The Impact of the Better Care Reconciliation Act (BCRA) on Dental Coverage and Access

Oral health is fundamental to overall health, and research shows a strong relationship between oral health and systemic disease.\(^1\)

Thanks to the actions of Congress, the U.S. has made great strides in improving access to oral health care. Through federal policies to improve coverage and affordability, private insurance has become more attainable for American families. In addition, public dental coverage for children through Medicaid and CHIP has made a powerful impact — covering more children, leading to fewer unmet dental needs, and creating more opportunities for cost-effective prevention.\(^2,3\) Overall, more Americans have received dental care\(^3\) and expensive emergency department visits for dental issues have declined.\(^4\)

These achievements are something to celebrate and preserve. Yet the U.S. Senate’s proposed Better Care Reconciliation Act (BCRA) would reverse this hard-earned progress. If BCRA becomes law, 22 million Americans would lose coverage over the next 10 years. Moreover, under BCRA, Americans who retain public coverage, including millions of children, will face greater challenges in finding affordable dental care. Even many privately insured Americans will struggle to afford dental coverage as the value of coverage is reduced through less generous benefits and higher out-of-pocket costs.

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BCRA’s cuts to Medicaid could be devastating to the 37 million low-income children who depend on its coverage. The CBO estimates that BCRA will cut $772 billion dollars from Medicaid over the next 10 years by changing the current funding to a per-capita cap system, fundamentally changing the current federal-state partnership.

State Medicaid programs “provide comprehensive services” for children in the form of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.\(^5\) These guidelines have historically contained a strong comprehensive dental benefit, specifically because of the importance of oral health for a child’s well-being. If BCRA is approved, the promise of EPSDT would be severely tarnished.

Under a per-capita cap, the federal government commits a certain per-person amount, but this rate grows more slowly than the expected increase in the cost of medical and dental services. Over time, the difference between the federal cap and the cost of necessary health care will punish states, forcing them to make decisions that could reduce children’s access to oral health services and eliminate benefits for adults. States will likely have to resort to extreme cost-saving measures, such as reducing reimbursement rates — potentially discouraging many providers from accepting Medicaid.
BCRA threatens working families’ access to their dentists. Under BCRA, changes in tax credits, mandates, and state waivers for Essential Health Benefits (EHBs, or the services that insurers must cover) could mean that even privately insured Americans lose dental coverage.

- Pediatric dental coverage is part of the specified EHBs and is offered as part of most private insurance packages. BCRA would allow states to waive the EHB requirements and weaken the core benefits package. The CBO reports that “about half the population would be in states substantially affected by waivers to provisions of the ACA” and pediatric dental benefits are named as one of the services “most likely to be excluded.”
- In addition, history has shown that dental coverage is often a prime target for cuts when state budgets are squeezed.
- Other changes in BCRA will make it harder for business owners to provide comprehensive coverage to employees and their families — making dental coverage even less accessible.

Cutting Medicaid expansion undermines the health of children and adults. Children with uninsured parents have a greater risk of gaps in coverage, and these kids are less likely to receive check-ups, preventive care and other health services. More parents qualified for coverage through Medicaid expansions, a change that helped drive down the rates of uninsured families. Under BCRA, Medicaid coverage expansion will end by 2023. Rolling back dental coverage for low-income adults will negatively impact them and their children.

BCRA limits access to dental coverage and care, hurting Americans’ employment and earnings potential. Adult dental benefits are optional in Medicaid, so when state budgets are cut, these benefits are often the first to be eliminated. But research shows that the condition of someone’s teeth shapes how employers perceive their intelligence and professionalism — factors that impact their employability. In fact, good oral health may increase annual earnings by up to 5%.

National security is affected. Military readiness was one impetus for Medicaid’s childhood benefit package. Today, a lack of access to regular oral care impacts America’s military readiness. In fact, an estimated 1 in 5 Army reservists were not immediately deployable because of a dental issue in 2013. In addition, a 2014 report showed that dental disease was a common cause of non-battle injuries requiring evacuation from combat in Iraq and Afghanistan, often requiring expensive and dangerous convoys to evacuate individuals from the frontlines.

Congress has consistently recognized that making dental coverage accessible and affordable affects Americans throughout the lifespan, from childhood through their adult years. BCRA unravels this recognition and will have longstanding, painful and expensive consequences for our country.
Sources:
11. Glied, S. and Neidell, M. (2010) “The economic value of teeth.” Journal of Human Resources 45.2: 468–496. (Note: This study examines the impact of community fluoridation, as a proxy for dental health status, on labor market outcomes. The greatest impact was found on women and individuals from low socioeconomic status)