



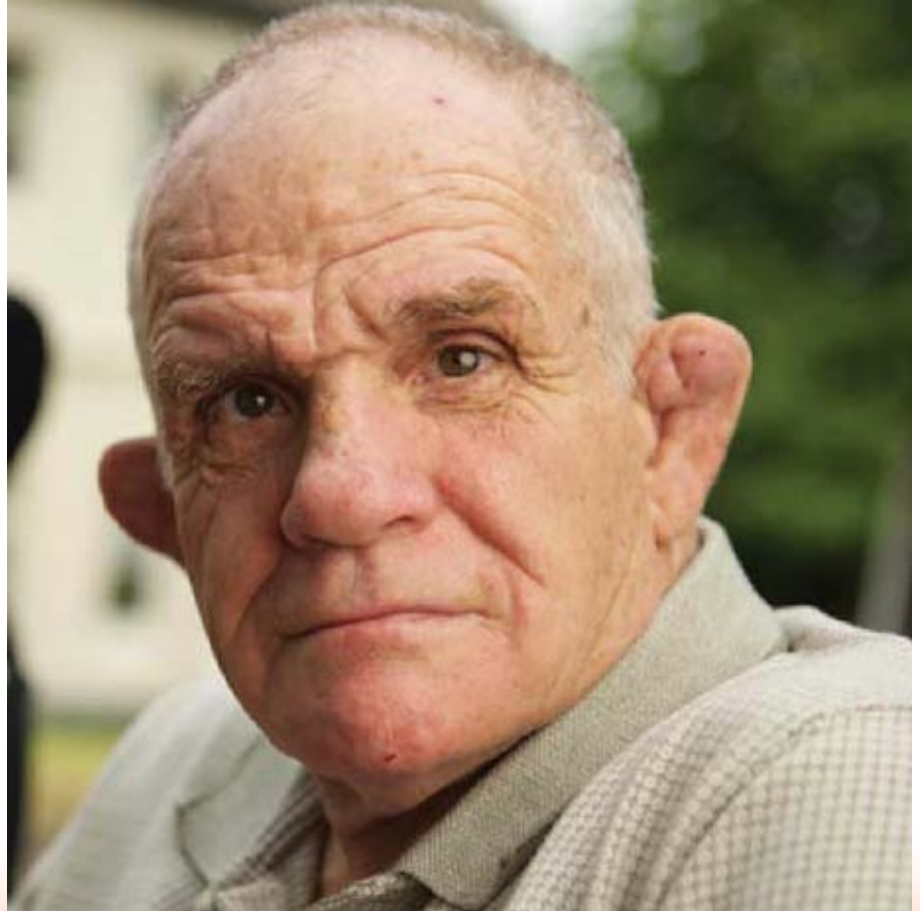
Policy Implications for Improving Oral Health for Older Adults & Persons with Disabilities

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Children's ??? Dental Health Project

CDHP highly regarded for its roles in federal dental policy successes:

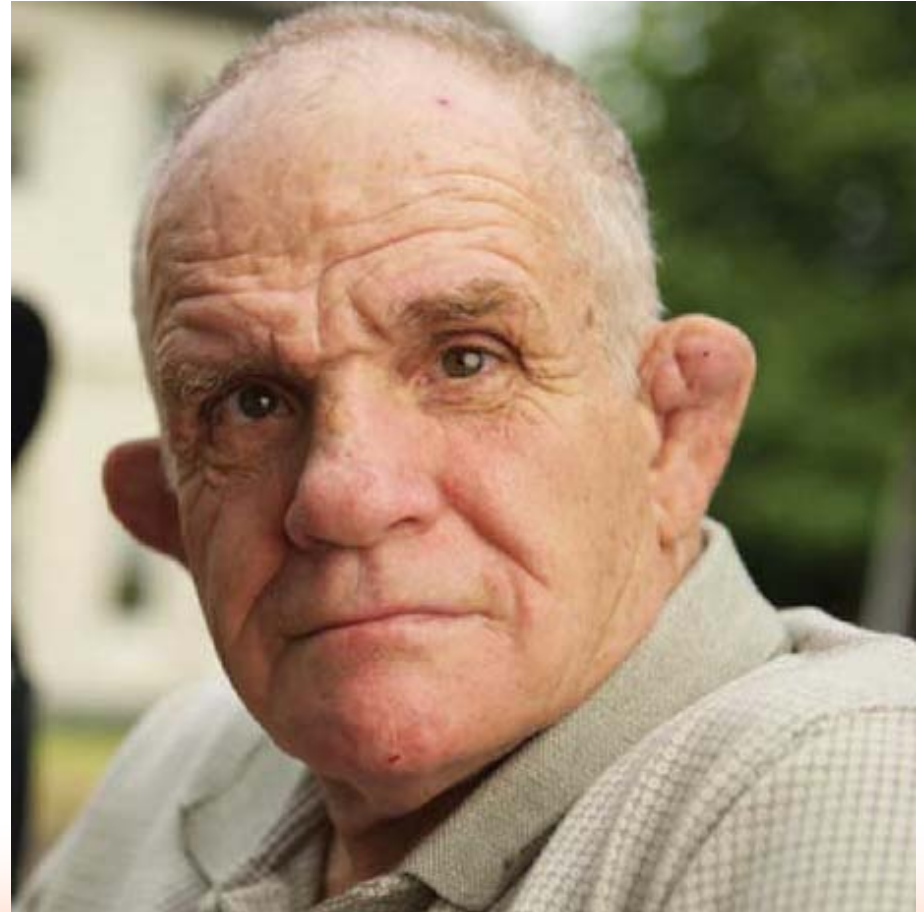
Title VII expansions	Bingaman Bill"
Collins Feingold Bill	CHIP mandate
DRA pushback	Health Reform/ACA



