



# Fact Sheet

## Both Congressional Chambers Pass Budget Resolutions

### Summary

The House of Representatives and the Senate have passed the conference agreement on the fiscal year 2009 budget resolution (S Con Res 70). The agreement includes \$21 billion more for non-defense discretionary spending than President Bush had requested (a two percent increase). Health programs received \$59.7 billion, (\$5.2 billion higher than President Bush requested) and *more* than the health community had sought, which had been \$58.556 billion.

The agreement includes increases above the 2008 enacted level for the National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), Centers for Disease Control (CDC), and the Indian Health Services (IHS). Significant increases for community health centers, health professions, and the National Health Service Corps within HRSA are also included.

Further, the conference agreement increases resources for programs focused on addressing health promotion and disease prevention. Preventive health care measures and disease management have the potential to lead to more efficient use of health care spending, and an improvement in the public's health.

Mandatory health spending, which includes Medicaid and the State Children's Health Insurance Program (SCHIP), totals \$1.4 trillion over five years.

### Discussion

The following detail some provisions of interest to general dentists:

- **Children's Dental Health:** The Chairmen of the House and Senate Budget Committees (Chairmen) may revise the allocations up to \$50 million of a certain committee for any bill, amendment, or conference report which expands coverage and improves children's health through the SCHIP from 2008 through 2013. This would include the reauthorization of the program if such legislation maintains coverage for those currently enrolled in SCHIP, continues efforts to enroll uninsured children who eligible for SCHIP or Medicaid, or supports states efforts in covering more children.

The Chairmen also can revise the allocations for bills that would provide for improved access to pediatric dental care for children who are from low-income families.

Finally, the Chairmen could revise allocations for the following:

1. Measures which make health insurance coverage more affordable or available to small businesses and their employees through pooling arrangements that provide appropriate consumer protections or through reducing barriers to cafeteria plans; or
2. Measures which improve health care, provide quality health insurance for the uninsured and underinsured, and protect individuals with current health coverage.

While the Congress recognizes the importance of pediatric dental services in a child's health, as well as the potential preventative dental care has to save costs in the long run, access to dental services can be improved. For example, community-based dental clinics cite low reimbursement as a strain on their ability to treat uninsured patients and improve access to Medicaid and SCHIP beneficiaries. To address this issue, the resolution includes a deficit-neutral reserve fund for legislation to improve pediatric oral health and increase access to such services, including adequately compensating qualified dental clinics and other oral health providers for the treatment of children from low-income families.

- **Affordable Health Coverage:** The following "Sense of the Congress" language was included:
  - Nearly 47 million Americans—including nine million children—lack health insurance;
  - People who do not have health insurance are more likely to experience problems getting medical care, and are more likely to be hospitalized for avoidable health problems;
  - Most Americans receive health coverage through their employers, and a major issue facing all employers is the rising cost of health insurance;
  - Small businesses, which have generated most of the new jobs annually during the last decade especially have a difficult time affording health coverage because of higher administrative costs and fewer people over whom to spread the risk of catastrophic costs;
  - Because it is especially costly for small businesses to provide health coverage, their employees make up a large proportion of the nation's uninsured individuals; and
  - Legislation consistent with the pay-as-you-go principle should be adopted that makes health insurance more affordable and accessible, with attention to the special circumstances affecting employees of small businesses, and that lowers costs and improves the quality of health care by encouraging integration of health information technology tools into the practice of medicine, by expanding comparative effectiveness research, and by promoting improvements in disease management and disease prevention.
- **SCHIP:** The reserve fund accommodates legislation of up to \$50 billion in additional outlays to improve children's health through reauthorization of the SCHIP as long as the authorizing legislation placed before the House complies with the pay-as-you-go principle. These additional resources should sustain current caseloads, expand coverage, and reduce the number of uninsured children.
- **Higher Education:** Language was included that would allow the Chairmen to revise the allocations and other funding levels for any bill that makes college more affordable or accessible through reforms to the Higher Education Act of 1965 provided that the increased funding does not increase the deficit or decrease the surplus.

### **Impact on General Dentists:**

While not binding in law, this final conference agreement provides a blueprint to appropriators as to what levels of funding Congress would like to see for certain federal agencies, departments and programs.