

Children's Dental Health Improvement Act of 2007 Summary

The Children's Dental Health Improvement Act of 2007 aims to improve the delivery of dental services to low-income children under Medicaid and the State Children's Health Insurance Programs (SCHIP). The Senate companion bill, S. 739, was introduced by Senator Bingaman. Lack of dental care is the most prevalent unmet health need among American children. Among 5 to 17 year olds, it is more than 5 times more common than asthma and 7 times more common than hay fever. A primary reason is that millions of low-income children either do not have insurance coverage for dental care or cannot receive such care due to high cost sharing their families are required to pay.

The Children's Dental Health Improvement Act of 2007 will improve coverage of dental services, as well as improve access to dentists trained in children's dentistry. The legislation will also improve reporting and tracking of data regarding dental disease among children. More than 51 million school hours are lost each year due to dental-related illness. Poor children suffer nearly 12 times more restricted-activity days as a result of dental disease than children from higher-income families. Pain and suffering due to untreated diseases can lead to problems in eating, speaking, and learning.

Title I – Improving Delivery of Pediatric Dental Services Under Medicaid and SCHIP

Title I of the legislation provides financial incentives and planning grants to States through Title V of the Public Health Service Act to improve the delivery of dental services in their Medicaid and SCHIP programs. This funding would provide administrative resources for States to develop programs, analyze data, and educate providers in order to improve dental care delivery in Medicaid and SCHIP. To be eligible for grants, States must provide market-based payment rates for dental services under these programs at sufficient levels to enlist providers to treat enrolled children. The bill authorizes \$50 million for such grants beginning Fiscal Year 2008 and each subsequent fiscal year.

Title I of the Children's Dental Health Improvement Act also allows States to use the SCHIP program to provide wrap-around coverage for children with private insurance. States could either provide supplemental coverage that included only dental services, or could provide a more comprehensive wrap of other additional services and cost-sharing protections not provided through the child's primary insurance plan.

Title II – Correcting Medicare Graduate Medical Education Payments for Dental Residency Training Programs

Title II makes improvements in Medicare Graduate Medical Education (GME) payments for dental residency programs. The current calculation of Medicare GME payments results in delayed payment for institutions that train dentists when they increase

the number of dental residency positions. This is because the current calculation is based on the average number of residents at an institution over the past three years. This "rolling average" calculation was intended to protect hospitals that decreased physician residency slots. But for dental schools that currently do not have enough residency slots for dental school graduates, this rolling average method creates a two-year lag of full recognition of dental resident increases. The bill therefore exempts dental residency training from the rolling average method used to calculate the number of full-time-equivalent residents for Medicare GME reimbursement. This will more quickly help increase the number of residency slots available for dental residents.

Title III – Improving Delivery of Pediatric Dental Services Under Community Health Centers, Public Health Departments, and the Indian Health Service

Title III provides grants through the Health Resources and Services Administration (HRSA) to expand the availability of primary dental care services in health professional shortage areas or medically underserved areas. Entities eligible for these grants include: health centers receiving funds under Section 330 of the Public Health Service Act, Federally-qualified health centers (FQHC's), county or local health departments in Federally-designated shortage areas, qualifying Indian Tribe or Tribal organizations, dental education programs accredited by the Commission on Dental Accreditation, and community-based programs where child service populations are comprised of at least 33 percent eligible children (including at least 25 percent children with mental retardation or related developmental disabilities). In addition, licensed or certified dental health professionals who practice in a Federally-designated dental health professional shortage area or whose patient population includes at least 25 percent Medicaid, SCHIP, or uninsured individuals would also be eligible for these grants.

The bill authorizes \$40 million in annual grants for FY2008 through FY2012 to improve hiring and retention of dental providers. Eligible entities described above would receive 65 percent of the grant funds. The remaining 35 percent of the grant funds would be designated for eligible individuals.

This title also provides for multi-year retention bonuses for dental officers in the Indian Health Service to encourage more dentists to pursue careers serving Indian populations.

Title IV – Improving Oral Health Promotion and Disease Prevention Grants

Title IV includes a number of initiatives within the Department of Health and Human Services (HHS) to improve oral health awareness and reduce the incidence of oral health disease.

First, Title IV requires the Secretary of Health and Human Services to establish an oral health initiative to reduce disparities in oral health for low-income children and improve health in vulnerable populations. The Secretary is directed to encourage public-private partnerships in order to engage private sector interest in activities related to oral

health. These partnerships would include activities such as community water fluoridation and dental sealant programs, as well as improved oral health literacy through school-based education programs.

Second, Title IV aims to increase focus on dental issues within HHS by creating a new position of Chief Dental Officer for HHS programs that are critical in improving children's oral health. Title IV establishes the Chief Dental Officer for the Medicaid and SCHIP programs through the office of the Centers for Medicare and Medicaid Services (CMS) Administrator. It also establishes a Chief Dental Officer for all oral health programs through the office of the HRSA Administrator. Title IV also establishes a Chief Dental Officer for all oral health programs within the Centers for Disease Control and Prevention (CDC) through the office of the Director of the CDC. The legislation authorizes \$25 million for FY2008 to carry out this section.

Third, Title IV would improve reporting and surveillance of childhood dental disease. The CDC Director, in collaboration with other organizations and agencies, would be required to collect data through State-based oral health surveillance systems to describe the dental, craniofacial, and oral health of residents in all 50 States and certain Indian Tribes. In addition, the CDC Director would be required to submit an annual report to Congress on the oral health of States and Indian Tribes. The bill also directs the CDC Director to expand existing surveillance activities to include identification of children at high risk for early childhood dental disease. The legislation authorizes appropriate funds needed to carry out this section.

Fourth, Title IV would provide funding for a school-based dental sealant program. Entities eligible for funding under this section include, public elementary or secondary schools located in an urban area in which 50 percent or more of its student population participates in the State or Federal free or reduced meal programs; public elementary or secondary schools located in a rural area with a median income at or below 235 percent of the Federal poverty level (about \$40,350 a year for a family of three); or public elementary or secondary schools that are a public or non-profit organization (including urban Indian clinics under Title V of the Indian Health Care Improvement Act under contract with an elementary or secondary school to provide dental services to school-age children).

Finally, Title IV requires the CDC, in consultation with dental organizations, to award grants to States and Indian Tribes to improve the oral health of children and their families. The bill authorizes \$58 million for FY2008 to carry out this section, and such sums as necessary for each subsequent fiscal year.