

# The Spirit of Change in National Oral Health Policy

March 2023 - Colin Reusch, Director of Policy





# Community Catalyst





UNITED FOR HEALTH JUSTICE

# A health system rooted in race equity equity and health **justice**

Community Catalyst partners with local, state, and national organizations and leaders to leverage and build power so that people are at the center of important decisions about health and health care — whether they are made by health care executives, in state houses, or on Capitol Hill.

Through a mix of rigorous policy analysis and research, multi-state advocacy campaigns, strategic communications, organizing, and coalition building, we work towards change grounded in community leadership. Together with partners, we're building a powerful, united movement with a shared vision of and strategy for a health system accountable to all people.

**We believe a society where health is a right for all is possible.  
We know that together we can build it.**



# Approaching Oral Health as an Equity Issue



# Why Does Oral Health Matter?



Dental disease hurts more than our teeth. It's tied to our overall health. Tooth decay can risk our physical, mental and economic wellbeing. It also strains state budgets. Policy barriers keep many people from getting the care and support they need to have good oral health. Due to structural racism and economic inequity, this most harms Black and Brown people, American Indian/Alaska Native communities and people with low incomes. *But with policy change, we can achieve good oral health for everyone.*

## Oral health is a core part of our overall health, shaping our wellbeing at every age:

- **Staying healthy throughout our lives:** Good oral health helps our physical and mental health. Dental disease can harm our [heart](#) and [lungs](#)—raising our risk of diabetes and pneumonia—and our [cognitive ability](#) as we age. It can also take a toll on our [mental health](#), as one factor leading to [depression](#) and [low self-confidence](#).
- **Having a healthy pregnancy and childhood:** Good oral health can support a [healthy pregnancy](#) and give newborns a strong start. But untreated dental disease may lead to [complications](#) such as preeclampsia, a dangerous blood pressure condition, or giving birth too soon. Children with good oral health are better able to eat, sleep, speak and socialize, key aspects of [healthy development](#).

## Good oral health supports individual and shared success, while dental disease imposes far-reaching consequences on children, families and communities:

- **Family economic security:** Due to societal assumptions about appearance, adults with good oral health may have more [job opportunities](#) than their peers with dental disease. Healthy teeth can also help women [earn 4.5 percent more](#) than their peers.
- **Success in school:** A child with good oral health will do better in school. Kids with dental pain are [four times more likely](#) to earn lower grades than healthier students. Untreated tooth decay interferes with their ability to learn and attend school every day.
- **Costs to states:** When policy barriers push good oral health out of reach, avoidable dental problems can become emergencies. This makes dental disease costly for communities. In 2016, dental-related visits to hospital emergency rooms cost the U.S. health system [over \\$2 billion](#). Opening up access to prevention, timely care and other key supports can help more people manage underlying decay before it gets out of hand, lowering costs to states.

## Oral health is a racial and economic justice issue:

- **Policies based on systemic racism and economic inequity put the steepest barriers to good oral health in the path of Black and Brown people, indigenous people, and people with low incomes.** Given these hurdles, Black and Brown children and those in low-income families have [higher rates](#) of cavities than their white, wealthier peers. Black and Latinx adults have higher rates of [untreated tooth decay](#) than their white peers, risking their health and financial security.
- **Dental deserts threaten people of color:** In 2019, more than [56 million](#) people lived in an area without enough dental providers. This gap [most hurts](#) Black and Brown people, indigenous people, and immigrants. It also falls hardest on people with low incomes.
- **Coverage gaps hurt struggling adults and families:** For people who count on Medicaid, policy barriers push comprehensive dental coverage out of reach. In 2018, low-income adults and pregnant people could only access extensive dental coverage in [22 states](#).

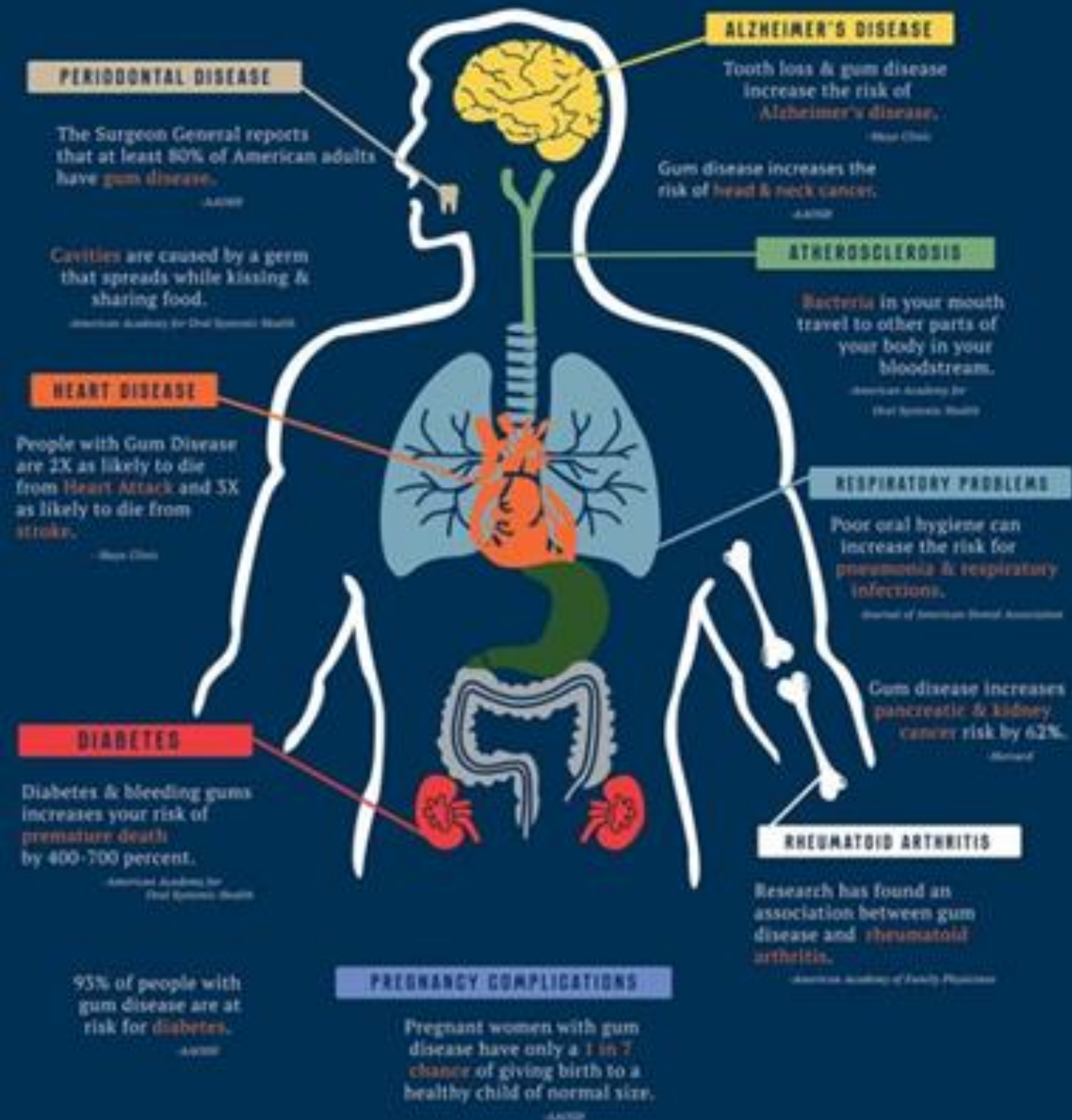
**Virtually all dental disease is preventable when we get the right support.** A [range of policy solutions](#) exist that can ensure we all have the support we need to have good oral health.

