

Refocusing on Stabilizing Dental Coverage



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Children's Dental Health Project

Children's Dental Health Project

In 1997, Children's Dental Health Project was created to advance innovative policy solutions so that no child suffers from tooth decay. We are driven by the vision that all children can achieve optimal oral health to reach their full potential.

CDHP Goals:

- » Prevent childhood tooth decay.
- » Ensure all children have affordable comprehensive care that improves their oral health.
- » Measure for the oral health we want for our children.



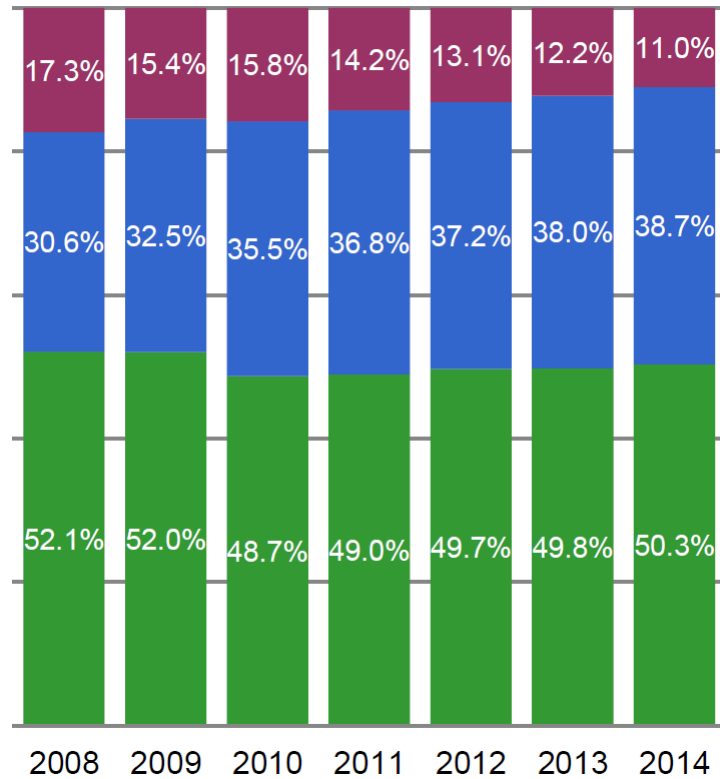
Key Messages

- There have been significant gains in public dental coverage in the last two decades.
- Current threats to public coverage, if successful, will erode gains.
- Engagement in the policy process is critical

