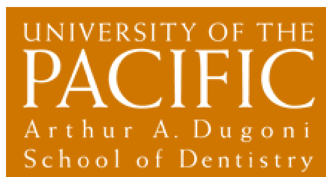

Putting Teeth into health reform:
Implementing The ACA's Pediatric Oral Health Benefit

BACKGROUND & OVERVIEW:

The 2010 Affordable Care Act (ACA) contains a variety of oral health initiatives. They address coverage and access, prevention, infrastructure and surveillance, and the dental health workforce. By including oral health provisions, Congress recognized that oral health plays a significant role in overall health. The challenge now is to ensure that these provisions, are sufficiently prioritized, funded and implemented.

The most significant oral health provision is inclusion of Pediatric Oral Health Benefits as an essential health benefit for all plans in a state health insurance exchange. Since children are approximately 2.5 times as likely to not have dental coverage than to not have medical coverage, this is an important step in improving oral health. This will mean that there will approximately 1.1 million children who are newly insured for dental benefits.

The Act allows these benefits to be provided through either a "qualified health plan" (QHP) or a dental "stand-alone" plan. A QHP may offer dental coverage as part of its scope of benefits. Or a stand-alone dental plan can offer pediatric dental benefits. This provision builds on the existing health insurance system in which more than 90 percent of individuals with private dental coverage receive it through a limited-scope dental plan. However, stand alone plans are exempt from some consumer and cost-sharing protections in the ACA.

KEY ISSUES IN IMPLEMENTING THE PEDIATRIC ORAL HEALTH COVERAGE BENEFITS

Defining the "essential health benefits": The federal government has yet to issue final regulations defining the pediatric oral health benefits, but has proposed using several benchmark plans. However, the federal approach is problematic since none of the private benchmark plans offer stand-alone pediatric dental coverage. The most similar plan of child-only dental benefits would be the Healthy Families (CHIP) plan, but new federal regulations have yet to define what must be included in the CHIP plans.

Oral health experts have advocated for inclusion of a comprehensive and risk-based dental benefit that supports early, timely and ongoing oral health care (preventive and corrective) that is tailored to a child's level of risk and needs.

Providing adequate consumer information, choice and protections: Because dental benefits can be offered by a stand-alone plan that is separate from the medical plan, enrollment and cost sharing issues must be addressed. The costs of the pediatric dental benefit in both the health plans and stand-alone plans should be clearly identified. Also, parents should be aware that under the individual mandate they need to choose a plan that provides dental coverage for their children.

Consumer protections differ for QHPs and stand-alone plans under the ACA. While both types of plans must offer the same essential health benefits, stand-alone plans are not required to provide the same consumer protections such as cost-sharing reductions, annual caps and lifetime limits. Thus, choosing a stand-alone plan could be much more costly for parents and the plans would not be equal.

Considering adult dental benefits: Under the ACA, no adult dental benefits need be offered. The mouth of an adult is as important and vital to health as any other part of the body. The ACA provides coverage for every other part of the body but excludes the mouth. In the words of former US Surgeon General C. Everett Koop, ""You're not healthy without good oral health."

There are a number of reasons to include dental coverage for adults as well. Dental care can assist in the management of a number of chronic diseases – diabetes,

cardiovascular disease and respiratory disease -- as well as reduce the costs of those diseases. Research shows that children are much more likely to have a dental visit if their parents have a dental visit. Also, most dental plans currently offered by employers are family plans.

Short of full coverage for adult dental care, consideration should be given to coverage for emergency treatment by a dentist (to save emergency room costs), coverage for pregnant women and new mothers to reduce oral disease transmission to newborns, and dental services to those with chronic conditions for which dental care would improve outcomes and reduce costs.

Ensuring a sufficient dental workforce: Mandating coverage and establishing benefit standards are initial steps to providing comprehensive pediatric dental coverage, but alone they do not assure that children have access to quality care. There is a documented lack of dentists to treat children, particularly low-income children, in California. Strategies need to be developed to increase the dental workforce to meet the current and future demand for dental services. Dental plans need to provide a robust network of primary and specialty dental providers within a reasonable distance from a family's community in order for there to be meaningful access.

ROLE OF CALIFORNIA HEALTH BENEFIT EXCHANGE

As the agency primarily responsible for implementing the health coverage aspects of the Affordable Care Act, the California Health Benefit Exchange will play a significant role in ensuring that the pediatric oral health provisions are implemented in a way that will increase access to dental care and reduce oral disease. The Exchange should:

- Define the pediatric dental benefit to cover comprehensive, risk based and proven interventions to provide early access to preventive care and continued coverage for restorative services;

- Simplify the process by which parents can choose the oral health coverage and provide them with the same transparency and consumer protections as required for health plan;

- Ensure that dental plans have sufficient provider networks to provide children with adequate access to care and monitor key metrics of access, utilization and oral health outcomes.

- Consider providing dental benefits for adults, particularly for those populations and services that will improve overall health and reduce health care costs.

RESOURCES

Government Action & Communication Institute (GACI) has partnered with the University of the Pacific, Arthur A. Dugoni School of Dentistry to distribute this brief as part of their legislative and executive education and training efforts. For more information contact GACI at 916 966-6643.

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