# Oral Health Is An Issue of Equity

- Oral health affects overall health & economic well-being
- Untreated dental disease & access barriers fall disproportionately on marginalized communities
- People facing racial discrimination, housing & food insecurity, lack of transportation, etc. also contend w/ worse oral health
- Oral health compounds existing inequities



# Mouth Body Connection



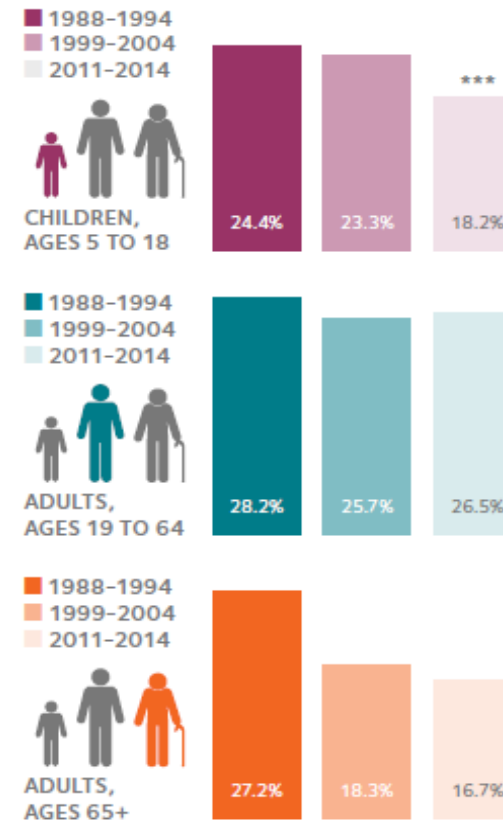
## Oral Health Affects Overall Health

- Tooth decay & gum disease are chronic conditions
- Dental disease can complicate management of heart disease and diabetes
- Gum disease linked to preeclampsia and adverse birth outcomes
- Oral bacteria linked to higher risk for hospital acquired pneumonia
- Poor oral health may affect cognitive ability as we age
- Oral health problems can affect mental health and depression



Disparities in oral health outcomes by race, ethnicity, income are especially persistent for adult populations

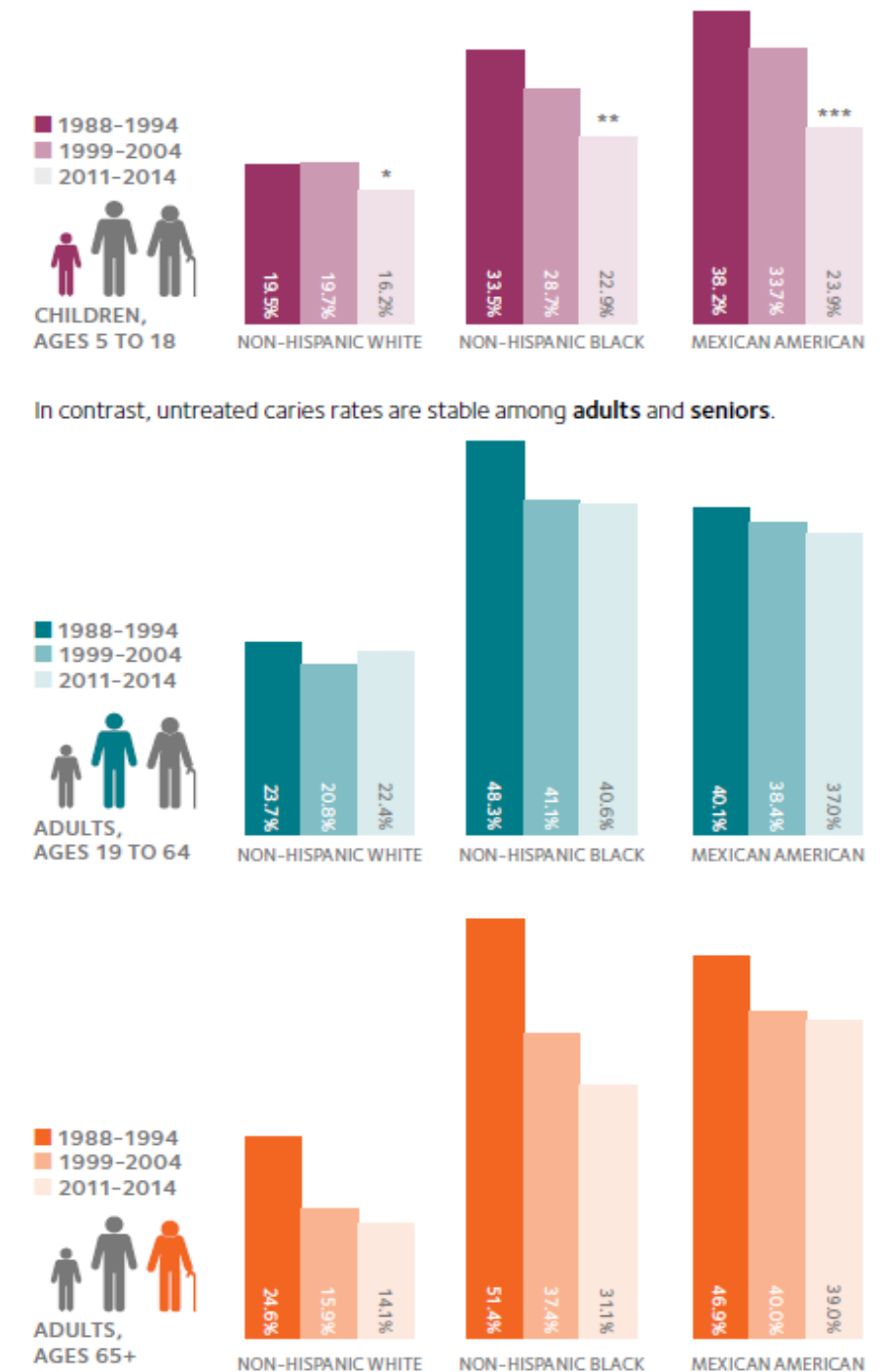
## PREVALENCE OF UNTREATED CARIES, BY AGE GROUP



