



SCHIP Reauthorization: Comparison of Dental Provisions in House, Senate and Compromise Bills

The House of Representatives and Senate have passed the bipartisan SCHIP reauthorization agreement, the Children's Health Insurance Program Reauthorization Act of 2007 (CHIPRA). Significant dental provisions were provided in CHIPRA and will be compared and contrasted with the dental provisions included in the initial House and Senate bills in the information below. Legislative language is shown in *italics*.

ISSUE	House Bill Children's Health and Medicare Program Act	Senate Bill Children's Health Insurance Program Reauthorization Act of 2007	Compromise Bill Children's Health Insurance Program Reauthorization Act of 2007
Federal Guarantee for Dental Coverage (House provision with additional clarifying language)			
Require access to basic dental coverage	<i>Sec 121(a)(5)(A): The child health assistance provided to a targeted low-income child (whether through benchmark coverage or benchmark-equivalent coverage or otherwise) shall include coverage of the following: Dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.</i>	None (see information on Dental Grant below)	<i>Sec 501(a)(5) (A) The child health assistance provided to a targeted low-income shall include coverage of dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions. (B) A State may elect to meet the requirement" through any of three "benchmark plans" (C) The benchmark dental benefit packages are as follows: (i) FEHBP Children's Dental Coverage... (ii) State Employee Dependent Dental Coverage... (iii) Coverage Offered Through Commercial Dental Plan...</i>

Dental Wrap-Around Benefit (No provision)			
Provide access to dental coverage for targeted children with medical but no commercial dental coverage	None	None	None
Reliable Data Reporting on Dental Care (House provision)			
Reporting children receiving dental services	<p>Sec 144(c): <i>Reporting Information on Dental Health -</i></p> <p>(1) <i>MEDICAID- Section 1902(a)(43)(D)(iii) of such Act (42 U.S.C. 1396a(a)(43)(D)(iii)) is amended by inserting 'and other information relating to the provision of dental services to such children described in section 2108(e)' after 'receiving dental services,'.</i></p> <p>(2) <i>CHIP- Section 2108 of such Act (42 U.S.C. 1397hh) is amended by adding at the end the following new subsection:</i></p> <p><i>'(e) Information on Dental Care for Children-</i></p> <p><i>'(1) IN GENERAL- Each annual report under</i></p>	None	<p>Sec 501(d): <i>Reporting Information on Dental Health -</i></p> <p>(1) <i>MEDICAID- Section 1902(a)(43)(D)(iii) (42 U.S.C. 1396a(a)(43)(D)(iii)) is amended by inserting 'and other information relating to the provision of dental services to such children described in section 2108(e)' after 'receiving dental services,'.</i></p> <p>(2) <i>CHIP- Section 2108 (42 U.S.C. 1397hh) is amended by adding at the end the following new subsection:</i></p> <p><i>'(e) Information on Dental Care for Children-</i></p> <p><i>'(1) IN GENERAL- Each annual report under subsection (a) shall include the following information with</i></p>