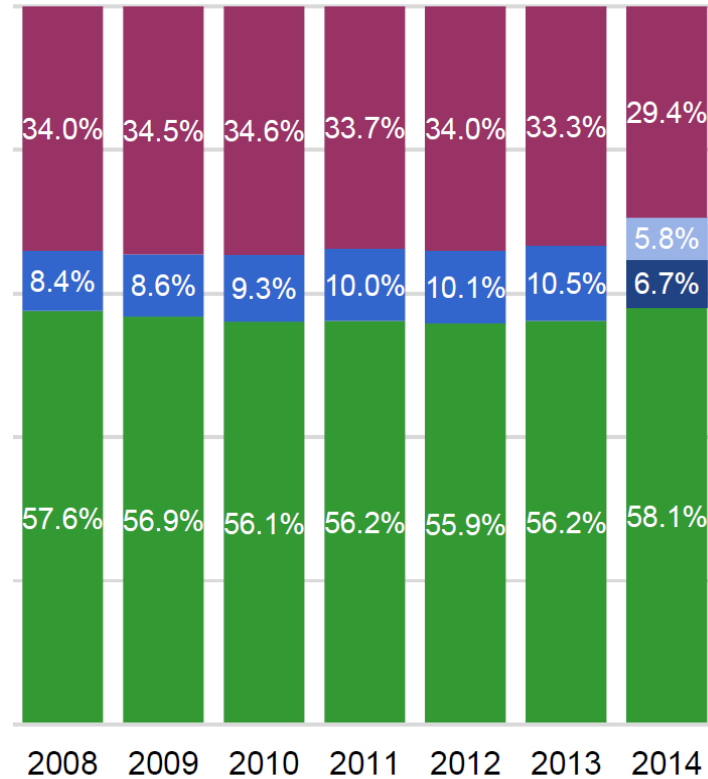


Gains in Dental Coverage

Children

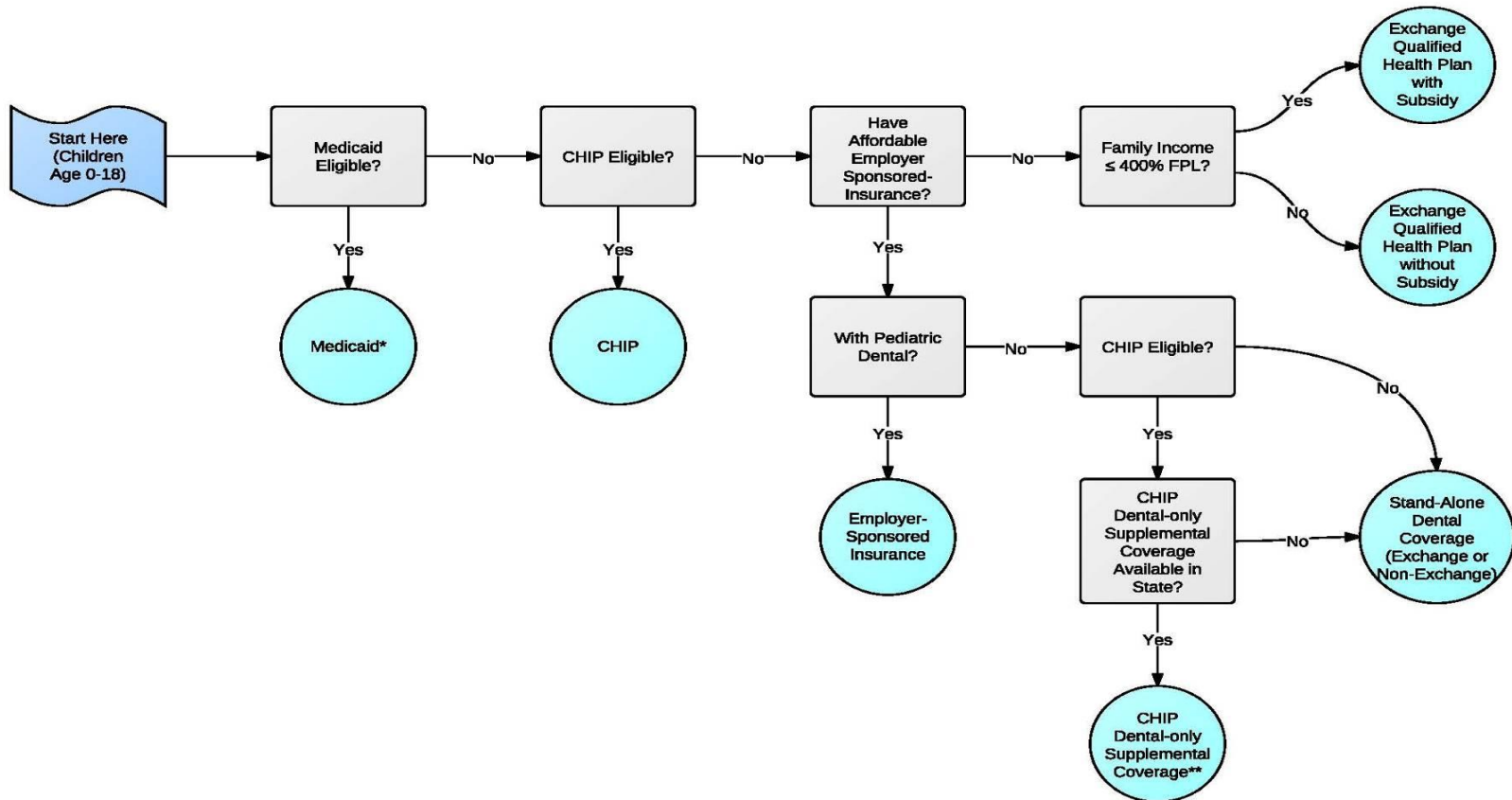


Adults



■ Private
 ■ Public
 ■ Public (with dental benefits)
 ■ Public (without dental benefits)
 ■ Uninsured

Path to Pediatric Dental Coverage



