



**Oral Health for All:
Addressing Dental Coverage for Grownups in Congress and the States**

May 30, 2019



Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all

Welcome

Patrick Willard,

Senior Director of State and National
Strategic Partnerships, Families USA



Housekeeping

- Today's presentation is being recorded
- The slides and recording will be made available
- To ask questions:
 - Type your question in the chat box
 - We will answer questions at the end of each major section

Agenda

- **Opening:** Patrick Willard, Families USA
- **Oral Health at Families USA:**
Melissa Burroughs, Families USA
- **Adding a Dental Benefit in Medicare:**
Amber Christ, Justice in Aging
- **Improving Medicaid Adult Dental Coverage:**
Kathy Kilrain del Rio, Maine Equal Justice Partners
- **Q&A:** All!
- **Closing:** Patrick Willard, Families USA

Melissa Burroughs,

Oral Health Campaign Manager,
Families USA

Oral Health at Families USA

Oral Health for All

Policy Goal: Expand Oral Health Coverage for All

- Medicare Oral Health Coverage
- Medicaid Oral Health Coverage for Adults
- Raise Profile of Oral Health as Health Care/Social Justice Issue



Oral Health Matters: Health, Equity, Social Justice

IT'S ALL CONNECTED

The health of the mouth influences other aspects of health—and vice versa.

THE MENTAL HEALTH — MOUTH-HEALTH CONNECTION

Any serious or chronic pain issue can hamper mental health and daily life. If there is a painful injury or illness in the mouth, it's likely to get in the way of normal functions like smiling, eating, or talking – and also take a toll on mood.¹

THE FAMILY HEALTH — MOUTH-HEALTH CONNECTION

Babies naturally pick up bacteria from their surroundings that builds the immune system. Families with healthy mouths pass on helpful bacteria to babies, but if there is untreated oral disease in the family, infants can be exposed to the germs that cause cavities.²

THE MEDICINE — MOUTH-HEALTH CONNECTION

Some medications — like decongestants, antihistamines, or painkillers — can cause a dry mouth. Because saliva protects the mouth from the harmful bacteria that cause cavities and gum disease, the dry mouth "side effect" is one way that issues in other parts of the body influence oral health.³

THE IMMUNE SYSTEM — MOUTH-HEALTH CONNECTION

Because the mouth is an important part of the immune system, a healthy mouth boosts the body's ability to protect against disease. Auto-immune diseases, like Celiac disease or lupus, can cause swelling in the mouth. In turn, inflammation can set off other health problems.⁴

THE VITAL ORGAN — MOUTH-HEALTH CONNECTION

Endocarditis, a heart infection, is often caused when bacteria from another part of the body gets into the bloodstream and spreads to the heart. It is also possible for infections in the mouth to spread to the brain. This is why gum disease is a serious infection that shouldn't be ignored.⁵

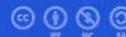
THE DIABETES — MOUTH-HEALTH CONNECTION

Diabetes can harm the mouth, and problems in the mouth make it harder to control diabetes. Uncontrolled blood sugar can cause swollen gums, which disrupts the mouth's natural defenses and makes cavities more likely. That's why oral health care is an important part of diabetes management.⁶

It's all connected!

A practical approach to health includes oral health in planning, policy, and practices.

¹ American Pain Society, 2017. "Activity pattern profiles: Relationship with affect, daily functioning, impairment, and distress related to life goals."
² PLoS Biology, 2015. "Mom Knows Best: The Universality of Maternal Microbial Transmission."
³ Mayo Clinic, 2016. "Oral health: A window to your overall health."
⁴ Harvard Medical School Healthbeat.
⁵ Journal of the American Dental Association, 2009. "Poor oral hygiene as a risk factor for infective endocarditis."
⁶ American Diabetes Association, 2014. "Diabetes and Oral Health Problems."



