June 28, 2019

Seema Verma, M.P.H
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-1850

Attention: CMS-9936-NC2: Request for Information Regarding State Relief Empowerment Waivers

Dear Administrator Verma:

As organizations dedicated to promoting the oral health of our nation, we appreciate the opportunity to comment on the request for information (RFI) on the Section 1332 State Relief and Empowerment Waivers. On behalf of the 163,000 members of the American Dental Association (ADA), the 10,500 members of the American Academy of Pediatric Dentistry (AAPD), and the millions of children who depend on oral health services provided through the Affordable Care Act (ACA), the ADA, AAPD, and the Children’s Dental Health Project (CDHP) welcome the opportunity to provide thoughtful input on these important issues.

The ADA, AAPD, and CDHP appreciate the Centers for Medicare and Medicaid Services (CMS)’ work on empowering states to develop strategies that best meet the needs of their residents. However, as expressed in our December 12, 2018 letter to CMS, we remain concerned that the October 2018 guidance on the Section 1332 waivers (CMS-9936-NC) may weaken the ACA’s Essential Health Benefits (EHBs), especially the oral health benefit for children. Under the ACA guardrails in Section 1332, a state’s plan waiver must provide comprehensive health coverage to at least as many residents as would have coverage without the waiver. The October 2018 guidance, however, does not include that protection.

The ADA, AAPD, and CDHP are concerned about the waiver concepts outlined in the RFI, including the adjusted plan options. Allowing states to provide financial assistance for coverage which does not adequately meet the needs of children and families, including meaningful dental benefits, could limit children’s access to dental care. Additionally, we think that allowing states to align Section 1332 waivers with 1115 Medicaid waivers could threaten children’s coverage under the Medicaid and Children’s Health Insurance Programs (CHIP).

We remain concerned that Section 1332 waiver guidance could reverse important gains for children’s access to oral health coverage and care. Thanks in part to the benefits offered under the ACA, Medicaid, and CHIP, in 2015, the percentage of children with dental
coverage reached an all-time high.\textsuperscript{1} Oral health is critical to overall health, and impacts school performance,\textsuperscript{2} employability,\textsuperscript{3} and military readiness.\textsuperscript{4} Untreated dental disease can cause pain, missed school or work days,\textsuperscript{5} worsening of other health issues,\textsuperscript{6} and unnecessary emergency room expenditures.\textsuperscript{7} Children without dental benefits are more likely to seek care in hospital emergency rooms. However, dental disease is largely preventable, and consistent access to early interventions and treatment can help children achieve optimum health while minimizing cost throughout the lifespan.

The ADA, AAPD, and CDHP urge CMS to better protect children’s dental health by not implementing the waiver concepts outlined in the RFI. The inclusion of pediatric dental coverage as an EHB was a victory for children. We respectfully encourage the agency to work collaboratively with us to identify other potential reforms to reduce costs and improve care.

We look forward to continuing to work with CMS on these important goals. Should you have any questions, please do not hesitate to contact Ms. Roxanne Yaghoubi at the ADA at (202) 789-5179 or yaghoubir@ada.org, Mr. C. Scott Litch at the AAPD at (312) 337-2169 or slitch@aapd.org, or Mr. Colin Reusch at CDHP at (202) 417-3595 or creusch@cdhp.org.

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Sincerely,

/s/
Jeffrey M. Cole, D.D.S., M.B.A.
President, ADA

/s/
Kevin Donly, D.D.S., M.S.
President, AAPD

/s/
Meg Booth
Executive Director, CDHP

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