



AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS'
AGENDA FOR THE 110TH CONGRESS

Practice Administration Reform

Physical Therapy Referral – Current Medicare law omits dentists from being able to refer patients for physical therapy. Oral and maxillofacial surgeons (OMSs) treat patients for conditions such as temporomandibular joint disorder (TMJ) that often requires physical therapy. **AAOMS seeks support for H.R. 5590 which would allow OMSs the ability to directly refer patients for physical therapy. The legislation is considered a technical correction and has the support of the Centers for Medicare and Medicaid Services (CMS).**

Medicare Physician Reimbursement Reform –The current formula, based on the sustainable growth rate (SGR), is flawed and should be reformed. Without annual fixes by Congress, the cuts triggered by the SGR would prevent physicians from funding needed health information technology and staff to support quality measurements. The formula actually works to punish physicians for participating in initiatives that encourage greater use of preventive care in order to reduce hospitalizations. **AAOMS seeks an end to the annual Medicare physician payment cuts triggered by the Sustainable Growth Rate (SGR) and to replace the SGR formula with a formula that provides annual updates reflecting increases in physician practice costs, as recommended by the Medicare Payment Advisory Commission.**

Pay for Performance – There is growing interest in tying Medicare physician and hospital reimbursement to these patient quality outcomes. Oral and Maxillofacial Surgery is the primary dental specialty that would be affected by Medicare pay for performance initiatives. **AAOMS advocates providing the best patient care to yield the best outcomes, but wants to assure that any pay for performance system includes a complete and accurate measurement of an OMS's work value to ensure fair and proper reimbursement.**

E-Health Initiatives – Information technology plays an increasing role in the delivery of health care. Efforts to develop and adopt standards for the creation of a national interoperable health information infrastructure for electronic records have bipartisan support in Congress and in the Administration. **AAOMS understands the potential value of a national health IT system, but has concerns about the financial and administrative impact it will have on small practices, such as an OMS office, that will be required to adopt these systems.**

Small Business Concerns – A majority of OMSs practice as solo practitioners or in small partnerships and as such are small business owners. **AAOMS supports legislative and regulatory reforms that allow for the efficient operation of their practices.**

Patient Access to Care

Craniofacial Anomalies Coverage – Craniofacial anomalies affect approximately 1 in 600 children born every year. The most widely known craniofacial conditions are cleft lip and palate. OMSs are among the team of specialists who treat children with craniofacial disorders. A number of insurance companies deny access to reconstructive surgery for children with craniofacial deformities because they do not consider treatment for the condition to be medically necessary. **AAOMS supports legislation, such as the “Children’s Access to Reconstructive Evaluation and Surgery Act” (H.R. 1655/S. 1588), that requires insurance companies that offer surgical benefits to cover reconstructive surgeries for children ages 21 and under.**

Access to Care – Oral and Maxillofacial Surgery is a unique dental specialty encompassed by individual issues that impact our ability to provide quality care for our patients. Recent nationwide media coverage of a Maryland boy’s death resulting from an abscessed tooth has highlighted the need to expand basic dental coverage to the nation’s uninsured and underinsured children. **We encourage members of Congress to ensure oral healthcare services are given the utmost consideration in legislative proposals and actions when addressing access to care issues. AAOMS, furthermore, supports legislation such as “The Essential Oral Health Act of 2007” (H.R. 2472) which encourages dental provider participation in SCHIP and Medicaid programs.**

Meth Mouth – Methamphetamine abuse has a devastating effect on an addict’s oral health. The drug’s acidic nature, addict’s craving for and increased consumption of sugary substances as well as consistent grinding of teeth quickly results in a condition, known as “meth mouth”, and frequently leads to full-mouth extractions and a lifetime of wearing dentures. **AAOMS supports the “Meth Mouth Prevention and Community Recovery Act” (H.R. 3186/S. 1906) which works to understand and address the oral health problems associated with Meth use, and the “Meth Mouth Correctional Costs and Reentry Support Act” (H.R. 3187/S. 1907) which seeks to understand and address oral health problems associated with Meth use for prison inmates who have a high rate of meth mouth symptoms.**

Tax Deduction for Over the Counter Dental Products – Under current law, Flexible Savings Accounts (FSAs) can be used to pay for doctor visits, co-pays for prescriptions and various over-the-counter medical products. Unfortunately, they can not be used to purchase over-the-counter dental products (ex. toothpaste, toothbrush, floss) that consumers must use every day to help ensure good oral health -- even though there is a link between oral health and overall health. **AAOMS supports the Dental Health Promotion Act of 2007” (H.R. 3109) to make the purchase of over-the-counter dental products more economically feasible by allowing consumers to use pre-tax dollars, which will ultimately reduce the cost of their oral health care purchases.**

Preserving the Dental Workforce

Student Loan Relief – Dental students graduate with an average of \$145,000 in student loan debt, which is typically more than that incurred by medical school students. The pressure for new dentists to set up practice and begin paying off their student loan debts makes it financially difficult for some students to succeed in rural and underserved areas or to choose specialties requiring additional training such as oral and maxillofacial surgery. **AAOMS supports student loan debt relief proposals, such as the “Medical Education Affordability Act” (S. 1066) that would allow borrowers who are in postgraduate medical or dental internship, residency, or fellowship programs to defer their student loan repayment until they have completed their additional training and the “Higher Education Affordability and Equity Act of 2007” (H.R. 1407) that would increase student loan interest deduction limits and exclude from gross income amounts received for qualified higher education expenses (e.g., books, supplies, room, board, and special needs services).**

Pay Parity for Military and VA Dentists – Dentists and OMSs, in particular, play a vital role in the military and the Veterans Affairs (VA) health care system. OMSs serving in the armed forces are called upon to repair complex facial trauma resulting from battlefield injuries and are routinely deployed and serve with surgical and other medical personnel in Iraq and Afghanistan. OMSs working in VA facilities have the lion’s share of patient care responsibility and provide the most sophisticated and contemporary surgical interventions to injured soldiers entering the VA health care system. While the responsibilities of dental and medical specialists are comparably rigorous, their respective pay scales, as promulgated by the government agencies, have been unequal. **AAOMS supports efforts to make dental specialist pay equal to comparable medical specialties in these agencies.**

Technology & Research

Simulation Training – Educational training is the key to ensuring health care providers are experienced in the latest available techniques and procedures. Simulation-based technology, in particular, allows students and experienced practitioners to practice in a realistic setting which benefits patients, and the health care system as a whole, in the form of improved health outcomes, patient safety and quality, fewer medical errors and reduced patient care costs. **AAOMS supports the “Enhancing Safety in Medicine Utilizing Leading Advanced Simulation Technologies to Improve Outcomes Now Act of 2007” (H.R. 4321) which authorizes funding for research and programs to enhance the deployment of medical simulation technologies and the incorporation of such technologies and equipment into medical, nursing, allied health, podiatric, osteopathic, and dental education and training protocols.**

NIDCR Funding – The National Institute for Dental and Craniofacial Research (NIDCR) conducts nearly 85 percent of the research for oral disease and conditions. NIDCR is essential in conducting investigative studies necessary to the development and advancement of oral and maxillofacial surgical and other dental-related procedures and treatment modalities that will improve healthcare outcomes for all Americans. **AAOMS supports increased NIDCR funding, which helps sponsor such research projects as dental pulp and adult derived stem cell research, wound healing, pain management, tissue engineering, and minimally invasive surgery and maxillofacial trauma.**