2017. Designed by FromeWorks Institute with Oral Health 2020.

Many Adults Cannot Access Oral Health Coverage

Medicare **excludes** oral health coverage

Over 2/3 of seniors do not have oral health coverage

Most states **do not** provide meaningful Medicaid oral health coverage for adults

Medicare Dental In Congress

Current Bills

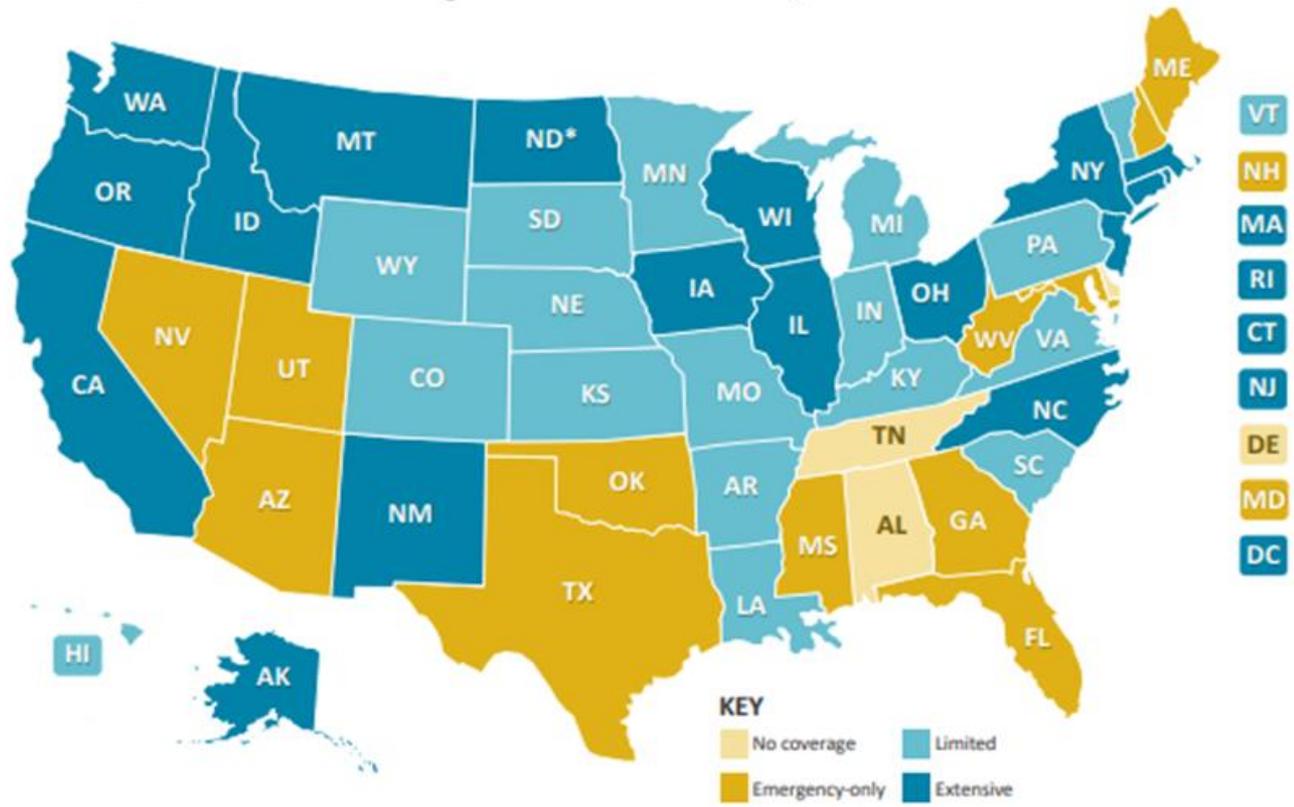
- **H.R.576** Seniors Have Eyes, Ears, and Teeth Act (Rep. Roybal-Allard)
- **H.R.1393** Dental, vision, and hearing care under the Medicare program (Rep. Doggett)
- **S. 22** Medicare Dental Benefit Act of 2019 (Sen. Cardin)
- **H.R. 2951** Medicare Dental Benefit Act of 2019 (Rep. Barragan)
- **S.1423** Medicare and Medicaid Dental, Vision, and Hearing Benefit Act of 2019 (Sen. Casey)

Forthcoming Bills

- Sen. Sanders/Rep. Cummings
- Rep. Neal (House Ways and Means)

Medicaid Adult Dental in State Legislatures

State Medicaid Adult Dental Coverage



What We're Doing to Get There

Policy Conversations & Coalition Building

State and Local Level Activity

Raising Policy Maker Awareness

Story Telling

Story Telling

ORAL HEALTH FOR ALL



Share your Oral Health Story

Oral health is more than just brushing and flossing.

