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RE: **DENTAL COVERAGE UNDER ACA**

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EQUITABLE CONSUMER ACCESS TO DENTAL COVERAGE INSIDE AND OUTSIDE THE EXCHANGE

ISSUE: ACA includes coverage for pediatric oral health services as part of the "Essential Health Benefits Package (EHBP)." ACA specifically allows for separate dental policies to provide coverage for the oral health requirement inside the Exchange, (when chosen with a medical plan offering all other EHBP requirements). The ACA, however, does not explicitly allow for separate dental policies to meet the EHBP oral health requirement outside the Exchange. Therefore, any dental policies sold by stand-alone dental plans outside the Exchange in the small group/individual market will be duplicative to what a full service health plan must offer. Considering 97% of dental policies are sold separately from medical, this issue will cause great disruption to consumers.

Without legislative or regulatory clarification, 43.7 million employees and dependents through 1.65 million small businesses (under 100 employees) will have their current dental coverage disrupted. Under ACA as currently enacted, in 2014 some 22.9 million children would be removed from their parents' existing dental coverage to have their oral health services provided instead by a medical carrier.

BACKGROUND: An amendment authored by Senators Stabenow and Lincoln and unanimously adopted by the Senate Finance Committee recognized the separation of dental and medical policies and provided for separate dental coverage, both inside and outside the Exchanges, to meet the EHBP requirement of pediatric oral health services. The amendment allowed for separate policies when coupled with a medical policy covering all other services. It also required that plans offering the essential pediatric benefit comply with any relevant consumer protections for that benefit.

The final statutory language of ACA provided only for the separate offer of dental benefits in the Exchanges – but was not explicit for the small group/individual market outside the Exchanges. This must be clarified through regulations issued by HHS, or absent that technical legislative corrections must be enacted by Congress to address this gap between provisions adopted by Senate Finance in the Stabenow-Lincoln amendment and the statutory language to ensure the continuity of coverage and care envisioned by ACA. Just as ACA kept its promise to ensure no one would be forced to give up their doctor – this change is needed to see this promise is kept for patients and their dentists, too.

TIMEFRAME FOR ACTION: The timeline of events to put the coverage requirements of ACA in place by 2014 requires these technical changes be made this year. With development of benefit standards by HHS potentially in fall 2011, product development, state product review and approval would likely occur in 2012. Sales training and the enrollment process is required in 2013 for coverage to be effective in 2014.

SOLUTION: 1) Support corrective legislative efforts as they develop. 2) Contact HHS and CCIIO and urge them to clarify in forthcoming regulations that separate dental policies CAN provide coverage for the oral health requirement outside the Exchange, (when chosen with a medical plan offering all other EHBP requirements).