

**INSURANCE COVERAGE FOR CHILDREN WITH
CRANIOFACIAL ANOMALIES**

OUR ASK – The AAOMS thanks the members of Congress who are cosponsors of the Children’s Access to Reconstructive Evaluation and Surgery (CARES) Act (H.R. 1655/S. 1588) and urges others to co-sponsor this important legislation.

- H.R. 1655, introduced by Rep. Carolyn McCarthy (D-NY) and S. 1588 by Senator Mary Landrieu (D-LA) would require insurance coverage for reconstructive surgeries for persons age 21 and under.
- Reconstructive surgeries would include those to treat craniofacial anomalies. The most widely known craniofacial conditions are cleft lip and palate. These conditions may appear to be cosmetic, but they often impede a child’s daily functioning.
- OMSs and other specialists who treat children with craniofacial disorders frequently donate their time and services to help children whose families cannot otherwise afford treatment. This should be a covered service for insured patients.
- The bill would set an immediate, national standard of health care coverage for children with craniofacial anomalies by making changes to ERISA, the Public Health Service Act and the Internal Revenue Code, which will avoid a prolonged, state-by-state battle.
- **Please co-sponsor this legislation if you have not already.**

House Sponsor: Carolyn McCarthy – NY

Senate Sponsor: Mary Landrieu - LA

Co-sponsors: See your attached background information sheet from your pre-meeting packet materials.

**PHYSICAL THERAPY REFERRAL AND SUBSEQUENT
MONITORING FOR ORAL & MAXILLOFACIAL
SURGICAL PATIENTS**

OUR ASK – The AAOMS seeks House co-sponsors of H.R. 5590 that would amend section 1861(p)(1) of the Social Security Act to include dentists as defined under 1861(r)(2), and the introduction of companion legislation in the Senate.

- The legislation is considered a technical correction and has the support of CMS.
- Section 1861(p)(1) of the Social Security Act prohibits dentists from referring their patients for outpatient physical therapy services by stating that such services are only allowed for an individual “who is under the care of a physician as defined in paragraph (1), (3), or (4) section 1861(r).”
- Section 1861(r) (1), (3), and (4) define physicians as doctors of medicine or osteopathy, podiatrists, and optometrists. Dentists are defined in this section under (r) (2).
- OMSs are dentists who undergo rigorous hospital-based education and training that allow them to perform complex surgical procedures on the head and neck which may require physical therapy services.
- Current law delays the patient’s treatment and the continuum of care and is an unnecessary financial burden for the patient and the Medicare system.
- **Please support legislation to allow OMSs the ability to directly refer patients to physical therapy.**

Sponsor: Bill Pascrell, Jr. – NJ

Co-Sponsor: Eric Cantor – VA

ACCESS TO ORAL HEALTH CARE

OUR ASK – The AAOMS asks Congress to support the Essential Oral Health Care Act (H.R. 2472) which will improve the delivery of oral health services by working to increase dental provider participation in Medicaid and SCHIP programs.

- Congress has given greater attention to access to oral health care issues following nationwide media coverage of a Maryland boy’s death resulting from an abscessed tooth in 2007.
- Access to dental providers becomes an issue when providers choose not to see Medicaid patients because of the very low reimbursement rates and high administrative cost of the program as documented by federal agencies.
- Encouraging dental provider participation in SCHIP and Medicaid, particularly in underserved areas, is a very important component to increasing access to oral health care.
- H.R. 2472 will provide optional money to states for their dental Medicaid and SCHIP programs to increase the number of plan users and participating dentists.
- H.R. 2472 will authorize grants for volunteer dental programs to provide free dental care to underserved populations.
- H.R. 2472 will authorize grants for pilot sites for the development of a mid-level allied dental professional to work in underserved areas
- H.R. 2472 will encourage dentists to provide additional donated dental services by giving them a tax credit for free and discounted services provided.
- **AAOMS supports many components of the other legislative proposals before Congress, but asks Congress to support, in particular, the Essential Oral Health Care Act (H.R. 2472).**

Sponsor: Albert Wynn - MD

Co-sponsors: See your attached background information sheet from your pre-meeting packet materials.

NATIONAL FACIAL PROTECTION MONTH
RESOLUTION

OUR ASK – The AAOMS asks House members to support H. Res 1062 designating April 2008 as ‘National Facial Protection Month.’

- 5 million teeth are knocked out each year during sports activities. Athletes participating in contact sports have a 10% chance of sustaining a significant oral-facial injury each session.
- 1/3 of all dental injuries and approximately 19% of all head and face injuries are sports-related. Athletes are 60 times more likely to sustain damage to the teeth when not wearing a protective mouth guard.
- The CDC’s Task Force on Community Preventive Services found that there is insufficient evidence – due to a lack of available research data – to support intervention programs to encourage the use of helmets, facemasks, and mouth guards to reduce oral-facial trauma in contact sports, but they recommended additional research be conducted on the issue.
- It is critical to raise awareness about the importance of using proper dental and facial protection during sporting activities and to conduct additional research to study the effectiveness of intervention programs to encourage the use of helmets, facemasks, and mouth guards.
- Sports health care professionals, parents, and coaches need to educate athletes about the importance of protective equipment and encourage the use of all protective devices to ensure the athlete’s safety.
- Protective equipment that meets the National Operating committee on Standards for Athletic Equipment (NOCSAE) must be recommended for use.
- **Please help raise awareness of these issues by supporting H. Res. 1062 designating April 2008 as ‘National Facial Protection Month.’**

TALKING POINTS FOR CONDUCTING YOUR
LEGISLATIVE MEETINGS

- **Introduce yourself and let the Member/staff know (where you live, practice).**
- **Thank him/her for meeting with you and hand them (staff) the information packet.**
- **Describe Oral and Maxillofacial Surgery:**
 - Bridges dentistry and medicine.
 - Unique training, background & services particularly for treating facial trauma & life threatening infections.
 - OMS often misunderstood and, therefor, overlooked as essential in health care policy.
- **Tell them the purpose of meeting is to discuss several issues pertinent to the specialty which have implications for patient access to care – emphasizing:**
 - Physical Therapy Referral
 - Craniofacial Anomalies Coverage
- **Thank him/her for meeting with you and for service to our country (if meeting with the legislator).**
- **Offer to be a resource by inviting him/her to visit your office when back in the district – extend invitation to staff as well. Give him/her the ‘Admit Ticket’ sheet, a business card or other type of contact information for them to reach you.**