Lack of access to dental care means things like untreated pain, delayed care, missed days of work and school, and more expensive treatments down the road.

Share your story!

First Name*	Last Name*
Email*	Phone
City	State Zip Code*
Select Birth Year ▼	Select Race/Ethni ▼
Your Story*	

oralhealth4all.org

How else do we raise the issue?

Administrative
“Medically
Necessary”
Medicare dental
effort

Universal coverage
conversations

Upcoming elections

Story sharing,
raising awareness

Universal Coverage/ Oral Health

Public health care proposals



Proposal	Who gets coverage	Cost	Benefits
Medicare-for-all Sanders	All U.S. residents	No premiums, costs covered through tax increases	All medically necessary services, including dental, hearing, vision and reproductive health.
Medicare-for-all Elison	All U.S. residents	No premiums, costs covered through tax increases	All medically necessary services, including dental, hearing, vision and palliative care.
Public option Schakowsky/Whitehouse-	Citizens, permanent residents (excludes people who are incarcerated)	Premiums set by Health and Human Services Secretary. Patients can get ACA subsidies	Essential health benefits as outlined in the ACA
Public option Bennet/Higgins	Citizens and permanent residents not eligible for Medicare (excludes people who are incarcerated)	Premiums set by Health and Human Services Secretary. Patients can get ACA subsidies	Essential health benefits as outlined in the ACA
Public option Merkley/Richmond	All U.S. residents not eligible for Medicare or Medicaid	Premiums vary as set by ACA rules. Patients eligible for ACA subsidies	Essential health benefits as outlined in the ACA plus Medicare Parts A, B and D benefits
Expanded Medicare Stabenow	U.S. residents aged 55-64 who are not eligible for Medicare Parts A or B	Nationally-set premiums with additional costs for specialized plans	Medicare Parts A, B and D benefits
Expanded Medicare Higgins	People aged 50-64 who are not entitled to Medicare Part A or B.	Premiums adjusted for geography with additional costs for specialized plans	Medicare Parts A, B and D benefits
Expanded Medicaid Schatz/Lujan	People who live in states that opt into "Medicaid buy-in" and are not enrolled in other coverage.	Premiums set by states with limitations outlined in the ACA and limited to 9.5% of household income	Medicaid benefit plan that includes ACA essential benefits

Source: Kaiser Family Foundation

Sign On Opportunity

The undersigned organizations are dedicated to the vision of a more fair and just society: an America where every person has the supports they need to achieve oral health in order to reach their full potential. We are heartened by the renewed focus in Congress on strengthening and improving our nation's health care system. Policy makers are developing numerous proposals recognizing that coverage and affordability of health care remain concerns for millions of people across the country. As proposals to improve health coverage continue to be introduced and refined, we urge policy makers to address how crucial **oral health is to overall health, by ensuring that oral health is a core component of any legislative effort to expand coverage or otherwise improve the health care system.**

For too many people in America, oral health care remains out of reach, even for those who have dental coverage. Finding and affording the care one needs can be like confronting a series of locked doors: some people have the keys, while others are missing some or all of them. They can't achieve good oral health, no matter how hard they try. Across income categories, dental care poses a greater financial barrier to patients than prescription drugs, mental health, or other health care needs.¹ And yet, oral health impacts so many aspects of overall well-being and prosperity. Dental pain and the appearance of a person's teeth can impede their ability to seek or maintain employment. Three in 10 low-wage adults overall, and 60 percent of low-wage adults who lack dental coverage, report that the appearance of their mouth and teeth affects their ability to interview for a job.^{2,3} Among parents, these economic consequences can risk their family financial security, undermining children's health and well-being. Many seniors also report difficulty biting and chewing, reduced social participation, and embarrassment due to poor oral health and oral pain.⁴ Moreover, in pregnancy, periodontal disease may increase a woman's risk for depression, preeclampsia, and other adverse birth outcomes.⁵ But we have the means within our grasp to give people all the keys they need to open the doors to good oral health.



