Policy Implications for Improving Oral Health for Older Adults & Persons with Disabilities

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Professor of Dentistry and Health Policy/Mgt, Columbia University
CDHP highly regarded for its roles in federal dental policy successes:

- Title VII expansions
- Bingaman Bill”
- Collins Feingold Bill
- CHIP mandate
- DRA pushback
- Health Reform/ACA
Question posed by organizers:

“What lessons were learned in advocating for children that can be applied to older adult and disabled populations?”
Gaining Clarity:
What are the relevant policy issues?

**CDHP Domains**

1. Prevention/Disease Management
2. Coverage/Financing
3. Workforce
4. Safety Net/Delivery Systems
5. Surveillance/Evaluation

CDHP’s five “Buckets” for Systems Fixes
Gaining a Foothold:
What are the relevant hooks and drivers?

**Hooks**
Concerns to attach your issue to:

- Bipartisan: cost, quality, access
- Liberal: equity, school/work readiness, quality of life
- Conservative: military readiness, employability, accountability, personal responsibility

**Drivers**
Opportunities to move your agenda with others’ agendas:

for example

- President G W Bush: safety net expansion (Collins Feingold dental)
- President Obama: health reform (dental provisions)
Gaining a Foothold: Relevant coverage precedents?

<table>
<thead>
<tr>
<th>President</th>
<th>Year</th>
<th>Program</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>President Johnson</td>
<td>1965</td>
<td>Medicare</td>
<td>No dental for seniors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicaid</td>
<td>Optional for adults</td>
</tr>
<tr>
<td></td>
<td>1967</td>
<td>Medicaid</td>
<td>Mandated for children (EPSDT)</td>
</tr>
<tr>
<td>President Reagan</td>
<td>1986</td>
<td>Military</td>
<td>Spouse &amp; child dependent coverage</td>
</tr>
<tr>
<td>President Clinton</td>
<td>1997</td>
<td>SCHIP</td>
<td>Optional children and some adults</td>
</tr>
<tr>
<td>President Obama</td>
<td>2009</td>
<td>CHIP</td>
<td>Mandated for children, adults excluded</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>Health Reform</td>
<td>Mandated for children but not adults</td>
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Gaining a Foothold: Relevant coverage precedents?

**President Johnson**
- 1965: Medicare - No dental for seniors
- 1967: Medicaid - Optional for adults

**President Reagan**
- 1986: Military Spouse & child dependent coverage

**President Clinton**
- 1997: SCHIP - Optional children and some adults

**President Obama**
- 2009: CHIP - Mandated for children, adults excluded
- 2010: Health Reform - Mandated for children but not adults
What is policy?

Definitions

1. A deliberate plan of action to guide decisions and achieve rational outcomes.
   Types: Professional policies, programmatic policies
   Example: It is the policy of the American Dental Association that Medicaid dental coverage should be extended to low-income adults.
Definitions

2. The process by which scarce resources are allocated across competing societal interests.
   
   Types: Local, state, and federal policymaking
   
   Example: State Medicaid programs must cover dental services for children and *may* cover dental services for adults.
Policymaking Cascade

Problem
Policies
Politics
Regulation
Programs
Evaluation
New Problem

New Problem
HR5364 Special Care Dentistry Act of 2010

Preamble (findings):

- Silent epidemic according to US Surgeon General
- Disproportionate disease in aged, blind, & disabled
- Oral disease is consequential to overall health
- Cost savings for ER visits would accrue if care provided
- Disparity with Medicaid medical coverage for ABD
- Urgent need for infection treatment – not “optional”
- Few states covering ABD population
HR5364 Special Care Dentistry Act of 2010

• Requirement to provide ABD adults with Oral Services through Medicaid:

“A state **shall** provide oral health coverage for aged, blind, and disabled through a separate State adult dental program”
HR5364 Special Care Dentistry Act of 2010

- Additional supportive policies
  - Payments must be equivalent to EPSDT for children
  - Services must be age and condition appropriate
  - Service intervals are to be determined in consultation with experts from national dental organizations
  - Transportation to care must be equivalent to EPSDT
  - States must be accountable through reporting to CMS
  - 100% of cost must be borne by federal government
  - Start date is 10/1/2010
HR5364 Special Care Dentistry Act of 2010

- Into “the weeds”
  - Definition of ABD
  - Definition of “oral health services”: emergency, restorative, perio, prevention, surgery, dentures/partials, house calls, sedation/anesthesia, behavior management
  - Definitions of long term care facility, house call, behavior management
  - Conforming amendments
  - Permissible delay for states needing regulatory action
Policymaking Cascade: Politics

HR5364 Special Care Dentistry Act of 2010
- Sole sponsor: Rep. Bart Stupak (D-MI)
- No cosponsors, no “R”
- Right Committee: Energy & Commerce
Policymaking Cascade: Politics

HR5364 Special Care Dentistry Act of 2010
• Successor: Dan Benishek MD, Surgeon
HR5364 Special Care Dentistry Act of 2010

