

September 20, 2011

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

Re: ACA Pediatric Dental Benefit Design Statement by US Dental School Deans

Dear Secretary Sebelius:

As Deans of the nation's dental schools, we are pleased that the "essential pediatric benefit" mandated by the Patient Protection and Affordable Care Act (ACA) includes dental coverage. We write to encourage you to institute this benefit in ways that reflects current scientific evidence, current teaching, and the most effective approaches to quality oral health services for children.

We support a definition of the pediatric dental benefit that holds the greatest promise for quality and efficiency and meets the goal of "the right care for the right child at the right time."

To accomplish this, we ask that federal regulators endorse a set of dental services that honor professional guidelines and recommendations including *Bright Futures Oral Health*, a consensus document developed under the auspices of the Maternal and Child Health Bureau, that calls for risk assessment, screening, preventive interventions and anticipatory guidance by both dental and other health professionals and referral of children for comprehensive dental care by oral health professionals ([www.mchoralhealth.org/PocketGuide/index.html](http://www.mchoralhealth.org/PocketGuide/index.html)).

We additionally endorse a benefit that reflects the following evidence-based pediatric oral health guidelines and policies:

1. The American Dental Association's Center for Evidence-Based Dentistry recommendations on use of fluorides and dental sealants.
2. The joint US Food and Drug Administration-American Dental Association *Guide to Patient Selection for Dental Radiographs*.
3. The American Academy of Pediatric Dentistry *Clinical Guideline on Risk Assessment and Caries Management*.
4. The American Academy of Pediatric Dentistry's Policy on *Model Dental Benefits for Infants, Children and Adolescents and Individuals with Special Care Needs*.
5. The American Academy of Pediatrics' Policy on Oral Health Risk Assessment Timing and Establishment of the Dental Home.

6. The California Dental Association's *Caries Management by Risk Assessment* clinical guidelines.

Taken together, these authoritative guidelines and policies promote a dental benefit that supports early, timely, and ongoing oral health care; caries risk assessment; and individualized preventive and corrective care that is tailored to a child's level of caries risk and oral healthcare needs.

We support a dental benefit that covers all pediatric dental services "necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions for the attainment and maintenance of oral health." Our recommendation recognizes and conforms to the ACA stated necessity to "ensure that the scope of the essential health benefits...is equal to the scope of benefits provided under a typical employer plan."

Our recommendations are predicated on three principles:

1. Effective and efficient dental care for children must be individualized according to their levels of disease risk and disease experience.
2. Existing clinical diagnostic and preventive resources should be directed so that the intensity of care received by children is tailored to their levels of disease risk and disease experience.
3. All children should receive pediatric dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions for the attainment and maintenance of oral health.

As regulations are developed, we additionally encourage the Department to promote principles developed by the 2000 U.S. Surgeon General's Workshop on Children and Oral Health which reported that oral health care is best delivered in cooperation and coordination with children's medical or health homes and other community agencies that serve children's developmental, educational, and health needs.

Adoption of these principles in designing the pediatric dental benefit will align coverage, benefit design, and financial incentives with our current education and training of oral health professionals and promote adoption of clinical best practices.

We urge your consideration of these recommendations as you move forward with crafting guidelines for the essential benefits package. We look forward to working with you to guarantee that children have the health coverage they need to meet their full potential.

Sincerely,

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