

## Health Care Reform Update

As we alerted you in our Government and Public Affairs Update and eGram, the last of three House committees with jurisdiction over health care reform approved a thousand-page bill largely along party lines. The Senate Health, Education, Labor and Pensions Committee has already approved a version of health care reform, but the Senate Finance Committee has yet to produce a companion measure. The Finance Committee is striving to create a bipartisan bill, and those efforts aren't expected to be completed until sometime in September.

While the ADA does not support any health care reform proposal currently under consideration on Capitol Hill, we remain engaged in the legislative process to ensure that dentistry is at the table and our views are heard. If we are not at the table, then lawmakers and other groups will speak for dentistry and oral health provisions could be included without our input.

When you meet or communicate with your lawmakers, please use the following issues as the basis for your discussion:

Regarding the **public plan**, the government run insurance plan that would compete with private insurers—we would be opposed to one that:

- required health care providers to participate,
- directly or indirectly dictated fees for the private market,
- would lead to a government-run health system, and
- did not use market billed rates to determine the fee payments for providers.

Concerning **Medicaid**, none of the current health care reform proposals provide any additional funding for dental Medicaid programs.

- We think it would be a mistake if Congress passed health care reform but did nothing to improve the plight on those millions of low-income Americans who qualify for dental care under Medicaid but who can't access care due to severe underfunding of the program.
- The House bill increases reimbursement for primary care physicians in Medicaid, but that provision does not include dentists. Since dentists are primary care providers, we should be included in that provision.
- Another solution would be to include the Essential Oral Health Care Act (H.R. 2220) in health care reform. That measure provides states with enhanced federal matching funds if they choose to redesign their plans to pay dentists market rates, eliminate administrative barriers, educate caregivers and sign up enough dentists to provide care.

Consumers, including dental patients, deserve **insurance protections** that ensure health care value and transparency.

- Consumers should have uniform coordination of benefits to permit 100 percent payment of a claim.
- Consumers should receive timely payment of claims.
- Consumers who choose to do so should be able to assign their benefit to their dentist.
- Insurance terms should be written in plain language.
- Plans should not be allowed to limit payment on services not covered by the plan.

The McCarran-Ferguson federal **antitrust exemption** should be repealed.

- The Insurance Industry Competition Act of 2009 (H.R. 1583), which would repeal the McCarran-Ferguson Act's federal antitrust exemption, would boost competition in the health care marketplace and should be adopted as part of health care reform.
- Virtually all policy makers recognize the need to curtail the rising cost of health care coverage and furnish consumers with more coverage options. Repeal of the McCarran-Ferguson exemption would help serve those goals.

**Paying for health care reform** must not involve taxes on health care delivery models.

- The ADA opposes a tax on health care benefits or health care services because of the chilling effect on expanding coverage and access to health care services.
- The ADA opposes limits on or elimination of Health Savings Accounts because they are proven and successful health care coverage alternatives enjoyed by many who value choosing their own providers without restrictions or penalties.
- The ADA opposes limits and or restrictions of Flexible Spending Accounts because they serve as a valuable means of using pre-tax dollars to pay for health care services without the bureaucratic hassles generally associated with health benefit plans.

Health care reform must invest in **Prevention** and **Public Health**.

- The ADA is pleased more emphasis is being put on prevention, which has always been a key component of oral health care in the United States. The ADA supports the establishment of a Prevention and Wellness Trust Fund in the House bill, H.R. 3200.
- Adequate funding of the public health infrastructure is necessary to help break the cycle of oral disease in our country. The ADA supports the establishment of a core public health infrastructure program within the Centers for Disease Control and Prevention and the Public Health Investment fund, which will provide additional appropriations for a number of public health programs.

Thank you for all that you do on behalf of our profession.

Sincerely,

John S. Findley, D.D.S.  
President  
American Dental Association

Kathleen O'Loughlin, D.M.D.  
Executive Director  
American Dental Association

*NOTE: Please remember that if you're meeting with a member of Congress or congressional staff to talk about health care reform or any other legislation, you may be lobbying for the Association and subject to "gift" rules. The ADA, ADA staff and others acting as ADA representatives are prohibited from giving gifts to members of Congress or their staff. A gift is considered to be anything of value, even payment for a simple item like a cup of coffee or a meal. Accordingly, ADA members should not give anything to a federal legislator or their staff that might be construed as a gift.*