Oral Health America

LEGISLATIVE PRIORITIES OF ORAL HEALTH AMERICA

Produced by Oral Health America & the Advocacy Committee

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Contents

Introduction

Oral Health America believes that ***all Americans*** should have equal opportunity to achieve good oral and overall health throughout their lives.

Our legislative priorities are based on increasing access to oral health care by advocating for innovative policies and evidence-based interventions, such as school-based sealant programs, guaranteed dental benefits in CHIP and Medicare, Community Water Fluoridation, and an interprofessional dental workforce.

QUESTIONS?

Contact us at advocacy@oralhealthamerica.org or 312.836.9900.

1 Advocate for Financially Viable Oral Health Benefits in Publicly-Funded Insurance

Oral Health America (OHA) supports research and development of a financially viable **oral health benefit** for inclusion in publicly funded insurance so that all older Americans can access oral healthcare as they do medical healthcare—through Medicare.

Because Medicare does not cover routine preventive or restorative services, the Medicaid dental benefit is currently one of the few options available for lower income older adults seeking oral healthcare. However, **Medicaid dental benefits vary by state**, and in eight states coverage is non-existent; only four states provide comprehensive coverage.**

Currently, 55 million older Americans access healthcare services through Medicare; however, older adults are limited when it comes to accessing oral healthcare. Traditional Medicare does not cover routine preventive or restorative services such as screenings, exams, cleanings, fillings, extractions or dentures.*

The Medicaid dental benefit is currently one of the few options available for lower income older adults seeking oral healthcare. Medicaid dental benefits vary by state, and in eight states (AL, AZ, DE, KS, MD, SD, TN, TX) coverage is non-existent. Only four states provide comprehensive coverage (CO, IA, NE, WI).**

This dilemma is exacerbated by the fact that Medicaid dental benefits are in continuous flux and often subject to elimination when state budgets are constrained. Oral Health America recommends that consumers in states that have not expanded Medicaid programs to include oral health, work with advocates to reinstate or establish Medicaid dental coverage.

The Affordable Care Act does not define adult dental as an essential benefit, which puts lower income older adults at a particular disadvantage. According to OHA's 2015 Public Opinion Poll of 1,018 older adults, 59% of lower income older Americans lack dental insurance because of inadequate financial resources and the need to cover the costs of daily living, like housing, food and transportation. Forty-eight percent also have not seen a dentist in five years or more because of cost.

Maintaining a healthy mouth is one of the keys to independence as we age, because of the vital connection to overall health and well-being. Older adults with dental insurance are 2.5 times more likely to visit the dentist on a regular basis.

2 Expand Oral Health Services to All School-Based Health Centers

OHA supports **school-based dental sealant programs** because they are the only evidence-based public health best practice for preventing tooth decay among children, especially those at highest risk.

Schools are an ideal place to reach children, and sealants placed in school-based settings have been associated with reducing the incidents of tooth decay by 40%-60%.

Tooth decay is the number one preventable disease among children, disproportionally affecting lower income families. In fact, in the United States, 80% of caries disease (tooth decay) is born in 20% of children from low income families. Untreated tooth decay can cause pain that may lead to difficulty eating, sleeping, and concentrating in school—leading to poor school attendance and academic performance.

School-based dental sealant programs are one very effective way children and their families are able to overcome these hurdles of accessing pediatric oral care. Healthy People 2020 includes an objective to increase the portion of school-based health centers with an oral health component that include dental sealants from 24.1% to 26.5%.

3 Increase Access to Dental Care for Children by Reauthorizing and Funding the Children's Health Insurance Program

OHA advocates for the Children's Health Insurance Program (CHIP) because it has **helped millions of low-income children** and pregnant women access the healthcare they need and deserve since 1997. CHIP will require reauthorization to be sustained beyond 2017.

CHIP is the only insurance that guarantees eight million children a dental health benefit that includes coverage for dental visits, cleanings, fluoride,

CHIP has reduced the number of uninsured children by more than 50% while improving health outcomes and access to care for children and pregnant women across the nation. Without CHIP, these children would lose much needed medical and dental coverage.