Tools for Engaging on Medicare Dental

National Partners

- Families USA, Justice in Aging, Center for Medicare Advocacy, and a national coalition coming soon!

What can I do now?

- Story Collection
- Universal Coverage Options Letter

Coming Soon!

- Action for Medicare Dental: State & Grassroots Learning Collaborative
- State factsheets on the Medicare population's need for oral health coverage
- Toolkit on how to raise oral health in Universal Coverage debates

Tools for Engaging on Medicaid Dental

National Partners

- Families USA, Children's Dental Health Project, Community Catalyst, Justice in Aging

What can I do now?

- Story Collection
- Universal Coverage Options Letter
- Join the Medicaid Adult Dental Benefit Learning Collaborative

Resources

- Universal Coverage/Oral Health sign on letter (open until June 11): Sign on Letter (PDF): https://drive.google.com/file/d/1l_F4cG6czU7KqkwaZ8-mCchs7hcPMMIM/view Sign on form: https://docs.google.com/forms/d/e/1FAIpQLSeZpbNar9xyu_bagvjaMYWPIH8z30v7mOndYJkNcFDeS8kJMQ/viewform
- To learn more about either the Medicaid or Medicare Oral Health Learning Collaboratives- contact Melissa Burroughs (mburroughs@familiesusa.org) for details.
- Families USA Story Collection website: www.oralhealth4all.org
- Postcards advertising site for distribution to clinics/waiting rooms/charity events etc (email mburroughs@familiesusa.org to request postcards to be mailed): <https://familiesusa.org/product/oral-health-all-story-collection-postcard>
- Families USA's Oral Health Resources (full list): https://familiesusa.org/library?f%5B0%5D=field_issues%3A3635
- Factsheet on the Need for Comprehensive Medicare Oral Health Coverage: <http://familiesusa.org/product/americas-seniors-need-medicare-oral-health-benefit>
- Blog on Administrative Action for Medicare “Medically Necessary” Coverage: <http://familiesusa.org/blog/2017/08/medicare-should-pay-oral-health-care-necessary-manage-serious-illnesses>

Adding a Dental Benefit in Medicare

Amber Christ,

Directing Attorney, Justice in Aging



Adding a Dental Benefit in Medicare

Amber Christ, Directing Attorney

May 30, 2019

Medicare Basics

- Federal Program
- Individuals 65 and Over
- Individuals under 65 with disabilities
- Not free/Not Comprehensive
- No Dental Coverage (minor exceptions)

Adding a Dental Benefit: Why?

- 65% of Medicare beneficiaries have NO dental coverage (37 million people)
- Nearly 50% did not visit the dentist in last year - disparities based on race, income, disability, health status, rural versus urban
 - 71% of Black & 65% of Hispanic Medicare beneficiaries did not see dentist in last year (versus 43% white)
 - 70% with income below \$10K (versus 27% with \$40K)
 - 62% of beneficiaries under 65 with a disability
 - 63% of beneficiaries with poor to fair health
 - 59% in rural region (versus 46% in metro areas)
- Cost is biggest barrier to care

Adding Benefit to Medicare Part B

- Integrates oral health into medical benefit – treated the same way as other health services in Medicare
- Payment structure would look the same (e.g. 20% co-insurance; preventive services no co-insurance)
- Provider payment would be adjusted by region and subject to annual stakeholder comment like other services under Part B
- Low-Income Protections would apply to help pay for out-of-pocket costs

What about Medicare Advantage?