**Note:** Based on HPI analysis of National Health and Nutrition Examination Survey (NHANES) data. The NHANES is designed to monitor the health and nutritional status of the civilian non-institutionalized U.S. population. Survey participants are selected through a complex, multistage process that includes oversampling in order to obtain reliable estimates for population subgroups. The survey consists of interviews conducted in participants' homes and standardized physical examinations in mobile examination centers (MECs). The years 1988-1994, 1999-2004 and 2011-2014 were selected because the NHANES oral health assessment was conducted using a consistent methodology. In other years, the methodology changed and data, therefore, are not comparable. Additional information on NHANES is available from: [www.cdc.gov/nchs/nhanes.htm](http://www.cdc.gov/nchs/nhanes.htm). Untreated dental caries refers to decay on the crown or enamel surface of a tooth (i.e. coronal caries) that has not been treated or filled. Decay in the root (i.e. root caries) was not included. The third molars were not included. Only those individuals with at least one natural primary or permanent tooth (considering 28 tooth spaces) were included in this analyses. The presence of untreated caries was evaluated in primary and permanent teeth for people ages 5 and above. We report untreated caries by age group and by race broken down by age group. We do not include individuals of other Hispanic race and individual of other races including multi-racial. The numbers presented here are unadjusted age rates.

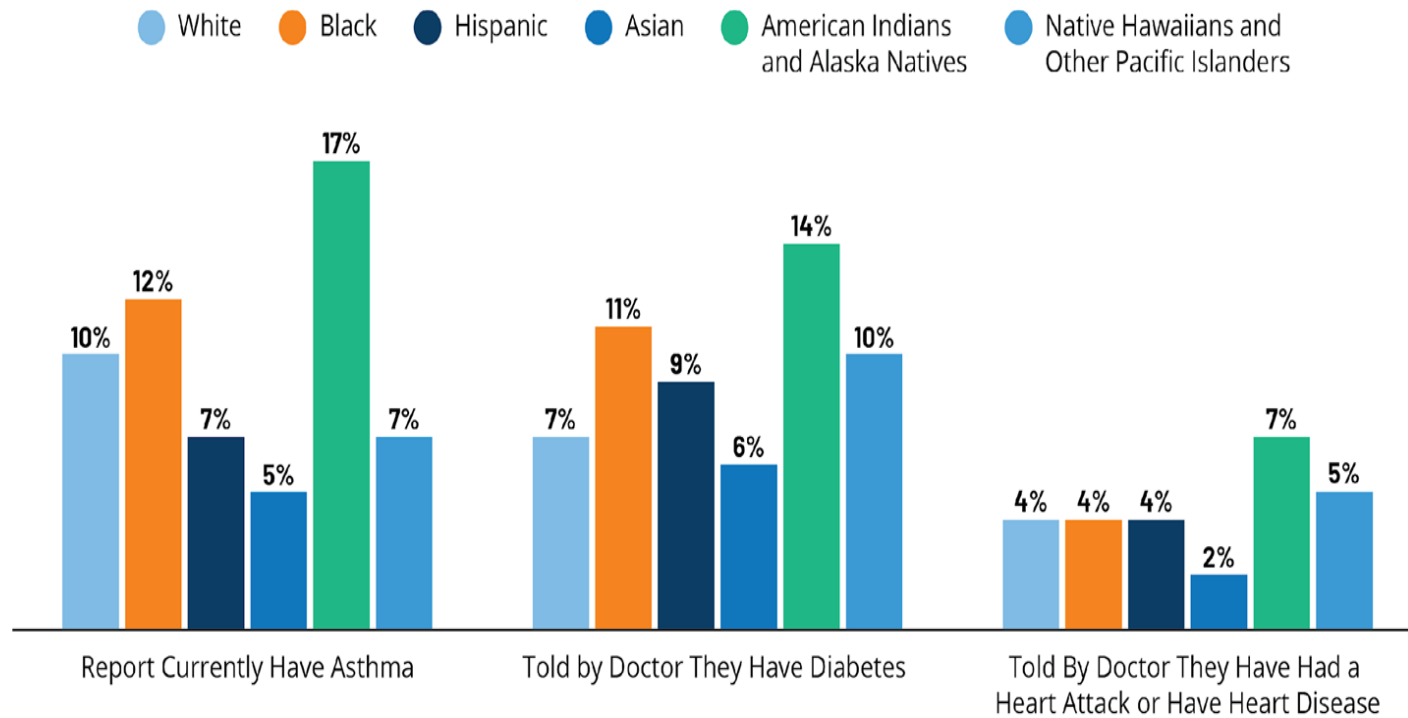
## PREVALENCE OF UNTREATED CARIES, BY RACE AND AGE GROUP

Untreated caries rates are declining for **children**, especially for **minorities**.

