



Health Care Reform Questions and Answers

I support health care reform and am disappointed that the ADA, a leading health care organization, didn't. Please explain.

Improving the oral health of millions of Americans who lack access to dental care is fundamental to the ADA's identity as the nation's leading advocate for oral health. It is by that measure that we assessed all of the major health care reform proposals. Not on how they affect medical care or access to affordable health insurance but, rather whether they would have a major, positive impact on oral health. So, despite the House bill's containing some very good oral health provisions, it ignores the easiest and least costly mechanism to immediately improve access to oral health care—improving funding for Medicaid dental services.

I oppose health care reform and am disappointed that the ADA took so long to declare that it couldn't support the bill. Please explain.

For more than a year, the ADA has been advocating for changes in the various versions of health care reform that have been introduced. Even though each version was flawed, we worked to improve it any way we could. Had we declared our opposition early on, we would not have been in a position to influence anything and the bill might have been even more objectionable. On a number of issues, we were able to improve the bill and make it less onerous to both dentists and patients (see below).

What provisions in health care reform bill does the ADA support?

The bill contains a number of worthy provisions. These include:

- Increased funding for public health infrastructure, including Centers for Disease Control and Prevention (CDC) programs;
- Additional funding for school-based health center facilities and Federally Qualified Health Centers (FQHCs);
- Increased Title VII grant program opportunities for general, pediatric or public health dentists; and
- Funding for the National Health Services Corps loan repayment programs.

We also pushed for provisions that would require the CDC, in consultation with professional oral health organizations, to establish a five-year, national public education campaign focused on oral health care prevention and education. We strongly believe that education and prevention efforts are lacking in efforts to improve oral health among underserved populations. This campaign, coupled with other efforts to increase oral health literacy, would have a positive impact on the public's oral health.

What are the ADA's primary concerns with the health care reform bill?

We find it particularly disheartening that the Senate bill extends Medicaid eligibility to individuals in families with incomes up to 133 percent of the federal poverty level but does nothing to provide a basic adult dental benefit for existing or new Medicaid enrollees. The legislation also fails to include measures that would remove administrative barriers or establish data-gathering initiatives to help policymakers take additional steps to improve oral health care delivery in Medicaid.

Dentists and other practitioners who provide health care services to Medicaid beneficiaries cannot meet the considerable needs of that population while losing money on each encounter, which is too often the case today. Data show that there is a direct relationship between the level of reimbursement and dentist participation in Medicaid and the utilization of services by beneficiaries. Unless the federal government makes an investment in preventing dental disease--which will reduce future Medicaid expenses--oral health will remain neglected and many Americans will continue to suffer needlessly.

This failure to properly fund Medicaid is the primary reason for the ADA's decision not to support this legislation. However the bill contains a number of other provisions that we have consistently opposed, including provisions to allow workforce pilot programs that may lead to non-dentists performing surgical dental procedures. Funding for these provisions would be better spent on increasing funding for Medicaid dental services.

We also object to restrictions on Flexible Spending Accounts (FSAs) in the Senate-passed bill, although we do appreciate that the bill will delay those cuts for two years. Many Americans use these accounts to pay for needed dental care. In addition, the Senate bill does not adequately address patient protections that should apply to group health plans offering dental benefits (including free-standing dental plans), such as prohibiting plans from limiting payments on services not covered by the plan. It does not contain meaningful medical liability reform.

I understand that the bill will require some medical plans to offer pediatric oral health services. Please explain.

Starting in 2014, the bill will require that medical plans offered on newly-created state health insurance exchanges (essentially, virtual marketplaces where insurers will offer plans with identical benefits, so that it is easier for consumers to shop for coverage based upon price, rather than a confusing array of different benefits/co-pays/etc) include "pediatric oral health services" as a required benefit. Stand alone dental coverage will also be offered on these exchanges. However, there are no assurances that this dental coverage will be substantial, and we fear that the desire to control premium costs will prevail and the benefit will be as meager as is currently found in medical plans that promise a dental benefit.

There is absolutely no proof that medical plans would be able to offer comprehensive dental service benefits to children that will be meaningful in terms of oral health status. Medical plans have historically ignored or poorly run dental benefit programs, and only offered them to be competitive in the marketplace, not to materially improve oral health among its beneficiaries. They often focus on tactics to decrease utilization, not increase it.

Does this bill change the way I am reimbursed by insurance?

At this time, the bill does not outline reimbursement requirements for specific services provided by insurers.

How will health care reform affect me as a dentist?

Within two years of the bill's enactment, the HHS Secretary is required to develop reporting requirements regarding plan coverage and provider reimbursement structures that are designed to improve outcomes. The Secretary is also required to develop provider-level outcomes for hospitals, physicians and other providers. These provisions are intended to address quality and value. At this time it is difficult to determine if dentistry or what aspect of dentistry might be included in the Secretary's requirements.

The ADA recognizes the importance of developing quality measures at the population level and has taken the lead in developing the Dental Quality Alliance (DQA) to ensure that specific concerns of dentistry are adequately addressed.

The bill provides additional funding for oral health infrastructure through the Centers for Disease Control and Prevention (CDC), increases support for the development of dental training programs, extends liability protection to individuals who work at free clinics and provides additional funding for school-based health centers.

How will health care reform affect me as an employer?

If you have 50 or fewer employees, you do not have to provide health insurance for your employees.

Beginning in 2014, your state may develop an exchange to facilitate the purchase of health insurance. Access will be limited in a plan's first few years to businesses with fewer than 50 employees, which may provide an opportunity for you to purchase coverage for your employees. Employers who cover dependent children now will have to do so for "children" up to age 26. Health plans will be prohibited from including lifetime or unreasonable annual limits on coverage. Other insurance reforms that may affect you as an employer after the 2014 date include:

- Prohibition on refusal to cover pre-existing conditions;
- Comprehensive coverage;
- Guaranteed issue and renewability;
- Premium rating limits;
- Non-discrimination based on health status;
- Non-discrimination of providers; and
- Prohibition on excessive waiting periods.

Qualifying employers with less than 25 employees and average annual wages of less than \$50,000 will be eligible for tax credits, on a sliding scale, to assist with the purchase of health insurance coverage.

How will health care reform affect me as an individual who is currently insured?

For the moment, the bill does not change your coverage. However, it is difficult to determine what will happen over time. Beginning in 2014 when states begin to offer coverage through health insurance exchanges, your coverage options may change. Plans offered through exchanges will be required to provide essential health benefits and may affect coverage offered by insurers who operate outside of the exchange. Health insurers will also be required to adhere to a number of consumer protections.

If you are insured in a high cost plan, your plan may be subject to an excise tax beginning in 2018 if your plan's premium exceeds \$10,200 for individual coverage or \$27,500 for family coverage. In no small part due to the ADA's advocacy, the value of dental and vision plans is not included in this limitation. Flexible Spending Account (FSA) contributions will be limited to \$2,500 annually beginning in 2013.

If you are a Medicare beneficiary, you will have access to expanded preventive services through Medicare and that will not be subject to cost-sharing requirements.

The bill increases Medicare taxes by 0.9 percent for individuals earning more than \$200,000 or more than \$250,000 for couples filing jointly. This increased tax rate would also apply to income derived from interest, dividends and other investments. The bill also establishes a new "Simple Cafeteria Plan" for small businesses to enable them to offer tax-free benefits to employees.