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Seema Verma
Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Timothy Hill
Acting Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Judith Cash
Director, State Demonstrations Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Kimberly Howell
Director, Division of State Demonstrations and Waivers, State Demonstrations Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dental Community Opposes Waiver Proposals that Create Obstacles to Oral Health Coverage for Vulnerable Families

Dear Administrator Seema Verma, Acting Deputy Administrator and Director Tim Hill, and Division Director Kimberly Howell,

On behalf of the undersigned organizations, we appreciate the opportunity to work with you and your colleagues in improving the Medicaid program for children and families. However, as organizations dedicated to ensuring families have access to comprehensive, affordable health coverage, including oral health coverage, we share serious concerns regarding recent Medicaid waiver proposals being examined and approved by the Centers for Medicare & Medicaid Services (CMS). We urge you and your colleagues to reject efforts that would create unnecessary barriers to oral health coverage and care.

Specifically, our organizations are troubled by the latest trend in Medicaid section 1115 waiver policies that establish harmful obstacles for low-wage families. Medicaid’s core mission is to provide coverage to low-wage adults and children for the healthcare services they need. While we support state flexibility and innovation, imposing new restrictions on coverage and access to care will make important benefits, like oral health care, even more difficult for both adults and children to receive. Such obstacles to coverage and care create undue burdens for beneficiaries, making it more complicated to navigate the Medicaid system, and could lead to significant numbers of children and families losing critical access to care, placing unnecessary strain on low-wage families.
Oral health is a critical component of overall health and lifelong success. Yet, despite the largely preventable nature of dental caries (the disease that causes tooth decay), the CDC reports that it is the most common chronic disease in children ages 6 to 19 years, and approximately 90% of adults over age 20 have experienced at least some consequential tooth decay. Children without access to good oral health early in life suffer needlessly from pain and infection, which impacts everything from school attendance and educational attainment, to economic mobility as they become adults. Research shows that poor oral health can have a significant impact on a person’s earning potential and overall employability. Likewise, oral health problems among young adults have a measurable impact on national security, preventing more than half of new military recruits from being deployed, and being one of the primary non-combat injury reasons military personnel need to be evacuated from combat zones. Needless to say, the consequences of failing to address the oral health needs of children and families are far-reaching and severe.

Congress and previous Administrations have recognized these consequences and worked diligently over the last 2 decades to improve access to oral health. Since 2000, the percentage of children without dental coverage has dropped by 50%. An additional 5.4 million adults gained access to dental benefits as part of the Medicaid expansion through 2015. As public insurance has reached greater numbers of children, the rate of untreated decay has fallen among low-income kids. Medicaid currently provides vital coverage to millions of Americans, including 37 million children, and often their families, but many of the policy changes in recent waiver proposals may endanger access to this vital program by parents, caretakers, and youth aging out of foster care.

Research has shown time and again that access to healthcare coverage for parents and caregivers positively impacts children through increased likelihood of attaining coverage, improved health and oral health, improved educational and economic outcomes for these children, and even indirectly by helping families avoid debt. Children with insured parents are consistently insured themselves, whereas 21.6 percent of children whose parents were uninsured were also uninsured. When policies inhibit the ability of families to use Medicaid programs, this also undermines their ability to address children’s medical and dental needs.

Given the breadth of the consequences of tooth decay on children and adults, particularly for families already struggling to make ends meet, we urge you to deny states’ requests, or reconsider policies that obstruct children and families’ access to the coverage and care they need. These include but are not limited to:

- **Work or community engagement requirements** -- New Hampshire, Arkansas, Indiana, and Kentucky have received approval for waivers that impose work requirements on adults enrolled in Medicaid; other states have proposals pending. All of these proposals would end Medicaid coverage for individuals who do not meet the work mandate. These proposals also create the need for new, more complicated reporting systems that present high set-up costs for states. Individuals will be required to track and report hours or document eligibility for exemptions from the requirement. Those paperwork requirements will be a barrier to Medicaid coverage for all Medicaid enrollees, including those who are working and those who would be exempt from the requirement. Most troublingly, this trend fails to recognize that access to appropriate oral health care can improve employment opportunities.

