Access to Care – Oral and maxillofacial surgery is a unique dental specialty confronted by a number of issues that impact our ability to provide quality care for our patients. Nationwide media coverage in 2007 of a Maryland boy’s death resulting from an untreated 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 health care services are given the utmost consideration in legislative proposals and actions when addressing access to care issues.

Insurance Coverage for Children with Craniofacial Anomalies - Craniofacial anomalies affect an estimated one in 600 children in America every year. However, corrective procedures to address these anomalies are not always covered by private insurers because they might be classified as cosmetic. AAOMS supports the Children’s Access to Reconstructive Evaluation and Surgery Act, or the CARES Act (H.R. 1955/S. 1045), which has been introduced in the 112th Congress by Rep. Patrick Tiberi (R-OH) and Sen. Mary Landrieu (D-LA). The CARES Act would require insurance companies, including ERISA plans, that already provide surgical benefits, to cover corrective procedures that address congenital craniofacial anomalies for children age 21 and under.

Physical Therapy Referral for Medicare Patients - Section 1861(p)(1) of the Social Security Act prohibits dentists from referring their Medicare patients for outpatient physical therapy services. Oral and maxillofacial surgeons are doctors of dental medicine or dental surgery who regularly treat patients with medical conditions that would benefit from physical therapy. AAOMS supports the Medicare Oral Health Rehabilitative Enhancement Act (H.R. 2863), introduced by Reps. Dave Reichert (R-WA) and Bill Pascrell (D-NJ), which would make a technical fix to the existing Medicare statute to allow oral and maxillofacial surgeons to refer Medicare patients for physical therapy.

Dentists as Emergency Responders – Currently, the Public Health Service Act does not authorize dental health facilities to be included in the National Health Security Strategy for purposes of preparedness during public health emergencies. The AAOMS supports the Dental Emergency Responder Act (H.R. 570), which would institute this authorization to include dental entities among those entities that may carry out education and training activities to improve public health responses to emergencies. H.R. 570 was passed in the House on March 8, 2011 and has been sent to the Senate for consideration. Also, language contained in H.R. 570 has been passed in the House and Senate versions of the Pandemic All-Hazards Preparedness Act (H.R. 2405/S. 1855).

Preserving the Dental Workforce

Student Loan Relief – Dental students graduate with an average of $160,000 in student loan debt, which is typically more than that incurred by medical 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, such as oral and maxillofacial surgery, which require additional training. AAOMS supports student loan debt relief proposals to 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/or legislation to 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).

Technology & Research

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

IPAB Repeal – The Affordable Care Act (ACA) establishes an Independent Payment Advisory Board (IPAB) to develop and submit detailed proposals to reduce the per capita rate of growth in Medicare spending. The IPAB, however, usurps Congressional authority over the Medicare program and limits the ability of Medicare beneficiaries, advocates and providers to work with Congress to improve the program. Further, the IPAB is comprised of appointed individuals rather than elected officials who have accountability to no one except the President. AAOMS supports the Medicare Decisions Accountability Act (H.R. 452), introduced by Rep. David Roe (R-TN), and the Health Care Bureaucrats Elimination Act (S. 668), introduced by Sen. John Cornyn (R-TX), which would repeal the Independent Payment Advisory Board and restore Medicare program oversight to Congress.

Medical Malpractice Reform – The current civil justice system, with its costly and ineffective health care liability system for resolving claims of health care liability and injury compensation, is adversely affecting patient access to health care services, the quality of patient care, and the overall cost-efficiency of health care. The current liability system has also increased the prevalence of “defensive medicine” as well as the cost of health care liability insurance. The resulting financial strain has forced some practices to close their doors or relocate, leaving patients behind. AAOMS supports legislation such as the HEALTH Act (H.R. 5/S. 1099) and the Medical Justice Act (H.R. 896), which would provide for health care liability reforms.

Physician Quality Reporting – There is growing interest in tying Medicare physician and hospital reimbursement to incentives for improved quality of care. Oral and maxillofacial surgery (OMS) is the primary dental specialty that would be affected by Medicare quality improvement initiatives. AAOMS advocates providing the best patient care to yield the best outcomes, but wants to ensure that any quality performance incentive system includes a complete and accurate measurement of an OMS’s work value to ensure fair and proper reimbursement.

Uncompensated Care – The Emergency Medical Treatment and Labor Act (EMTALA) requires physicians to treat patients regardless of their ability to pay. As such, physicians, including oral and maxillofacial surgeons, taking trauma calls can end up providing thousands of dollars each year in uncompensated care. AAOMS supports legislation that would allow physicians, including OMSs, to offset some of those costs through a tax deduction for the cost of providing such care.

Balance Billing – Providers who choose not to participate in either Medicare or private insurance plans are not able to receive their full fee-for-service payment even if patients are aware they are seeing a non-participating provider. AAOMS supports legislation such as the Medicare Patient Empowerment Act (H.R. 1700/S. 1042), which seeks to remove limiting charges under the Medicare program for non-participating physicians with beneficiary notice, and to preempt state laws that prohibit balance billing.