

June 26, 2019

Dear Representative/Senator,

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.ⁱ 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.^{ii,iii} 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.^{iv} Moreover, in pregnancy, periodontal disease may increase a woman's risk for depression, preeclampsia, and other adverse birth outcomes.^v But we have the means within our grasp to give people all the keys they need to open the doors to good oral health.

Existing policy gaps leave many without access to oral health coverage.

Current shortfalls in oral health coverage can and must be corrected to truly address whole person health. Over the last two decades, the United States has achieved significant gains in oral health coverage and access to care for children and adolescents. Ninety percent of children now have some form of dental coverage and the rates of untreated tooth decay among young children have declined. However, oral health care for adults is still excluded or treated as optional, despite its impact on employability, economic mobility, and quality of life — not to mention the fact that a parent or caregiver's oral health directly impacts their children.^{vi}

Under Medicaid, dental coverage for adults and pregnant women is treated as optional. Among the states that do offer such benefits, the quality of coverage varies considerably from state to state. Some current policy proposals would allow people to buy into Medicaid as an alternative to much more costly private insurance. Should those efforts move forward, standards for the

comprehensiveness of benefits would be needed to ensure that people can access essential services like oral health care.

When it comes to Medicare, currently the program excludes oral health coverage completely, leaving millions of seniors and people with disabilities with few affordable options for care. As proposals look to extend Medicare coverage to additional populations, we urge policymakers to ensure that oral health is part of the program. The oral health community is actively working with lawmakers to remedy this issue through the introduction of comprehensive dental coverage in Medicare Part B. Yet many of the Medicare buy-in bills being introduced are based on the program's current set of benefits or base coverage on the Affordable Care Act's (ACA) 10 essential health benefits -- which is also inadequate to meet every consumer's health needs.

The ACA continues to help many individuals and families access dental coverage and care, but it has several limitations. While the law's essential health benefits require that dental coverage be offered to kids through age 18, it is often sold separately from medical plans. Further, there is no requirement to offer any sort of dental benefits to adults. A public coverage option based on the ACA is likely to fall short on oral health unless we see changes to better integrate oral health care into private health insurance and expand the essential health benefits to include such coverage for adults.

We have a responsibility to make sure that all Americans have the supports they need to achieve good oral health. By ensuring that every person has access to comprehensive, affordable oral health care, we can open the doors to good overall health, promoting individual, family, and community prosperity from which we all benefit.

We therefore offer the following principles for evaluating and improving legislative proposals to make health coverage more accessible and affordable:

- Comprehensive oral health care should be enumerated among covered benefits for all adults. At a minimum, this coverage should include preventive, diagnostic, periodontal, and restorative services necessary to prevent disease and promote oral health, restore structures to health and function, and treat emergency conditions.
- Coverage for children and adolescents should be consistent with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit in Medicaid and should require coverage of all medically necessary services needed to correct and ameliorate health conditions. Pediatric coverage should furthermore be consistent with existing clinical guidelines. These include the American Academy of Pediatrics' Bright Futures recommendations as well as guidelines established by the American Academy of Pediatric Dentistry and the American Dental Association.
- Coverage expansion proposals should include oral health in provisions related to data collection and quality measurement. Any policy must advance data systems to help us improve the quality and delivery of care, and evaluate its impact on overall health and well-being.

We cannot afford to perpetuate a system that fails to recognize that the mouth is part of the body and that oral health is critical to overall health and well-being. No person, regardless of race, age, income, or zip code, should be held back from their dreams due to dental disease. We will create a more just and fair society when we make sure our health system allows people to get the kind of care they need to support good oral health.

