

## Protecting and Expanding Access to Oral Health in 2020: Learning from State Trends in Medicaid Adult Dental Coverage

Six months into a global pandemic and resulting national economic crisis, it is clear that state policymakers are making – and will continue to have to make – tough budget decisions about critical health programs. As advocates, it is our job to make the case that essential health and economic programs, like oral health coverage, are a responsible investment of scarce resources. As we prepare to do this work through the 2020 elections and upcoming 2021 state legislative sessions, as well as in a handful of 2020 special sessions, it is time to take a moment to reflect on the progress, threats and trends we've seen in Medicaid adult dental coverage so far this year. There is a lot to learn from how policymakers are reacting to our uncertain environment, and there are clear lessons that will help us position ourselves for future success in oral health policy.

Comprehensive oral health coverage is critical to promoting our nation's overall health and our economic recovery from the coronavirus pandemic. This is especially true in many of the communities that COVID-19 has hit hardest, where oral health coverage and care are unaffordable and out of reach except to those who are lucky enough to live in a state where Medicaid covers adult dental services.

Yet the story of Medicaid adult dental coverage is one of mixed success this year. Increasingly, state governments understand the value of oral health, which has resulted in several states making important progress to protect and expand Medicaid dental coverage. However, tight state budgets put these types of gains at risk. Other states proposed and enacted cuts this year, clearly foreshadowing

threats to crucial dental programs if the economy continues to suffer.

Adding further complexity to the Medicaid adult dental landscape this year is a unique factor in the pandemic environment: Medicaid disaster authorities. Every state is using at least some of the Medicaid flexibilities granted to them under a national public health emergency declaration, and there are a number of examples of how these authorities can affect access to oral health care. It is imperative that advocates consider how to ensure these flexibilities work in our favor.

In all of this activity in 2020, there are good, bad, and unusual lessons about Medicaid oral health policy for us all to build on.

## Coverage Expansions - The Good News: Oral Health Advocates Can Continue to Secure Crucial Coverage Gains despite Tight State Budgets

For decades, advocates have been working to ensure policymakers understand that oral health is an integral part of overall health and wellness, managing and preventing chronic disease, and helping people get and keep their jobs. This year in particular, advocates have been highlighting new [studies](#) that indicate poor oral health increases the likelihood of COVID-19 complications. Even in the midst of a challenging state budget year, these education efforts are paying off: **Five states expanded access to dental coverage for adults who rely on Medicaid for their insurance.**

- » **West Virginia:** Prior to enacting [SB648](#) on April 14, 2020, West Virginia offered an emergency-only dental benefit to adults covered by Medicaid. SB648 provides adults with an additional limited set of dental services, up to an annual maximum of \$1,000. It is scheduled to take effect on January 1, 2021.
- » **Maryland:** In many states, dental coverage for pregnant women ends on the day of delivery. Maryland Governor Larry Hogan extended coverage for pregnant women to 60 days postpartum in the state's [FY2021 budget bill](#), putting dental care in line with other state Medicaid benefits for postpartum women. Due to the pandemic and related budget problems, the program implementation date has been delayed from July 1, 2020, to January 1, 2021.
- » **Oklahoma:** The state made incremental improvements to adult dental coverage through a [state plan amendment](#), and it now covers “medically necessary” extractions, as opposed to “emergency only” extractions. But even a marginal gain will go a long way: Thousands of additional people will have improved coverage when Oklahoma implements Medicaid expansion later this year, which was approved by [ballot measure](#) in June.
- » **Missouri:** Missouri also passed Medicaid expansion by [ballot initiative](#) this year, meaning that the state’s limited adult dental benefit will reach thousands of new people when the expansion goes into effect on July 1, 2021. The limited benefit, in place since 2016, covers exams, X-rays, cleanings, scaling and root planing, fillings, and extractions.
- » **Illinois:** Illinois’ FY 2020-21 budget package [added a new coverage option](#), which mirrors the state’s Medicaid program, for low-income undocumented seniors. Starting on July 1, 2020, up to 1,000 seniors became eligible for this coverage, including the comprehensive dental coverage offered to adults in the state’s Medicaid program.

## Coverage Expansions - The Bad News: Budget Constraints Can Stall Efforts in States Poised to Expand Adult Dental Coverage

Advocates in Virginia, New Hampshire, and Delaware have been working hard to extend dental coverage to adult Medicaid enrollees and were approaching major milestones before the pandemic struck. While the resulting budget constrictions hindered this progress, there is reason for hope: All three states are well-positioned to move forward in the near future.

- » **Virginia** currently covers emergency extractions for their adult Medicaid population. Virginia's original budget appropriated funding for a comprehensive adult dental benefit under Medicaid, but the governor unallocated this funding when the budget was revised due to the pandemic.
- » **New Hampshire's** legislature passed [HB250](#), establishing an adult dental benefit under Medicaid, but Governor Chris Sununu [vetoed the bill](#) in light of budget concerns. However, in the governor's [message](#) regarding the decision, he stated that he supports the idea of adding an adult dental benefit to the state's Medicaid health insurance plan in the future.
- » **Delaware** was set to implement a new limited adult dental benefit on April 1, 2020, but it pushed the date back until at least October 1, 2020, in light of the pandemic. In 2019, the state [established](#) coverage for preventive and restorative dental services, up to an annual maximum of \$1,000 for dental care, and an additional \$1,500 for emergency or supplemental care deemed medically necessary.

