

February 5, 2020

The Honorable Marc Veasey
2348 Rayburn House Office Building
U.S. House of Representatives
Washington, DC 20515

Dear Representative Veasey:

On behalf of the American Dental Association (ADA) and our 163,000+ members nationwide, we write to thank you for introducing H. Res. 826, *Expressing disapproval of the Trump administration's harmful actions towards Medicaid*, and urge its passage. The Healthy Adult Opportunity (HAO) initiative was released January 30 by the Centers for Medicare and Medicaid Services (CMS), and is commonly referred to as Medicaid block grant guidance.¹ The ADA believes that Medicaid plays an essential role in a state's oral health care safety net and is committed to ensuring that families have access to comprehensive and affordable health coverage, including oral health care coverage. Medicaid, our nation's safety-net health insurance program, currently provides vital coverage to over 71 million Americans, including 35 million children. About 7.4% of adults and 38.5% of children in the U.S. have dental coverage under Medicaid.²

The ADA opposes Medicaid block grant proposals when adequate funding and safeguards are not in place to ensure access to comprehensive oral health care; the HAO initiative would not meet the ADA's funding and safeguard policy standards. We also specifically oppose language in the guidance under '*Individual and Small Group Market Insurance Coverage of EHB [essential health benefit] based on the EHB-Benchmark Plans*' that mandates routine non-pediatric dental services are not included as an EHB. Since adult dental services are not included as EHBs, states choosing this approach may have to eliminate existing adult dental coverage for adults covered under Medicaid expansion. Furthermore, the ADA views any potential future cuts to dental care as detrimental to the overall health of the adult Medicaid population since states are not required to cover dental benefits as they are for children.

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. Under a block grant approach, the funding for a state's Medicaid program would be determined up front and therefore put states at risk for additional costs to meet the needs of Medicaid enrollees. Currently, 37 states including the District of Columbia have expanded Medicaid eligibility. Of those states, 35 states including the District of Columbia provide at least limited dental benefits for adults. Demand for Medicaid dental services among children and adults will increase moving

¹ Centers for Medicare & Medicaid Services, [Healthy Adult Opportunity Initiative](#), January 30, 2020.

² ADA, [Dental Benefits Coverage in the U.S.](#), 2015.

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forward, regardless of Medicaid expansion. The rate of growth in demand depends on the level of adult dental benefits covered by each state and the number of uninsured individuals that qualify for Medicaid moving forward.

With block grants or per capita caps, the incentive for states to cut benefits or eligibility in order to stay under the capped amount will grow with time. A Congressional Budget Office analysis of a previous block grant proposal found that Medicaid spending would be cut by 35 percent over twenty years and cause approximately 22 million beneficiaries to lose coverage across the country by 2026.³ For states that choose to pursue this funding approach, non-pediatric dental services have in the past become one of the first services cut from funding when fiscal challenges are present.

Again, thank you for your leadership on this important issue.

Sincerely,

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

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

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cc: Speaker of the U.S. House, Nancy Pelosi
Republican Leader of the U.S. House, Kevin McCarthy

³ Congressional Budget Office, [*Longer-Term Effects of the Better Care Reconciliation Act of 2017 on Medicaid Spending*](#), June 2017.