• Political Environment
  – Contentious, unsettled, partisan, split party government
  – Democrats soon to be the minority party
  – Health legislation fatigue, confusion, and anger
  – Republicans committed to undoing ACA and to cutting federal deficit, not expanding federal obligations
  – Precedent on adult coverage very poor - even in ACA
Policymaking Cascade: Political Process

Key actions for moving a bill
• Link to available hooks
• Identify and capitalize on existing drivers
• Leverage the political environment (if possible)
• Do the homework – organize your campaign
  – Develop the data
  – Identify best practices, best examples
  – Frame your arguments
  – Prepare to defend your arguments against counter-arguments
  – Identify proponents and opponents, negotiate to extent possible
  – Engage a high profile spokesperson
More Key actions for moving a bill

• Generate broad support on the Hill
  – Groom champions & well positioned sponsors based on committee assignments, seniority, influence, expertise; make it personal if possible
  – Generate press coverage
  – Hold briefings in DC and in home districts
  – Organize constituent “grass roots” action
  – Develop broad-based coalitions of special interests
  – Develop messengers (lobbyists, activists, professionals)
Even More Key actions for moving a bill

- Engage and assist your champion(s)
  - Colleague recruitment
  - Solicitation of leadership
  - Dear Colleague letters
  - Committee Hearings (assist in staging)
  - Agency Letters
  - Requests for GAO studies
  - Inquiries to the Congressional Research Service
  - Model and “high water mark” legislation
  - Report language
Even More Key actions for moving a bill

- Be persistent and active
  - Maintain ongoing communication
  - Be responsive to any and all requests
  - Stay true to the facts
  - State limits and find information when requested
  - Keep up the energy and engagement of your partners
  - Stay current on evidence
  - Provide “one-pagers” as appropriate
Policymaking Cascade: Political Process

Half way through Congress!

• Next comes budgeting and appropriations
  – Presidential budget – generated from agencies
  – Congressional budget – generated from Budget Committees
  – 13 Appropriations Bills
  – Omnibus Budget Reconciliations
  – Earmarks, directives, and signing statements
Do it all again to ensure that regulations & programs give life to the authorizing legislation

• New Target: Federal agencies
• But similar actions:
  – Establish yourself as a resource
  – Provide technical assistance
  – Be responsive
• Track the legislation’s impact
• Report progress to policymakers
• Publicly honor supporters
  – In home districts and states
  – In the national and local press
  – With constituents
• Feature best practices
• Maintain and grow coalitions, partners, supporters
• Determine what doesn’t work and start all over again!

Policymaking Cascade: Evaluation & Refinement
CDHP Domains

1. Prevention/Disease Management
2. Coverage/Financing
3. Workforce
4. Safety Net/Delivery Systems
5. Surveillance/Evaluation

CDHP’s five “Buckets” for Systems Fixes
### How CDHP operates as a child oral health advocacy organization

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<th>Governmental Action</th>
<th>Programmatic Action</th>
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</thead>
<tbody>
<tr>
<td>Through</td>
<td>Through</td>
</tr>
<tr>
<td>Legislation</td>
<td>National Oral Health</td>
</tr>
<tr>
<td>Regulation</td>
<td>Policy Center</td>
</tr>
<tr>
<td>Agencies liaison</td>
<td>Multicultural OH Alliance</td>
</tr>
<tr>
<td></td>
<td>State Infrastructure TA</td>
</tr>
</tbody>
</table>

#### Tools
- Research & Analysis
- Partnerships & Coalitions
- Advocacy Support
- Web, Briefings, Presentations, Testimonies
- Information Development & Dissemination
## CDHP’s “Systems-Fix” Approach

<table>
<thead>
<tr>
<th>Prevention &amp; Health Promotion</th>
<th>Quality Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Infrastructure &amp; Capacity</td>
<td></td>
</tr>
<tr>
<td>Community Awareness/Education</td>
<td>Effective Coverage</td>
</tr>
<tr>
<td>Family-level Prevention</td>
<td>Effective Workforce</td>
</tr>
<tr>
<td>Child-level disease management</td>
<td>Effective Delivery Systems</td>
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</tbody>
</table>

Surveillance, Evaluation, CQI
## Progress in CHIPRA and ACA

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<tr>
<th>Infrastructure</th>
<th>CHIP Reauth. 2009</th>
<th>Health Reform 2010</th>
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<tbody>
<tr>
<td>Coverage</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Financing</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
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<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Safety Net</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Prevention</td>
<td>✔</td>
<td>✔</td>
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What happened to adult dental in ACA?

- No clear message, messenger, or champion
- ADA’s position supporting Medicaid mandate for adults didn’t gain traction
- Absence of a visible adult dentistry consumer group
- Even liberal legislators were unsympathetic to adult coverage, even for special populations
- Insurers wary of how an adult plan would work
- No champion
- CDHP became a “default” resource but struck out, even on emergency relief of pain and infection
Looking Ahead

…. And it is *never* over!
For more information contact

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www.cdhp.org
202 833 8288

and

Sign up for CDHP’s email newsletter