

Our Oral Health: Vital to Overall Health throughout the Lifespan A Position Paper by Oral Health America

As Congress considers healthcare reform, Oral Health America emphasizes how gains made by providing oral healthcare coverage under the Affordable Care Act, Medicaid, and Children's Health Insurance Program (CHIP), have led to cost-savings and a healthier nation. OHA views the current debate as an opportunity for Congress to recognize that prioritizing improvements in oral health through evidence-based interventions and improved access to affordable dental coverage, for example, Medicare, will positively impact overall health and employability, as well as the cost of managing other chronic diseases. It is imperative these gains in oral healthcare coverage for individuals across the lifespan are protected.

I. Repealing the Affordable Care Act would create greater barriers to children accessing comprehensive pediatric benefits—including dental benefits.

CHIP provides a guaranteed dental benefit to children in families who earn too much to qualify for Medicaid, but generally too little to afford a dental benefit plan. The Affordable Care Act expanded eligibility for children ages 6 to 18 from 100% to 138% of the federal poverty line and increased funding to states. States can currently opt to use their CHIP allotments either to expand Medicaid, fund a separate CHIP program, or create a combination of the two approaches. The ACA also designated pediatric dental coverage as an essential health benefit and extended CHIP funding for 5 years.ⁱ

ORAL HEALTH AMERICA'S POSITION:

Protect pediatric dental coverage as an essential health benefit. OHA opposes the repeal of the ACA because fewer children would receive comprehensive health benefits, if any at all, leading to poor overall health and oral health outcomes. OHA supports long-term funding of CHIP based upon the recommendations of the Medicaid and CHIP Payment and Access Commission (MACPAC).

Here's why:

- Tooth decay is the number one preventable disease among children.ⁱⁱ Untreated tooth decay causes pain that leads to difficulty eating and sleeping, as well as concentrating in school, poor school attendance and academic performance.
- Accessing oral health care is not easy for every child. Many families experience numerous barriers including: difficulty finding a dental provider that accepts CHIP and Medicaid; inability to pay for services; language differences; low literacy and challenges in securing transportation.
- Currently, CHIP provides needed healthcare coverage to 8 million children and 370,000 pregnant women. CHIP is the only insurance that guarantees children a dental health benefit that includes coverage for dental visits, cleanings, fluoride, sealants and fillings.ⁱⁱⁱ
- The Urban Institute's most recent report finds that 4.4 million children and 7.6 million parents could lose coverage in 2019 under repeal of the ACA without a replacement. States would be able to reduce Medicaid and CHIP eligibility for children beginning in 2017, meaning up to 9 million more children could lose coverage.^{iv}

II. Changing Medicaid's structure to a Block Grant or Per Capita Cap would financially burden states and leave tens of millions uninsured.

Through a Medicaid block grant or per capita cap restructure, Americans will not receive more for less, but less for less. States will face reduced federal funding and be left to contribute the difference through state budgets that are already stressed. However, and more likely, states will be pressured to make serve cuts leading to reduced: 1) eligibility of beneficiaries; 2) benefits received by beneficiaries; and/or 3) provider reimbursements.^v

ORAL HEALTH AMERICA'S POSITION:

Preserve dental coverage for families under Medicaid. OHA opposes the proposed restructuring of Medicaid benefits because the change will result in cuts that will negatively impact the overall health and oral health of older adults and drive up the cost of healthcare, which is already far more expensive than that of other developed countries.

Here's why:

- Currently, Medicaid dental benefits vary by state. The dilemma is exacerbated by the fact that Medicaid dental benefits are in continuous flux and often subject to elimination when state budgets are constrained.
- Forty-seven states offer some degree of dental coverage (from extensive to emergency-only) to their base Medicaid population and 29 states offer dental coverage to their Medicaid expansion population.^{vi}
- The Medicaid dental benefit is one of the few options available for low-income adults seeking oral healthcare.
- From the time that marketplace enrollment began in 2013 to June 2016, 15 million adults who gained coverage under Medicaid are now at risk of losing it.^{vii}
- Without Medicaid dental benefits, adults are left to seek care in emergency rooms. When compared to care delivered in a dentist's office, hospital treatments are nearly 10 times more expensive than the routine care that could have prevented the emergency.^{viii}

III. Older adults cannot access oral healthcare in the same manner they access healthcare – through Medicare – because dental benefits are not included.