<p>Reporting on preventive dental care (dental sealants)</p>	<p><i>subsection (a) shall include the following information with respect to care and services described in section 1905(r)(3) provided to targeted low-income children enrolled in the State child health plan under this title at any time during the year involved:</i></p> <p><i>`(A) The number of enrolled children by age grouping used for reporting purposes under section 1902(a)(43).</i></p> <p><i>`(B) For children within each such age grouping, information of the type contained in questions 12(a)-(c) of CMS Form 416 (that consists of the number of enrolled targeted low income children who receive any, preventive, or restorative dental care under the State plan).</i></p> <p><i>`(C) For the age grouping that includes children 8 years of age, the number of such children who have received a protective sealant on</i></p>		<p><i>respect to care and services described in section 1905(r)(3) provided to targeted low-income children enrolled in the State child health plan under this title at any time during the year involved:</i></p> <p><i>`(A) The number of enrolled children by age grouping used for reporting purposes under section 1902(a)(43).</i></p> <p><i>`(B) For children within each such age grouping, information of the type contained in questions 12(a)-(c) of CMS Form 416 (that consists of the number of enrolled targeted low income children who receive any, preventive, or restorative dental care under the State plan).</i></p> <p><i>`(C) For the age grouping that includes children 8 years of age, the number of such children who have received a protective sealant on at least</i></p>
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Inclusion of information from MCOs	<p style="text-align: center;"><i>at least one permanent molar tooth.</i></p> <p><i>“(2) INCLUSION OF INFORMATION ON ENROLLEES IN MANAGED CARE PLANS- The information under paragraph (1) shall include information on children who are enrolled in managed care plans and other private health plans and contracts with such plans under this title shall provide for the reporting of such information by such plans to the State.’.</i></p>		<p style="text-align: center;"><i>one permanent molar tooth.</i></p> <p><i>“(2) INCLUSION OF INFORMATION ON ENROLLEES IN MANAGED CARE PLANS- The information under paragraph (1) shall include information on children who are enrolled in managed care plans and other private health plans and contracts with such plans under this title shall provide for the reporting of such information by such plans to the State.’.</i></p>
Child Health Quality Measures (Compromise of House and Senate provisions)			
State reporting	Mandates state reporting of measures developed and published by the Secretary by September 30, 2009.	Encourages “ <i>voluntary and standardized</i> ” state reporting of Initial Core Set of Health Care Quality Measures	Sec. 1139A CHILD HEALTH QUALITY MEASURES (a)(4) <i>ENCOURAGE VOLUNTARY AND STADARIZED REPORTING</i>
Establishing dental quality measures	Sec 151(a)(1)(B)(i): <i>Such measures shall include measures relating to at least the following aspects of health care for children: (i) The proportion of insured (and uninsured) children who receive age-appropriate preventive health and dental care (including age appropriate immunizations) at each stage of child health development.</i>	“Initial Core Set of Health Care Quality Measures for Children Enrolled in Medicaid and CHIP” uses existing measures and calls for “ <i>the Secretary shall publish an initial core set of child health quality measures that includes (but is not limited to) the availability of a full range of preventive services, treatments, and services for acute</i>	Sec 501(f) <i>INCLUSION OF STATUS OF EFFORTS TO IMPROVE DENTAL CARE IN REPORTS ON THE QUALITY OF CHILDREN’S HEALTH CARE UNDER MEDICAID AND CHIP – Section 1139(a), as added by section 401(a), is amended – (1) in paragraph (3)(B)(ii), by inserting ‘and, with respect to dental</i>

		<i>conditions...and treatments to correct or ameliorate the effects of chronic physical ...conditions in infants, young children, school-age children, and adolescents.” (Sec 501, 1139A(a)(3)(B)(i-ii)</i>	<i>care, conditions requiring the restoration of teeth, relief of pain and infection, and maintenance of dental health’ after ‘chronic conditions’; and (2) in paragraph (6)(A)(ii), by inserting ‘dental care,’ after ‘preventive health services,’.</i>
Definition of quality measures for dental	Sec 151(a)(1)(B)(ii): <i>Such measures shall include measures relating to at least the following aspects of health care for children: The proportion of insured (and uninsured) children who receive dental care for restoration of teeth, relief of pain and infection, and maintenance of dental health.</i>	None	(See “Establishing dental quality measures”)
Consultation	Sec 151(a)(3)(C): <i>In developing and implementing the children’s health quality measurement program, the Secretary shall consult with (B)...and other primary and specialized pediatric health care professionals (including members of the allied health professions)..(C) dental professionals; ...</i>	Sec 501, Sec 1139A.(b)(3)(B-C): In addition to the initial core set of measures, the Senate calls for a January 1, 2010, start of an expanded program to improve quality measures. This new program must be developed in consultation with a variety of entities including, “...other primary and specialized pediatric health care professionals (including members of the allied health professions)...dental professionals, including pediatric dental professionals.	Sec 401, Sec 1139A. (b)(3)PROCESS FOR PEDIATRIC QUALITY MEASURES PROGRAM (B)...and other primary and specialized pediatric health care professionals (including members of the allied health professions)...(C) dental professionals, including pediatric dental professionals;
Reporting	By January 1, 2010 and every 2 years thereafter	By January 1, 2010 and every 3 years thereafter. Under Section 608(d) [in an unrelated section of the legislation],	By January 1, 2010 and every 3 years thereafter.