Children's ??? Dental Health Project

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?

President Johnson

1965	Medicare	No dental for seniors
	Medicaid	Optional for adults
1967	Medicaid	Mandated for children (EPSDT)

President Reagan

1986	Military	Spouse & child dependent coverage
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President Clinton

1997	SCHIP	Optional children and some adults
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President Obama

2009	CHIP	Mandated for children, adults excluded
2010	Health Reform	Mandated for children but not adults

Gaining a Foothold: Relevant coverage precedents?

President Johnson

1965

1967

President

1986

President

1997

President

2009

2010

**CHILD MANDATES
ADULT EXCLUSIONS**

CHIP

Health Reform

Mandated for children, adults excluded

Mandated for children but not adults



MEDICAL COVERAGE POST ACA					
AGE	Older Adults	Medicaid & Medicare	Medicare		
	Adults	Medicaid	Employer Sponsored		
	Children	EPSDT	CHIP	Employer	
		Poor	Low	Middle	High
INCOME					

DENTAL COVERAGE POST ACA					
AGE	Older Adults	Medicaid & Medicare	Medicare		
	Adults	Medicaid	Employer Sponsored & State Exchanges (after 2013)		
	Children	EPSDT	CHIP	Employer	
		Poor	Low	Middle	High
INCOME					

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.

What is policy?

Definitions

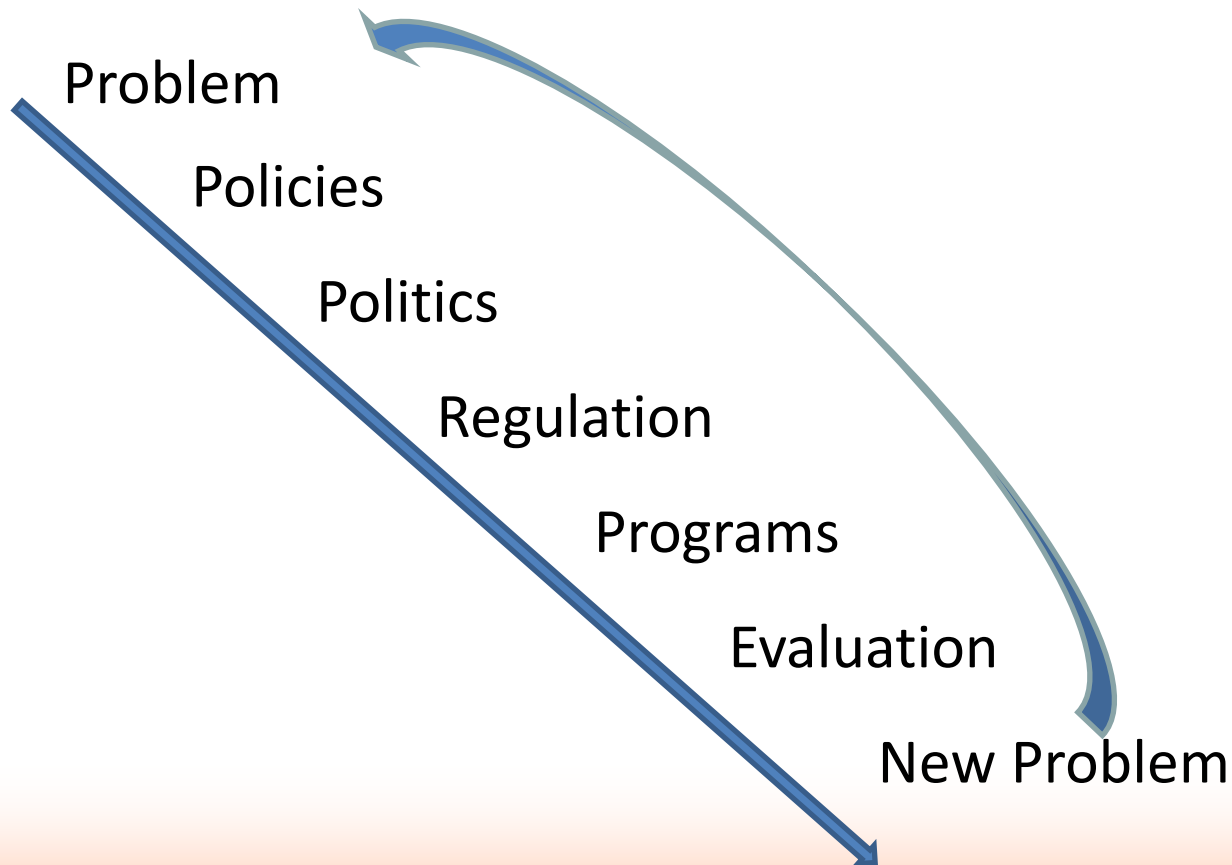
2. The process by which scarce resources are allocated across competing societal interests.

