

Health Care Reform: Support Oral Health

Legislation Affecting the Affordable Care Act

The American Dental Association (ADA) and the American Student Dental Association (ASDA) urge you to ensure that every individual has access to oral health services. Studies show that sound oral health leads to better educational outcomes for children, and better employment outcomes for adults. Further, evidence continues to show that good oral health yields savings in other medical areas, particularly among individuals with comorbidities such as diabetes and heart disease.

MEDICAID REFORM

- **Preserve the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to assure comprehensive oral health services for children under any per capita cap or block grant system.**
- **Allow states to preserve adult dental benefits if they choose and allow use of any innovation funds to expand dental services for adults in states that wish to expand coverage.**
- **Authorize the Secretary of Health and Human Services (HHS) to provide guidance to States to assure adequate access to oral health services for those enrolled in Medicaid and reduce administrative burdens for Medicaid providers.**

Medicaid provides health coverage for our nation's most vulnerable individuals and families. The EPSDT benefit includes comprehensive dental services for children under age 21 who are enrolled in Medicaid.¹ Reform proposals being discussed seek to change the federal funding mechanism to a per capita cap (i.e. a fixed amount per enrollee) or a block grant (i.e. fixed amount for a state) and increase state flexibility in determining eligibility and coverage. Remarkable gains have been made for children's oral health under Medicaid over the last decade and any changes to the program should seek to move us forward in assuring optimum oral health for our children.² Some states have provided dental benefits for adults and reform legislation should seek to support this effort.³

CHOICE WITH TRANSPARENCY

- **Assure transparency of dental plans to support consumer choice.**
- **Ensure consumer protection measures are required for dental benefit plans, including first-dollar coverage for preventive dental services.**

Expanding consumer choice should not equate to offering minimal services at the lowest cost possible. American consumers deserve greater plan transparency so that they can be empowered to make personally-responsible decisions about their healthcare. Transparency on (1) premium and benefit plan summary information, (2) out-of-pocket costs, (3) quality, (4) network adequacy, and (5) directories of participating health care professionals is essential. Dental plans should also provide first-dollar coverage for preventive services, include out-of-pocket protections such as separate dental deductibles, and be subject to loss ratio reporting requirements.

¹ The Medicaid program is jointly funded by the federal government and states. Currently, the federal government pays states for a specified percentage of program expenditures, called the Federal Medical Assistance Percentage (FMAP).

² Nasseh K, Vujicic M. Dental benefits coverage increased for working-age adults in 2014. Health Policy Institute Research Brief. American Dental Association. October 2016. Available from: http://www.ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1016_2.pdf.

³ Medicaid Expansion and Dental Benefits Coverage. Health Policy Institute Research Brief. American Dental Association. November 2016. Available from: http://www.ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_1116_1.pdf?la=en.



USING PRE-TAX DOLLARS TO HELP PURCHASE COVERAGE

- **Provide meaningful tax credits for health and dental plans to address affordability.** The Association supports legislation to provide tax credits to eligible individuals and small businesses to help such entities purchase health and dental care coverage. It should be clear that the tax subsidies must be applicable to dental plans as well as medical plans.
- **Preserve the current tax exclusions for employer-provided health and dental plans.** As Congress considers changes to the individual and small group markets as part of ACA reform legislation, it is vitally important not to undermine the current large group market where so many Americans receive their coverage. Research clearly indicates that individuals are more likely to visit a dentist if they have a dental plan. According to the National Association of Dental Plans (NADP), over 93% of the 157 million Americans with private dental benefits receive them through their employer and if consumers were taxed on the dental benefit premiums, “54% or 85 million indicated they were likely to drop their existing dental benefits.”⁴
- **Expand the availability of Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs).** Consumers should be allowed to use funds in tax preferred accounts, including HSAs and FSAs, towards dental services. HSAs are tax-advantaged savings accounts that are traditionally tied to a high-deductible health plan (HDHP). There is research to suggest that individuals with high deductible/HSA plans are just as likely to skip cost-effective preventive and screening services as more expensive services. Because prevention is important in bending the health care cost curve, the ADA recommends that the high deductible/HSA plans provide first-dollar coverage of preventive medical and dental procedures.

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⁴ National Association of Dental Plans, letter to Hon. Tom Price, Secretary Designate, Jan. 31, 2017.