

June 8, 2020

The Honorable Mitch McConnell  
Majority Leader, United States Senate  
S-230 Capitol Building  
Washington, DC 20510

The Honorable Chuck Schumer  
Minority Leader, United States Senate  
S-221 Capitol Building  
Washington, DC 20510

Dear Leader McConnell and Leader Schumer:

On behalf of our 163,000 members, the American Dental Association (ADA) is writing to support adequate funding to provide oral health care through Medicaid in the next COVID-19 relief package. Specifically, we support temporarily increasing the federal share of Medicaid costs if used to support state Medicaid programs with adult and child dental services, otherwise known as the federal medical assistance percentage (FMAP), while also keeping in place maintenance of effort (MOE) protections.

The ADA believes that Medicaid plays an essential role in a state's oral health care safety net and our association is committed to ensuring that families have access to comprehensive and affordable health coverage, including oral health care coverage. Medicaid and the Children's Health Insurance Program (CHIP), our nation's safety-net health insurance programs, provide vital coverage to over 70 million Americans, including almost 35 million children.<sup>1</sup> About 7.4% of all adults and 38.5% of all children in the U.S. have dental coverage under Medicaid.<sup>2</sup>

Today, Medicaid costs are shared between the federal and state governments. While there are significant differences between states on coverage of optional populations and benefits, states are reimbursed by the federal government for the majority of their Medicaid spending, regardless of changes in enrollment or generosity of benefits. Currently, 37 states including the District of Columbia (D.C.) have expanded Medicaid eligibility while 47 states, including D.C., offer some dental benefit to their base Medicaid population already.<sup>3</sup> There are 33 states, including D.C., that provide dental benefits beyond emergency care<sup>4</sup> and the demand for Medicaid dental services among children and adults will increase moving forward,

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<sup>1</sup> Medicaid.gov, [February 2020 Medicaid & CHIP Enrollment Data Highlights](#), February 2020.

<sup>2</sup> ADA, [Dental Benefits Coverage in the U.S.](#), November 2017.

<sup>3</sup> ADA, [Oral Health and Well-Being Among Medicaid Adults by Type of Medicaid Dental Benefit](#), May 2018.

<sup>4</sup> Ibid.

regardless of Medicaid expansion. As the COVID-19 health crisis has also spurred an economic crisis, it has become evident from the dozen states who are just starting to report their recent Medicaid enrollment data that some of the largest enrollment increases have already taken place in Missouri, Wisconsin, Minnesota, Maine, Kentucky, New Hampshire, and North Carolina.<sup>5</sup> All of these states have some type of adult dental benefit within their Medicaid programs.<sup>6</sup>

States are facing severe budget constraints and in some cases are already seeking to end dental benefits as a way to make up for decreased revenues as a result of the economic crisis.<sup>7</sup> MOE protections would prevent states receiving the additional FMAP funding from cutting coverage. Both the FMAP increase and the MOE protections are critical to protecting coverage and access to care as the public health emergency continues. In the past when states have faced severe budget constraints, adult dental services in Medicaid have often been among the first to be cut. However, research has shown that “when states reduce or eliminate adult dental benefits, unmet dental care needs increase, preventive dental service use decreases, and emergency department use for dental problems increases.”<sup>8</sup> This approach is counterproductive to future cost savings, but without additional FMAP funding and MOE protections, many states will be constitutionally mandated to make large cuts to their budgets that have in the past targeted dental care.

The ADA was one of the first to recommend a postponement of all elective procedures at the onset of the pandemic. As a result, dentists only saw patients for emergencies, and in a time when oral health care needs could now go unmet, dentist Medicaid providers cannot fiscally sustain the loss of these traditionally covered populations. Dentists across the country continue to navigate the unique challenges presented by the COVID-19 pandemic, and a specific and temporary increase in FMAP funding would be most welcome if used to support state Medicaid programs with adult and child dental services along with MOE protections.

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<sup>5</sup> Georgetown University Health Policy Institute, [As Expected, Medicaid Enrollment is Starting to Increase](#), May 2020.

<sup>6</sup> ADA, [Oral Health and Well-Being Among Medicaid Adults by Type of Medicaid Dental Benefit](#), May 2018.

<sup>7</sup> California Public Radio News, [‘It’s Going To Be Painful’: Steep Cuts Expected In California Gov. Gavin Newsom’s Revised Budget](#), May 2020.

<sup>8</sup> The Henry J. Kaiser Family Foundation; [Access to dental care in Medicaid: spotlight on nonelderly adults](#), March 2016.

Medicaid provider dentists treat the most vulnerable people in our nation, including children, the elderly, disabled, and pregnant women. Without additional FMAP funding and MOE protections, dentists could begin disenrollment from the Medicaid program, which will make it more difficult for Medicaid patients to access needed oral health care. In the near term, the ADA's Health Policy Institute (HPI) recently surveyed Medicaid provider dentists and found almost 20% of surveyed Medicaid provider dentists were not sure if they would continue to be by the end of June. This number could grow in the months ahead.

**[If an enrolled Medicaid provider] Looking ahead, does your practice plan to continue to be an enrolled Medicaid provider at the end of this month?**



● Yes [74%] ● No [7%] ● Not sure [19%]

Thank you for your consideration of these important issues. Medicaid dentists and the patients they serve request your support of these measures. We would welcome the opportunity to speak with you in more detail and answer any questions you have regarding these comments. Please contact Megan Mortimer at [mortimerm@ada.org](mailto:mortimerm@ada.org) or (202) 701-9593 to facilitate further discussions.

Sincerely,

Chad P. Gehani, D.D.S.  
President

Kathleen T. O'Loughlin, D.M.D., M.P.H.  
Executive Director

cc: Senate Committee on Health, Education, Labor and Pensions  
Senate Committee on Finance

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