On June 9, 2009 the Senate Health, Education, Labor and Pension Committee (HELP) released its legislative proposal for health reform. The 615 page bill details programs that go beyond coverage for the uninsured to include public health, workforce, and systems reform. The HELP Committee is expected to begin consideration of its legislation June 18th. The HELP proposal contains numerous provisions that collectively could dramatically improve the oral health of Americans, particularly those who are underserved or disproportionately impacted by oral diseases.

Dental provisions are:

1. **Insurance coverage for pediatric oral health services.** An expert “Council” is established by Congress to determine “essential health care benefits” under “affordable health coverage.” This Council is required to detail coverage for “pediatric services, including oral and vision care” along with other essential services.¹

2. **Prevention** to reduce the prevalence of common dental diseases through
   a. a public education campaign on oral health
   b. demonstration grants to develop research-based dental caries management
   c. school-based dental sealant programs for all 50 states.

3. **Epidemiologic surveillance** to track the population’s oral health and use of dental services
   a. Adding a required dental measure to the national survey of pregnant women (CDC’s Pregnancy Risk Assessment Monitoring System or PRAMS)
   b. Maintaining the current level of detail in the CDC’s surveillance of tooth decay (CDC’s National Health and Nutrition Examination Survey or NHANES)
   c. Validating dental findings of national surveys on dental insurance, expenditures, and use of services² (AHRQ’s Medical Panel Expenditure Survey or MEPS)
   d. Expanding CDC’s state-level reporting system (The National Oral Health Surveillance System).

4. **Workforce improvements** to ensure an adequate supply of well trained dental care providers, including
   a. Expanding training programs for general dentists, pediatric dentists, and public health dentists by
      1. supporting future dental educators, faculty development and loan repayment programs, and training of dental students as well as post-doctoral trainees
      2. providing technical assistance to improve pediatric dental training programs by “developing and implementing instruction regarding the oral health status, dental care needs, and risk-based clinical disease management of all pediatric populations with an emphasis on underserved children.”

¹ Other specified services are: ambulatory medical care, emergency services, hospitalizations, maternity and newborn care, mental health and substance abuse services, prescription drugs, rehabilitative/habilitative services, and prevention and wellness services.

² AHRQ has validated medical findings in its MEPS surveys but has not previously validated dental findings.
3. Giving preference to programs that collaborate with primary medical care providers; train individuals from rural areas, socially disadvantaged backgrounds, and underrepresented minorities; link to federally qualified health centers; target particularly underserved child and adult populations including those with HIV and the disabled; stress cultural competency and health literacy; include instruction in population level oral health status, dental care needs, and disease management; programs to encourage trainees to become educators.

b. Authorizing for the first time training demonstrations grants for alternative dental providers including the ADA’s proposed Community Dental Health Coordinator, the ADHA’s proposed Advanced Dental Hygiene Practitioner, dental therapists, and primary care physicians.

5. Safety net improvements to provide more access to care
   a. Allowing federally funded school-based health centers to use funds for dental programs.
   b. Promoting innovations in the healthcare workforce through a commission that will study “oral health care workforce capacity, including education and training capacity, projected demands, and integration within the health care delivery system.”

6. Public health infrastructure improvements in the states to bolster dental public health programs. Authorizing specific CDC support to states to “establish oral health leadership and program guidance, oral health data collection and interpretation, (including determinants of poor oral health among vulnerable populations), a multi-dimensional delivery system for oral health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral health.”

In addition the HELP Committee, health reform legislation will be considered by the Senate Finance Committee and three House Committees (Energy and Commerce, Ways and Means, Education). The Senate Finance Committee is expected to release its version of health reform legislation by June 19th with Committee mark up slated for the week of June 22nd. Unlike the Senate, the three House Committees are expected to release identical bills and take them up for Committee consideration in mid July. Both the House and Senate are expected to vote on their bills before August.