

Oral Health System: Pandemic Response

Virtual Meeting

January 21, 2021

4:00-5:30 pm ET

Group Memory

Convenor:

[Michael Monopoli](#), Vice President, Grants Strategy
DentaQuest Partnership for Oral Health Advancement

Facilitator:

[Patrick Finnerty](#), Strategic Advisor
DentaQuest Partnership for Oral Health Advancement

Content Manager:

[Sara Oaklander](#), Interaction Institute for Social Change

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I. Participants, Guests, and Staff

The following Pandemic Workgroup Participants were present at the meeting.

Name	Organization
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation
Eme Augustini	Executive Director, NADP
Ann Battrell, MDSH	Chief Executive Officer, ADHA
Manuel A. Cordero, DDS, CPH, MAGD	Executive Director & Chief Executive Officer, Hispanic Dental Association
Chelsea Fosse, DMD, MPH	Senior Health Policy Analyst, ADA
Mitch Goldman, JD, MBA	Executive Committee, ADSO, and CEO, Mid-Atlantic Dental Partners
Jane Grover, DDS, MPH	Director, Council on Advocacy for Access and Prevention, ADA
Ifetayo Johnson, MA	Executive Director, OPEN
Casey Long	Public Health Project Associate, National Indian Health Board
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
Sarah Miller, MPA	Director of Philanthropy and Foundation Operations
Myechia Minter-Jordan, MD, MBA	President and CEO, DQP and Catalyst Institute
Mike Monopoli, DMD, MPH, MS	VP, Grants Strategy, DQP
Alan Morgan, MPA	Chief Executive Officer, National Rural Health Association
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
RADM Tim Ricks, DMD, MPH, FICD	Chief Professional Officer, USPHS, OHCC, IHS
Emily Stewart	Executive Director, Community Catalyst
Barbie Vartanian	Executive Director, Project Accessible Oral Health
Christine Wood	Executive Director, ASTDD
Robert Zena, DMD	President, American Association of Dental Boards

The following Pandemic Workgroup Participants were unable to attend today's meeting.

Name	Organization
Sheila L. Armstrong, DDS	President, National Dental Association
	CEO, National Indian Health Board
Latisha Canty, RDH, MS	President-Elect, National Dental Hygienist Association
Gregory Chavez	Chief Executive Officer, Dental Trade Alliance
Terri Dolan, DDS, MPH	President-Elect, Santa Fe Group
Susan Flores	Senior Policy Coordinator, California Pan-Ethnic Health Network
Hazel Harper, DDS, MPH	Past President, National Dental Association
Diane Oakes, MSW, MPH	Chief Mission Officer, Delta Dental of Washington
Edwin A. del Valle-Sepulveda, DMD, JD	President, Hispanic Dental Association
Marko Vujcic, PhD	Chief Economist and VP, ADA
Vicki Young, PhD	COO, South Carolina PHCA and member of NACHC

Guests

Pat introduced Kristin LaRoche from the DentaQuest Partnership for Oral Health Advancement (DQP) who will be working closely with Mike on the DQP team, and Kristin introduced herself.

Strategic Advisors and Staff

- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Dora Hughes, MD, MPH, Associate Research Professor, GWU Milken Institute School of Public Health and former Counselor for Science and Public Health, Department of Health and Human Services
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- Laurie Norris, JD, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Al Yee, MD, MPH, Senior Advisor to Community Catalyst Dental Access Project and leader in health care, public health, and philanthropy
- Brenda Cocuzzo, Executive Assistant, DentaQuest Partnership for Oral Health Advancement
- Hannah Cardosi, Administrative Coordinator, DentaQuest Partnership for Oral Health Advancement

II. Start-Ups

A. Welcome

Mike Monopoli welcomed everyone to the meeting and thanked everyone for being here today.

As is always the case, a lot has happened since our last meeting. Today, this is truer than ever – both around COVID and with the new Administration and new Senate leadership...bringing new opportunities and new possibilities.

We'll start today with an overview of the new Administration.

B. Biden Administration Update

Marcia Brand and Dora Hughes presented.

