

### **The Affordable Health Choices Act**

The Senate Health, Education, Labor and Pensions (HELP) committee approved its health care reform bill, the Affordable Health Care Choices Act on Wednesday, July 15, with a party-line vote of 13-10. Highlights are included below.

#### **Medical Coverage**

- All health plans will be required to provide pediatric services, including dental and vision services.
- Eliminates pre-existing condition exclusions, guarantees coverage in the individual and group markets and limits rating variables to family composition, value of the benefits package, tobacco use and a 2:1 age band within a geographic region.
- Allows dependents to remain on a parent's health policy until age 26.
- Prohibits annual and lifetime maximums on all policies.
- Requires health insurance policies to incorporate incentives for quality and prevention.
- Creates a public insurance plan option – the Community Health Insurance plans offered through the Affordable Health Benefit Gateway – to assist qualified individuals and employers to purchase health insurance. Plans will be required to meet minimum benefit standards and regulated to ensure affordability and quality.
- Requires the Secretary of Health and Human Services (HHS) to establish minimum coverage standards and qualifying benefits, including preventive services with an A or B rating by the US Preventive Health Services Task Force; immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and with respect to infants, children and adolescents, preventive care and screening provided in guidelines supported by the Health Resources Services Administration (HRSA).
- Provides subsidies for the purchase of private health insurance for non-Medicaid eligible individuals up to 400% FPL through tax credits.
- Mandates coverage for individuals and employers – employers that do not provide qualifying coverage will be subject to a \$750 per full-time employee or \$350 per part-time employee annual penalty. **Employers with fewer than 25 employees are exempt.** Individuals can also be fined up to \$750 annually but those who are unable to access affordable coverage would be exempt.
- Expands Medicaid to individuals up to 150% FPL. Provides a 100% increase in the Federal Medical Assistance Percentages (FMAP) until 2015 to help states offset the costs of increased program enrollment.

#### **Oral Health and Prevention**

- Requires the development and implementation of a 5-year, national public education campaign focused on oral healthcare prevention.
- Provides grants, to be awarded by the Secretary of HHS, to demonstrate the effectiveness of research-based dental caries management.
- Updates the Pregnancy Risk Assessment Monitoring System (PRAMS) to include oral healthcare measurements developed by the Secretary and makes appropriate funding available.

- Requires the Secretary to develop an oral healthcare component that includes tooth-level surveillance in the National Health and Nutrition Examination Survey (NHANES) and requires updates to the component every six years.
- Requires dental utilization, coverage and expenditures in the Medical Expenditures Panel Survey (MEPS) to be used by the Agency for Healthcare Research and Quality (AHRQ).
- Authorizes funding for all 50 states, territories and the District of Columbia for the National Oral Health Surveillance System for fiscal years 2010-2014. Currently only 16 states receive funding.
- Establishes an interagency council to focus on healthy policies at the federal level and develop a national prevention and health promotion strategy.
- Establishes the Right Choices' program to provide chronic disease health risk assessment, a care plan and necessary community referrals for low-incomes, uninsured adults.
- Establishes a grant program for the development of school-based health clinics. Dental services are not required to be offered at the clinics but are allowed to refer patients to dentists for needed care.

### **Workforce**

- Establishes a separate funding line for general practice, pediatric and public health dental residencies and dental hygienists training with a starting authorization rate of \$30 million.
- Establishes loan repayment for students in these programs.
- Establishes a loan repayment program for dental faculty and allows the program to conduct teaching programs that target vulnerable populations.
- Establishes a demonstration project to fund alternative dental health care providers defined as "community dental health coordinators, advanced practice dental hygienists, independent dental hygienists, supervised dental hygienists, primary care physicians and dental therapists". A program that receives a grant under this program must certify that it is in compliance with all applicable state licensing requirements.

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July 20, 2009*