LEGISLATIVE PRIORITIES
OF ORAL HEALTH AMERICA

Produced by Oral Health America & the Advocacy Committee

Updated March 2018

ORAL HEALTH AMERICA

Contents

ORAL HEALTH AMERICA

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@oha-chi.org or 312.836.9900.

ORAL HEALTH AMERICA

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 all Medicare beneficiaries can access their oral healthcare as they do their medical care.

Currently, 55 million adults access healthcare services through Medicare; however, beneficiaries 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, or dentures.

Medicare Oral Health Benefit

When Medicare was first introduced in 1965, oral health was not included as a part of overall health. Since then, research has proven that oral health affects every aspect of overall health. The implications for older adults are greater than for the general population due to higher rates of chronic disease, such as diabetes, cancer, and cardiovascular disease; chronic pain; difficulties with physical mobility, and issues of cognition and dementia. Individuals with chronic conditions who regularly received recommended dental care, cleanings or periodontal treatment **saved an average of $1,307** on their medical claims compared to those with chronic conditions who received other dental care or no dental care at all[1].

In addition to cost savings, oral health is related to well-being and quality of life as measured along functional, psychosocial, and economic dimensions. Oral health issues are embarrassing to many and result in isolation and depression. Further, poor oral health impacts older adults' nutritional intake. If they are unable to properly chew fruits and vegetables, they may be unable to obtain necessary vitamins and minerals[2].

While improvements in oral health across the lifespan have been observed in the last half century, long-term concern is warranted for the **10,000 older adults retiring each day**. Including a dental benefit in Medicare strengthens our communities and supports our mission of equitable access to oral health.

---

[1] United Healthcare. Medical Dental Integration Study. March 2013
[2] https://www.mouthhealthy.org/en/adults-over-60/nutrition

Medicare Talking Points

- Oral health affects every aspect of overall health, but **traditional Medicare does not cover routine preventive** or restorative services such as screenings, exams, cleanings, fillings, or dentures.
- The largest barrier to accessing dental care is cost. **1-in-5 Americans age 65+ are unable to afford care**. Other barriers include transportation, fear of the dentist and lack of dental insurance.

Useful Links:

- Medicare Dental Toolkit - OHA
- Profile of Oral Health in America - NASUAD
- "America's Seniors Need Medicare Oral Health Coverage" - Families USA
- "Medically Necessary Oral Health Care Is Coverable Under Current Medicare Law" - Center for Medicare Advocacy

- Studies have linked oral health to chronic diseases and routine, preventative dental care may offset the cost of expensive chronic disease maintenance.
- Dental care is a top priority for adults 50+. According to a study conducted by OHA in collaboration with the Health Policy Institute, **virtually all adults 50+ want to see dental coverage included in Medicare.**
- Older adults with dental insurance are 2.5 times more likely to visit the dentist on a regular basis
- By 2030, there will be an expected 72 million seniors living in the United States (20% of the population) – we need to address their needs now so that we have a healthier population in the future.

Oral Health America (OHA) recommends states work with advocates to reinstate or establish adult Medicaid dental coverage. Oral health care is essential to overall health but when state budgets are constrained, dental coverage is often the first benefit to be eliminated from Medicaid.

Medicaid Oral Health Benefit

Adults unable to afford routine dental care share a disproportionate share of oral disease and, in turn, have **elevated risks for chronic conditions such as diabetes and heart disease**. In addition to the burden of living with and treating costly chronic diseases, poor oral health undermines an individual's economic security and can lead to lost workdays, reduced employability, and the preventable use of costly acute care[3].

[3] https://www.agd.org/docs/default-source/federal-resources/oral-health-literacy-leave-behind.pdf?sfvrsn=2

Four states offer no kind of dental benefit in Medicaid and only 17 states offer 'extensive' dental coverage[4]. The states that do offer a benefit, vary in their level of coverage and their definition of 'limited' and 'extensive'. However, in all states, benefits are capped at $1,000 per year and cover less than 100 of 600 recognized dental procedures[5]. An adult dental benefit in Medicaid not only improves quality of life but it saves hospitals, the state and patients money.

In January 2018, the Centers for Medicare & Medicaid Services (CMS) issued a new policy allowing states to implement work and community engagement requirements for certain Medicaid enrollees. States would be permitted to seek federal approval to require non-elderly, non-pregnant, and non-disabled adults to participate in these types of activities to qualify for Medicaid or certain aspects of Medicaid coverage. OHA will work with stakeholders to ensure protections of health care and oral health care for the most vulnerable populations.