Overview of Pediatric Dental Benefits

Medicaid: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

CHIP: State determined benefits consistent with federal CHIP rules


Employer-Sponsored Insurance: Dental benefits often limited to a yearly cap (average is \$1500)

Qualified Health Plan: Essential health benefits determined by the state consistent with federal rules

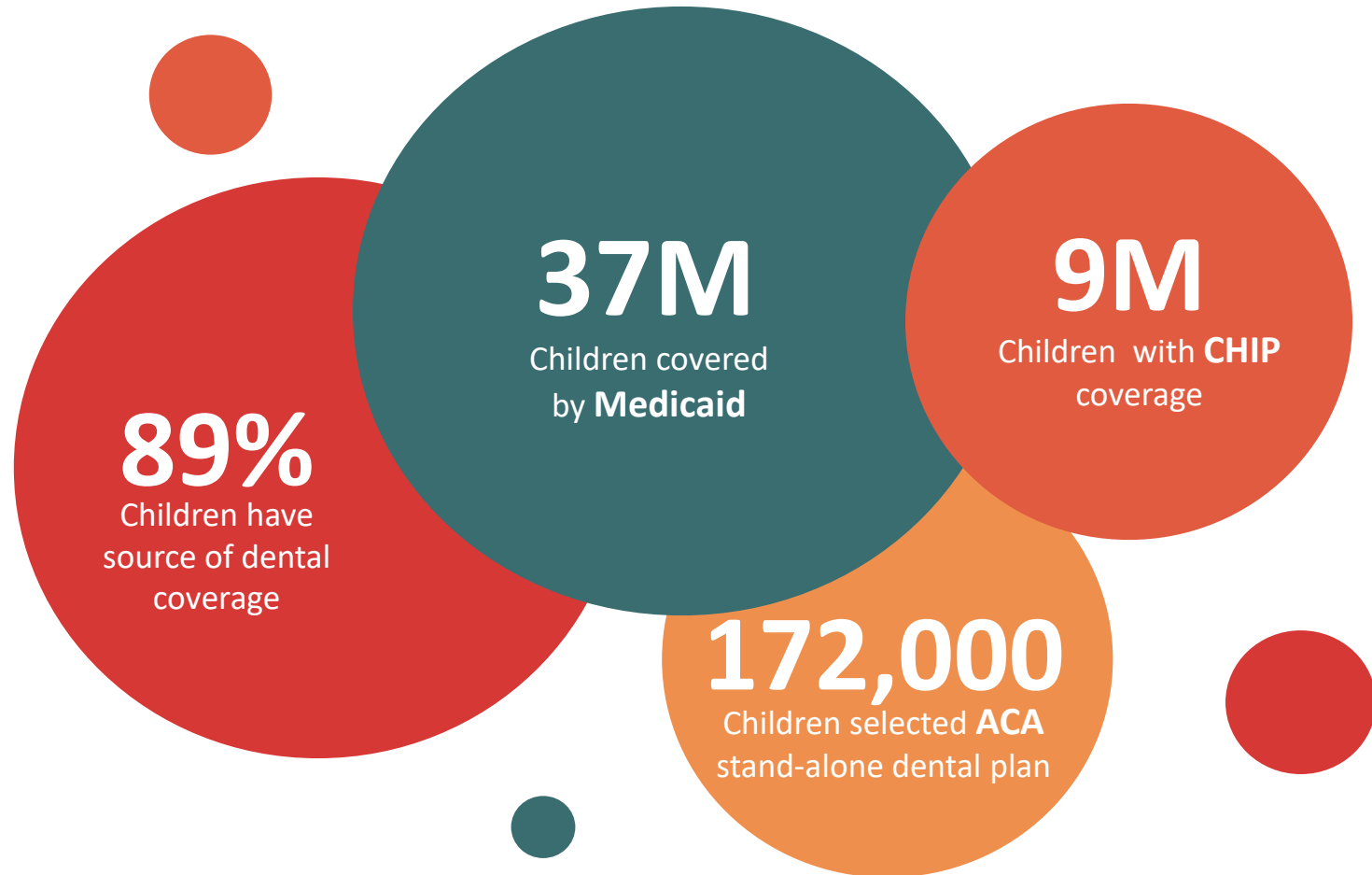
*Medicaid may "wrap around" any existing private coverage as the payer of last resort.

