

HIV/AIDS DENTAL PROGRAMS

DENTAL REIMBURSEMENT PROGRAM

The HIV/AIDS Dental Reimbursement Program of the Ryan White CARE Act supports access to oral health care for individuals with HIV infection, by reimbursing dental education programs for non-reimbursed costs incurred in providing such care.

Institutions eligible for reimbursement are dental schools, post-doctoral dental education programs such as hospital-based residencies, and dental hygiene education programs, that are accredited by the Commission on Dental Accreditation and have documented non-reimbursed costs incurred in providing oral health care to HIV-positive persons.

The Dental Reimbursement Program awards funds to support these institutions in providing comprehensive oral health care to individuals with HIV. This care includes diagnostic, preventive, oral health education and health promotion, restorative, periodontal, prosthodontic, endodontic, oral surgery, and oral medicine services.

By offsetting the costs of non-reimbursed HIV care in dental education institutions, the Dental Reimbursement Program addresses the dual goals of improving access to oral health care and training new generations of dental and dental hygiene students, and dental residents, to manage the oral health care of persons with HIV.

COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM

The Community-Based Dental Partnership program funds eligible entities in their efforts to increase access to oral health service delivery and provider training in community settings. Community-Based Dental Partnership grants are intended for a period of up to three years.

ELIGIBILITY

Eligible applicants are dental schools, postdoctoral dental education programs, as described in 777(b)(4)(B) of the Health Professions Partnerships Education Act of 1998, and dental hygiene programs that are accredited by the Commission on Dental Accreditation.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs work with cities, States and local community-based organizations to provide services to approximately 533,000 individuals each year who do not have sufficient health care coverage or financial resources for coping with HIV disease. The majority of CARE Act funds support primary medical care and essential support services. A smaller, but equally critical portion is used to fund technical assistance, clinical training and research on innovative models of care. The CARE Act, first authorized in 1990, is currently funded at \$1.9 billion.



PROGRAM COMPONENTS

Programs funded by the Community-Based Dental Partnership program are to be collaborative efforts between the eligible entity and community-based dental providers that propose to:

- n Provide oral health services for individuals with HIV;
- n Establish and manage clinical rotations for students and residents in community-based settings;
- n Collaborate and coordinate between the dental education programs and the community-based partners in the delivery of oral health services;
- n Collect, manage, and report data that will assess/describe the service delivery and educational components of the funded programs;
- n Ensure patient confidentiality and the establishment and review of a system for control of records of HIV positive patients.

FUNDING

Congress established the HIV/AIDS Dental Reimbursement Program in 1991, and 56 institutions first received funding. In 1999, funds were awarded to 93 dental education programs that provided oral health care to about 44,000 people. Dental Reimbursement funds awarded in 1999 covered about 48 percent of the non-reimbursed costs reported that year.

In October 2000, the CARE Act was re-authorized for five years and, for the first time, extended eligibility for Dental Reimbursement funding to dental hygiene education programs.

In FY 2002, appropriations for dental programs total \$13.5 million, an increase of \$3.5 million over FY 2001.