Medicaid Dental Talking Points

- ER visits are **10x more expensive** than preventative care and is often limited to treatments for pain relief or antibiotics for infection. This results in a waste of public resources and unnecessary costs to the state, hospital and patients.
- **Studies have linked oral health to chronic diseases** and routine, preventative dental care may offset the cost of expensive chronic disease maintenance.
- Adults unable to afford routine dental care share a disproportionate share of oral disease and, in turn, have elevated risks for chronic conditions such as diabetes and heart disease.

Useful Links:

- "Medicaid Adult Dental Benefits: An Overview" - Center for Health Care Strategies
- "Improving Access to Oral Health Care for Adults in Medicaid" - Kaiser Family Foundation
- Oral Health Care State Fact Sheets - Health Policy Institute
- "Why States Should Offer Extensive Oral Health Benefits to Adults Covered by Medicaid" - Families USA
- "Financing Oral Health: Public Programs" - MSDA

- **Poor oral health undermines an individual's economic security** and can lead to lost workdays, reduced employability, and the preventable use of costly acute care.
- Not all states offer a dental benefit in Medicaid and those states that do offer the benefit, vary in their level of coverage. The definition of "limited" varies by state, but in all such states **benefits are capped at $1,000 per year and cover less than 100 of 600 recognized dental procedures.**

[4] https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_011618.pdf
[5] http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0413_3.pdf?la=en

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.

Because schools are an ideal place to reach children, sealants placed in school-based settings have been associated with reducing the incidence of tooth decay by 60 percent.

Tooth decay is the number one preventable disease among children, disproportionally affecting lower income families, Mexican American and black, non-Hispanic children[6]. 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 the hurdles of accessing pediatric oral care, such as cost and transportation. 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%.

School Sealant Talking Points

- Children with poor oral health were nearly **3 times more likely** to miss school due to dental pain, according to a study[7].
- **Tooth decay is preventable,** but 1-in-7 children ages 6-12 suffered a toothache in the previous six months
- School-based dental sealant programs are the **only evidence-based public health best practice for preventing tooth decay** among children, especially for low income families that have trouble accessing pediatric oral care.
- Dental sealants are thin plastic coatings that are applied to the chewing surfaces of back teeth to protect them against tooth decay.
- **Sealants placed in school-based settings have been associated with reducing the incidence of tooth decay by 40 to 60 percent**.

Useful Links:

- Smiles Across America, a program by Oral Health America
- "Dental Sealants: Proven to Prevent Tooth Decay" - CDHP
- School-Based Dental Sealant Programs - CDC
- Oral Health Services - School Based Health Alliance

[6] https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm
[7] https://www.cdhp.org/state-of-dental-health/schoolandbeyond

ORAL HEALTH AMERICA

3 Increase Access to Dental Care for Children through the Children's Health Insurance Program (CHIP)

OHA advocates for the Children's Health Insurance Program (CHIP) because it helps nearly 9 million low-income children and 300,000 pregnant women access the healthcare they need.

Since its enactment in 1997, CHIP has been a testament to successful bipartisan legislation and has **drastically reduced the number of uninsured children** from 13.9 percent to 4.5 percent today[8]. CHIP is the only insurance that guarantees children a dental health benefit that includes coverage for dental visits, cleanings, fluoride, sealants and fillings[9].

In 2018, Congress extended CHIP funding for ten years – providing stability to families and needed certainty to states, who share financial support for CHIP with the federal government. While the program is funded through 2027 and projected to yield $6 billion in federal savings[10], Oral Health America (OHA) will work with legislators to address challenges of reauthorization past 2027 and find solutions that ensure the program's livelihood[11].

CHIP Talking Points

- The Children's Health Insurance Program (CHIP) is the only insurance that guarantees nearly 9 million children and over 300,000 pregnant women a dental health benefit that **includes coverage for dental visits, cleanings, fluoride, sealants and fillings.**
- CHIP is a successful bipartisan program that has reduced the number of uninsured children from 13.9% in 1997 to 4.5% today.
- **Tooth decay is the number one preventable disease among children** and disproportionally affects lower income families, Mexican American and black, non-Hispanic children. Oral health benefits provided by CHIP are crucial in narrowing the oral health disparity.
- **CHIP's ten-year extension provides stability for states' budgets and families.**

Useful Links:

- CHIP Coverage Information by State
- Children's Health Insurance Program (CHIP) Factsheet - Families USA
- "Why Dental Coverage Matters: A Tool-Kit" - CDHP