The Biden Administration and the Congress: Oral Health and Pandemic Response

- Biden Administration's Health Priorities – promotes access to affordable insurance, a less complex system, lower drug costs, COVID response
- Key HHS appointees – Secretary Xavier Becerra; Deputy Secretary Andrea Palm; Rachel Levine, Assistant Secretary of Health; Dr. Vivek Murthy, Surgeon General; Dr. Rochelle Walensky, Director, CDC; Dr. Marcella Nunez-Smith, COVID-19 Task Force Chair
- Acting/new appointees in the Office of the Secretary – Norris Cochran, Acting Secretary; Sean McCluskie, Chief of Staff; Blair Duncan, Acting Assistant Secretary for Administration; Felicia Collins, Acting Assistant Secretary for Health; Anne Tatem, Acting Assisting Secretary for Legislation; Laina Bush, Acting Assistant Secretary for Planning

and Evaluation; Acting Assistant Secretary for Preparedness and Response, Nikki Bratcher-Bowman

- Acting Operating Division Leaders:
 - Acting, Administration for Children and Families – Ben Goldhaber
 - Acting, Administrator for Aging, and Administrator, Administration for Community Living – Alison Barkoff
 - Acting Director, Agency for Healthcare Research and Quality – David Meyers
 - Acting Administrator, Centers for Medicare and Medicaid Services – Liz Richter
 - Acting Commissioner, FDA – Janet Woodcock
 - Acting Administrator, Health Resources and Services Administration – Diana Espinosa
 - Acting Director, Indian Health Service – Elizabeth Fowler
 - Director, NIH – Francis Collins
 - Acting Assistant Secretary for Mental Health and Substance Abuse, and Administrator, Substance Abuse and Mental Health Services Administration – Tom Coderre

Opportunities for Engaging the Administration, Incoming Congress Around Oral health

- Establish a Medicare dental benefit in Part B
- Preserve and expand Medicaid adult dental benefits
- Expand VA dental coverage for non-disabled/service-related veterans
- Build on the ACA's achievements by amending the ACA to add adult dental benefits to the list of Essential Health Benefits that must be offered in marketplace plans
- Use telehealth and other access strategies to reach underserved populations
- Support efforts to integrate oral health into overall health
- Address pandemic-related challenges that disrupt access to dental care

President Biden's Strategies to Address the Coronavirus Pandemic

- Administer 100 million doses of vaccine in the first 100 days
- Set up mass vaccination clinics
- Allow federally qualified health centers to directly access vaccines
- Use the Defense Production Act to ensure plenty of vaccine supplies
- Sign executive actions to combat the virus
- Launch a vaccine education campaign
- And...this just in.....

National Strategy for the COVID-19 Response and Pandemic Preparedness

- Goal 1: Restore trust with the American people
- Goal 2: Mount a safe, effective, comprehensive vaccination campaign
- Goal 3: Mitigate spread through expanding masking, testing, data, treatment, workforce, and clear public health standards
- Goal 4: Immediately expand emergency relief and exercise the Defense Production Act
- Goal 5: Safely reopen schools, businesses, and travel, while protecting workers

- Goal 6: Protect those most at risk and advance equity, including across racial, ethnic and rural/urban lines
- Goal 7: Restore U.S. leadership globally and build better preparedness for future threats

C. Purpose of Effort in 2021

Pat Finnerty presented.

The overall purpose of our work in this phase, so that we can contribute our collective voice and influence in service of making oral health more affordable and accessible to all, is:

- To continue monitoring the impacts of COVID-19 on safety, infection control, and access, and to discuss action steps as necessary; and
- To learn more about the work already underway in each of the prioritized issue areas.

And, toward this end, today, we are in the 3rd of our 4 “lay of the land” meetings. We have focused on Data & Research, Communications & Messaging, Integrating Oral Health into Overall Health and Amplifying Interprofessional Care. Today, we will be looking at dental benefits in Medicaid & Medicare. Then, in February, we will dive more deeply into Health Equity & Root Cause Obstacles.

D. Desired Outcomes

Pat reviewed the desired outcomes.

By the end of the meeting, the group is expected to have:

- A shared understanding of what we know to date re: the Biden Administration’s priorities, appointees, and opportunities for engagement
- An update on COVID-19: OSAP’s School-Based Infection Control Guidelines; Vaccinations: dental teams are in Priority #1, and role of dentists as administrators of the vaccines in professional settings and as a resource for the public
- An awareness of the ecosystem of organizations, and activists and their work on Medicaid & Medicare Dental Benefits
- A list of priorities for consideration for the Medicaid & Medicare Dental Benefits Team to consider
- A shared understanding of the next steps in organizing the Working Teams
- An awareness of next steps

III. COVID-19 Updates and Action

A. Updates

Mike shared some updates and then invited others to do so as well.

Update on COVID-19: OSAP's School-Based Infection Control Guidelines

- The school-based guidelines have been reviewed. CDC is meeting tomorrow to align some areas of the report and we expect the final report to be done and deliverable the first week of February.

Vaccinations

- Dental teams are in priority group to receive the COVID-19 vaccine as health professionals, and dentists should have a role in delivery of vaccines in professional settings and as a resource for the public health and mass vaccination strategies necessary to achieve herd immunity.
- Plans for mass vaccination...that is needed for herd immunity...what role can oral health professionals play in helping to make this happen?
- Across the country, dental teams have been placed in Priority #1 as essential providers. There is some difference state to state on how this unfolds but they are moving along.

