The Impact of the American Health Care Act (AHCA) on Dental Coverage and Access

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The U.S. has made great strides in improving access to oral health care. Through policies to improve coverage and affordability, private insurance, including dental plans, has become more attainable for American families. In addition, public dental coverage for children, through Medicaid and CHIP, has become an ever more effective program that has covered more children, leading to fewer unmet dental needs, and creating more opportunities for prevention. Overall, the U.S. has seen increased utilization of dental care and decreases in expensive emergency department visits for dental issues.

Given all the challenges that families face in obtaining vital dental care, these achievements are something to celebrate and preserve.

The American Health Care Act (AHCA) makes changes that could reverse this progress. While many are aware of certain impacts of the bill—such as the loss of coverage for 23 million Americans over the next 10 years—AHCA would also make oral health care inaccessible for millions more. The Children’s Dental Health Project (CDHP) has compiled this fact sheet on AHCA to highlight the importance of maintaining the progress we’ve made on oral health coverage for families.

Protecting children

AHCA’s cuts to Medicaid will have a profound impact on the 37 million low-income children who depend on its coverage. The CBO estimates that AHCA will cut $834 billion dollars from Medicaid over the next 10 years by changing the current funding to a block grant (i.e. a lump sum to the state) or per-capita cap system (i.e. per-person payment for each beneficiary). Both options retreat from the current federal-state partnership structure, and the original promise of the program.

- **Block granting Medicaid eliminates the promise of care and coverage for American children.** A block grant would weaken the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards which guarantee comprehensive coverage for children on Medicaid, including dental and oral health services. Block grants also have no flexibility for population growth or increases in demand for coverage, especially in times of economic uncertainty (e.g., a recession). Restricting states’ ability to respond to the needs of their unique populations would put dental coverage for children and families at risk.

- **Per-capita caps also cut Medicaid funding for states, especially for children.** Under a per-capita cap, the federal government commits to spend set amounts per-person, but at a rate below expected costs of medical and dental services. Over time, the difference between the federal cap and the overall cost of necessary health care increases, this growing gap further slashes a state’s budget in the long-term, leading to reduced funding for children’s programs as well as severe cuts to adult benefits, including dental care.
**Keeping America’s promise**

**AHCA threatens working families’ access to their dentists.** Under AHCA, changes in employer tax breaks, mandates, and state waivers for Essential Health Benefits (EHBs, or the services that insurers must cover) could mean that even privately insured Americans lose oral health coverage.

- As one of the EHB categories, “pediatric services, including oral and vision care” must be included in most private insurance packages. AHCA would allow states to waive the EHB requirements or adopt less generous benefit packages. The CBO has reported that at least one sixth of the population live in states that would likely take advantage of these waivers, and pediatric dental coverage in particular would be a prime target for cuts, meaning that in those states affordable dental coverage for children may no longer be available.

- AHCA changes small-business insurance systems and tax credits originally designed to help employers provide insurance for employees and their families. These changes, along with state EHB waivers, 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 children’s and adults’ health.** Evidence shows that children with uninsured parents have a greater risk of gaps in coverage, and are less likely to receive check-ups, preventive care and other health services. With Medicaid expansion, more parents qualified for coverage, a change that helped drive down the rates of uninsured families. Under AHCA, Medicaid coverage expansion ends in 2019, which will not only roll back oral health coverage for low-income adults but also negatively impact their children.

**AHCA limits access to dental coverage and care which hurts 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%. Cutting Medicaid budgets will undermine access to dental treatment for low-income adults, impacting not just their health, but their ability to find a good-paying job.

**Obstacles to dental care impact national security.** Medicaid’s childhood benefit came about, in part, as a response to the significant number of Vietnam-era draftees who were unable to serve their country due to poor health. Today, a lack of access to regular oral care can shape America’s military readiness. A 2012 report by the Bipartisan Policy Center showed that 62% of the military’s new recruits were “not immediately deployable because of a significant dental issue.” More alarming, a 2014 report in *Military Medicine* showed that dental disease was a common cause of non-battle injuries that required evacuation from combat in Iraq and Afghanistan, often needing expensive and dangerous convoys. Even worse, the vast majority of these cases could have been prevented with timely screenings and care before deployment.
Sources:


