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September 29, 2010

Jay Angoff  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

**Attn: OCIO – 9989 – NC**

Dear Mr. Angoff:

The Children's Dental Health Project is pleased to provide public comments regarding the Planning and Establishment of State-Level Exchanges in Title I of the Patient Protection and Affordable Care Act (ACA) as requested in the August 3, 2010 *Federal Register*. As a national 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 assuring children have access to preventive and comprehensive oral health services.

ACA Section Sec. 1302 requires the inclusion of pediatric oral health care as part of the essential benefits package. The statute goes further to provide significant flexibility to states by allowing dental coverage to be provided through a Qualified Health Plan (QHP) or a stand-alone dental benefit either separately or in conjunction with a QHP [Sec. 1311(d)(2)B(ii)]. This added complexity to the essential health benefits is representative of the longstanding precedent that medical and dental care maintain separate financing structures in the private insurance market. Achieving comprehensive pediatric dental benefits, high quality care, adequate provider networks, consumer protections and affordability requires significant attention by the State Exchanges and any federal oversight of Exchanges. It is critical that as guidance is developed that it explicitly clarifies the unique responsibilities of QHPs and Exchanges regarding providing and assuring dental care for children. Therefore we urge you to ensure any guidance provided to the Exchanges takes the following comments into consideration to address the pediatric dental coverage mandated by ACA.

**Establish Dental Standards for Eligibility to become a Qualified Health Plan.** ACA stipulates pediatric oral health care must be provided within the essential health benefit package. However, in order for states to ensure the essential benefits package has been met by a QHP, specific guidance, led by experts in oral health, should determine a minimum dental benefit. That benefit should include, but not be limited to, preventive and restorative services that, at a minimum, provide relief of pain and infection and restore/maintain function. Establishing benefit standards is the initial step to providing comprehensive pediatric dental coverage, but alone does not assure children access to or quality care. Therefore, in addition to establishing benefit standards we urge you to work with Exchanges to establish quality standards for QHP or stand-alone dental plans to evaluate their performance to meet the oral health needs of enrolled children.

**Demonstrate Adequate Availability of Dental Providers for Participation in Exchange.** The essential benefits package [Sec. 1302(b)(4)(F)] clarifies that QHPs are not required to offer oral health care for children if there is a stand-alone dental plan offered in the state. Given this distinction, the ability to limit access to care remains, depending on the adequacy of available providers in a plan (be it a QHP or stand-alone dental plan). We remain concerned about accessibility and affordability of dental coverage within the Exchanges if states are allowed to limit competition of dental coverage. We urge you to clarify the responsibility of the Exchanges to verify that any network of available providers outlined by a plan will accept children, including children with special health care needs, as new patients. We further urge you to instruct states that a robust network of primary and specialty dental providers accepting new patients within a reasonable distance from a family's community is necessary to meet the minimum standards of a QHP or an eligible stand-alone dental plan.

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**Assure Consumer Protections and Affordability of Dental Care within Exchanges.** The potential inequities of cost-sharing and premium subsidies for families that receive dental benefits through a stand-alone dental plan versus a QHP is an issue of great concern to us. Specifically, Sections 1402(c)(5) and 36B(b)(3)(E) differentiate safeguards for cost-sharing and premium subsidies for individuals with coverage through stand-alone dental plans compared to dental coverage achieved through a QHP. We strongly urge your agency to provide clear and detailed guidance to Exchanges on the necessity for parity of all consumer protections including affordability with medical coverage for families that receive dental coverage through a stand-alone dental plan.

**Educate Families about Access to Pediatric Dental Benefits.** We urge your assurance to educate families on the breadth of coverage afforded to them by these regulations. Given the complexities of enrolling and obtaining dental care with potentially parallel medical and dental coverage, we remain concerned about a family's knowledge that pediatric dental benefits are a mandated benefit and may need to be purchased separate from their medical coverage. The inconsistencies that are likely to take place across the country may create significant confusion and misinformation that will need to be clarified with demonstrated effective outreach strategies. For example, in focus groups recently conducted to determine how families are most likely to receive information on oral health we found that creative visual and technology-based messaging was more effective than print materials for low-income families. Similar information should be collected and shared on how to enroll and educate families eligible for coverage within the Exchange about their coverage options. Outreach should additionally extend to Exchanges to stress the necessity of seamless enrollment into medical and dental coverage, regardless of the plan structure (through a QHP or a stand-alone dental plan), to assist in alleviating unnecessary confusion. Therefore, we urge federal authorities to provide strong leadership in clarifying to the public the role and responsibilities of the Exchanges and enforcing those statutory requirements of the QHP.

With dental caries remaining the most common chronic condition in childhood – and on the rise among our youngest children, oral health remains vitally important to the overall health and achievement of children in this country. We appreciate the commitment to provide dental coverage in ACA and we look forward to working with you to ensure that the promise of this benefit is fully realized. If you have any questions or need additional clarification, please contact Meg Booth at [mbooth@cdhp.org](mailto:mbooth@cdhp.org) or 202.833.8288.

Sincerely,

Catherine Dunham, Ed.D.  
Executive Director

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