ADA continues to monitor proposals for health care reform

By Fred Michmershuizen, Online Editor

As Congress prepared to adjourn for its summer recess, the American Dental Association was taking a wait-and-see approach to pending health care reform legislation. “The dental provisions they contain can best be described as the good, the bad and the undecipherable,” ADA President Dr. John S. Findley told ADA News, the association’s official publication. “Our most pressing concern is with the proposal for a government-run insurance plan that would compete with private insurers in the marketplace and private plans offered in the so-called ‘exchange.’” Findley said that a proposal to require dental coverage for children would need clarification before the ADA would support it. “The whole concept of a public plan remains troubling, and we would oppose any plan that required dentists to participate, directly or indirectly dictated fees for the private market or would lead to a government-run system,” he said.

The ADA has continued to make its message clear through dialog with members of Congress and the administration, following the approval of policy by the ADA House of Delegates at the 2008 annual session in San Antonio. “The ADA does not support a single-payer system because we believe it would stifle access and innovation and reduce the quality of patient care,” said Findley, who pointed out that the association’s efforts in the nation’s capital are ongoing. “We are pursuing amendments to improve the dental provisions,” he said. Findley said that flatly opposing the whole thing is not an option. “If we aren’t highly visible in the process, we open the door to other groups who will claim to be the voice of the oral health community and attempt to dictate what kind of dental provisions get included,” he said. “As the saying goes, you are either at the table or on the menu.”

According to the ADA, the proposed legislation should be rewritten to enhance Medicaid reimbursement. Without it, Findley said, there would be “no significant access improvements for the poor and other vulnerable populations.”