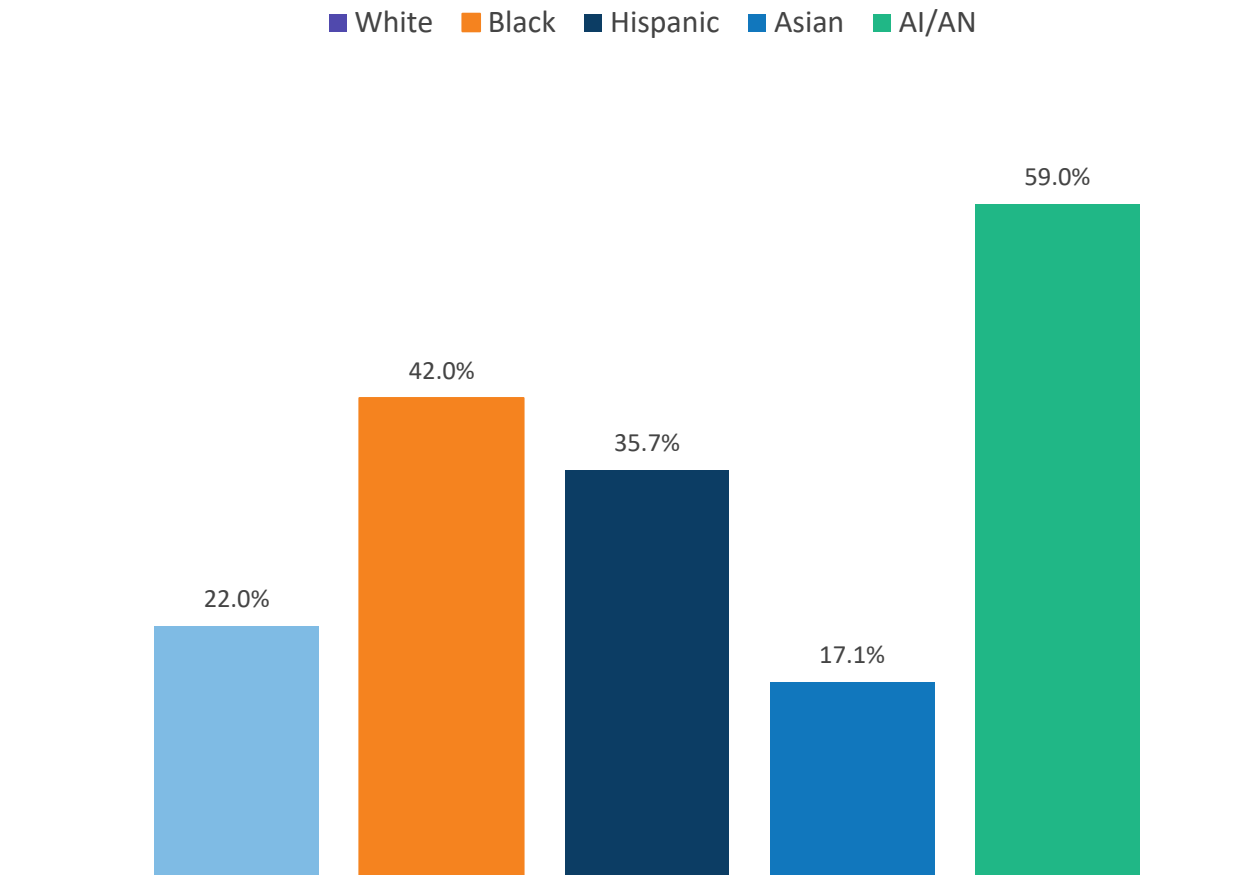


# Disparities in Oral Health Mirror Other Chronic Conditions

**Percent of Nonelderly Adults with Selected Health Conditions by Race/Ethnicity, 2018**



**Percent of Nonelderly Adults with Untreated Cavities, by Race**

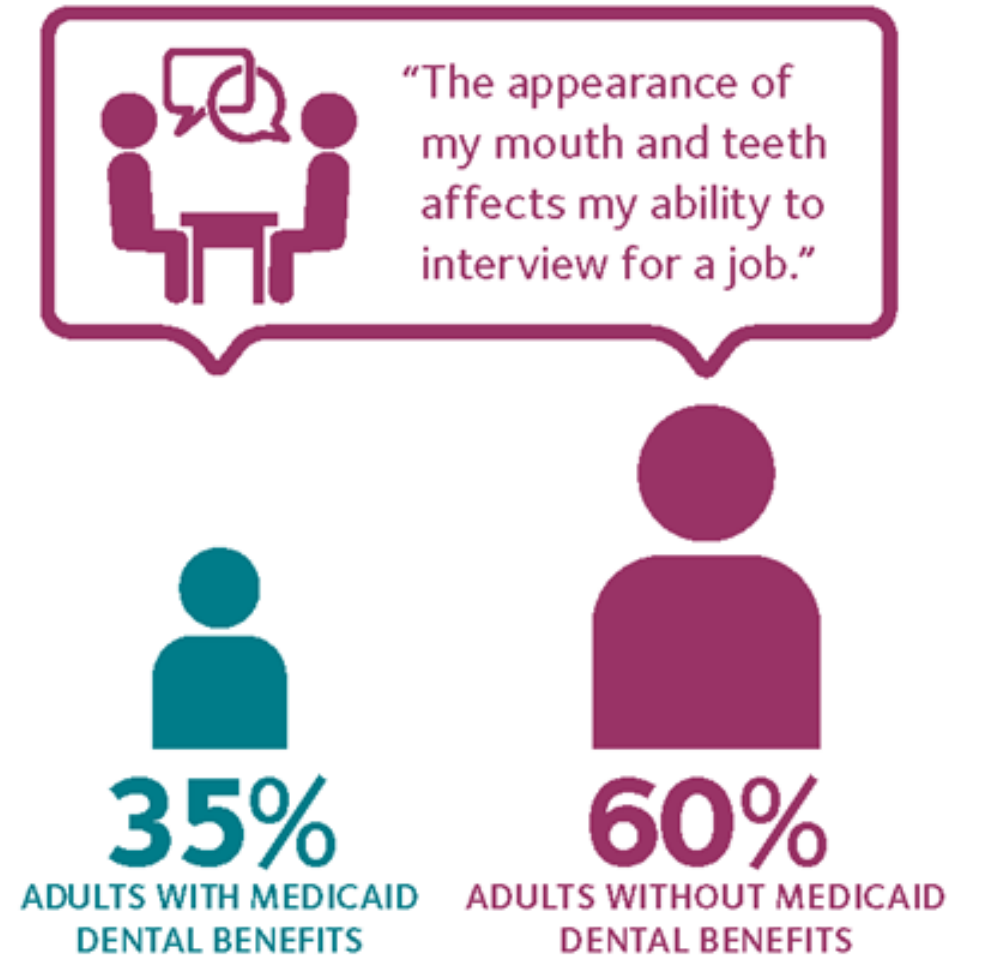


[https://www.cdc.gov/nchs/products/databriefs/db197.htm#:~:text=The%20prevalence%20of%20untreated%20dental%20caries%20was%20nearly%20twice%20as,with%20Hispanic%20adults%20\(36%25\)](https://www.cdc.gov/nchs/products/databriefs/db197.htm#:~:text=The%20prevalence%20of%20untreated%20dental%20caries%20was%20nearly%20twice%20as,with%20Hispanic%20adults%20(36%25))

[https://www.ihs.gov/doh/documents/IHS\\_Data\\_Brief\\_March\\_2016\\_Oral\\_Health%20Survey\\_35\\_plus.pdf](https://www.ihs.gov/doh/documents/IHS_Data_Brief_March_2016_Oral_Health%20Survey_35_plus.pdf)