**States have the option under CHIPRA to provide supplemental or wrap around insurance to CHIP eligible children who have medical coverage through their parents but no dental insurance.

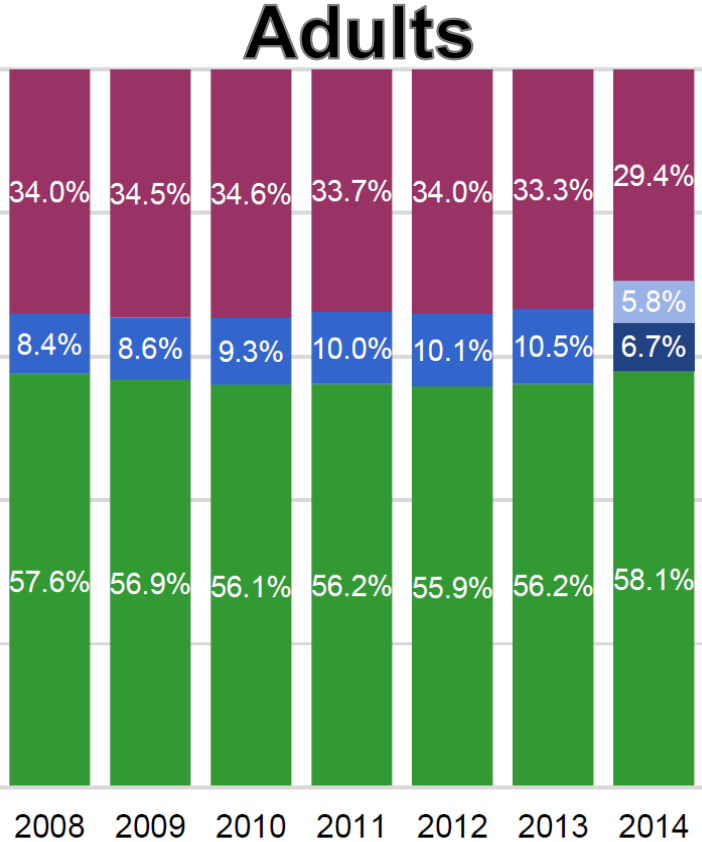
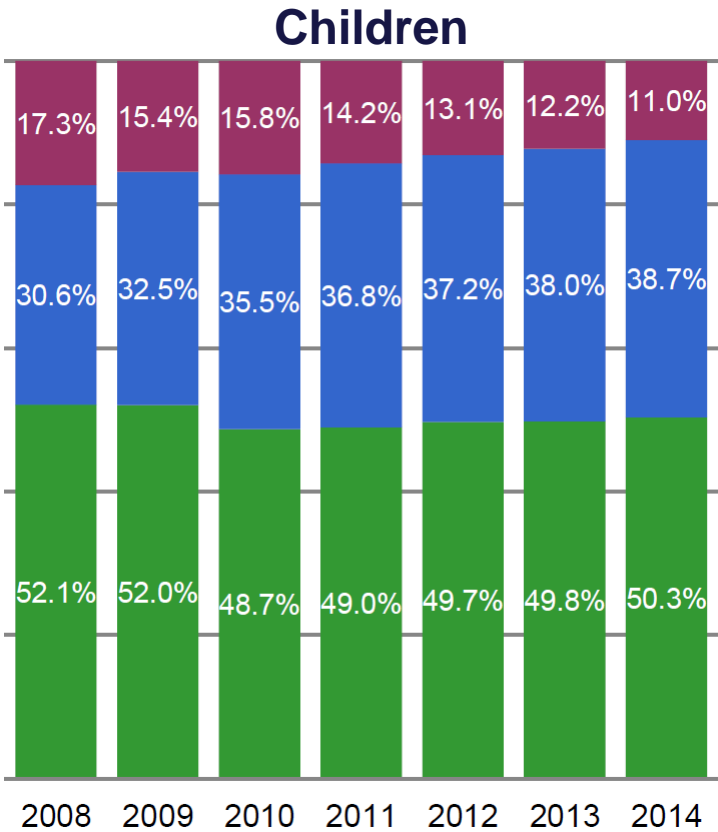
2017 Pediatric Oral Health Coverage



