September 17, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW.
Room 445-G
Washington, DC 20201

Attention: OCIIO-9992-IFC; Comments on 45 CFR Part 147: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act

Dear Sir or Madam:

On behalf of the Organized Dentistry Coalition, we appreciate the opportunity to provide comments on this matter per the Federal Register posting of July 19, 2010 (Vol. 75, Number 137, pp.41726-41760). Our organizations are committed to improving the oral health of all Americans and strongly support the important role prevention plays in achieving this goal.

We agree with the effort to increase access to preventive services by eliminating cost sharing. The interim final rule would eliminate cost sharing for services recommended by the Health Resources and Services Administration (HRSA) guidelines for infants, children and adolescents. The guidelines include a screening tool for assessing caries risk in young children and a recommendation for the establishment of a dental home for children by age one. Additionally, the U.S. Preventive Services Task Force (USPSTF) recommendations include prescribing dietary fluoride supplements for children without access to fluoridated water sources.

Though we believe the interim final rule is a step in the right direction to increase access for preventive oral health services, we believe more can be done. Our organizations support coverage without cost sharing of additional preventive dental services, such as caries risk assessments, sealants and periodic cleanings, and fluoride varnish applications. Tooth decay is the most common, chronic childhood disease and it is preventable. We hope that the Department will take this into consideration in the future as it develops the pediatric dental benefit and how it will function within the health plans that will be offered through the health insurance exchanges.

Further, while supporting elimination of cost sharing for preventive services because of the recognized negative impact on utilization for low-income families, we also want to highlight the importance of ensuring that plans provide adequate reimbursement. This will ensure that dentists are willing to provide these services to children, especially those who are at high risk for dental disease.

If you have any questions concerning these comments, please contact Ms. Janice Kupiec in the ADA’s Washington office at kupiecj@ada.org or 202-789-5177.

Sincerely,

Academy of General Dentistry
American Academy of Oral & Maxillofacial Pathology
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association of Oral and Maxillofacial Surgeons
American Dental Association
Hispanic Dental Association
National Dental Association