# Oral Health affects economic mobility

- Dental pain and appearance can impede a person's ability to seek or maintain a job
- Good oral health during childhood can improve earnings over lifetime
- Parents whose children have dental problems are more likely to miss school or work themselves
- Dental care presents higher financial barriers than other areas of health care and those cost barriers are increasing for many



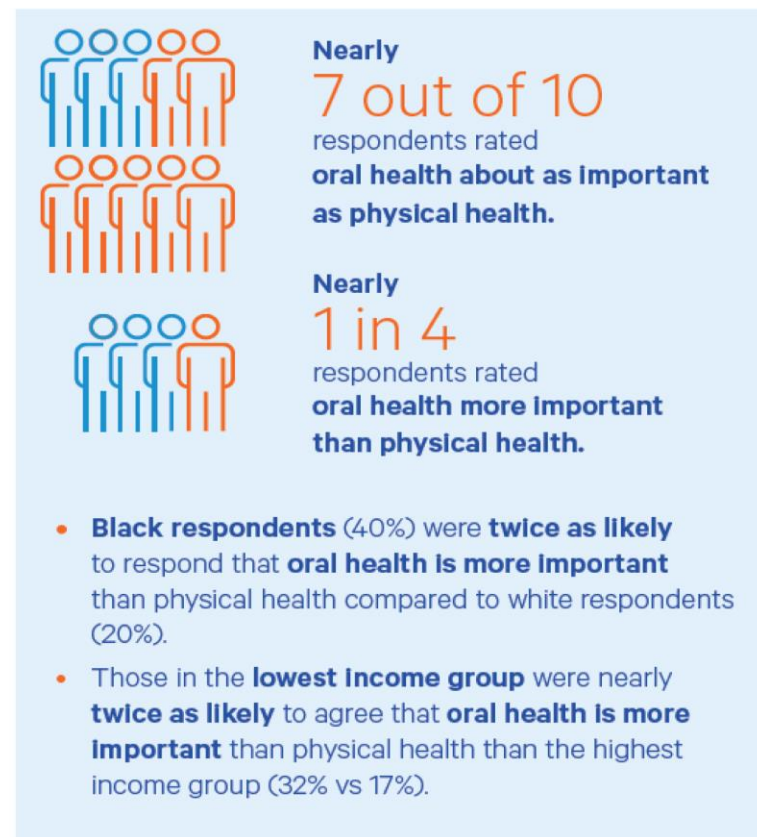
*(Source: National survey of adults commissioned by the American Dental Association's Health Policy Institute, 2015)*

Why do these  
problems persist?



# This isn't because people don't value or understand oral health!

## Recognized Importance of Oral Health



National polling consistently shows that people understand the importance of oral health and the ways in which it affects their quality of life

