

# Congressional and Administration Updates

House Committee on Appropriations – FY 22 Labor HHS Bill

White House COVID Task Force Update

HHS Appointees and New Staff

July 21, 2021

## House Appropriations Committee Passed the Labor, HHS, Education and Related Agencies –Appropriations Bill for 2022

- Passed by vote of 32-25.
- Proposed **funding levels are expected to change**, as both chambers of Congress are expected to engage in negotiations before the expiration of the current FY 21 funding in September 2021.
- Bill is considered “**high water mark**” for funding, compared to what Senate is expected to propose.
- Congress reinstated **Community Project Funding** – members of Congress can request specific funding for projects in their jurisdiction; (\$367,415,000); construction, renovation, equipment, other activities supporting health-related activities; two focus on oral health; list is alphabetical! [E:\HR\OC\D375A.XXX \(house.gov\)](E:\HR\OC\D375A.XXX (house.gov))

## Oral Health in the House Labor HHS Appropriations Bill - Health Resources and Services Administration (HRSA)

- **Oral Health Training** - \$42,673,000 (\$2 million above FY 2021 enacted); includes \$14 million for Pediatric Dentistry Programs, an increase of \$2 million above FY 2021. Provides language about program continuations and grant cycles for programs funded through this line.
- **Area Health Education Centers** – Encourages HRSA to support AHEC oral health projects that establish primary points of services and **address the need to help patients find treatment outside of hospital ERs**. Encourages HRSA to work with programs that have already been initiated by some State dental associations to refer ER patients to dental networks.
- **State Oral Health Programs** – Includes \$250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice.

# Oral Health in the House Labor HHS Appropriations Bill - HRSA

- MCH – Encourages HRSA to explore opportunities to facilitate linkages between the agency’s **Home Visiting Program and Community Dental Health Coordinators**, where available.
  - Also within MCH - **SPRANS set aside for oral health** - \$5,250,000
- Encourages HRSA to work with **Community Dental Health Coordinators** that have already been initiated by dental organizations to provide dental education, community-based prevention, care coordination, and patient navigation to children and vulnerable families.
- **Ryan White HIV AIDS Dental Services** - \$15,122,000
- **Health Centers funding** - \$1.8 billion, an increase of \$148 million, includes \$45 million increase for school health centers.

# Oral Health in the House Labor HHS Appropriations Bill – HRSA (continued)

- **HRSA Chief Dental Officer** – Language expressing concerns that HRSA’s CDO has **not been functioning at an executive level authority**, resources and staff to oversee oral health program have not been delegated, despite earlier Report language directing HRSA to do so.
- **Action for Oral Health** – (Enactment of) the Action for Dental Health Act of 2018 encourages HRSA to **expand oral health grants for innovative programs** under PHS Section 340G. The Act helps reduce barriers to dental care through oral health education, prevention, and the establishment of dental homes for underserved populations.
- **Oral Health Literacy** – Includes \$500,000 to continue the development of an oral health awareness and education campaign across HRSA divisions, including workforce, MCH, Ryan White, Rural Health. Focus on oral health literacy.

# Oral Health in the House Labor HHS Appropriations Bill – HRSA (cont.)

- **Language that is NOT in the House Appropriations bill** – The Committee **strikes language** prohibiting HRSA funds from being used to support alternative dental providers (Title VII, 340G).
  - Notes that **dental therapists** are licensed providers who play a role in dentistry similar to the role that physician assistants play in medicine, and work under supervision.
  - Notes that ending the prohibition **will give States flexibility to expand the oral health workforce and improve access** to dental care, particularly in rural and underserved communities.

# Oral Health in the Labor HHS Bill – Other HHS Agencies

- **CDC**

- Includes an **increase of \$2,000,000** to expand State and Territorial health departments (CDC oral health program) in their efforts to reduce oral disease and improve oral health through effective interventions (up from \$19.5 million)
- Full funding would require approximately **\$67 million**

- **NIH - National Institute of Dental and Craniofacial Research**

- Appropriation - FY 2021 enacted - \$484,667,000; Committee Recommendation - **\$519,010,000; +\$34,143,00 over enacted**
- Encourages NIDCR to conduct additional research on **durable mercury-free dental restorative materials**
- Includes an increase of \$18,000,000 for NIDCR to **support research related to opioids, pain, and pain management** (in this line)
- Notes appreciation to NIDCR for **leadership on the upcoming report** on “Oral Health in America: Advances and Challenges” and anticipates release of report

## Other HHS Agencies (continued)

- **CMS**

- Pleased that CMS is moving to fill the **Chief Dental Officer** position (vacant since October 2017).
- Committee notes that **States have flexibility to determine dental benefits for adult Medicaid enrollees** and while most States provide at least emergency dental services for adults, less than half currently provide comprehensive dental care.
- Urges CMS to provide **recommendations** no later than one year after the enactment of this Act regarding policies to increase the coverage of, and access to, comprehensive dental benefits for adults in State Medicaid programs.
- Urges the CDO to examine opportunities within existing statutory authority to **expand Medicare** coverage of dental services.

# White House COVID Task Force\Fifth Meeting, June 25

- Led by Chair **Dr. Marcell Nunez-Smith**
- Purpose of the meeting – consider interim recommendations addressing the **inequities and the impact of long-COVID** or Post-Acute Sequelae of SARS Co-V-2 infection, and **access to personal protective equipment, testing and therapeutics.**
  - People living with long COVID symptoms have “felt alone” in their suffering, without recognition from the medical community or sufficient access to assistance programs.
- Presentations by Dr. Bruce Siegal, President and CEO of America’s Essential Hospitals, and Dr. Margot Gage Vitvliet, social epidemiology professor living with long-COVID
- Recommendations related to long-COVID include:
  - **Creating more inclusive disability policies** that recognize long-COVID as a health condition, irrespective of whether individuals receive a positive test for acute COVID infection, for which they were or were not hospitalized.
  - Creating a **national coordination of research standards** and a standardized method to disseminate research, diagnostic, and therapeutic practices related to long-COVID.
  - Executing a robust, national communication and education to **build awareness**, educate and solicit data from the public **about long-COVID.**

# White House COVID Task Force \Fifth Meeting, June 25

- **Additional recommendations:**

- Maintaining an **adequate national stockpile** and creating a rapid emergency **production plan** for PPE for healthcare providers and all essential workers.
- Creating **data transparency** related to the demographics of those receiving therapeutics and providing public health intervention funding to address barriers to care.

# Biden Administration HHS Appointments, New Staff

- **Meena Seshamani, M.D., Ph.D., Deputy Administrator and Director of the Center for Medicare**
  - Will lead Center's efforts in service of people 65 or older, people with disabilities and people with End-Stage Renal Disease who rely on Medicare coverage.
  - Recently served as Vice President of Clinical Care Transformation at MedStar Health and as Assistant Professor of Otolaryngology-Head and Neck Surgery at Georgetown University School of Medicine.
  - Was Director of the Office of Health Reform at HHS, leading the implementation of the ACA.
- **Perrie Briskin, Policy Advisor, CMS**; was serving as Senior Advisor to HHS COS from 2/21 – 7/21, served in leadership roles on Biden's health policy and transition teams.
- **Dr. Dora Hughes, Policy Advisor, CMMI, CMS** (not a political appointment) – leaves CareQuest, continues at GWU as faculty.