \$60 million but not funded. This provision is aimed at training and employing alternative dental providers, such as, but not limited to, community dental health coordinators, advance practice dental hygienists and dental therapists (section 5304). The

goal of this project is to demonstrate and evaluate increased access to dental health care services in rural and other underserved communities.

- Delineation and expansion of the Title VII dental workforce training programs include training of dental students, practicing dentists and residents. These are intended to be grants to support dental training and loan repayment programs. Congress authorized \$30 million for 2010 and such sums as necessary for 2011-2015; however, no funds have been appropriated.
- The ACA establishes, through the surgeon general of the U.S. Public Health Service, a public health services track that includes funding for scholarships for dental students and grants to dental schools. The track obligates trainees to serve for a period of time in the Public Health Service Commissioned Corps.

State Roles in Implementation

Most operational oral health provisions of the ACA do not require specific state action; however, state policymakers may play several roles, including the following:

- Oversee and regulate dental coverage provisions within the insurance exchanges.
- Address dental provider shortages as more children receive oral health coverage and explore policies to expand the oral health workforce and attract more providers to underserved areas.
- Explore the use of public health trust fund grants to state and local entities to address oral health.
- Maintain awareness about authorized programs if funding is provided.

Resources

NCSL Health Reform Implementation: <http://www.ncsl.org/healthreform>

NCSL's Children's Oral Health Policy Issues Overview webpage: <http://www.ncsl.org/default.aspx?tabid=14495>

Children's Dental Health Project: http://cdhp.org/cdhp_healthcare_reform_center

Centers for Disease Control and Prevention: <http://www.cdc.gov/OralHealth/topics/child.htm>

American Dental Association: <http://www.ada.org/2389.aspx>

NCSL Staff Contacts

Jennifer Wheeler, Denver

Tara Lubin, Washington, D.C.



NATIONAL CONFERENCE OF STATE LEGISLATURES
The Forum for America's Ideas

7700 East First Place
Denver, Colorado 80230
(303) 364-7700

National Conference of State Legislatures
William T. Pound, Executive Director
www.ncsl.org

444 North Capitol Street, N.W., #515
Washington, D.C. 20001
(202) 624-5400