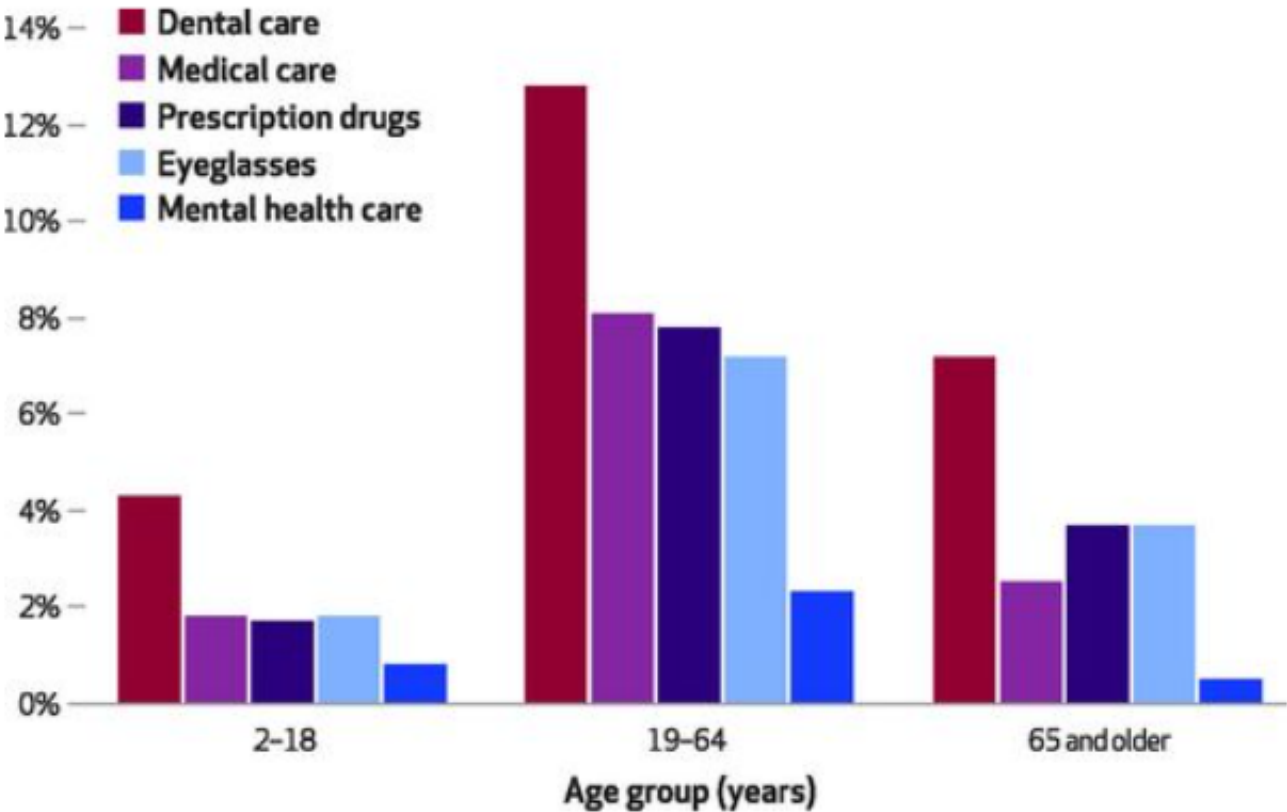
# Oral Health Care Remains Out of Reach for Many

- More than 50 million people live in areas without enough providers
- Most dental providers still don't accept Medicaid
- Non-white dentists more likely to treat Medicaid patients but are vastly under-represented
- Over half of people in the U.S. don't get dental care each year, cost being a primary barrier
- The people with greatest need typically get the least care



# Dental Care Presents Significant Cost Barriers

**Exhibit 1** Percentages of National Health Interview Survey respondents who did not get selected health care services they needed in the past 12 months because of cost, by age group, 2014



SOURCE Authors' analysis of data for 2014 from the National Health Interview Survey. NOTES The sample consisted of 50,077 respondents. For all age groups, the difference between dental care and medical care not obtained was significant (  $p < 0.05$  ).



