September 16, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC  20201

The Honorable Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Ave, NW
Washington, DC  20210

The Honorable Timothy Geithner
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Ave, NW
Washington, DC  20220

Dear Secretaries Sebelius, Solis, and Geithner:

The Children’s Dental Health Project (CDHP) appreciates the opportunity to comment on the Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act (ACA), as published in the Federal Register on July 19, 2010. As an organization with a goal of achieving equity in oral health to allow all children to reach their full potential, CDHP views these rules as critical to improving access to preventive dental care for all children.

Patient Protection and Affordable Care Act (ACA) Section 2713 requires that health insurers and issuers offering coverage provide access to preventive health services and prohibits cost-sharing of those services. In addition to well-established preventive medical and developmental services for children, long-standing preventive oral health services are also a critical component of preventing significant health and developmental problems. Therefore, in order to realize the full cost-savings and health benefits of Section 2713 we urge you to ensure that the Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under ADA attend to the overall health of children, including their oral health by addressing the following issues.

Grandfathered plans should provide full access to preventive care, including dental care.

Given the effort to more equitably distribute the cost of preventive services, we remain concerned that Section 2713 does not apply to grandfathered plans. For every uninsured child in the US, nearly four children remain without dental coverage. Consequently, not only will children within grandfathered plans remain in limbo as they determine if they will receive preventive services without cost-sharing, but also a significant number of children will remain without dental coverage even within grandfathered health plans. Early assessment, education, and preventive dental services can significantly reduce the consequences and costs associated with dental caries, the most common chronic condition in childhood. We recognize the exemption of cost-sharing for grandfathered plans is a statutory requirement of the ACA, however the Secretary of Health and Human Services is provided considerable flexibility in defining essential health benefits and setting quality standards in health plans. Therefore, we urge
you to consider the importance of removing cost-sharing for recommended preventive services and requiring pediatric dental benefits within grandfathered plans given your oversight role and responsibilities.

Preventive dental services should be regarded as in-network care. Health insurance and dental coverage are primarily administered in parallel financing systems, which impose additional complexities for implementing comprehensive health benefits. ACA supports consumer choice in allowing pediatric dental benefits to be secured either through a medical insurer or a dental benefits company. However, preventive oral health services are not limited to care provided by a dentist. Other health care professionals can administer preventive dental care, such as fluoride varnish in medical, community or school-based settings. In order to incentivize families to access all preventive care, we urge you to clarify that recommended preventive dental services are not regarded as out-of-network care and therefore cost-sharing cannot be imposed on those preventive services. This clarification will allow preventive dental care that can be provided by a professional outside a dental office, based on state laws, to be obtained without unnecessary delay or expense.

We applaud the commitment of ACA to prevention and the health and well-being of our nation’s children. We urge your assurance to educate families on the breadth of coverage afforded to them as they enroll in insurance covered by these regulations. We remain concerned about the significant inconsistencies that are likely to take place across the country and we urge federal authorities to provide strong leadership in monitoring and enforcing Section 2713 to ensure compliance. If you have any questions or need additional clarification, please contact Meg Booth at mbooth@cdhp.org or 202.833.8288.

Sincerely,

Catherine Dunham, Ed.D.
Executive Director