		the Secretary is required to include in this report, “ <i>status of the Secretary’s efforts to improve...the quality of children’s health care ... including preventive health services, dental care, health care for acute conditions,...</i> ”	
Grants	The House bill allows the Secretary to “ <i>award grants and contracts to develop, test, validate, update, and disseminate quality measures under the program</i> ” but does not authorize funding.	The Senate bill authorizes up to 10 state demonstration grants annually at \$20M for quality improvement methodologies, promote IT, evaluate provider-based delivery models, and demonstrate use of electronic records. Bill also requires Secretary to develop an obesity reduction demonstration project.	The Senate bill authorizes up to 10 state demonstration grants annually at \$20M for quality improvement methodologies, promote IT, evaluate provider-based models, and demonstrate use of electronic records. Bill also requires Secretary to develop an obesity reduction demonstration project.
Governmental Accountability Office Studies (Compromise of House and Senate provisions)			
Access to dental care	Sec 144(d) <i>(d) GAO Study and Report- (1) STUDY- The Comptroller General of the United States shall provide for a study that examines-- (A) access to dental services by children in underserved areas; and (B) the feasibility and appropriateness of using qualified mid-level dental health providers, in coordination with dentists, to improve access for children to oral health services and public health overall. (2) REPORT- Not later than 1 year after the date of the enactment of this Act, the</i>	Sec 608(c) <i>(c) GAO Study and Report on Access to Oral Health Care, Including Preventive and Restorative Services- (1) IN GENERAL- The Comptroller General of the United States shall conduct a study of children’s access to oral health care, including preventive and restorative services, under Medicaid and CHIP, including--(A) the extent to which providers are willing to treat children eligible for such programs; (B) information on such children’s</i>	Sec 501 <i>(g) GAO Study and Report – (1) STUDY – The Comptroller General of the United States shall provide for a study that examines – (A) access to dental services by children in underserved areas; (B) children’s access to oral health care, including preventive and restorative services, under Medicaid and CHIP, including – (i) the extent to which dental providers are willing to treat children eligible for such programs; (ii) information on such</i>

	<p><i>Comptroller General shall submit to Congress a report on the study conducted under paragraph (1).</i></p>	<p><i>access to networks of care; (C) geographic availability of oral health care, including preventive and restorative services, under such programs; and (D) as appropriate, information on the degree of availability of oral health care, including preventive and restorative services, for children under such programs. (2) REPORT- Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit a report to the appropriate committees of Congress on the study conducted under paragraph (1) that includes recommendations for such Federal and State legislative and administrative changes as the Comptroller General determines are necessary to address any barriers to access to oral health care, including preventive and restorative services, under Medicaid and CHIP that may exist.</i></p>	<p><i>children's access to networks of care, including such networks that serve special needs children; and (iii) geographic availability of oral health care, including preventive and restorative services, under such programs; and</i> <i>(C) the feasibility and appropriateness of using qualified mid-level dental health providers, in coordination with dentists, to improve access for children to oral health services and public health overall.</i> <i>(2) REPORT – Not later than 18 months after the date of enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1). The report shall include recommendations for such Federal and State legislative and administrative changes as the Comptroller General determines are necessary to address any barriers to access to oral health care, including preventive and restorative services, under Medicaid and CHIP that may exist.</i></p>
<p>Education on Oral Health (House provision)</p>			
<p>New parent education on oral health</p>	<p><i>Sec 144(a) Dental Education for Parents of Newborns- The Secretary</i></p>	<p>None</p>	<p><i>Sec 501(b) Dental Education for Parents of Newborns – The</i></p>

	<i>of Health and Human Services shall develop and implement, through entities that fund or provide perinatal care services to targeted low-income children under a State child health plan under title XXI of the Social Security Act, a program to deliver oral health educational materials that inform new parents about risks for, and prevention of, early childhood caries and the need for a dental visit within their newborn's first year of life.</i>		<i>Secretary shall develop and implement, through entities that fund or provide perinatal care services to targeted low-income children under a State child health plan under title XXI of the Social Security Act, a program to deliver oral health educational materials that inform new parents about risks for, and prevention of, early childhood caries and the need for a dental visit within their newborn's first year of life.</i>
Contracting Dental Services (House provision)			
Allowing contracting between private dentists and federally qualified health centers	<i>Sec 144(b) Provision of Dental Services Through FQHCs- (1) MEDICAID- Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended-- (A) by striking 'and' at the end of paragraph (69); (B) by striking the period at the end of paragraph (70) and inserting `; 'and'; and (C) by inserting after paragraph (70) the following new paragraph: `(71) provide that the State will not prevent a Federally-qualified health center from entering into contractual relationships with private practice dental providers in the provision of Federally-qualified health center services.'. (2) CHIP- Section 2107(e)(1) of such Act(42 U.S.C. 1397g(e)(1)), as amended by</i>	None	<i>Sec 501(C) Provision of Dental Services Through FQHCs – MEDICAID- Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended-- (A) by striking 'and' at the end of paragraph (69); (B) by striking the period at the end of paragraph (70) and inserting `; 'and'; and (C) by inserting after paragraph (70) the following new paragraph: `(71) provide that the State will not prevent a Federally-qualified health center from entering into contractual relationships with private practice dental providers in the provision of Federally-qualified health center services.'. (2) CHIP- Section 2107(e)(1), as amended by</i>