Currently, 55 million older Americans access healthcare services through Medicare; however, Medicare does not include routine dental coverage. According to the National Association of Dental Plans, only 9.8% of older adults retire with a dental benefit, leaving out most of the 250,000 adults who have been turning 65 since February 2011. Meanwhile, 52% of adults aged 50-64 do not realize that dental benefits are not included in Medicare, resulting in a lack of planning to cover these expenses.^{ix}

ORAL HEALTH AMERICA'S POSITION:

Add a dental benefit to Medicare to ensure that improved oral health and general health outcomes are achievable for older adults.

Here's why:

- Oral health affects an aging population that is growing exponentially in America. In 2009, 39.6 million older adults lived in America. This aging cohort is expected to reach 72.1 million by 2030 -- an increase of 82 percent.
- Older adults are more susceptible to age-related health risks. Poor oral health is associated with chronic diseases such as diabetes, heart disease and stroke—all prevalent among older adults.^x
- Dental coverage is a primary indicator for dental visits. Older adults with dental insurance are 2.5 times more likely to visit the dentist on a regular basis.^{xi}

ⁱ Rosenbaum, Sara, Sara Rothenberg, Rachel Gunsalus, and Sara Schmucker. "Medicaid's Future: What Might ACA Repeal Mean?" *The Commonwealth Fund*. The Commonwealth Fund, 12 Jan. 2017. Web. <<http://www.commonwealthfund.org/publications/issue-briefs/2017/jan/medicaids-future-aca-repeal>>.

ⁱⁱ "Dental Caries (Tooth Decay)." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 22 Sept. 2016. Web. <https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html>.

ⁱⁱⁱ "Benefits." *Medicaid.gov*. Centers for Medicare & Medicaid Services, n.d. Web. <<https://www.medicaid.gov/chip/benefits/chip-benefits.html>>.

^{iv} Buettgens, Matthew, Genevieve M. Kenney, and Clare Wang Pan. "Partial Repeal of the ACA through Reconciliation: Coverage Implications for Parents and Children." *Urban Institute*. Urban Institute, 01 Feb. 2017. Web. <<http://www.urban.org/research/publication/partial-repeal-aca-through-reconciliation-coverage-implications-parents-and-children>>.

^v Leibenluft, Jacob, Edwin Park, Judith Solomon, and Aviva Aron-Dine. "House Republicans Would Reverse ACA Coverage Gains and Radically Overhaul Medicaid, New Talking Points Confirm." *Center on Budget and Policy Priorities*. Center on Budget and Policy Priorities, 17 Feb. 2017. Web. <<http://www.cbpp.org/research/health/house-republicans-would-reverse-aca-coverage-gains-and-radically-overhaul-medicaid>>.

^{vi} "Medicaid Adult Dental Benefits: An Overview." *Center for Healthcare Strategies*. Center for Healthcare Strategies, Inc, Oct. 2016. Web. <http://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_102416.pdf>

^{vii} "Key Facts about the Uninsured Population." *The Henry J. Kaiser Family Foundation*. Kaiser Family Foundation, 29 Sept. 2016. Web. <<http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>>.

^{viii} Khan, Azmat. "More Americans Visiting ER for Dental Care." *PBS*. Public Broadcasting Service, 28 Feb. 2012. Web. <<http://www.pbs.org/wgbh/frontline/article/more-americans-visiting-er-for-dental-care/>>.

^{ix} "ORAL HEALTH AMERICA 2015 PUBLIC OPINION POLL: EXECUTIVE SUMMARY." *Oral Health America*. Oral Health America, Sept. 2015. Web. <https://b3cdn.net/teeth/b5d37e5615030783f8_ehm6i2yky.pdf>

^x Lamster, Ira, Evanthia Lalla, Wenche Borgnakke, and George Taylor. "The Relationship Between Oral Health and Diabetes Mellitus." *The Journal of the American Dental Association* 139.5 (2008): 19S-24S. *The Journal of the American Dental Association*. Elsevier Inc, Oct. 2008. Web. <[http://jada.ada.org/article/S0002-8177\(14\)63883-6/abstract](http://jada.ada.org/article/S0002-8177(14)63883-6/abstract)>.

^{xi} Kiyak, Asuman and Reichmuth, M. "Barriers to and enablers of older adults' use of dental services." *Journal of Dental Education*. 1 Sept. 2005; 69(9). Web. <<http://www.jdentaled.org/content/69/9/975.full.pdf+html>>