

## SB 570 & HR 1055 - Comprehensive Dental Reform Act of 2015

SB 570 - Sen. Sanders (I-VT) / HR 1055 - Rep. Cummings (D-MD)

SB 570 and HR 1055 would expand dental coverage for the Medicare and Medicaid programs, as well as through the Affordable Care Act and the Department of Veterans Affairs. Telehealth is mentioned or alluded to in several sections of the bill as a tool to deliver care to traditionally underserved populations.

### Overview of the Bills

#### Medicare

SB 570 and HR 1055 adds oral health services to the benefits offered by Medicare, with the amount paid being 100% for preventive services, and 80% for all other services (unless the payment basis determined under Medicare's fee schedule is less, in which case it is the lesser value).

This section defines "oral health services" as: *"Services (as defined by the Secretary) that are necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions. The term includes mobile and portable health services (as defined by the Secretary) that:*

- *Are provided for the purpose of overcoming mobility, transportation and access barriers for individuals; and*
- *Satisfy the standards and certification requirements for the State in which the services are provided."*

This section of the bill would take effect January 1, 2016.

#### Medicaid

The Social Security Act currently allows state Medicaid programs to provide assistance for "dental services". This bill would replace that term with the broader term "oral health services", and require Medicaid State Plans to include coverage for oral health services.

In addition to the definition provided under the Medicare section, the term also includes:

*"In the case of pregnant or postpartum women, such services as are necessary to address oral health conditions that exist or are exacerbated by pregnancy or childbirth or which, if left untreated, could adversely affect fetal or child development."*

The term would also include dentures.

To pay for the expansion, the bills would increase the amount of federal assistance for covered oral health expenses by 15% for states that provide oral health services under their State plan for at least 70% of the usual and customary fee for such services in the State and the State satisfies additional administrative and technical assistance requirements. The federal medical assistance percentage, however, is not allowed to exceed 100%.

The Secretary of Health and Human Services, acting through the Administrator of the Center for Medicare and Medicaid Services (CMS) would be required to:

- Provide technical assistance to states on their state's Medicaid coverage of telehealth-enabled dental services for purposes of providing dental services to traditionally underserved populations; and
- Maintain a database of information regarding the dental benefits available for each State.

This section of the bill would take effect January 1, 2016. Additional time is given to states that would need to file a State Plan Amendment to comply with the bill.

## Affordable Care Act (ACA) Oral Health Services Coverage

SB 570 and HR 1055 adds oral health services for children and adults to the list of essential health benefits offered by health benefit plans participating in the ACA's health exchanges.

## Veterans Affairs

SB 570 and HR 1055 require the Secretary of Veterans Affairs to furnish dental care in the same manner as other medical services.

## Grants, Scholarships, Fellowships

SB 570 and HR 1055 authorize and/or require the establishment of several grant, scholarship and fellowship programs. They include:

- Fellowships for dental therapists and other oral health professionals through the National Health Service Corps;
- Funding for educating non-dental medical professionals about oral health;
- Establishment of a student loan fund for oral health professional students;
- Grants to eligible entities to provide oral health services to low income and underserved individuals. Eligible entities include: federally qualified health centers, a safety net or free clinic, a health care clinic that provides services to tribal organizations or urban Indian organizations, or any other interested public or private sector health care provider or organization determined by the Secretary who have a demonstrated history of serving uninsured or low-income individuals. The Secretary of Health and Human Services must provide technical assistance to grantees to increase utilization and efficiency and help them operate programs outside traditional physical facilities, helping them take advantage of new systems to improve access and address barriers (among other requirements);
- Grants for funding the building, operation, or expansion of dental clinics in schools;
- Grants to enable individuals to receive dental care at a facility operated by a grant recipient partner of a hospital emergency room;

- Grants for research studies focused on oral health;
- Grants to provide mobile and portable, comprehensive dental services that provide for the restoration or maintenance of oral health and function (including services delivered through telehealth enabled collaboration and supervision) and outreach for dental services to underserved populations.

## Demonstration Program

SB 570 and HR 1055 set up demonstration projects to establish programs to train and employ alternative dental health care providers in order to increase access to dental services in the following agencies:

- Department of Veterans Affairs
- Department of Defense
- Bureau of Prisons
- Indian Health Services

These programs may be administered through telehealth-enabled collaboration and supervision when appropriate and feasible.

## Reporting

SB 570 and HR 1055 require reports be submitted to Congress on the following:

- Cost benefit analysis of the expansion of coverage for dental services;
- Annual enrollment, utilization and expenditure report;
- Demonstration programs set up in the bills.

## Analysis

**SB 570 and HR 1055 expands reimbursement for oral health services in essential public programs (including Medicaid and Medicare) and enhances opportunities for telehealth to be utilized in the delivery of these services. This will be particularly useful in serving the needs of rural communities and the traditionally underserved. In California, the Virtual Dental Home Demonstration Project, administered by the University of Pacific's School of Dentistry, has had great success in linking dental hygienists and dental assistants in traditionally underserved communities using telehealth to dentists at remote locations. These remote dentists can help the dental hygienists and dental assistants in providing education, preventive care, interim therapeutic restoration, and case management services. This model allows oral health care to be delivered in the community setting, including elementary schools, residential care settings and nursing homes. The demonstration programs in particular, proposed in the bills, which explicitly allows for the use of telehealth-enabled collaboration and supervision would provide a chance to showcase the utility of telehealth, on a larger scale, in improving access to oral health care for vulnerable and underserved populations.**



## Analysis (cont.)

By requiring CMS to offer technical assistance on telehealth Medicaid reimbursement to states, SB 570 and HR 1055 encourages the utilization of telehealth in state Medicaid programs, where states have the authority to decide whether or not they will pay for telehealth.

Under the Medicare program, the bill will insert into the Social Security Act the term “oral health services” which has as part of its definition “oral health services that are provided for the purpose of over-coming mobility, transportation and access barriers for individuals.” While not explicitly naming these services as being delivered via telehealth, it is conceivable that teledental services could fall under this definition. If so, these specific services would not be under the telehealth restrictions Medicare currently has on telehealth delivered services such as geographic limitations. However, it is unclear if this was the intent of this language, since telehealth is explicitly referenced later in the bill. If the “mobile and portable health services” portion of the “oral health services” definition did not intend to include telehealth, it is suggested that telehealth be referenced in tandem with mobile and portable health services, as it too is a viable option to help overcome mobility, transportation and access barriers.

Additionally, in that same section the bill would also require the “mobile and portable oral health services” to satisfy certain standards and certification requirements. It is uncertain what those requirements are and what it could mean. Such language may require an oral health care provider to receive some certification prior to being able to deliver services electronically, something which has not been needed before. This language is also replicated in the sections referring to Medicaid.

The bills also state that CMS would be responsible for providing technical assistance on each state’s telehealth Medicaid coverage policy for dental services. The Health Resources Services Administration currently funds the Center for Connected Health Policy (CCHP) to serve as the National Telehealth Resource Center on Policy (NTRC-P). As the NTRC-P, CCHP currently tracks state Medicaid reimbursement policies, mostly related to medical services. Passage of the Comprehensive Dental Reform Act would present an opportunity for CMS to utilize the resources currently offered by the NTRC-P and work with them to develop additional resources that are focused on Medicaid coverage of oral health care.