## Protecting Existing Coverage - The Good News: States *Can* Overcome Proposals to Slash Services, Preserving Adult Dental Benefits

Falling revenues, new expenses and insufficient federal support during the pandemic are forcing states to make difficult decisions and steep budget cuts. Fortunately, advocates in states like California and Nevada have proven the power of effective advocacy in heading off proposed oral health cuts. Over the next year, advocates can look to these examples for inspiration if forced to make the case against proposed cuts to coverage. Both efforts relied on a strong argument that cutting Medicaid adult dental benefits would further harm the very communities hit hardest by the pandemic and hinder economic recovery in the state.

- » **California:** In May, Governor Gavin Newsom [proposed reducing](#) adult dental benefits under the Medi-Cal program to 2014 levels. This would have eliminated benefits such as partial dentures, gum treatment, lab-processed crowns, and root canals on molars. State advocates rallied a tremendous response to show why cutting Medicaid programs during a pandemic is shortsighted and harmful policy, ultimately securing a final [FY2021 budget bill](#) that preserves adult dental benefits.
- » **Nevada:** In a special state legislative session on [proposed FY2021 budget reductions](#), the Nevada Department of Health and Human Services proposed to save \$28 million by eliminating the adult dental benefit and limiting dental services for pregnant women. Advocates successfully argued that Medicaid cuts would not only undermine Nevadans' health, but would also cost the state millions of dollars in federal matching funding. The state legislature ultimately maintained all dental benefits.

### **Protecting Existing Coverage – The Bad News: Early Cuts to Oral Health Programs Foreshadow Future Challenges as States Continue to See Budget Shortfalls**

For decades, tight budgets have resulted in cuts to Medicaid adult dental programs. While only one state cut adult dental coverage in 2020 thus far, these benefits, along with provider reimbursement rates, are at considerable risk. Currently, a “maintenance of effort” (MOE) provision in the Families First Coronavirus Response Act (H.R.620) protects adult dental benefits from immediate cuts. If this protection ends, cuts are much more likely. States may look to Colorado’s example on how to pass cuts that would take effect as soon as the MOE ends, underscoring why defending oral health programs will be critical in the coming months.

- » **Colorado’s** [HB1361](#) reduced the annual adult dental benefit maximum from \$1,500 to \$1,000, which will take effect whenever the federal MOE provision ends. Lawmakers also added a [\\$4 copay](#) for dental care. The [FY2021](#) budget also cut provider reimbursement rates and \$1 million from the [Senior Dental Program](#).

### **The Unusual News: Medicaid Disaster Authorities Offer Unique Opportunities for States to Support Oral Health Access During the Coronavirus Pandemic**

There is another dimension to the story of dental coverage in 2021 that presents an unexpected opportunity in the middle of a very challenging time. While temporary, Medicaid disaster authorities provide states with flexibility to quickly alter existing policies during a public health emergency, without needing to go through typical legislative or commenting processes. [Medicaid disaster authorities](#) include flexibilities for state plan amendments (SPAs), Section 1115 waivers, Section 1135 waivers and Appendix K 1915(c) waivers. Some states are using this flexibility to improve access to dental care – a model other states can easily replicate.

Some states have used SPAs to reimburse for personal protective equipment (PPE) that providers may not be able to afford. [Alabama](#) and [Washington](#) both secured approval for SPAs to reimburse dental providers for PPE under the billing code D1999. States can also use SPAs to temporarily increase dental provider reimbursement: [Iowa](#) increased rates for all dental services, and [Washington](#) increased rates for specific emergency procedures. Under Section 1135 waivers, [all 50 states and Washington, D.C.](#) waived certain requirements to make it easier for providers to enroll in Medicaid, as well as to accept and reimburse providers that are enrolled in other state’s Medicaid programs.

States can also take advantage of these waiver authorities to improve Medicaid enrollees' access to affordable care during the pandemic. [Many states](#) expanded dental telehealth services for the duration of the public health emergency (though it's important to note that not all teledentistry expansions require new authorities). At least 22 states adjusted cost-sharing and premiums, suspending payments for all health services, including dental care. Under Section 1135 waivers, 43 states suspended Medicaid fee-for-service preauthorization requirements. All of these are helpful, albeit small, ways to make care more accessible and affordable for patients.

## Lessons Learned from 2020 Can Guide Our Future Efforts to Protect and Expand Oral Health Access

Like everything else in our lives, the pandemic drastically affected state decisions on oral health coverage this year, for better and for worse. Going forward, we must take action on this essential and often undervalued issue to prevent oral health from being caught in the crosshairs of tight budgets and competing priorities. As we approach the 2020 elections, as state legislatures work through additional special sessions, and as state governments continue to grapple with steep budget shortfalls, our ask is clear: States must prioritize Medicaid adult dental coverage. Advancing oral health is possible – and crucial – as our nation continues to manage the pandemic. If the past few months are any indication, defending coverage won't be easy, but there will be opportunities to move forward in ways both big and small if we make it a priority. Now is the time to build the groundwork for meaningful progress on oral health policy in 2021.

This publication was written by:

**Melissa Burroughs**, Senior Oral Health Campaign Manager, Families USA

**Addie Abdul Jawad**, Oral Health Intern, Families USA

**Jennifer Taylor**, Senior Director of Federal Relations, Families USA

The following Families USA staff contributed to the preparation of this material (listed alphabetically):

Kimberly Alleyne, Senior Director, Communications

Justin Charles, Digital Media Associate

Nichole Edralin, Senior Manager, Design and Publications

Adina Marx, Communications Associate

**FAMILIESUSA**   
THE VOICE FOR HEALTH CARE CONSUMERS

1225 New York Avenue NW, Suite 800

Washington, DC 20005

202-628-3030

info@familiesusa.org

FamiliesUSA.org

facebook / FamiliesUSA

twitter / @FamiliesUSA