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

Policymaking Cascade



Policymaking Cascade: 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

Policymaking Cascade: Policy

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”

Policymaking Cascade: Policy

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

Policymaking Cascade: Policy

HR5364 Special Care Dentistry Act of 2010

- Into “the weeds”
 - Definition of ABD
 - Definition of “oral health services”: emergency, restorative, perio, prevention, surgery, dentures/partial, 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



Policymaking Cascade: Politics

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



Policymaking Cascade: Political Process

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)



Policymaking Cascade: Political Process

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



Policymaking Cascade: Political Process

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



Policymaking Cascade: Regulation Programs

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



Policymaking Cascade: Evaluation & Refinement

- 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!

Back to the Buckets

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

Governmental Action

Through

Legislation

Regulation

Agencies liaison

Programmatic Action

Through

National Oral Health

Policy Center

Multicultural OH Alliance

State Infrastructure TA

Tools

Research & Analysis

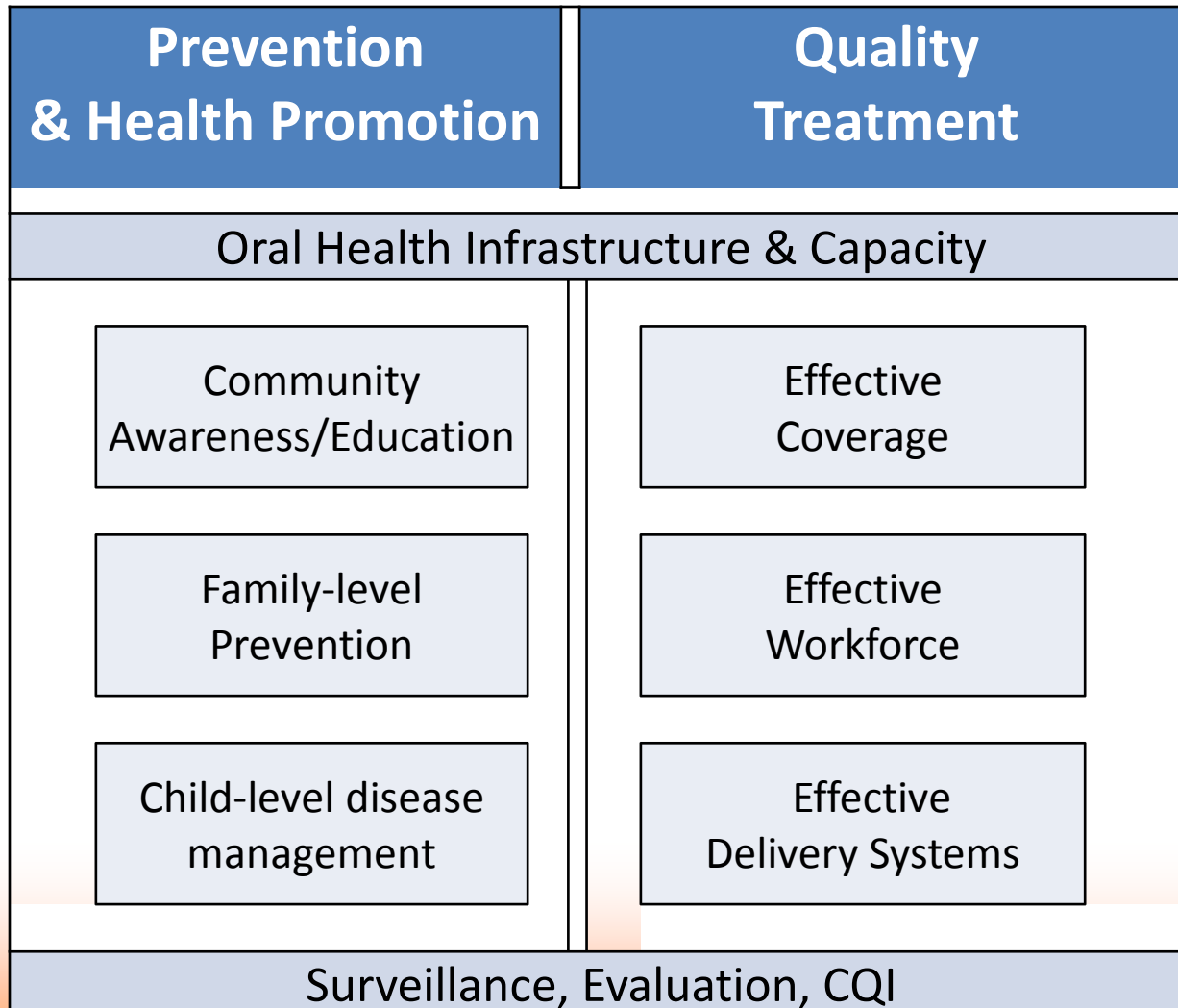
Partnerships & Coalitions

Advocacy Support

Web, Briefings, Presentations, Testimonies


Information Development & Dissemination

CDHP's "Systems-Fix" Approach



Progress in CHIPRA and ACA

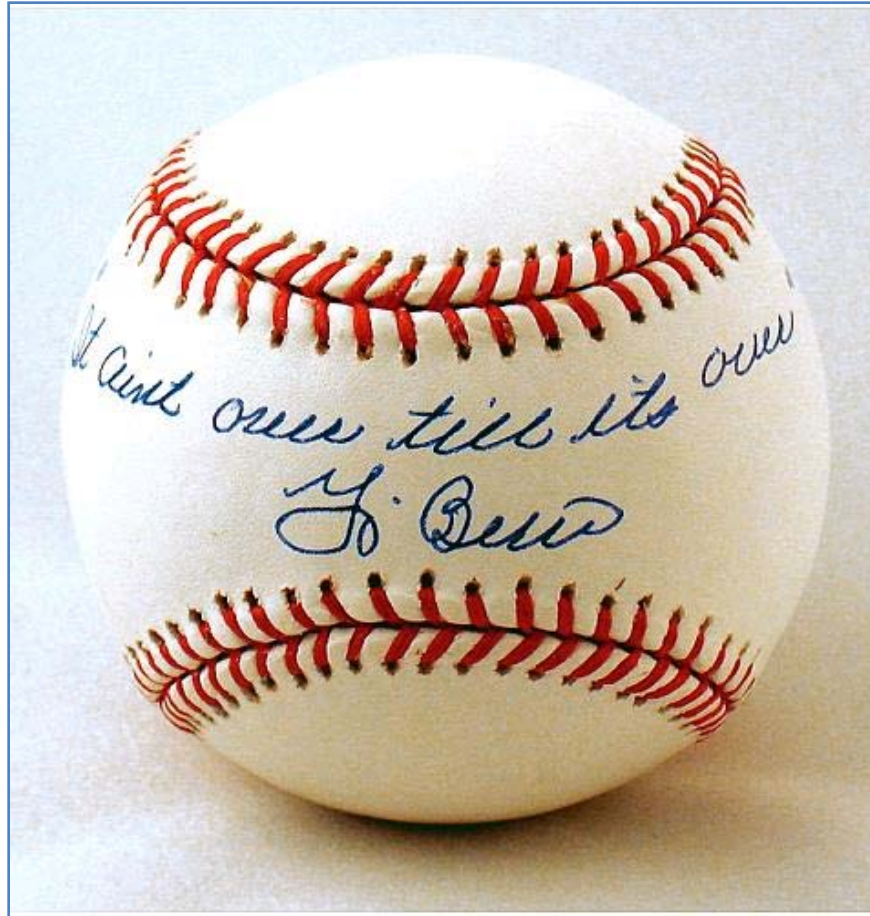
	CHIP Reauth. 2009	Health Reform 2010
Infrastructure	✓	✓
Coverage	✓	✓
Financing	✓	✓
Workforce	✓	✓
Safety Net	✓	✓
Prevention	✓	✓
Surveillance	✓	✓



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!



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