‘We could not support the health care reform legislation’

By Daniel Zimmermann, Dental Tribune International Group Editor

The health care reform bill recently approved by the U.S. Congress aims to improve access to health care for more than 50 million Americans. However, dental groups say that the legislation is significantly neglecting oral health. Daniel Zimmermann, group editor at Dental Tribune International (DTI) headquarters, recently spoke with Dr. Ronald Tankersley, president of the American Dental Association, about the historical decision and how it will affect dentistry in the United States.

The ADA did not support the health-care reform bill recently approved by Congress. Could you explain the rationale behind this decision?

As America’s leading advocate for oral health, our decision was primarily based on the oral health provisions of the bill.

We could not support the health-care reform legislation because it did not include provisions to meaningfully improve access to dental care for millions of American children, adults and elderly by properly funding Medicaid dental services.

You say that the reform does not do enough to assure that low-income families receive adequate oral health care. On the other hand, millions of people will finally be able to buy health insurance regardless of their social status or pre-medical condition.

While countless other groups can weigh in on the health care reform’s overall merits and flaws, people look to the ADA for a determination of how it could impact oral health. And when the government is willing to spend close to a trillion

ADA President Dr. Ronald Tankersley

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An endo-dentist is in a unique position to evaluate the critical factors involved in determining if a procedure will result in a successful outcome.

The endo-implant algorithm

By Fred Michmershuizen, Online Editor

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page 2A, ‘Breakthrough...’

Breakthrough in tissue engineering

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dollars during the next 10 years, but not spend a dime on improving access to Medicaid dental services for those most in need, somebody has to raise an objection. If we didn’t do that now, how could we expect lawmakers to take our concerns seriously in the future? That was the basis for our decision.

You have also rejected the idea of workforce pilot programs; can you tell us why? The ADA’s opposition to the alternative dental models pilot program was limited and based upon our long-held belief that certain surgical procedures must be performed only by licensed dentists.

What effects do you think the reform will have on the dental profession itself? Although the ADA could not support the final legislation, we did recognize that it contained many worthwhile provisions pertaining to oral health.

These included increased funding for public health infrastructure, including Centers for Disease Control and prevention programs, additional funding for school-based health center facilities and federally qualified health centers. We also recognized increased Title VII grant program opportunities for general, pediatric or public health dentists and funding for the National Health Services Corps. Loan repayment programs.

These provisions, which the ADA supported and lobbied for, will have a measurable beneficial effect on dentistry and dental patients.

In your opinion, what should be changed in the reform bill to make it feasible for dentists and move patient care forward? When it comes to improving access to oral health care, our message remains: Fund Medicaid, the Children’s Health Insurance Program and other dental public health programs properly.

These programs are only capable of fulfilling their roles if they receive adequate funding. Many states spend less than 0.5 percent of their eligible children.

Further, poor dental reimbursement rates paid to dentists mean that many of them can’t participate in Medicaid, which is one of the reasons many states fail to provide oral health care for even half of their eligible children.

The federal government can and must do more to ensure states are able to come up with their share of these benefits.

Republicans and other interest groups have announced to further oppose the reform bill. Where will you position yourself once the law has become effective? The ADA will continue to lobby for improvements to Medicaid dental benefits and will be watching closely as federal agencies implement provisions of the law.

We want to ensure that the provisions we support are carried out correctly and will work to change the provisions we oppose.

Tell us what you think!

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Dental infomatics?

Dental infomatics is about acquiring, managing and displaying information in order to support dental practice, research and education. Infomatics attempts to answer the question of how we can use information in order to deliver better patient care; be more successful in understanding health and disease through research; and educate students, practitioners and patients more effectively and efficiently.

Through the end of April, the Center for Dental Informatics, School of Dental Medicine at the University of Pittsburgh is currently recruiting for their training program in dental infomatics (MS, PhD, postdoc). Find more details at ds.dental.pitt.edu/cditpec2010.php.

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