	<p>section 112(b), is amended by inserting after subparagraph (A) the following new subparagraph: (B) Section 1902(a)(71) (relating to limiting FQHC contracting for provision of dental services). (3) EFFECTIVE DATE- The amendments made by this subsection shall take effect on January 1, 2008.</p>		<p>subsections (a)(2) and (d)(2) of section 203, is amended by inserting after subparagraph (B) the following new subparagraph (and redesignating the succeeding subparagraphs accordingly: (C) Section 1902(a)(71) (relating to limiting FQHC contracting for provision of dental services). (3) EFFECTIVE DATE- The amendments made by this subsection shall take effect on January 1, 2008.</p>
<p>Children’s Access, Payment, and Equality Commission (No provision)</p>			
<p>Impact of Medicaid and SCHIP policies on dental access</p>	<p>The House bill establishes a “Children’s Access, Payment, and Equality Commission” analogous to the federal commission that manages Medicare. This “Commission” annually reviews and reports on Medicaid and CHIP payment rates to providers and issues of access, affordability, coverage, and services.</p> <p>Sec 141 inserts a new section under the Medicaid Title (XIX) of the Social Security Act as Sec 1900. The dental provision is Sec 1900(b)(2)(B): <i>The impact of Federal and State Medicaid and CHIP payment policies on access to services (including dental services) for children (including</i></p>	<p>None</p>	<p>None</p>

	<p><i>children with disabilities) and other Medicaid and CHIP population.”</i></p> <p>The Commission is required to study and report on “payment methodologies and their relationship to access and quality of care for Medicaid and CHIP beneficiaries;” the impact of payments on quality of care and access; and the effect of DRA and similar “benchmark plan” coverage on access and quality. It also requires consideration of children with special needs and services provided by the safety net.</p>		
<p>Dental Health Grants to States (No provision)</p>			
<p>Improving availability of dental services and strengthening coverage</p>	<p>None</p>	<p>Section 608(a) establishes a fund of \$200M over five years for Dental Health Grants to states (see appended language) “<i>for the purpose of carrying out programs and activities that are designed to improve the availability of dental services and strengthen dental coverage for targeted low-income children enrolled in State child health plans.</i>” The legislation further specifies the use of funds stating, “<i>The programs and activities described in subsection (a)(1) may include the provision of enhanced dental coverage under the State child health plan.</i>” This grant</p>	<p>None</p>

		program would require no matching funds from States.	
Accessibility of Dental Provider Information (Senate provision)			
Improved information identifying Medicaid and SCHIP dental providers	None	<p>Section 608(b) <i>“Improved Accessibility of Dental Provider Information More Accessible to Enrollees Under Medicaid and CHIP- The Secretary shall--(1) work with States, pediatric dentists, and other dental providers to include on the Insure Kids Now website (http://www.insurekidsnow.gov/) and hotline (1-877-KIDS-NOW) a current and accurate list of all dentists and other dental providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under CHIP, and shall ensure that such list is updated at least quarterly; and (2) work with States to include a description of the dental services provided under each State plan (or waiver) under Medicaid and each State child health plan (or waiver) under CHIP on such Insure Kids Now website.</i></p> <p>Further requires that the Secretary work with “states, pediatric dentists, and other dental providers” in establishing and constantly updating</p>	<p>Sec 501(e) <i>IMPROVED ACCESSIBILITY OF DENTAL PROVIDER INFORMATION TO ENROLLEES UNDER MEDICAID AND CHIP – The Secretary shall – (1) work with States, pediatric dentists, and other dental providers (including providers that are, or are affiliated with, a school of dentistry) to include, no later than 6 months after the date of the enactment of this Act, on the Insure Kids Now website (http://www.insurekidsnow.gov/) and hotline (1-877-KIDS-NOW) (or on any successor websites or hotlines) a current and accurate list of all such dentists and providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under SCHIP, and shall ensure that such list is updated at least quarterly; and (2) work with States to include, not later than 6 months after the date of the enactment of this Act, a description of the dental services provided under each State plan (or waiver)</i></p>

		these lists.	<i>under Medicaid and each State child health plan (or waiver) under CHIP on such Insure Kids Now website, and shall ensure that such list is updated a least annually.</i>
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