Sincerely,

American Institute of Dental Public Health
American Network of Oral Health Coalitions
Amy Requa Health Consulting, Inc.
Apple Tree Dental
Arcora Foundation
Asian Pacific Community in Action
Association of State and Territorial Dental Directors
Better Oral Health for Massachusetts Coalition
Bi-State Primary Care Association
California Pan-Ethnic Health Network
Catalyst Miami
Center for Medicare Advocacy
Center for Oral Health
Chesapeake Comprehensive Dentistry, PA
Children's Dental Health Project
Coalition of Texans with Disabilities
Community Action Planning Council of Jefferson Co. Inc
Community Catalyst
Community Clinical Services
Connecticut Oral Health Initiative, Inc.
Delta Dental of Colorado Foundation
DentaQuest Partnership
Desired Resources
Developmental Services of Northwest Kansas
Dientes Community Dental Care
Disability Healthcare Initiative at ACHIEVA/The Arc of Greater Pittsburgh
Eastport Health Care, Inc.
Empowering Pacific Islander Communities (EPIC)
Families USA
Fish River Rural Health
Florida Voices for Health
Greater Portland Health
Greater Seacoast Community Health
Hawaii Children's Action Network
Health Care For All
Healthy Living and Learning Center
Jefferson County Public Health Service
Jon C Burr Foundation
Justice in Aging
K2 Equity Solutions and Consulting Inc.
Kansas Head Start Association
Keep the North Country Smiling Coalition

Kent County Oral Health Coalition
Kentucky Oral Health Coalition
Klamath Basin Oral Health Coalition
Latino Coalition for a Healthy California
Maine Equal Justice
Maine Oral Health Coalition
MaryCatherine Jones Consulting, LLC
Maryland Dental Action Coalition
Maternal and Child Health Access
McNary Group
Medicaid Matters NY
Methodist Healthcare Ministries
Methodist Healthcare Ministries of South Texas, Inc.
Migrations
Minnesota Oral Health Coalition
Native American Connections
New Covenant of Peace Church
New Hampshire Oral Health Coalition
New Jersey Chapter, American Academy of Pediatrics
New Jersey Oral Health coalition
North Country Prenatal/Perinatal Council, Inc.
Northern Regional Center for Independent Living
Oral Health Kansas, Inc.
Oral Health Ohio
Oregon Oral Health Coalition
Partnership for Children's Oral Health
Pathways-VA, Inc.
PDI Surgery Center
Pennsylvania Chapter, American Academy of Pediatrics
Pennsylvania Coalition for Oral Health
Pennsylvania Head Start Association
Pennsylvania Health Access Network
Project Accessible Oral Health
Rhode Island KIDS COUNT
Sacopec Valley Health Center
San Carlos Apache Dental
San Fernando Community Health Center
San Mateo County Health System
Santa Fe Group
Sargent Shriver National Center on Poverty Law
School-Based Health Alliance
Schuyler Center for Analysis and Advocacy
Southern Arizona Oral Health Coalition
Southern Vermont Area Health Education Center
Southern Vermont Area Health Education Center
Special Care Dentistry Association
TAMUCC - CONHS Oral Health Project
The Bingham Program
The MAN Network
Utah Health Policy Project
Virginia Coalition of Latino Organizations

Virginia Oral Health Coalition
Vision y Compromiso
Voices of Detroit Initiative
Wesley Health & Wellness Center
West Central Initiative

ⁱ Vujicic, M., Buchmueller, T., & Klein, R. (2016, Dec.). Dental care presents the highest level of financial barriers, compared to other types of health services. *Health Affairs*, 35(12), 2176-2182. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0800>.

ⁱⁱ American Dental Association Health Policy Institute. (2015). Oral health and well-being in the United States. Available at: https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthWell-Being-StateFacts/US-Oral-Health-Well-Being.pdf?la%3Den&sa=D&ust=1530704653686000&usg=AFQjCNH4wW-EYNVKeO3jSHFeuAUo3IG1_Q.

ⁱⁱⁱ American Dental Association Health Policy Institute. (2018). Oral health and well-being among Medicaid adults by type of Medicaid dental benefit. Available at: https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0518_1.pdf?la=en.

^{iv} American Dental Association Health Policy Institute (2016). Oral health and well-being among seniors in the United States. Available at:

https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0916_2.pdf?la=en.

^v Kopycka-Kedzierawski, D. T., Li, D., Xiao, J., Billings, R. J., & Dye, T. D. (2019). Association of periodontal disease with depression and adverse birth outcomes: Results from the Perinatal database; Finger Lakes region, New York State. *PloS one*, 14(4). doi:10.1371/journal.pone.0215440.

^{vi} Dye, B.A., Vargas, C.M., Lee, J.J., Magder, L., Tinanoff, N. (2011, February). Assessing the relationship between children's oral health status and that of their mothers. *Journal of American Dental Association*. 142(2), 173-183. Doi:10.14219/jada.archive.2011.0061.