

Congress of the United States
Washington, DC 20515

September 28, 2011

The Honorable Kathleen Sebelius
Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

We appreciate your ongoing efforts to implement the Patient Protection and Affordable Care Act and, in particular, your careful attention to the inclusion of oral health services in the pediatric essential benefits package. We were pleased that in the proposed rule for the establishment of exchanges and qualified health plans (QHP) released on July 11, 2011, the Department of Health and Human Services (HHS) specifically requested comments regarding the applicability of the Affordable Care Act's consumer protections to stand-alone dental plans. We are grateful for the opportunity to provide our insight into this issue.

Given that dental caries are the number one chronic condition in childhood, we believe it is vitally important that children have full access to the dental benefit and that they be protected by the relevant consumer protections established by the Affordable Care Act's insurance market reform provisions. We believe the value of the essential benefits package is dictated not only by the services covered, but also by how the benefit is structured as a whole. Therefore, we ask you to ensure that families who receive their dental coverage from a stand-alone dental plan are guaranteed access to the same level of consumer protections and affordability measures as they would have if they received that coverage from a QHP. There is clear legislative intent, as well as strong support for this assurance. Thus, the Stabenow-Lincoln amendment that was adopted in the Senate Finance Committee states "...stand-alone dental plans must comply with any relevant consumer protections required for participation in the Exchange."

Unfortunately, while stand-alone dental plans are required to offer a pediatric dental benefit that meets the requirements of the essential benefits package, they are not explicitly required to provide the same consumer protections that qualified health plans must provide. This creates a number of deterrents for families that will need and/or choose to purchase pediatric dental coverage to supplement their medical coverage, including the following:

Accessibility: The Affordable Care Act exempts QHPs from the requirement to offer pediatric dental coverage if the state or federal Exchange offers at least one stand-alone dental plan. However, without vital protections, consumers will not have a sufficient choice in plans, the assurance of an adequate network of dental providers or, above all, the ability to buy a child-only dental plan. As you know, most dental insurers offer coverage as a family plan and, given that the essential benefit only mandates coverage on the pediatric side, we believe it is critical that a child-only plan be made available. Additionally, there remains an insufficient supply and distribution of dentists, particularly

in rural areas and in low-income communities, where the development of adequate networks to provide both commercial and public dental coverage has been a challenge. Therefore, we urge you to ensure that all Exchanges are required to offer child-only coverage and to ensure that there is a robust network of providers available.

Cost-Sharing: The Affordable Care Act requires QHPs to reduce cost sharing for families once they reach an out-of-pocket limit for spending on essential health benefits, including pediatric dental services. However, such cost-sharing reductions do not apply to deductibles and out-of-pocket expenses paid to stand-alone plans for pediatric dental services required by the essential benefits package. As a result, families that are forced or choose to obtain their child's dental coverage through a stand-alone plan will have fewer affordability protections given that pediatric dental costs would not count towards their out-of-pocket limit. In order to ensure the integrity of the essential benefits package, parity must exist between QHPs and stand-alone dental plans offering the same benefit.

Annual and Lifetime Limits: Currently, many dental plans include either annual or lifetime limits for the dental benefit which can hamper access to expensive, but necessary dental procedures. Just as qualified dental plans will be prohibited from including annual or lifetime limits in their benefit design, stand-alone dental plans should not be allowed to include such limits.

Other Relevant Market Reforms: A family that obtains pediatric dental coverage through a stand-alone dental plan may not be afforded many of the same consumer protections that are required for all health plans that do not have grandfathered status. Therefore, we believe that many of the consumer protections currently required for QHPs should also be applied to stand-alone dental plans, including: the right to an external appeals process, coverage of preventive services at no cost, coverage of children up to age 26, and prohibitions against exclusions based on pre-existing conditions or the rescission of coverage based on application mistakes. Not only would the application of these protections to stand-alone dental plans ensure parity with coverage provided by QHPs, it would also provide families with adequate avenues for recourse if the coverage of pediatric dental services is denied.