According to the Medicaid and CHIP Payment and Access Commission (MACPAC), without CHIP some families would be susceptible to additional premiums and cost sharing to access dental services in market place plans and/or employer-sponsored insurance. This is particularly concerning for low-income families and children.

4 Work to Implement the Oral Health Screenings Provision in the Older Americans Reauthorization Act of 2016

OHA recommends development of a plan to implement a new measure in the recently reauthorized Older Americans Act (OAA), which for the first time, includes a provision allowing aging networks to use funds they already receive for disease prevention and health promotion activities to **provide oral health screenings**.

While the provision is not mandatory, and the provision is not sufficient, OHA believes that it is an important step in recognizing that maintaining good mouth health is a critical factor in maintaining overall health.

Created in 1965 to address the lack of community social services available to older adults, the Older Americans Act (OAA) provides funding for services including: assistance with meals, transportation, elder abuse protection, and caregiving support.

OHA applauds passage of the bill in the Senate & House of Representatives, especially as it prioritizes mouth health along with other measures of healthy aging for older adults who are aging in their communities. About 90% of older Americans want to remain in their homes as they age, otherwise known as aging in place.[i] According to US Department of Health and Human Services (HHS) Assistant Secretary for Aging, Kathy Greenlee, independence is what older Americans value most and also fear most of losing.[ii]

The addition of oral health screenings to the services already covered can help by identifying signs of disease, revealing general health status and recommending further dental/medical care. While the challenge of finding follow-up care is not ameliorated through the provision, OHA believes that it points older adults in the right direction with an early warning about their oral health condition.

The new provision also opens the door for education about the importance of prevention at every age and minimizes the likelihood of hospital visits. Hospital treatments are nearly ten times more expensive than the routine care that could have prevented the emergency.[iii] For these reasons, preventive oral healthcare significantly impacts overall health and cost.

About the Reauthorization: On July 16, 2015 the Senate passed S. 192, the Older Americans Act (OAA) Reauthorization of 2015. Sponsored by Senators Lamar Alexander (R-TN), Patty Murray (D-WA), Richard Burr (R-NC) and Bernie Sanders (I-VT), this legislation allows older adults to age healthily and independently by providing them with the services they need to do so. On March 21, 2016, S.192 was passed by the House of Representatives. The bill now moves to the President's office to be signed into law.

5 Sustain Community Water Fluoridation as an Evidence-based Public Health Practice to Positively Impact Oral Health at the Population Level

OHA recommends ongoing advocacy for the continued inclusion of fluoride in the water systems of all US communities. Community Water Fluoridation (CWF) has proven to be the **simplest, safest, and most effective** way for millions of Americans to receive preventive oral health care for the past 70 years.

Community Water Fluoridation (CWF) has been most widely known for reducing dental caries (tooth decay) among children, but drinking fluoridated water has reduced tooth decay by 25% across the lifespan. It is also very cost effective: every dollar invested in CWF saves 38 dollars in dental treatment costs. [iv]

Fluoride is a mineral naturally occurring in water, but Community Water Fluoridation is important because it adjusts the fluoridation level in the public water supply to an optimal concentration in order to prevent caries among members of a community.

In 2015 the US Department of Health and Human Services proposed a new, lower fluoridation level for community water supplies.[v] The recommendation has emerged from the fact that Americans today have more access to fluoride through fluoridated toothpaste and mouth rinse than when CWF was first implemented.

CWF is an evidence-based, public health best practice introduced in Grand Rapids, MI in 1945. However, are still five states where 60% or more of the residents live in communities unprotected by fluoridated water, a statistic that underscores the need for continued advocacy efforts about the benefits for Americans.

6 Support Caregivers through Passage of the RAISE Family Caregivers Act in the House

OHA advocates for passage of the RAISE (Recognize, Assist, Include, Support and Engage) Family Caregivers Act, the companion bill to S. 1719 passed by the Senate in December 2015.

RAISE directs the Department of Health and Human Services to develop, maintain and periodically update a **National Family Caregiving Strategy** to support America's 42 million family caregivers, who help with a myriad of activities of daily living, including tasks related to dressing, bathing, eating, purchasing and administering medications and oral healthcare.

OHA emphasizes that implementation of the RAISE Act should make health resources, training and education for caregivers more readily available and should include materials about the importance of **oral health for overall health** and wellness.

