

**Congress of the United States**  
**Washington, DC 20515**

July 29, 2011

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

Dear Secretary Sebelius:

As you work to implement insurance provisions included in the Affordable Care Act (ACA), we urge you to clarify the rules allowing stand-alone pediatric dental coverage to operate outside of the Exchanges in the individual and small group markets similar to its treatment inside the Exchanges. We also recommend that dental and medical policies may need to be offered and priced separately to ensure competition, transparency and access. Without these clarifications, the dental coverage of 43.7 million employees and dependents could be disrupted.

Children's dental health coverage was greatly expanded in the ACA, which includes oral health services for children in the "essential health benefits package (EHBP)." The law allows stand-alone dental benefits inside the Exchanges to qualify as meeting the dental component of the EHBP. The Stabenow-Lincoln dental amendment adopted by the Finance Committee during consideration of the ACA clearly intended that stand-alone dental plans also meet this requirement outside of the Exchanges. The amendment stated that "pediatric dental benefits in the non-group and small group markets (in and outside an exchange) may be separately offered and priced from other required health benefits." This intent was reiterated in a letter from more than 20 Senators to the Majority Leader in December, 2009. However, we are concerned that the language of the law could be interpreted to allow only medical plans to cover the dental component of the EHBP outside the Exchange.

Today 97 percent of Americans with dental coverage receive that coverage through stand-alone dental policies. Disallowing the separate offer of dental benefits outside the Exchanges could result in 22.9 million children being removed from their parents' existing dental coverage to have their dental health services provided instead by a medical carrier. The issue of stand-alone dental coverage outside of exchanges must be clarified soon for insurers to obtain state approval of policies in time for the 2014 effective date.

To ensure the law's intended access to pediatric dental coverage, we also support robust competition in the Exchanges so that consumers may choose from a wide range of affordable dental and medical policies and compare their options on the basis of price, benefits, services and quality. This may require that dental and medical policies be offered and priced separately to ensure the transparency they will need to make adequate comparisons.


We urge you to use your authority to ensure that outside of Exchanges in the individual and small group market, stand-alone dental policies are deemed to fulfill the requirements of EHBP together

with a qualified health plan covering all benefits other than pediatric oral health services and that inside Exchanges dental benefits be offered and priced to ensure transparency for consumers.


Sincerely,



Leonard I. Boswell



Bill Johnson

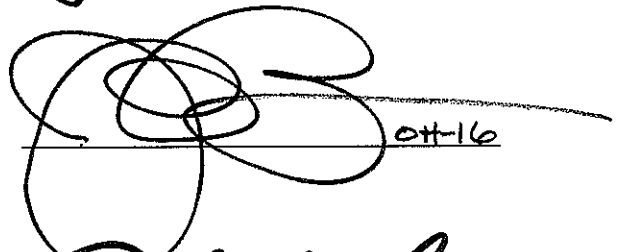


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