Overview of dental providers administering vaccines in dental settings (Dr. Zena, AADB)

- We're welcoming the guidance of the new Administration.
- Re: the survey of states where dental teams are administering the vaccine – in the chat there will be a link to the survey to review the data.
- About 45 states have responded. 19 allow the dental team to administer including 5 that allow hygienists. And the data changes regularly.
- There are more vaccinators than vaccines, but that won't always be the case.
- Will need to free some things up to make it all happen.
- Many people are collaborating to help promote the knowledge and access that we are sharing – thank you to all.

Tonia Socha-Mower added...

- There is a trend of governors issuing executive orders for temporary scope changes, and we're seeing legislation filed for permanent changes to scope of practice.
- Best to rely on the website to see where things stand currently, state-by-state, as it is regularly updated.
- And we appreciate all of the information you all share with us.

Delivery in the dental office setting (Jane Grover, ADA)

- We have three pillars of commitment re: the vaccine: one about dentists giving it, one about dentists receiving it, and another about dentists communicating with their teams on the safety of the vaccine.

- We are working on several fronts – dentists giving vaccines is the subject of a webinar coming up. “Dentist Giving Vaccines: Transforming Primary Care” – about COVID as well as flu and HPV vaccine.
- Not every state allows this but the wave of education in dental schools re: vaccine administration is expanding and those graduates will have a different philosophy than the current crop of practitioners have now. The CDC vaccine training is not a big deal relative to what dentists do regularly.
- COVID vaccine administration billing codes are being discussed and will be activated by the Code Maintenance Committee at an upcoming meeting.
- We know some vaccines have storage issues that make it difficult for dental offices but other vaccines coming online will make it easier.
- Other vaccine submissions for codes – if approved will go into effect this year.
- We are seeing now that in some states, optometrists will help provide the vaccine ... which makes us think dentists providing it is here to stay.
- Vaccine distribution is starting in California through the health center setting. It will be in dental offices soon, I predict.
- Dr. Phil Maruka reports that dental students in Oregon are averaging 500 doses/day/student – they are proving to be more productive at administering the vaccine than others.

Mike Monopoli added...

- In Massachusetts, dental students and other medical professional students are being trained – a growing range of students and others.

Role of dental hygienists in vaccine administration (*Ann Battrell, ADHA*)

- We’ve appreciated the collaboration with dental boards and ASTDD.
- It’s a bit of a wild west out there in terms of fact checking to stay abreast of what has been approved, stalled, and more.
- Between five-six states have authorized dental hygienists to give the vaccine.
- We are continuing to collect data on dental hygienists’ intentions re: giving the vaccine. 70% of respondents indicated an interest.
- In the meantime, we’re sending the CDC communications toolkit out to help folks feel more comfortable.
- We are seeing dental hygiene programs adjust their curriculum content and clinical competencies vis-à-vis vaccines. Some moving faster than others – it varies by state.
- We will host webinar on Feb 24 – two manuscripts published in [Journal of Dental Hygiene](#) as well as most updated data in this regard.

Update on rural communities (*Alan Morgan, National Rural Health Association*)

- 50 States have 50 different approaches and challenges. For example, in Texas, hospitals have received zero vaccine.
- Large mass vaccine sites in urban areas are one approach that will continue to exacerbate the disparity between urban and rural.
- Goal #6 of Biden’s plan addresses inequities and the rural issue, as well.

- NPR did a release on hesitancy of rural populations re: the vaccine. Reuters, however, reported that rural populations are being vaccinated more than urban areas.
- Providers still need to be vaccinated. Vaccination rate is lower than it should be. Vaccine rates ramp up once they see other professionals vaccinated and being fine.
- Dental providers and others in rural areas – we need to get them involved.
- Research – many rural counties do not have pharmacies who can manage the vaccine so that’s another source of disparity.

Update on Latino communities (*Dr. Cordero, Hispanic Dental Association*)

- Most members are eager and willing to get involved. We have always been community focused and communities have been focused on us as providers.
- We need more consistent approaches for effectiveness sake. We need a system that can be provided everywhere so that we can learn and adapt what’s working.
- We’re very glad 70% hygienists accept the idea and are being allowed to participate.
- Things are moving along a bit slower than we’d like.

Update on Native American communities (*Casey Long, National Indian Health Board*)

- The COVID vaccine is being managed by the Indian Health Service.
- Vaccine has been distributed to sites directly or through tribal health programs and urban Indian health programs.
- We also know that they are lending a hand to get community members vaccinated.