It is for these specific reasons we ask you to ensure consumer protection parity for pediatric benefits as you develop regulations and guidance for exchanges and qualified health plans. Once again, we thank you for your leadership in the implementation of the Affordable Care Act and look forward to working with you on assuring consumer protections for all Americans.

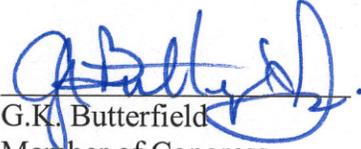
Sincerely,


Elijah E. Cummings
Member of Congress

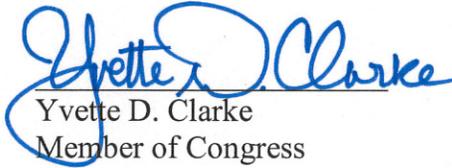

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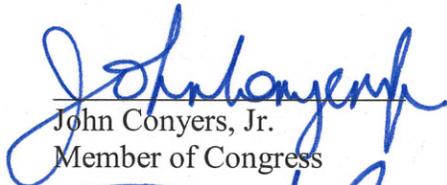
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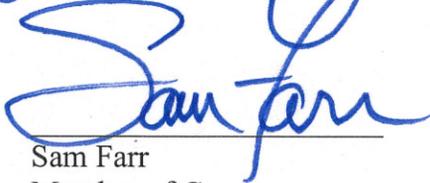
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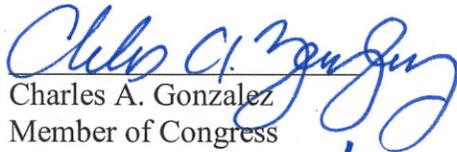
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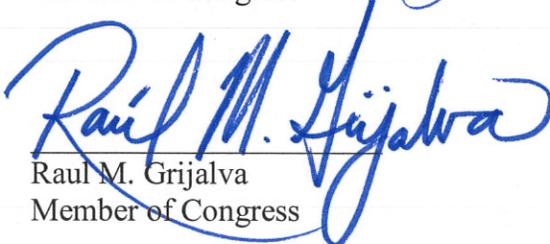
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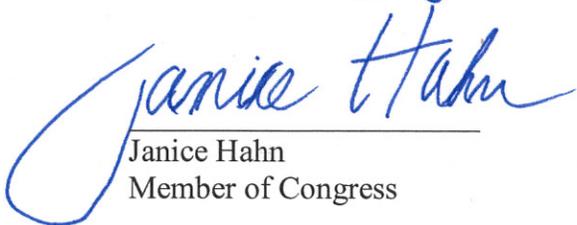
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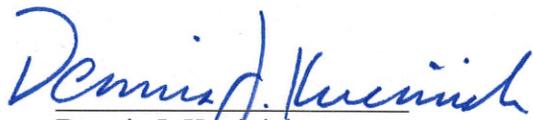
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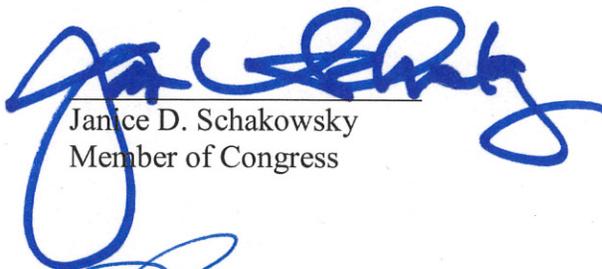
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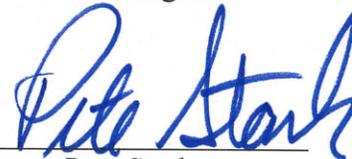
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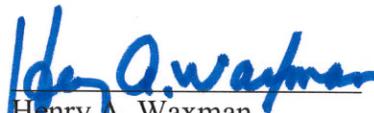
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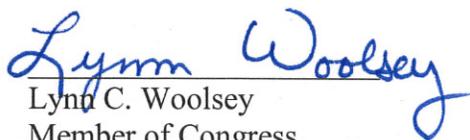
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