

September 21, 2009

The Honorable Max Baucus
Chairman
Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The American Dental Association (ADA) would like you to know our position on a number of amendments that are expected to be offered during the Senate Finance Committee's mark-up of health care reform legislation. The ADA represents over 157,000 members and 82 percent of all private practicing dentists in the United States, who provide oral health care to millions of Americans. Oral health is an integral component of overall health and the ADA believes it is imperative that individuals and families have access to quality benefits and dentists.

The following represents the ADA's position on seven proposed amendments:

- **Grassley Amendment 334, C-9:** The ADA strongly supports the intent of this amendment with a request that dental services be reimbursed using a percentage of average billed rates. This amendment requires states to raise reimbursement rates for Medicaid providers, including dentists, providing care for eligible children to 100% of Medicare levels starting in 2014. Using Medicare fees for dental services will not work because Medicare does not cover routine dental services. The ADA recommends the new dental fee be at a rate not less than 80% of the payment rate applicable to such services as determined by the Secretary using average market billed rates.
- **Stabenow Amendment 279, C-7:** The ADA supports this amendment. Senator Stabenow's amendment will allow stand-alone dental and vision plans to be offered within the exchange. Over 90 percent of all dental insurance is currently provided through stand-alone dental plans. Without this amendment coverage for 132 million adults and children would become bifurcated and over 22 million adults could lose their dental coverage. Senator Stabenow's amendment will ensure that individuals and families who like their current dental coverage can continue to keep it in any future health insurance exchange. It will also ensure that relevant consumer protections required of medical plans to participate in the exchange will also apply to stand-alone plans, which is vitally important to assure dental patients that they will enjoy the same protections regardless of whether they purchase their coverage from a medical or stand-alone plan.

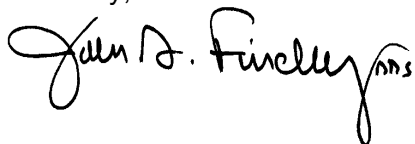
- **Roberts-Hatch Amendment 536, F-2: The ADA supports this amendment.** Senators Roberts and Hatch have offered an amendment to exclude FSAs, HRAs, HSAs, dental, vision and other supplemental plans from the excise tax threshold amount. The ADA believes this will encourage individuals and families to continue to purchase dental benefits or use their FSAs and HSAs for dental care. If dental insurance is subject to the overall cap, individuals and families may not elect to purchase dental benefits, depending upon the cost of their medical coverage.
- **Roberts Amendment 537, F-3: The ADA supports this amendment.** This would increase the flexible spending account (FSA) limit to \$5,000, reflecting current law. FSAs offer freedom of choice of provider for individuals and families. With an FSA, account holders are not limited to only those providers participating in a plan's network and can choose a provider who operates in closer proximity to the patient. FSAs also encourage an increase in the use of preventive services that will improve overall health. Individuals and families without dental coverage may use FSA funds for regular visits to the dentist for cleanings and exams.
- **Kyl Amendment 392, C-25: The ADA supports this amendment.** This amendment provides medical liability reform, which should be part of any comprehensive health care reform legislation. Noneconomic damages in a civil medical liability lawsuit would be limited to \$250,000 from any provider in addition to a number of other important reforms but without preempting state or federal laws that offer greater protections.
- **Rockefeller Amendment 209, C-29: The ADA opposes this amendment.** Senator Rockefeller's amendment would expand benefits under the Medicare program to include dental, vision and hearing services. The ADA opposes this amendment because we believe that Congress should expand dental coverage for adults under Medicaid first, before seeking expansion in other federal health programs. We must ensure that our most vulnerable adults have access to dental services by funding the Medicaid program appropriately.
- **Carper Amendment 481, F-2: The ADA opposes this amendment.** Senator Carper's amendment would eliminate the excise tax on high cost insurance and replace it with a limit on employer-provided health coverage. Contributions to FSAs, HSAs, HRAs and coverage for dental, vision and other supplementary benefits would be subject to the threshold amount. The ADA believes this would be detrimental to individuals and families who currently have dental benefits provided through their employer.

The ADA appreciates the hard work that has been done by the Committee on health care reform. Our goal is to ensure that the American public continues to have access to the best

The Honorable Max Baucus
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Page 3

oral health care in the world. If there are any questions, please contact Michael Graham,
Managing Director of the ADA's Washington DC office at (202) 789-5167 or
grahamm@ada.org.

Sincerely,

Handwritten signature of John S. Findley in cursive script.

John S. Findley, D.D.S.
President

Handwritten signature of Kathleen T. O'Loughlin in cursive script.

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

JF:KO:mg