Public and Private dental coverage has grown in the last two decades.



Gains in Dental Coverage

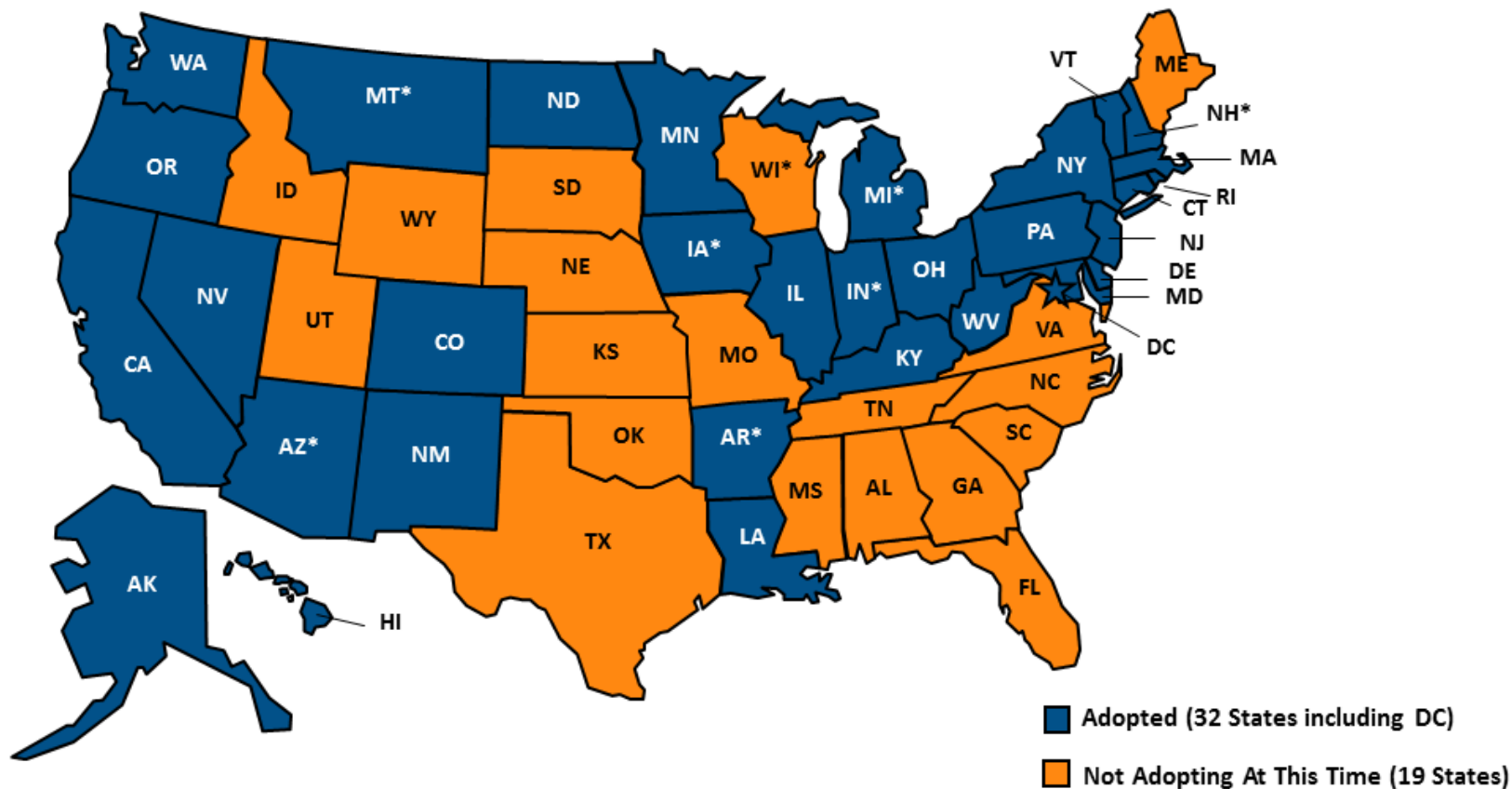


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Source: American Dental Association Health Policy Institute analysis of MEPS data.

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 1, 2017.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



Impact of Medicaid Expansions

- 27 states + DC provide Medicaid adult dental benefits beyond emergency services
 - ✓ 19 (of the 27) expanded Medicaid w/ dental under ACA
- Welcome Mat effect of ACA Medicaid Expansions¹:
 - ✓ Among children eligible but not enrolled, 57.5% had Medicaid eligible parents
 - ✓ 710,000 children already eligible
 - ✓ 350,000 children newly eligible
- Historic expansions of Medicaid for pregnant women and infants have shown²:
 - ✓ Non-Hispanic black young adults had improved oral health (not found for white or Hispanic cohorts)
 - ✓ 8-10% decrease in tooth loss for non-Hispanic black young adults

Current Health Care Proposals



- ❑ Graham (R-SC) – Cassidy (R-LA) bill
- ❑ Hatch(R-UT) – Wyden (D-OR) *KIDS* Act

Graham-Cassidy-Heller-Johnson Bill

- Est. 32 million lose coverage by 2027*
- Reduces funding to states by \$215B by 2026
- Ends and replaces with a block grant:
 - × Medicaid expansion
 - × Premium tax credits
 - × Cost sharing reduction payments
 - × Individual and employer mandate
- Block Grant expires in 2026
- Gives states flexibility to eliminate protections for pre-existing conditions, lifetime caps and essential benefits
- Medicaid (non-expansion) moves to a per capita cap or block grant

Impact of Graham-Cassidy Bill

- In 2020, States take full responsibility for health care for low-income individuals without affordable insurance
- Block grant funding will be based on a formula according to the number of enrolled in coverage between 50%-138% FPL
 - In 2020-2021, additional funds available for low density and non-expansion states
 - States that have enrolled more lower-income individuals insurance enrollment will be penalized
- CBO analysis of similar proposals stated, “*services or benefits likely to be excluded include...pediatric dental benefit.*”
- In addition to 2026 end of the block grant; per-capita dollars in Medicaid will not keep up with inflation – leaving a lower relative per-person payment

Children's Health Insurance Program

Created in 1997, CHIP did not include a guaranteed dental benefit until 2010 (CHIPRA 2009).

