



# Meeting the Oral Health Needs of the Aging Population: Education, Service and Advocacy



**Meeting the Oral Health Needs of the Aging Population: Education, Service and Advocacy**

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**Presentation Overview**

- I. ADEA Involvement in Health Care Reform
- II. ADEA Principles and Policy Statement
- III. ADEA Advocacy Positions on Health Care Reform

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**I. ADEA Involvement In Health Care Reform**

**2007**

- National Oral Health Advocacy Committee (NOHAC) urges AADR and ADEA Boards of Directors to become engaged in the emerging health care reform debate
- ADEA Board of Directors unanimously accepts and approves resolution from NOHAC.

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**I. ADEA Involvement In Health Care Reform**

**2008**

- ADEA Legislative Advisory Committee (LAC) produces first draft of health care reform statement.
- ADEA BOD approves statement as “interim ad hoc” policy.
- Statement distributed to ADEA members, Members of Congress, health policy makers, the oral health community, and national organizations with interest in health care reform, e.g., AARP, AFL-CIO, AHA, NCHC, etc.

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**I. ADEA Involvement In Health Care Reform**

**2008**

- Member feedback:
  - ✓ Survey on ADEA website
  - ✓ ARS system at ADEA Fall Meetings and ADEA Dean’s Conference
  - ✓ Outcome: 508 survey respondents and 300 meetings’ participants = overwhelming support

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**I. ADEA Involvement In Health Care Reform**

**2009**

- ADEA HOD approves health care reform policy statement.

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# Meeting the Oral Health Needs of the Aging Population: Education, Service and Advocacy



## I. ADEA Involvement In Health Care Reform

- Participated in American Hospital Association's (AHA) to craft its Principles for Health Care Reform.
- Prompted National Coalition on Health Care (NCHC), to issue press release supporting inclusion of oral health in any health care reform proposal.
- Partnered with Oral Health America and the Dental Health Foundation to lobby Congress for including oral health benefits in reform legislation.

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## I. ADEA Involvement In Health Care Reform

- Drafted coalition letter (Oral Health America, the Dental Health Foundation and the National Consumers League) with regard to the importance and value of oral health.
- Organized coalition letter urging that oral health be part of the reform debate.

Academy of General Dentistry  
American Public Health Association  
National Association of Dental Plans  
Oral Health America  
American Association of State and Territorial Dental Directors

American Association of Public Health Dentistry  
Children's Dental Health Project  
National Dental Association  
Special Care Dentistry Association (SCDA)


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## I. ADEA Involvement In Health Care Reform

- Initiated Op-Ed piece by Dr. Charles Bertolami in "Roll Call Online" pointing out absence of oral health care in debate and argued that comprehensive reform should provide universal coverage of, and access to, high-quality, cost-effective dental services for all Americans.
- Sent letters to Chairmen and Ranking Members of five health committees urging that access to and coverage of oral health care services be included in the committees' discussions.


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## I. ADEA Involvement In Health Care Reform

- Action Alerts to ADEA members requesting letters to Senate Finance and Senate HELP Committees to include oral health in health care reform.
- Met with HHS Office of Health Care Reform Office to enunciate ADEA's reform message.
- Lobbied Congress (ADEA Leadership Institute Fellows and ADEA Legislative Advisory Committee) to include adult dental services and dental workforce and GME provisions in reform proposals.


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## I. ADEA Involvement In Health Care Reform

- Targeted ADEA members urge their influential Senators to retain ADEA provisions in final Senate version.

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## II. ADEA Principles and Policy Statement on Health Care Reform

Cornerstone of ADEA Advocacy Positions

- ADEA believes that any comprehensive reform of the U.S. health care system should provide universal coverage to all Americans and access to high-quality, cost-effective oral health care services.
- Every American should have access to affordable diagnostic, preventive, basic restorative, and primary oral health care services so as to eliminate pain, suffering, and infection.

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# Meeting the Oral Health Needs of the Aging Population: Education, Service and Advocacy




## II. ADEA Principles and Policy Statement on Health Care Reform

Foundational Values

- The availability of health care, including oral health care, fulfills a fundamental human need and is necessary for the attainment of general health.
- The needs of vulnerable populations have a unique priority.

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## II. ADEA Principles and Policy Statement on Health Care Reform

Foundational Values

- Prevention is the foundation for ensuring general and oral health
- Financial burden of ensuring coverage for health care, including oral health care, should be equitably shared by all stakeholders

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## II. ADEA Principles and Policy Statement on Health Care Reform

Foundational Values

- A diverse and culturally competent workforce is necessary to meet the general and oral health needs of our demographically changing nation
- Reducing administrative costs and realigning spending can increase quality, improve health, and create savings for more reforms


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## III. ADEA Advocacy Positions on Health Care Reform

1. Include in the final version of health care reform oral health benefits for adults.
  - All congressional proposals include provisions that require oral health services for children.
  - All bills establish either a "Gateway" or "Exchange" through which individuals and businesses can purchase insurance. All plans that participate in the program *must include oral health benefits for children.*


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## III. ADEA Advocacy Positions on Health Care Reform

2. Retain the following provisions that would address challenges of educating and training adequate dental workforce.
  - Reinstate dental as its own title in the Title VII Health Professions Programs;
  - Expand eligibility to dental schools for three federal grant programs under Title VII for which only medical schools are now eligible; and
  - Create a new loan repayment program for dental school faculty.

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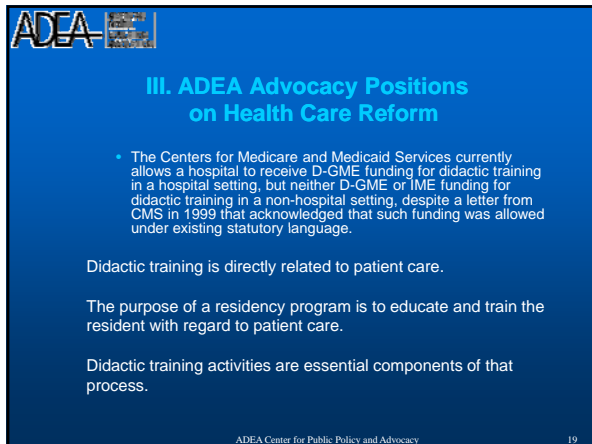


## III. ADEA Advocacy Positions on Health Care Reform

3. Include in the final version of health care reform a provision that allows the time medical and dental residents spend in didactic training to be eligible for D-GME and IME funding.
  - The House Tri-Committee and the Senate Finance bills include a provision clarifying that hospitals can receive D-GME funding in a non-hospital setting and IME funding in both a hospital setting and non-hospital setting for the time medical and dental residents spend providing not only patient-care services but also for the time they spend on patient-care related activities, such as educational seminars, classroom lectures, research conferences, patient-care related research as part of the residency program, etc. (**didactic training**).

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**ADEA**

### III. ADEA Advocacy Positions on Health Care Reform

- The Centers for Medicare and Medicaid Services currently allows a hospital to receive D-GME funding for didactic training in a hospital setting, but neither D-GME or IME funding for didactic training in a non-hospital setting, despite a letter from CMS in 1999 that acknowledged that such funding was allowed under existing statutory language.

Didactic training is directly related to patient care.

The purpose of a residency program is to educate and train the resident with regard to patient care.

Didactic training activities are essential components of that process.

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