- **Burdensome reporting requirements** -- To track compliance with these new requirements, states will have to make serious changes to their paperwork and IT systems, as well as hiring and training new staff to manage the influx of compliance and appeal information. These new reporting regulations require continual updates on work hours or work search efforts and/or premium payments. Such requirements create an influx of paperwork for both workers and state agencies, creating a plethora opportunities for cutting coverage due to mistakes or minor income changes, rather than improving the health and well-being of families.
• **Additional premiums or co-payments** -- Specifically, we are concerned with proposals that would impose these fees on individuals and families making less than 150% of the federal poverty level. Research tells us that even small premiums or co-pay fees can have a negative impact on enrollment and access to care for adults and children. Moreover, we know that when parents and caregivers have access to affordable health and dental coverage, children are more likely to get the care they need to stay healthy.

• **“Lockout” penalties related to said premiums and/or reporting requirements** -- Several states have been approved to use “lockout” periods in which otherwise eligible people cannot access Medicaid benefits as a penalty to enforce other waiver requirements, like premiums, work requirements, deadlines to submit paperwork to keep coverage, and tight requirements to report changes in income or employment status. Depending on the state, beneficiaries are disenrolled from coverage and barred from re-enrolling, even if they can subsequently meet those requirements within the lock-out period. Locking a parent out of necessary health care inhibits their health and access to care, and may impact their family as well.

• **Elimination of retroactive eligibility** -- Retroactive coverage is an important safeguard that ensures people can get needed care during gaps in coverage, especially following a major life event. This is also important because Medicaid is the only type of health insurance that requires annual re-certifications of eligibility and, as a result, enrollees can lose coverage, sometimes without clear knowledge of why, but can then re-apply. A number of states are seeking to waive this protection for adults, which could discourage families from getting the care they need.

In addition to making it more difficult for children and families to access necessary care, these policies can collectively be more costly to administer than their projected savings. State Medicaid programs should not be diverting resources that could be more wisely directed toward improving health so that all Americans can be successful.

We should build on the progress we’ve made in improving the oral health and wellbeing of children and families through programs like Medicaid and CHIP. Impeding families’ access to medical and oral healthcare coverage will only make it more difficult for them to be productive, healthy, and engaged members of society. Moving forward, we hope to serve as a resource and look forward to working with you to ensure that our nation’s children and low-wage families continue to benefit from measurable improvements in oral health care and access to dental coverage.

If you have any questions, or would like more detailed information on the issues described in this letter, please contact Colin Reusch at creusch@cdhp.org.

Sincerely,

The Children’s Dental Health Project

ACHIEVA/The Arc of Greater Pittsburgh

American Academy of Pediatrics

American Public Health Association

Arcora Foundation

Asian Americans Advancing Justice - Los Angeles
C Jones and Associates
Children Now
Children's Defense Fund
Connecticut Oral Health Initiative, Inc.
Central Valley Health Policy Institute - Fresno State
Families USA
Family Voices
First Focus
Future Smiles
Health Care For All
HealthPath Foundation
Jefferson County Public Health Service
Justice in Aging
Kansas Dental Hygienists' Association
Lewis County Public Health
National Interprofessional Initiative on Oral Health
Native American Connections
New Mexico Dental Hygienists' Association
New York University Rory Meyers College of Nursing Oral Health Nursing Education and Practice Program (OHNEP)
Oral Health Florida
Oral Health Kansas
Oral Health Ohio
Oswego County Health Department
Pennsylvania Coalition for Oral Health
PDI Surgery Center
Petersburg Public Library
Rainbows United Inc.
Rhode Island KIDS COUNT
School-Based Health Alliance
The Los Angeles Trust for Children's Health
Utah Health Policy Project
Virginia Coalition of Latino Organizations