In 2009 there were 34 million caregivers providing assistance for older adults; by 2015 the total number of family caregivers rose to 42 million people providing $450 billion in unpaid care.[vi] Oral Health America's 2012 Harris Poll documented the stressful life of family caregivers and their concerns about nutrition, chronic diseases, falls and oral health. Because many family caregivers work fulltime while assisting others, caregiving often takes a physical and emotional toll on their health. OHA believes that caregivers must be supported and, in particular, receive education about the importance of oral health.

An environmental scan conducted by Oral Health America in 2014 revealed that there is a lack of training materials and national resources available for older adult consumers and family caregivers to help them provide proper oral care. Preventing oral diseases in older adults requires a caregiver to understand the risk factors of these diseases and necessitates oral health education for family caregivers and the aging network if oral diseases are to be minimized and optimal oral health is to be achieved. These factors led OHA to join an AARP-led caucus of 40 aging organizations, focused on family caregiving, to garner legislative support for the bill and to redouble our efforts in providing resources on Toothwisdom.org, OHA's website for older adults, family caregivers and health professionals.

About the Legislation: The RAISE Family Caregivers Act, H.R. 3099 was introduced in the Senate and House of Representatives, respectively, on July 8 and July 16, 2015 by Senators Susan Collins (R-ME) and Tammy Baldwin (D-WI) and Representatives Gregg Harper (R-MS) and Kathy Castor (D-FL). S. 1719 was passed by the Senate on December 8, 2015. H.R. 3099 awaits passage in the House and would require the development of a national strategy to support the health and well-being of family caregivers.

7 Back Policies that Eliminate Tobacco Use Among America's Youth

OHA supports policies that protect teens from the risky behavior of tobacco use, which increases risk of developing oral cancer and other mouth and respiratory diseases.

This effort includes **support for Tobacco 21** and legislation that keeps baseball fields free of tobacco use. National data show that 95% of adult smokers begin smoking before they turn 21. Tobacco 21 legislation would raise the minimum tobacco age to 21 to dramatically prevent or reduce tobacco use among teens.

Banning tobacco and smokeless tobacco usage in America's baseball parks and venues sets a positive example for youth and discourages them from a lifetime of nicotine addiction.

While smoking of traditional cigarettes has declined among teens, in 2014 e-cigarette use tripled and hookah doubled.[vii] This is particularly concerning as e-cigarettes are not regulated by the FDA and there is inadequate data on long-term effects.[viii]

Many misconceptions about hookah exist, including the incorrect notion that it is somehow less detrimental than traditional tobacco. Hookah is addictive and harmful to users' health; one hookah session lasting 45-60 minutes can expose the smoker to approximately the same amount of tar and nicotine as one pack of cigarettes.[ix]

Smokeless tobacco use has remained stubbornly prevalent among teens. According to the (CDC), in 2013, 14.7% of high school boys and 8.8% of all high school students reported current use of smokeless tobacco products. Each year, about 535,000 kids age 12-17 use smokeless tobacco for the first time.

Smokeless is not harmless; nicotine is the main ingredient in spit tobacco, causing the same addiction as with cigarettes. In fact, one can of snuff or dip equals about four packs of cigarettes.

8 Support Workforce Expansion and Innovation

OHA supports legislative efforts that expand the health professional participants within a dental team **to help eliminate disparities** among vulnerable populations, and to do so in a financially viable way.

While OHA does not advocate for a particular alternative workforce model, OHA believes that an expanded oral health workforce will give low income children, adults, and older adults greater access to oral healthcare and improved oral health.

OHA recommends establishing demonstration projects to establish training programs for alternative dental healthcare providers to increase access to oral health services in rural areas and underserved communities.

The term "alternative dental health care providers" includes community dental health coordinators; advance practice, independent, and supervised dental hygienists; primary care physicians; dental therapists; dental health aides; and any other health professional appropriately trained for the scope of practice required.

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*Medicare will cover some dental services if they are required to protect general health, or if dental care is necessary for another health service that Medicare covers to be successful. www.medicarerightscenter.org.

** Medicaid Dental Benefit Coverage Data as of 2014

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