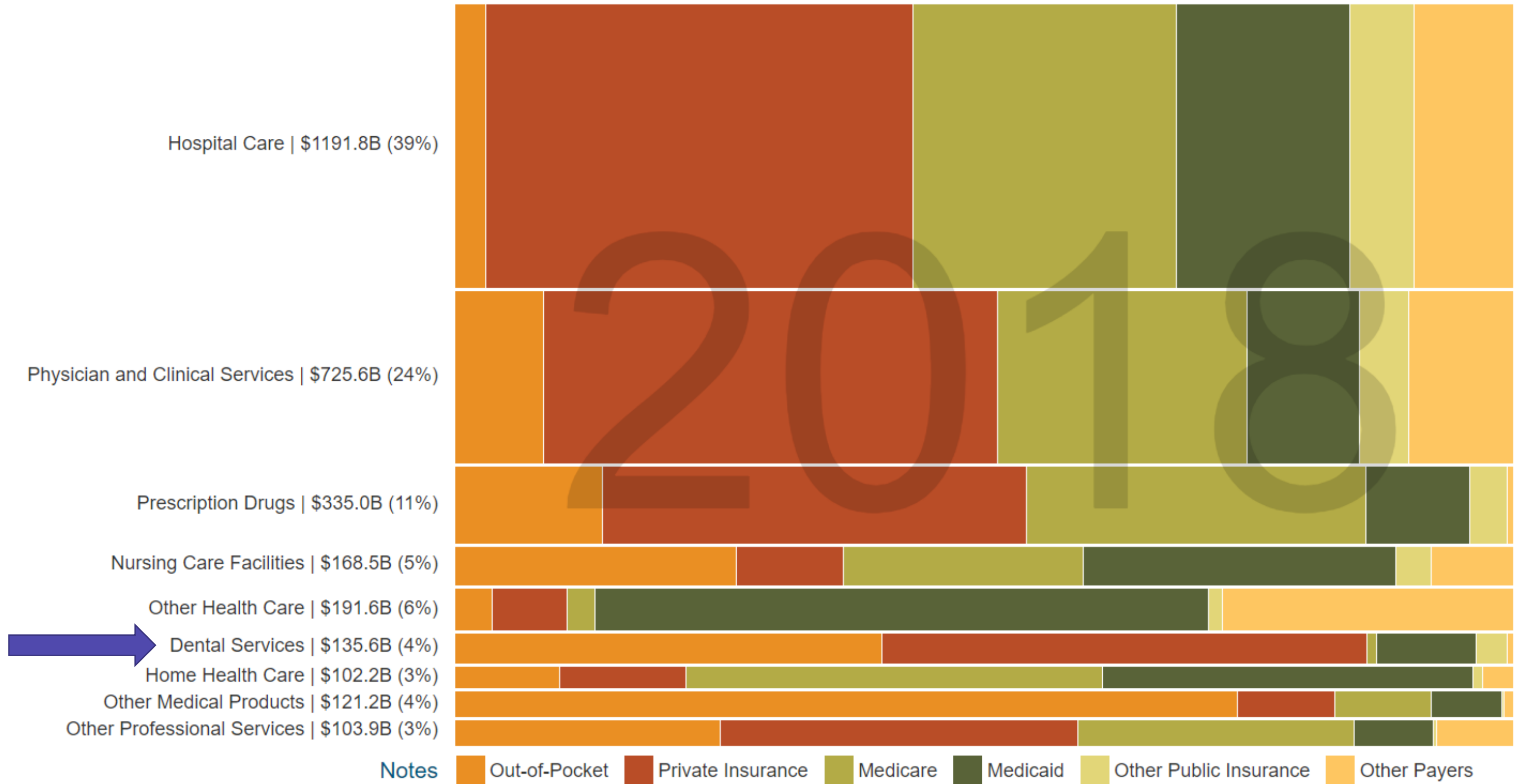
**Mike Primavera**  
@primawesome

Fear of going to the dentist when I was 17: "It's going to hurt!"  
Fear of going to the dentist at 37: "He's gonna say I need all new teeth and charge me \$30,000."

# US Health Care Spending 1960-2018: Who Pays?

Total 2018 Spending: \$3075.5B

Source: California Health Care Foundation



# Dental Coverage Is Not Guaranteed for All

	Medicaid	CHIP	Private Insurance	Medicare
Children & Adolescents	<p>Comprehensive coverage required up to age 21</p> <p>Often administered through separate dental plans</p>	<p>Comprehensive coverage required up to age 19 but specific covered services may vary</p> <p>Often administered through separate dental plans</p>	<p>Must be offered in individual and small group insurance markets (per ACA)</p> <p>Not required in large group insurance market</p>	N/A
Adults	<p>State option. Benefits and eligibility vary widely by state, with some states offering no coverage or only emergency care</p>	<p>Not required for pregnant adults who may qualify in some states</p>	<p>Not required in any private insurance market</p>	<p>Not covered under Medicare Part B</p> <p>Available through supplemental plans</p>

Why else does our  
oral health care  
system fall short  
for so many?

# Barriers Commonly Cited by the Oral Health Policy & Provider Communities

- Reimbursement rates
- Cost of dental education
- Difficulty navigating insurance (e.g., prior authorizations, credentialing)
- Difficulty referring and coordinating care between medical & dental
- “No-shows”/ difficulty connecting patients to dental home

What's missing here?

# Patient/Community Perspective

- Fear/past trauma with dental care
- Discrimination based on race, class, or insurance status
- Lack of respectful or culturally competent care
- Ability to physically get to a provider and/or take time off work
- Choice in care/treatment planning
- Benefits don't align with what many patients need

## STORIES FROM COLORADANS

PERCEPTION

"Being poor, you get treated differently."

Age 41 | Alamosa, CO

ACCESS

"Pain in a tooth with a crown. It is taking 8 days to get an appointment that fits with my schedule, so I can avoid missing work."

Age 57 | Golden, CO

QUALITY

"I stopped going because they didn't listen to me and they gave me partials (dentures) that hurt."

Age 70 | Denver, CO

Colorado Consumer Health Initiative, Oral Health Equity Survey: <https://cohealthinitiative.org/wp-content/uploads/2022/07/Bilingual-Oral-Health-Assessment-Results-Fact-Sheet.pdf>

Recent progress &  
opportunities to  
expand oral  
health coverage &  
access to care



## 2021 – 2022:

- Budget reconciliation packages put Medicare & Medicaid adult dental coverage back on the map in Congress
- Medicaid Dental Benefit Act (H.R. 4439/S.316) introduced in House & Senate
- Veterans Dental Care Eligibility Expansion and Enhancement Act & amendment to PACT Act introduced by Senator Bernie Sanders
- Oral health community & Congress pushed for administrative action on medically necessary Medicare dental coverage
- Multiple states passed or advanced expansion of Medicaid adult dental coverage



## Spotlight: Medicare Medically Necessary Dental Services



- Multi-year advocacy effort led by Center for Medicare Advocacy, Justice in Aging, & Families USA
- Regulatory changes included in “2023 Medicare Physician Fee Schedule” rule
- Expand scope of dental services available based on certain medical scenarios, conditions, and treatments to which oral health is inextricably linked, such as:
  - Organ transplant, treatment of head & neck cancers, cardiac valve replacement, jaw fractures
- Creates process for stakeholder input and ongoing revision – may be opportunity to make the case for services linked to diabetes management





## 2022 – 2023:

### Consolidated Appropriations Act of 2022

- State option for 12 months postpartum Medicaid coverage made permanent
- 12 months of continuous eligibility for children in Medicaid and CHIP (starting January 2024)
- State option to provide justice-involved youth with Medicaid & CHIP coverage 30 days prior to release from incarceration
- CHIP funding extended through 2028

### Looking Ahead in Congress

- Re-introduction of Medicaid Dental Benefit Act
- Re-introduction of Oral Health for Moms Act
- Re-introduction of HEADSUP Act
- Senate HELP Committee focused on addressing health care workforce shortages



