June 9, 2017

The Honorable Orrin Hatch
Chairman
Senate Committee on Finance
104 Hart Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Enzi
Chairman
Senate Committee on Budget
379A Russell Senate Office Building
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member
Senate Committee on Budget
332 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairmen and Ranking Members,

On behalf of our organizations, we appreciate the opportunity to work with you and your colleagues as you examine ways to reform our nation's health care delivery and financing systems. Our organizations are committed to ensuring that families have access to comprehensive, affordable health coverage, including oral health coverage. Medicaid, our nation's safety-net health insurance program, currently provides vital coverage to over 70 million Americans, including 37 million children. In addition, newly established standards for private dental plans and mechanisms to increase their affordability have improved the private dental insurance market for consumers. We urge you and your colleagues to work to protect access to oral health coverage for all Americans.

Poor oral health has long-term effects on an individual's life. Tooth decay remains the most chronic condition among children and adolescents, impacting school performance and attendance. Because it is a progressive, chronic condition, the oral health problems that impact children continue on into adulthood impacting employability, military readiness and overall health status.

Additionally, untreated dental disease has a significant economic impact on our healthcare system. For example, between 2008 and 2010, 4 million Americans went to the emergency room for dental related problems at a cost of $2.7 billion dollars.[1] In 2014, an emergency room visit for a dental condition occurred every 14 seconds in the United States, costing approximately $863 per visit compared with an average dental office visit cost in 2014 of $240.[2]

The good news is that since 2000, the percentage of children without dental coverage has been cut in half.[3] Additionally, 5.4 million adults gained access to dental benefits as part of the Medicaid expansion through 2015. As public insurance has reached greater numbers of children, the rate of untreated decay has fallen among low-income kids,[4] and research shows emergency department visits for dental related issues decreased for the first time since the early 2000s between 2012 and 2013, with the largest declines among children and young adults.[5] And it is recent improvements to public and private oral health plans that have led to these improvements.

The Medicaid program's importance to Americans' oral health cannot be overstated. Medicaid provides coverage for low-income and disabled children, adults, pregnant women and seniors. Dental services are

[1] Sun BC et al. Emergency department visits for nontraumatic dental problems: A mixed-methods study. American Journal of Public health, 2015; 105(5): 947-955.
[2] American Dental Association Health Policy Institute analysis of 2014 Truven and Nationwide Emergency Department Sample data. Accessed May 25, 2017.
[3] Nasseh K., Vujicic M. Dental benefits coverage increase for working-age adults in 2014. Health Policy Institute Research Brief. American Dental Association. October 2016. Available: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1016_2.pdf?la=en.
[4] Saint Louis C. Untreated dental decay is falling among children. New York Times. March 5, 2015. Available from: https://well.blogs.nytimes.com/2015/03/05/untreated-dental-decay-is-falling-among-children/?_r=0.
[5] Wall T, Vujicic M. Emergency department visits for dental conditions fell in 2013. Health Policy Institute Research Brief. American Dental Association. February 2016. Available from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0216_1.pdf?la=en.

an essential part of the Early Periodic, Screening, Diagnostic and Treatment (EPSDT) program and are designed to respond to a child's individual need. States develop dental periodicity schedules for their programs, ensuring that enrolled children receive services at regular intervals as well as any medically necessary care that is part of an ongoing treatment plan. Under the current structure and financing system, Medicaid provides a significant foundation for children to achieve optimal oral health through preventive efforts and routine care.

The establishment of Medicaid and EPSDT ensured that poor children with public insurance have access to dental care that is comparable to the services available to more affluent children with private insurance. Dental care utilization among publicly insured children has steadily increased over the past decade even as increasing numbers of children enroll.[6] To that end, we are concerned that proposed fundamental changes to Medicaid funding could put the nation's overall oral health at risk.

We support state flexibility and innovation. We also believe states should follow statutory guidelines when designing their Medicaid benefit programs because without such guidelines, care can and may be reduced or eliminated entirely. This was clear under the Children's Health Insurance Program (CHIP) prior to the enactment of the Children's Health Insurance Program Reauthorization Act of 2009, when states had the ability to limit or eliminate dental benefits for enrolled children and great variation existed across states. Further, state legislatures have historically eliminated adult dental benefits in Medicaid when required to reduce their budgets because adult dental benefits are considered an optional benefit for states to provide. Granting more flexibility in coverage requirements may result in incomplete or inconsistent care for our most vulnerable citizens. We believe that the coverage requirements and guidelines currently in place for states help ensure Medicaid provides necessary and appropriate care for children and would advocate for stronger guidance regarding coverage of adult dental services rather than increased flexibility that may chip away at the significant oral health progress that has been made among publicly insured individuals.

Similar to the Medicaid program, significant oral health improvements in recent years have been achieved in the private market as well. While pediatric dental benefits are an essential health benefit, the most significant coverage gains in the marketplace have been among adults. We are concerned that proposed changes to private dental plan offerings and private health insurance financing could undo these improvements. Proposals that waive benefit standards for private insurance packages will put at risk the availability of comprehensive oral health coverage currently offered to children, while significant changes to affordability mechanisms like tax credits and cost-sharing reductions will make it more difficult for families to purchase the coverage their children need. Rather, benefit packages for children in the individual and group insurance markets must be designed with a comprehensive, prevention focused dental benefit. Additionally, all individuals, regardless of age, should be made better aware of what dental plan offerings are available and the affordability measures in place to help them purchase those plans.

As the Senate moves forward with health care reform, we urge you to reject drastic reductions and restructuring of the Medicaid program. We also urge you to resist the elimination of oral health services for families enrolled in private insurance plans and consider policies and guidance that would make dental services more accessible to all citizens, regardless of income or insurance type. Coverage impacts the ability of individuals to access care in the most appropriate, cost-effective setting, and our organizations believe that drastic funding cuts and structural changes to the oral health system will undermine the gains that families have made in accessing dental care and ultimately be detrimental to the entire healthcare system.

We encourage you and your colleagues to utilize our organizations as resources and look forward to working with you to ensure that our nation's children and low-income, working families can continue to benefit from measurable improvements in oral health care and access to dental coverage.

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[6] Nasseh, K., Vujicic, M. Dental Care Utilization Rate Continues to Increase Among Children, Holds Steady among Working-Age Adults and the Elderly. October 2016. Available: http://ada.org/~/media/ADA/Sicence%20and%20Research/HPI/Files/HPIBrief_1015_1.pdf?la=en.

American Dental Association
Children's Dental Health Project
American Academy of Pediatrics
Academy of General Dentistry
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association for Dental Research
American Association of Oral and Maxillofacial Surgeons
American Association of Public Health Dentistry
American Association of Women Dentists
American College of Prosthodontists
American Dental Education Association
American Dental Hygienists' Association
American Network of Oral Health Coalitions
Anthony L. Jordan Health Corporation
Association of Clinicians for the Underserved
Association of State and Territorial Dental Directors
Center for Medicare Advocacy
Children's Defense Fund
Children's Hospital Association
Community Catalyst
Delaware Oral Health Coalition
Family Voices
First Focus
Harvey-Marion County CDDO
Idaho Oral Health Alliance
Kansas Public Health Association
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Michigan Primary Care Association
Missouri Coalition for Oral Health
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National Association of Pediatric Nurse Practitioners
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Washtenaw County Public Health
Wyandotte Community Health Center