Benefits must include those *“necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.”*

- Formula block grant to states with state match (approx. 75/25 match)
- Enrollment: 9 million

The program was reauthorized in ACA until 2019, however funding ends Sept. 2017 without Congressional action

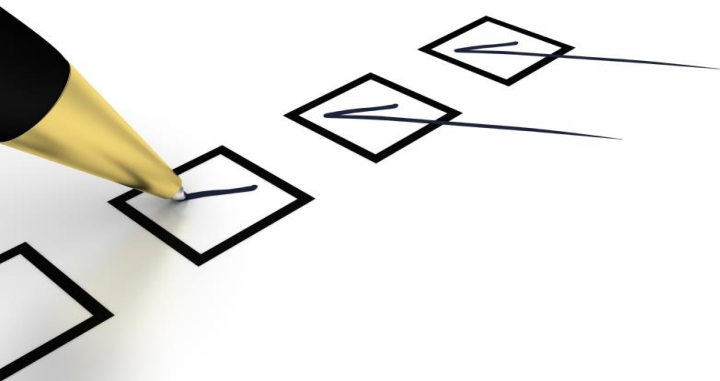


Hatch-Wyden CHIP Bill

Federal funding for CHIP expires September 30

Keep Kids' Insurance Dependable and Secure (KIDS) Act

- Extends CHIP for 5 years
- Maintains enhanced federal matching rate through FY19 then transition back to pre-ACA matching rate
- Keeps maintenance of effort through FY22, some limits
- Maintains express lane eligibility



Impact if CHIP Funding Ends

CHIP-Medicaid: 5.2M | Separate CHIP: 3.7M

MACPAC estimates all states run out of CHIP funding by Summer 2018

- × December 2017: 5 States
- × March 2018: 29 states + DC
- Estimates based on historic spending and did not include hurricanes, etc.
- Oct. 1 contingency plans will start – including estimating dollars to hold to reimburse providers
- Unknown long-term consequences of CHIP instability

What Happens Next

- ❑ Next Week: Graham-Cassidy hearing and possible vote
 - ✓ CBO will release very limited score of the bill – will not include full cost or number of people that will lose coverage
 - ✓ Still unclear if they have the final vote to pass (only need 50 votes) – Sen. Murkowski (R-AK) is the focus
 - ✓ If passes Senate, the House will approve and White House will sign

- ❑ Hatch-Wyden: Note enough time or energy to move before the deadline
 - ✓ Even if Graham-Cassidy does not pass, there is not enough time or interest by House
 - ✓ CHIP highly likely will run out of funding next week
 - ✓ Possibly addressed in Oct. but maybe not until Dec.



What YOU Can DO

- ❑ Encourage Congress to protect gains in dental coverage & access
- ❑ Advocate for long-term funding for CHIP
- ❑ Capitalize on near universal children's coverage by advancing innovative care delivery



Resources

Children's Dental Health Project. *Dental Coverage Matters Tool Kit.* <https://www.cdhp.org/resources/333-why-dental-coverage-matters-a-tool-kit>

Kaiser Family Foundation. *State Medicaid Expansion Approaches.* <http://www.kff.org/medicaid/fact-sheet/state-medicaid-expansion-approaches/>

Avalere Health. *Analysis of Graham Cassidy Heller Johnson bill.* <http://avalere.com/expertise/managed-care/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

Center on Budget and Policy Priorities. *Like Other ACA Repeal bills, Cassidy-Graham Plan Would Add Millions to Uninsured, Destabilize Individual Market.* <https://www.cbpp.org/research/health/like-other-aca-repeal-bills-cassidy-graham-plan-would-add-millions-to-uninsured>

Mannatt Health. *State Policy and Budget Impacts of New Graham-Cassidy Repeal and Replace Proposal.* <https://www.manatt.com/Insights/White-Papers/2017/Impacts-of-New-Graham-Cassidy-Repeal-and-Replace-P>

Medicaid and CHIP Access and Payment Commission. *Recommendations for the Future of CHIP and Children's Coverage.* <https://www.macpac.gov/wp-content/uploads/2017/03/The-Future-of-CHIP-and-Childrens-Coverage.pdf>



THANK YOU!

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