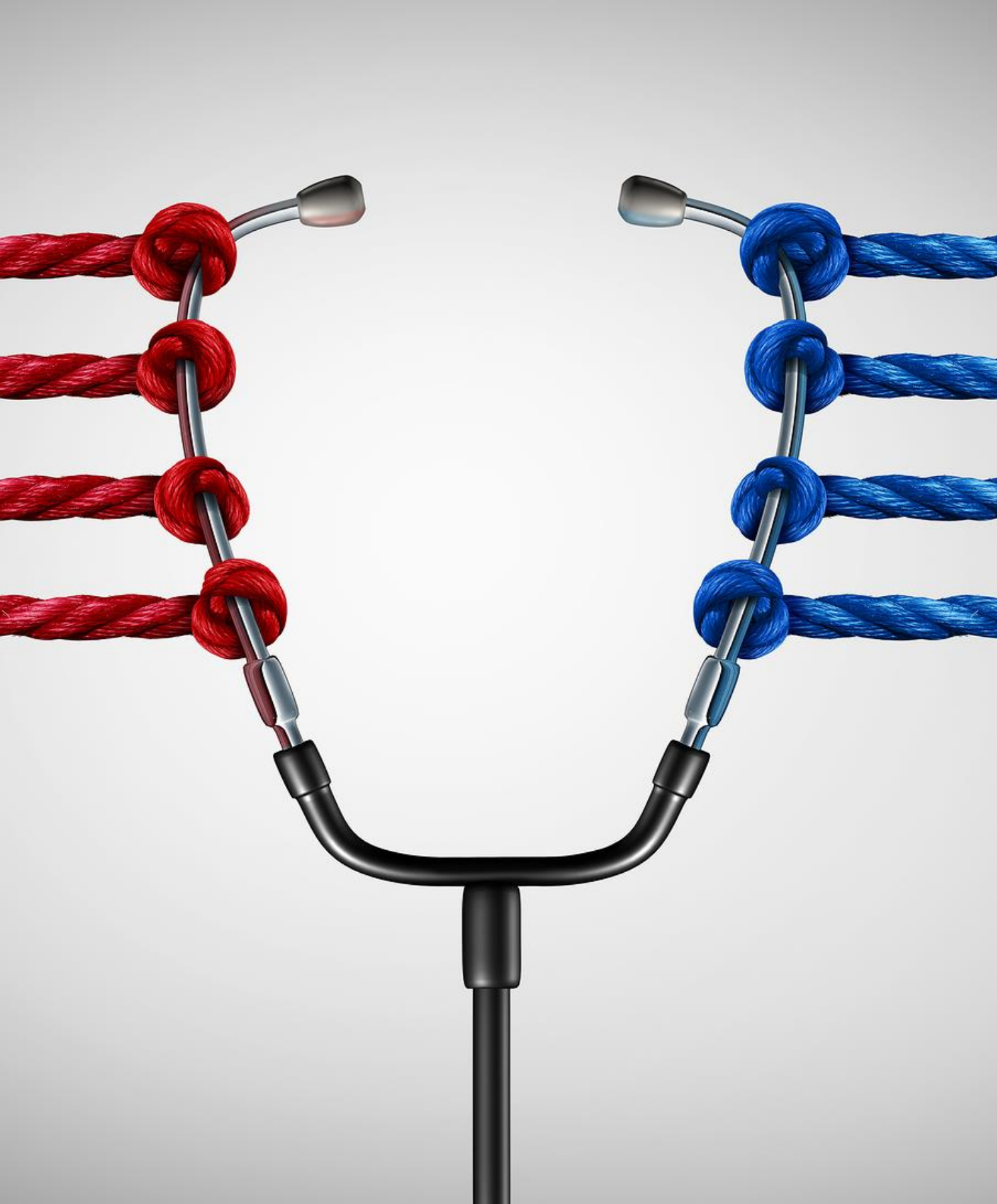


## Spotlight: Medicaid Dental Benefit Act

Previously introduced by Congresswoman Nanette Barragán (D-CA) and Senators Ben Cardin (D-MD) & Debbie Stabenow (D-MI)

- **Makes adult dental services a mandatory coverage category for all adults in Medicaid;**
- **Establishes a more comprehensive definition of Medicaid dental and oral health services for adults;**
- **Increases federal matching funds (FMAP) for Medicaid dental services;**
- **Establishes oral health quality measures for the adult population; and**
- **Accounts for racial equity and disparities, investing in outreach efforts to connect adults in underserved communities to oral health care and funding culturally competent and linguistically appropriate provider education.**





## **Congress is Divided – What Else Can We Do?**

**Short answer: focus on administrative actions & protect progress to date**

- **Engage with CMS on expanding Medicare medically necessary dental services**
- **Encourage broader focus on oral health in CMS innovation programs/initiatives**
- **Pursue regulatory change to expand the ACA's essential health benefits to include adult dental**
- **Influence CMS Core Set Working Group to add adult dental measures**
- **Expand the oral health workforce through federal entities like the National Health Service Corps and Department of Veterans Affairs**
- **Defend against cuts to Medicaid in Congress**





# Spotlight: Essential Health Benefits

## Benefits

- Established by the ACA – requiring coverage of categories of services in marketplace plans, small employer plans, and individual insurance
- Requires coverage of pediatric services, including vision care but does not include adult dental
- Secretary of HHS required to periodically review update the EHBs but has to date never done so
- Secretary also has authority to define EHB beyond 10 broad categories
- November 2022 RFI from CMS indicates intent to initiate an EHB review/update process
  - Will require subsequent regulatory change and stakeholder engagement



# Recent trends in state-level oral health policy change

# How states are leading the way on coverage & access to care

- **Adding or expanding Medicaid adult dental benefits to existing coverage or expanding full Medicaid/CHIP to one-year postpartum**
- Involving beneficiaries in benefit & program design
- **Creating new state-funded Medicaid or marketplace coverage options for undocumented immigrants, veterans, etc. (OR, WA, CO)**
- Establishing public option programs or Medicaid-buy-ins to create more affordable options (NM, NV)
- **Utilizing Medicaid 1115 waivers to provide wrap-around dental coverage to privately insured (CT)**
- **Utilizing ACA Section 1332 waivers to expand benefits and benefits and affordability of marketplace coverage (NY) (NY)**
- Adopting new workforce models and expanding scopes of scopes of practice, including telehealth/remote supervision supervision
- **Incentivizing minimally-invasive oral health services (e.g., (e.g., silver diamine fluoride) in medical and dental settings settings**
- Establishment of cost-containment policies, including medical medical loss ratios for dental plans (MA, CO)
- **Testing new quality measures and diagnostic codes for oral for oral health care**



# Oral health concerns at the end of the COVID- COVID-19 PHE



# Medicaid Unwinding

- Starting April 1, states can begin re-determining eligibility for Medicaid/CHIP enrollees
- As many as 15 million people could lose coverage, many of them in non-expansion states
- Transitions to other forms of coverage may mean lack of dental insurance and increased costs
- CMS requiring states to make reasonable efforts to contact, re-enroll, or transition people BUT
  - Oral health community has a role to play in helping people understand their options for coverage and care



# Thank you

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