[8] https://www.macpac.gov/wp-content/uploads/2017/03/The-Future-of-CHIP-and-Childrens-Coverage.pdf
[9] https://www.medicaid.gov/chip/index.html
[10] https://www.cbo.gov/publication/53459
[11] https://firstfocus.org/wp-content/uploads/2018/01/CHIP-Fact-Sheet-January-2018.pdf

ORAL HEALTH AMERICA

4 Support Caregivers through the Implementation of the RAISE Family Caregivers Act

Caregiving is important to the oral health community. An environmental scan conducted in 2014 by Oral Health America 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. **Oral health education is a necessity** for family caregivers and the aging network if oral diseases are to be minimized and optimal oral health is to be achieved.

OHA is a member of an AARP-led caucus of 40 aging organizations, focused on family caregiving, that garnered legislative support for the RAISE Family Caregivers Act. The RAISE Family Caregivers Act directs the Department of Health and Human Services (HHS) to develop, maintain and periodically update a National Family Caregiving Strategy to support America's 42 million family caregivers, who provide 450 billion annually in unpaid care[12]. We are pleased the legislation was passed by Congress and quickly enacted into law in January 2018.

OHA believes the RAISE Act will make health resources, training and education for caregivers more readily available and **elevate the importance of oral health for overall health** and wellness. OHA will continue to stay engaged with stakeholders to support family caregivers and the implementation of RAISE by providing resources on toothwisdom.org, OHA's consumer-facing website for older adults and their caregivers.

RAISE Talking Points

- Caregiving is important to the oral health community. **Family caregivers help with a myriad of activities for daily living, which include performing tasks related to oral health care,** in addition to dressing, bathing, eating, and purchasing and administering medications.

  Moreover, family caregivers generally do not receive training or other instruction to help them provide proper oral care.

Useful Links:

- Toothwisdom.org "Find Care" Tool
- "Congress Passes RAISE Family Caregivers Act" - AARP
- Family Caregiving Resources - AARP

[12] National Alliance for Caregiving and AARP. Caregiving in the US 2015: Executive Summary, 2015.

ORAL HEALTH AMERICA

- The RAISE Family Caregivers Act, passed by Congress and enacted into law in January 2018, directs the Department of Health and Human Services (HHS) to **develop, maintain and periodically update a National Family Caregiving Strategy** to support America's 42 million family caregivers, who provide $450 billion annually in unpaid care.
- **The RAISE Act will make health resources, training and education for caregivers more readily available** and elevate the importance of oral health for overall health and wellness.

5 Back Policies that Eliminate Tobacco Use Among Youth

OHA supports policies that protect youth from the risky behavior of tobacco use, which presents risks for developing oral cancer and other mouth and respiratory diseases. This includes support for Tobacco21[13] and legislation that keeps baseball fields free of tobacco use[14].

While smoking of traditional cigarettes has declined among teens, **in 2014 e-cigarette use tripled and hookah doubled[15].** This is particularly concerning as e-cigarettes are not regulated by the FDA and there is inadequate data on long-term effects[16]. Many misconceptions about e-cigarettes and hookah exist, including the incorrect notion that they are 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[17].

E-cigarettes are devices that heat a liquid into an aerosol that the user inhales. The liquid has **nicotine and other potentially harmful ingredients** that are inhaled deep into the lungs[18]. OHA is particularly concerned with the growing use of e-cigarettes because of the product's targeted marketing to youth - appealing candy or **fruit flavors mislead users** to think the product is harmless.

Smokeless tobacco use has remained stubbornly prevalent among teens. According to the Centers for Disease Control and Prevention (CDC), **14.7% of high school boys and 8.8% of all high school students reported current use of smokeless tobacco products in 2013.** 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 the amount of tobacco in about four packs of cigarettes.

---

[13] https://tobacco21.org
[14] https://tobaccofreebaseball.org
[15] Esterl, Mike. E-Cigarette, Hookah Use Rises Among U.S. Teens as Cigarette Use Falls. Wall Street Journal. April 16, 2015.
[16] Callahan-Lyon P. Tob Control 2014;23: ii36–ii40. Retrieved from: http://tobaccocontrol.bmj.com/content/23/suppl_2/ii36.full.pdf+html
[17] University of Maryland. Hookah Myths and Facts. Retrieved from: http://www.health.umd.edu/sites/default/files/Hookah%20Brochure-%20Final_0.pdf
[18] https://e-cigarettes.surgeongeneral.gov/

National data show that **95 percent 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.