- MA plans are required to provide all Part A and Part B services in their basic benefit package.
- Addition of oral health to Part B would require MA plans to offer that benefit
- More comprehensive than current MA plan offerings, which generally have limited scope coverage and annual caps

What about Medicaid

- 19 states provide extensive Medicaid dental coverage
- 18 offer limited benefits
- 15 offer none beyond emergency services
- Medicare would be primary and would provide more uniform coverage for low-income older adults and people with disabilities who are dually eligible for Medicare and Medicaid

Legislative Efforts

- Statutory changes to the Social Security Act must be made to add dental to Medicare
 - Removal of the exclusion for dental services
 - Definitions added
- 2019 Legislation
 - Medicare Dental Benefit Act of 2019 (Cardin, S. 22)
 - Companion House Bill Medicare Dental Benefit Act of 2019 (Barragan, HR 2951)
 - Medicare Dental, Vision & hearing Benefit Act of 2019 (Doggett, HR 1393)
 - Seniors Have Eyes, Ears, and Teeth Act (Roybal-Allard, HR 576)
 - Medicare and Medicaid Dental, Vision, and Hearing Benefit Act of 2019 (Casey, S. 1423)

Medically Necessary Dental Advocacy

- Administrative Advocacy with CMS to expand scope of when Medicare can pay for dental services that are integral to an underlying medical condition or procedure
 - Example: car accident in which the jaw was broken and several teeth lost. Medicare paid for reconstruction of the jaw, but refused to pay for extractions of teeth and the crowns to save the teeth he had damaged.
- Over 115 orgs have signed onto community statement for CMS to change interpretation of policy
- House and Senate Letters to CMS last fall
- Meeting with HHS/CMS to change policy

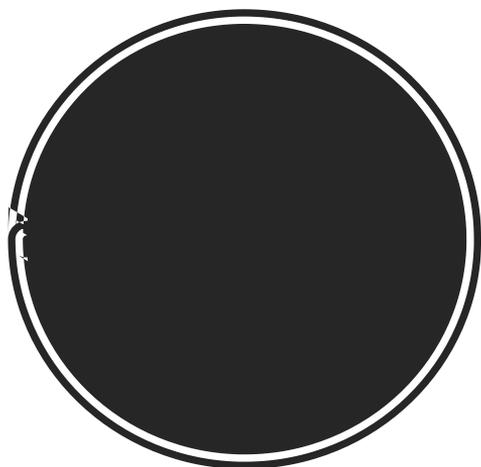
Additional Resources

- **Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries**, Kaiser Family Foundation (Mar. 2019), available at <https://www.kff.org/medicare/issue-brief/drilling-down-on-dental-coverage-and-costs-for-medicare-beneficiaries/>
- **Creating an Oral Health Benefit in Medicare: A Statutory Analysis**, Justice in Aging (Jan. 2019), available at <http://www.justiceinaging.org/wp-content/uploads/2019/01/Creating-an-Oral-Health-Benefit-in-Medicare-A-Statutory-Analysis.pdf?eType=EmailBlastContent&eId=2071568b-2eb3-4b7b-a9ff-da101bff3bfa>
- **An Oral Health Benefit in Medicare Part B, It's Time to Include Oral Health in Health Care**, Joint White Paper (Jul. 2018), available at <http://www.justiceinaging.org/wp-content/uploads/2018/07/Medicare-Dental-White-Paper.pdf>.
- **For Rural Seniors, Improving Overall health Requires Improving Oral Health Care**, Families USA (Dec. 2018), available at <https://familiesusa.org/product/rural-seniors-improving-overall-health-requires-improving-oral-health-care>.

Justice in Aging,
www.justiceinaging.org/our-work/healthcare/oral-health/

Kathy Kilrain del Rio,

Policy Analyst, Maine Equal Justice
Partners



Maine Equal Justice

People Policy Solutions

**Kathy Kilrain del Rio, Policy Analyst
May 30, 2019**

Maine Equal Justice is a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine.

Maine Equal Justice works on issues that affect people's daily lives. We focus our advocacy on federal and state policies related to Maine's anti-poverty programs, including MaineCare (Medicaid), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and General Assistance.

