February 27, 2017

The Honorable Greg Walden
Chairman
House Committee on Energy & Commerce
2185 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
House Committee on Energy & Commerce
237 Cannon House Office Building
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone,

As organizations dedicated to ensuring that families have access to comprehensive, affordable oral health coverage and care, we are eager to work with you to ensure that proposals to replace the Affordable Care Act (ACA) protect and build upon the important efforts by Congress to improve the oral health of Americans. The historic separation of oral health from the larger healthcare system has left too many Americans, including children, with advanced but preventable disease. Congress has worked to close this gap and slow the epidemic among children, in particular, by guaranteeing dental coverage in Medicaid, CHIP, and as an essential benefit in the Affordable Care Act. As you consider opportunities to improve the healthcare system, we urge you to build upon this progress and fully attend to the oral health needs of Americans as it is a critical but often overlooked component of overall health.

Poor oral health has major long-term ramifications. Despite recent gains in children's coverage, tooth decay remains the most chronic condition among children and adolescents,[1] affecting both school performance and attendance.[2, 3] Oral health also continues to affect individual potential well after childhood. In fact, studies suggest that good oral health can increase annual earnings by up to 5%[4] while low-income individuals who receive necessary dental care are twice as likely to improve or maintain their employment status.[5] In addition, oral health is a matter of national security; poor oral health prevents many new military recruits from being immediately deployable,[6] and dental disease was a common cause of non-battle injuries that necessitated evacuation from combat in Iraq and Afghanistan, often requiring expensive and dangerous multi-service-member convoys.[7]

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[1] Centers for Disease Control and Prevention. "Dental Caries (Tooth Decay)." Revised Sept. 22, 2016. Available at: https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html.

[2] S.L. Jackson et al., Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health*, 2011; 101(10): 1900–1906.

[3] H. Seirawan et al., The impact of oral health on the academic performance of disadvantaged children. *American Journal of Public Health*, 2012; 102(9): 1729–1734.

[4] Glied, Sherry, and Neidell, Matthew. The economic value of teeth. *Journal of Human Resources*, 2010; 45(2): 468-496.

[5] Hyde S, Satariano WA, Weintraub JA. Welfare dental intervention improves employment & quality of life. *Journal of Dental Residency*, 2006; 85(1):79-84.

[6] Bipartisan Policy Center. Lots to lose: How America's health and obesity crisis threatens our economic future. June 2012.

[7] Simecek JW, Colthirst P, Wojcik BE. The incidence of dental disease nonbattle injuries in deployed U.S. Army personnel. *Military Medicine,* 2014; 179(6): 666–73

The consequences of untreated dental disease are not only costly for working families and our military, but also incredibly costly to the healthcare system. Looking at just a 3-year snapshot (2008 through 2010), 4 million Americans went to the emergency room for dental related problems at a cost of $2.7 billion dollars. Needless to say, treatment for dental pain in the ER is significantly more costly than routine oral health care and does little to prevent recurring problems. These unnecessary costs and readmissions can be avoided with early intervention and appropriate treatment but affordable coverage is the first step toward getting necessary and timely care.[8] In fact, as more children and teens have gained dental coverage as a result of Medicaid, CHIP, and the ACA, emergency department visits due to dental conditions have decreased for the first time since the early 2000s, especially among children. [9]

Since 2000, the percentage of children without dental coverage has been cut in half.[10] These gains in coverage are due, in large part, to the explicit requirements in federal statute to ensure children's oral health services are included in both public and private benefit packages. However, without clear statutory guidelines guaranteeing oral health benefits, history suggests that coverage will be uncertain, unstable and insufficient. In its first decade, CHIP failed to explicitly cover dental benefits and as a result, the availability and quality of dental coverage varied considerably from state to state.[11] Similarly, despite oral health's life-long impacts, private dental coverage has, until recently, largely been a separate and supplemental insurance product.

As Congress considers opportunities to strengthen existing health coverage programs, we urge you to be mindful of both the opportunities for innovation and cost savings as well as need to continue closing the dental coverage gap for families with the least financial flexibility.

- Any potential changes to public or private health coverage programs should prevent children and families from losing dental coverage or the affordability protections that allow them to purchase such coverage.

- Benefit packages in both public and private coverage programs should continue to include dental coverage and, maintain standards for first-dollar preventive oral health services.

- Any changes to Medicaid should preserve the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for individuals up to age 21 and its requirements for oral health coverage while also improving the availability of oral health care to the family as a whole.

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[8] Sun BC et al. Emergency department visits for nontraumatic dental problems: A mixed-methods study. *American Journal of Public Health*, 2015; 105(5):: 947–955.

[9] Wall T, Vujicic M. Emergency department visits for dental conditions fell in 2013. *Health Policy Institute Research Brief*. American Dental Association. February 2016. Available at: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0216_1.ashx.

[10] 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.

[11] Snyder A. SCHIP dental benefits. National Academy for State Health Policy Issue Brief. August 2007. Available at: http://www.nashp.org/sites/default/files/shpmonitor_SCHIPdental.pdf

- As states grapple with increasing budgetary uncertainty, the state-managed Children's Health Insurance Program (CHIP), which builds upon the success and stability of Medicaid, should continue to receive long-term funding in accordance with the recommendations of the non-partisan Medicaid and CHIP Payment and Access Commission (MACPAC).

- Changes to the private insurance marketplaces established by the Affordable Care Act (ACA) should provide for greater transparency with regard to dental benefits and enrollment so that consumers can make better choices. Furthermore, Congress should encourage greater integration of dental coverage into insurance packages in a way that would reduce costs for many families and improve delivery of services, including protecting those dental benefits from high deductibles.[12, 13]

- In order to improve value and accountability, Congress should require oral health quality metrics for all coverage programs that emphasize individualized care and improved oral health rather than quantity of services.

As you work to seek consensus on policy proposals to reform the healthcare system, we urge you not to leave oral health off the table during these important deliberations. After all, it is impossible to attend to the health of Americans without also addressing their oral health. We hope to serve as a resource and look forward to working with you to ensure that America's children and working families continue to benefit from measureable improvements in oral health care and access to dental coverage.

Sincerely,

Children's Dental Health Project
American Dental Association
Academy of General Dentistry
American Academy of Oral and Maxillofacial Pathology
American Academy of Pediatric Dentistry
American Association for Dental Research
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Public Health Dentistry
American Association of Women Dentists
American Dental Education Association
American Dental Hygienists Association
American Network of Oral Health Coalitions
Association of State and Territorial Dental Directors
Dental Trade Alliance
Medicaid/Medicare/CHIP Services Dental Association (MSDA)
National Dental Association
Oral Health America

[12] Vujicic M, Yarbrough C. Estimating premium and out-of-pocket outlays under the child dental coverage options in the federally facilitated marketplace. *Journal of Pediatrics,* Nov. 2016.

[13] American Dental Association Health Policy Institute. "Dental Coverage Options Through HealthCare.gov." Infographic. Jan. 2017. Available at: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0117_1.pdf?la=en.