Youth & Tobacco Talking Points

- While smoking of traditional cigarettes has declined among teens, **in 2014 e-cigarette use tripled and hookah doubled.**
- Hookah, smokeless tobacco and e-cigarettes contain nicotine and other harmful ingredients that increase the likelihood of addiction and negatively impact a users' health and oral health.

Useful Links:

- Tobacco21.org
- tobaccofreebaseball.org
- Take Action on Tobacco21 – Oral Health America

- **95% of adult smokers began smoking before the age of 21**. Raising the minimum tobacco age to 21 can dramatically prevent or reduce tobacco use among teens.
- Banning smokeless tobacco in baseball fields sets a positive example for youth and **discourages them from a lifetime of nicotine addiction.**

6 Sustain Community Water Fluoridation (CWF) 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) is one of 10 great public health achievements of the 20th century and is recommended by nearly all public health, medical, and dental organizations[19].

For the past 70 years, CWF has proven to be the simplest and most effective way for millions of Americans to receive preventive oral health care.

Community water fluoridation 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[20].**

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[21]. 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 first introduced in Grand Rapids, MI in 1945. However, there 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.

---

[19] https://www.cdc.gov/fluoridation/index.html
[20] U.S. Centers for Disease Control and Prevention. Cost Savings of Community Water Fluoridation. http://www.cdc.gov/fluoridation/factsheets/cost.htm
[21] U.S. Centers for Disease Control and Prevention. Community Water Fluoridation. 2015. Retrieved from: http://www.cdc.gov/fluoridation/faqs/

CWF Talking Points

- Community Water Fluoridation (CWF) has **proven to be the simplest and most effective way** for millions of Americans to receive preventive oral health care for the past 70 years.
- 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 to **prevent caries among members of a community.**
- **Community Water Fluoridation (CWF) is cost effective** and widely known for reducing tooth decay by 25% across the lifespan.
- For most states, every dollar invested in CWF saves 38 dollars in dental treatment costs.

Useful Links:

- Take Action & Support CWF – Oral Health America
- Community Water Fluoridation - CDC
- "The Debate Over Fluoridated Water" – Campaign for Dental Health

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

OHA recommends development of a plan to implement the new measure in the recently reauthorized Older Americans Act (OAA), which for the first time the OAA 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, Oral Health America 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 supports this bill, 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[22]. According to Kathy Greenlee, the US Department of Health and Human Services (HHS) Assistant Secretary for Aging, independence is what older Americans value most and also fear most of losing[23].

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**.

---

[22] Farber, Nicholas, Douglas Shinkle, Jana Lynott, Wendy Fox-Grage, and Rodney Harrell. Aging in Place. Denver: National Conference of State Legislatures, 2011. AARP. AARP, Dec. 2011. Web

[23] Greenlee, Kathy." Technical Assistance for ACL Oral Health Programs Subject Matter Expert Meeting One." Administration for Community Living, Lewin Group, Office on Women's Health. Cohen Building, Washington, DC. 12 Jan. 2015. Address.

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[24]. For these reasons, preventive oral healthcare significantly impacts overall health and cost.

OAA Talking Points

- The Older Americans Act (OAA) helps older adults age in place and provides funding for services including: assistance with meals, transportation, elder abuse protection, and caregiving support.
- OAA prioritizes mouth health along with other measures of healthy aging for older adults so that they are able to maintain their independence.
- 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.
- The provisions of the Older Americans Act value preventative care over more costly emergency care, but work still needs to be done to address the challenge of finding and receiving follow-up care.

[24] Allareddy, Rampa, Lee, Allareddy, & Nalliah. Hospital-based emergency department visits involving dental conditions. 331-337

8 Support Workforce Expansion and Innovation

OHA supports legislative efforts that expand the dental team to eliminate disparities among vulnerable populations, and 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, in particular, greater access to oral healthcare and improve their oral health, allowing them to live healthfully and independently.

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.

Workforce Expansion Talking Points

- Financially viable, legislative efforts to expand health professionals in the dental team can be critical in the work to eliminate disparities among vulnerable populations.
- Overall, **an expanded workforce increases access to oral healthcare** and gives low income children, adults and older adults an opportunity to improve their oral health and live healthfully and independently.
- Demonstration projects that increase access to oral health in underserved communities establish training programs for alternative dental healthcare providers and serve as a building block for more widespread expansion of services.

Useful Links:

- Oral Health Workforce Research Center
- "Oral Health Training and Workforce Programs" Fact Sheet – HRSA