We:

- Advocate for fair public policies in the legislature and with governmental agencies;
- Provide direct legal services and representation through impact litigation on systemic issues; and
- Partner with diverse low-income communities and agencies through outreach, organizing, and education.











Make ME Smile!

SUPPORT LD1453



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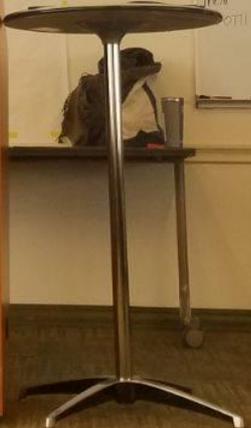


WELCOME
LEGISLATORS



WELCOME
LEGISLATORS

Community Agreements
Respect
Approach with Curiosity
One Mic, One Diva
Take space, Make space
Be here now
Honor Brevity
Use parking lot



Two bills addressing dental:

LD 230

LD
1453



LOCAL & STATE > Posted April 17 | Updated April 17

INCREASE FONT SIZE

Dental benefit proposed for Medicaid recipients

A bill introduced in the Maine Legislature would give access to preventive, diagnostic and restorative care for more than 100,000 Mainers.

BY [JOE LAWLOR](#) STAFF WRITER



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AUGUSTA — Tifani Pedro said Wednesday that if the Maine Legislature passes a bill to provide

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LOCAL & STATE
NEW ENGLAND

POLITICS > Posted January 24 | Updated January 24

INCRE

Lawmaker proposing MaineCare dental benefit for low-income adults

The proposal by Rep. Drew Gattine would make Maine the 34th state to provide some form of dental coverage, which is now available only to children under the Medicaid program.

BY [JOE LAWLOR](#) STAFF WRITER



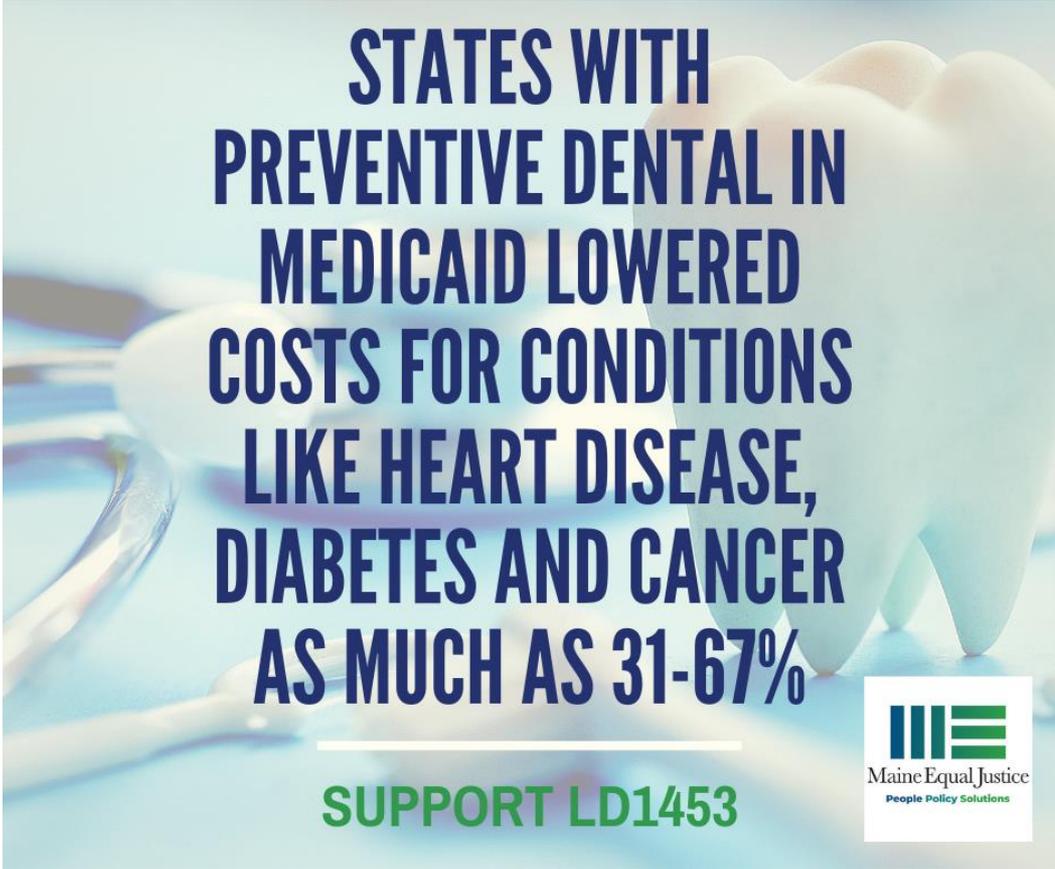
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More low-income Mainers will have access to dental care if the Legislature passes a proposal by a Democratic lawmaker to add an adult dental benefit to Medicaid.

