

## Health Care Reform — A Quixotic Quagmire

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**T**his is the year of health care reform for California. Maybe this is the year of health care reform.

The problem, simply stated, and, admittedly, it is an oversimplification, is a significant segment of our population does not have the ability to receive routine health care. At least three bills and three proposals are before the state Legislature at this time to allegedly solve this problem. All of them provide the ability for the uninsured and underinsured to receive medical care as needed. A Kaiser Commission study suggests that only 20 percent of our state population is not eligible for some form of coverage.<sup>1</sup> This may not include the undocumented immigrants, those who are eligible for coverage by safety net programs but do not participate, and those who have coverage but no access to care.

The diverse programs and proposals include a single payer model (a statewide program for universal health care funded and administered by the government) as well as a mandate for employers to “pay or play” (provide insurance to employees or put money into a state purchasing pool). The Medi-Cal program is not likely to be improved, but Healthy Families, a federally funded State Children’s Health Insurance Program, eligibility criteria may be increased to 300 percent of the poverty level. Most of the proposals, with one exception, do not mandate dentistry as part of the program other than to include



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dental care as an optional benefit for individuals to purchase through the state purchasing pool. This might be considered favorable by many of our members for financial reasons, but there is growing public concern about the all inclusiveness of any health care package.

Universal health care presents problems for dentistry. Dentists take pride in being health care professionals and espousing total patient care. Conversely, many of us have been frustrated with insurance companies and public programs that limit access to care, as we define it, and reimburse at less than fair market value for services rendered. This causes confusion and unhappiness in our patients as well as frustration with the system for patient and provider. This conflict between payers, patients, and providers has implications in health care reform with universal coverage regardless of the plan.

The surgeon general stated that oral health care is an integral part of total health care, and dentistry has championed that opinion. The periodontal literature is replete with articles support-

ing theories that poor periodontal health is related in a causative manner to many systemic illnesses. Maintaining periodontal health is essential to prevention and control of significant problems such as heart disease, stroke, diabetes, and low birth weight babies. Recent discoveries of salivary markers for systemic malignancies have improved dentist involvement in saving lives by simple, noninvasive testing. Management of drug effects, as in the use of antihypertensive or antiseizure medications creating periodontal disease, or bisphosphonates and osteonecrosis have integrated dentistry into the treatment of serious medical conditions. Truly, dentists are achieving the conceptual goal of becoming physicians of the oral cavity.

Insurance reimbursement and coverage for procedures has spiraled downward over the years. This trend is not likely to be reversed absent governmental intervention. But government programs are not necessarily any more user friendly, and reimbursements are equally poor for services provided. Most of us do not desire socialized or government health care coverage for dentistry since the remuneration is likely to be significantly

lower and the administrative process will be convoluted with impressive impact on the bottom line of running practices with increasingly high overhead. Some practitioners may be able to opt out of the system and not accept any third-party reimbursement, but that is not a reasonable position for many of our colleagues.

It is reasonable to believe that a negotiated health care program will be put into place, if not this year then in the future. Dentistry has to take a position on inclusion of dental care benefits in any plan that will be enacted. We need to be at the table to be certain that quality oral health care is allowed for all Californians. Dentistry has much to offer in the prevention, detection, and management of oral and systemic diseases. Our patients need the ability to receive care. We need to ascertain that coverage will allow, at a minimum, prevention and treatment of acute problems to relieve pain and treat infections. Children should be the first area of concern in any dental program. Inclusion of dentistry in a health care package will not be comfortable for many of our colleagues, but we are doctors and need to take responsibility for health care in our patients both at the local level in our practices and globally for the greater good.

If dentistry is going to talk the talk, it has to be prepared to walk the walk, and that may be very uncomfortable for many of us. ■■■■

#### REFERENCES

1. The Uninsured: A Primer — Key Facts about Americans Without Health Insurance; The Kaiser Commission on Medicaid and the Uninsured, December 2003.

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