ADA American Dental Association
America's leading advocate for oral health

Institute of Medicine

National Academy of Sciences

Committee on the Determination of Essential Health Benefits

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The American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) are pleased to have this opportunity to offer suggestions concerning the scope of oral health coverage for children required as part of the essential health benefits provided for in the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended).

Dental disease is the most prevalent chronic infectious preventable disease affecting the nation's children and with each passing year science uncovers more evidence of the critical importance of oral health to overall health. Particularly notable is the relationship between oral disease and diabetes. Children with untreated dental disease also have more difficulty learning. They miss more school days than their healthier counterparts and their social development is often impaired. They are more likely to suffer from low self-esteem. The long-term consequences of ignoring disease in children's mouths are apparent and the benefits to be reaped by bringing more children into a continuum of care are extremely promising. In dentistry, the evidence is compelling that early intervention and prevention works to improve patient outcomes and lower healthcare costs.

Plans offering pediatric oral services as part of the essential health benefits should be designed to meet the oral health needs of patients by facilitating the establishment of a dental home by age one for every covered child. As such, oral health benefits for children within the reach of every family should provide coverage for the delivery of essential oral health care that allows all individuals access to diagnostic, preventive, emergency and restorative services to treat pain and infection appropriate to their level of risk of disease, trauma or developmental anomaly.

We believe dental services required under the Children's Health Insurance Program (CHIP), which includes coverage necessary to prevent disease and promote oral health, restore oral structures to comfort, esthetics and function, and treat emergency conditions for all children up to age 19 who are eligible for CHIP in a particular state, is a good starting point for IOM's deliberations in this area. The IOM should also carefully review resources that conceptualize and categorize what is truly essential coverage for a child's oral health, such as the AAPD's Model Dental Benefits Policy (see: http://www.aapd.org/media/Policies_Guidelines/P_ModelDentalBenefits.pdf)

Early diagnosis, preventive treatments and early intervention can prevent or halt the progress of most oral diseases and conditions that, when left untreated, can have painful, disfiguring and lasting negative health consequences. Ultimately, education and prevention will be the linchpins in eliminating, or at least minimizing, untreated dental disease. However, restoration of function is also a critical component for children with dental disease. The pediatric oral health benefit cannot meet the needs of children if limited to only preventive services.

Many individuals simply don't know about basic and largely affordable measures for preventing disease. In some cases this relates to inadequate education, lack of health literacy, limited English proficiency, and social and cultural norms, all of which lead to difficulty accessing the dental delivery system. To help address these barriers, we suggest that plans offering pediatric oral services as part of an essential health benefits package be required to provide appropriate culturally competent oral health education material to covered children and their caregivers soon after enrollment in a given plan. The education material should, at a minimum, explain how to properly take care of a child's teeth and gums, offer nutritional guidance, and emphasize the importance of accessing regular preventive services.

It is important to note that the dental coverage component of the essential benefits package can be purchased either as a rider to a medical plan or through dental-only plans. This distinction is significant for a couple of reasons. First, it is important to keep in mind that the designs of dental benefits plans differ from that of medical plans because the need for dental care is universal and ongoing, rather than episodic. It is highly predictable and does not have the characteristics of an insurable risk. Dental coverage is a prepayment system with finite financial risk for regular care.

Second, as the committee knows, the provisions of section 1001 of the ACA, which among other requirements prohibit lifetime limits and restrict annual limits for essential health benefits, do not apply to dental-only plans. It is unclear how dental benefits offered by medical plans subject to section 1001 constraints will be affected. To avoid consumer confusion, we believe applying uniform requirements irrespective of where an individual purchases pediatric oral coverage is important. Also, "maximum lifetime benefit" reimbursement restrictions should not be applied to dental benefits because oral conditions change over time and the actual financial risk is extremely low as compared to medical.

Finally, ensuring the affordability of the oral health portion of the essential benefits package is critical to seeing that covered services are actually deliverable. Rather than excluding categories of services, the best means of achieving cost containment is by varying the patient's participation in the costs of treatment. However, to facilitate early intervention, plans offering dental benefits should not contain deductibles or patient copayments for preventive, diagnostic and emergency services because they discourage patients from seeking care.

In summary, the ADA and AAPD requests that the committee recommend that:

- Plans offering pediatric oral services as part of an essential health benefits package should be designed to meet the oral health needs of patients by facilitating the establishment of a dental home by age one for every covered child.

- Dental services provided for in the Children's Health Insurance Program (CHIP), which includes coverage necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions for all children up to age 19 who are eligible for CHIP in a particular state, is a good basic starting point for establishing requirements for a pediatric oral benefit in the essential health benefits package under the ACA.

- To address education barriers, plans offering pediatric oral services as part of the essential health benefits should be required to provide appropriate education material to covered children and their caregivers soon after enrollment in a given plan. The education material should, at a minimum, explain how to properly take care of a child's teeth and gums, offer nutritional guidance, and emphasize the importance of accessing regular preventive services.

- As regulations are promulgated, care must be taken to ensure the pediatric oral benefits that are part of the essential health benefits package are treated uniformly, irrespective of whether the services are offered as a rider to a medical plan or through a dental-only plan, to ensure patients are treated fairly.

- Rather than excluding categories of services, the best means of achieving cost containment for the oral health benefit is by varying the patient's participation in the costs of treatment. However, to facilitate early intervention, plans offering dental benefits should not contain deductibles or patient copayments for preventive, diagnostic and emergency services because they discourage patients from seeking care. Also, "maximum lifetime benefit" reimbursement restrictions should not be included in dental plans because oral conditions change over time.

We also would respectfully request the opportunity to submit additional comments once the results of the Department of Labor's survey of employer-sponsored coverage are disseminated.