BROWSE MORE IN NEWS

LOCAL & STATE
NEW ENGLAND
NATION & WORLD

COPS & COURTS
HEALTH CARE
SCHOOLS & EDU



**STATES WITH
PREVENTIVE DENTAL IN
MEDICAID LOWERED
COSTS FOR CONDITIONS
LIKE HEART DISEASE,
DIABETES AND CANCER
AS MUCH AS 31-67%**

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Maine Equal Justice
People Policy Solutions

#MAKEMESMILE

**79% OF LOW-INCOME
MAINERS ACCEPT THAT
THEY WILL LOSE SOME
TEETH AS THEY AGE,
COMPARED WITH 42% OF
HIGH-INCOME MAINERS.**

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#MAKEMESMILE

**MORE THAN 1 IN 3 MAINE
ADULTS SAY THE CONDITION
OF THEIR TEETH IMPACTS
THEIR ABILITY TO
INTERVIEW FOR A JOB.**

SUPPORT LD1453



#MAKEMESMILE

**DENTAL DISEASE IS THE
#1 REASON FOR ER
VISITS IN MAINE AMONG
ADULTS AGES 25-44
WHO HAVE MEDICAID OR
ARE UNINSURED**

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<https://www.facebook.com/MaineEqualJustice/videos/640250756421754/>



<https://www.facebook.com/MaineEqualJustice/videos/361107151279633/>

Letter to the editor: Dental-care gap needs to be filled

It's hard to afford preventive work on a limited income – and as each year goes by, the problems get worse, and more costly to fix.

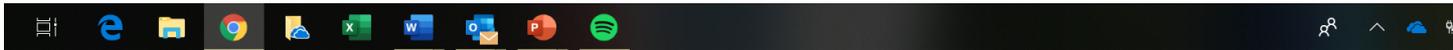
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The lack of access to dental care is the new American tragedy. I've had bad teeth since childhood dental trauma and food deprivation as a kid. I am a cancer survivor and am living with multiple autoimmune diseases, one of which occurs in my teeth.

BROWSE MORE IN OPINION

- | | |
|--------------|--------------|
| MEETINGHOUSE | MAINE VOICES |
| EDITORIALS | BILL NEMITZ |
| LETTERS | GREG KESICH |

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Committee Votes

- LD 230 is voted unanimously Ought Not To Pass
- LD 1453 received unanimous Ought to Pass as amended vote

Yay!

What's Happening Right Now?





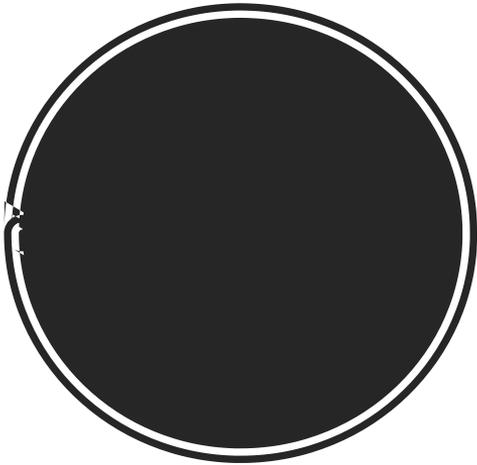
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Questions and Comments



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