Update on the disability community (*Barbie Vartanian, Project Accessible Oral Health*)

- Every state is different. Great to see listed as goal 6 on the new Administration’s national strategy.
- Recent position statements recommend individuals with intellectual disabilities living in group homes need to be elevated, along with those working in those environments.
- People with developmental disabilities – those at higher risk – need to be elevated.
- It’s about advocating and increasing access – moving folks up on priority higher than the general population.
- Vaccinations for this population are a tricky subject – we need to make access for those who need it.
- Physically disabled and medically compromised are eligible in most states. Changes happening all the time in this regard.
- National organizations supporting the disability community are advocating hard across the states to ensure that those who want the vaccine have access.

Discussion

- Several dental schools are serving as community vaccination sites...including taking vaccines to the FQHCs that they partner with.
- There is a role we can play to promote mass vaccination and equitable distribution
- Prep Act – final doc available. See pp 52-53. Changes to scope of practice. We’re included but we always have to read us in the parenthesis. Such as referred to as “certain qualified professionals”. Medical is always included, no problem.

- Distribution of vaccine requires certain refrigeration. It makes it complicated to distribute Pfizer. Moderna is easier. When one with more room temperature requirements is available it will be easier. A plan is needed quantifying what vaccine volume we have going forward and where those vaccines are going in terms of points of inoculation.

From the Chat

- From Jane Grover: What voices for oral health will be part of the leadership discussions and planning?
- From Dora Hughes: Excellent question! I have seen mention of oral health providers helping with the mass vaccination effort but I expect there will be more opportunities.
- From Jane Grover: So, the bigger question is where are the dentists to provide content / experience to the leaders who are looking at healthcare issues? Lots of physicians, policy makers, infectious disease experts but no.....DENTISTS
- From Jane Grover: Aside from Tim Ricks!! Who could be in 10 teams to have "value added" for oral health
- From RADM Tim Ricks: Georgia just became the 18th state to allow dentists to administer the COVID-19 vaccine.
- From Dora Hughes: Here is the full plan: <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>
- From Brenda Cocuzzo: Information about the status of dental professionals' designation to administer COVID-19 by state continues to change. Please check these sites regularly for updated information.
<https://www.dentalboards.org/assets/COVID%2019%20Survey%201.18.21.pdf>
<https://success.ada.org/en/practice-management/patients/covid-19-vaccine-regulations-for-dentists-map>

B. Collective Action

Pat invited participants to indicate in the chat if they are interested in taking some type of collective action, such as releasing a group statement, promoting vaccinations of underserved population, or some other group action on any of these COVID-19 related matters.

From the Chat:

- Ife Johnson: I'd like to work on vaccine hesitancy among hard-to-reach populations
- Steve Kess: I'd like to work on vaccine hesitancy among hard-to-reach populations
- Christine Wood: Press release and letter to Congress/Biden administration regarding inequities re vaccine distribution
- Robert Zena: I'd like to explore what malpractice insurance companies' policies are with regard to liability of dental health teams
- Steve Kess: wk on behalf of the Santa Fe group.
- Alan Morgan: On day one, almost every rural hospital in Kansas had the Pfizer vaccine. Several other states the same. They just "Omaha Steak"-ed the vaccines. States that put a priority on rural, got it out. The states that did not prioritize

rural, made excuses. This fact carries forward - there are really no excuses for not getting vaccines to needed pops, as many states made this work. My two cents.

- Ann Battrell: Yes, we should move in this direction given the depth and breadth of the members of this group. Policy development and advocacy efforts would be my interest.
- Manuel Cordero: I would love to get involved on this advocacy effort to help the Dental team with malpractice liability issues
- Mitch Goldman: Expanding scope of practice to include administration of vaccine under PREP Act would be my interest

IV. Lay of the Land: Dental Benefits in Medicaid and Medicare

A. Presentation: Lay of the Land: Medicare Oral Health Coverage

Melissa Burroughs, Oral Health Campaign Manager, Families USA, presented. Melissa's slides are attached in the appendix. Melissa can be reached at MBurroughs@familiesusa.org

About Families USA

- A leading national voice for health care consumers, dedicated to the achievement of high-quality, affordable health care and improved health for all.
- Advances its mission through public policy analysis, advocacy, and collaboration with partners to promote a patient- and community-centered health system.
- Has worked at the national, state, and community level for over 35 years.
- Focused on oral health policy for five to ten years; on Medicare for five.

Oral Health for All

- Policy Goal: Expand Oral Health Coverage for All
- Medicare Dental Benefit
- Medicaid Dental Benefit for Adults
- Raise Profile of Oral Health
- Elevate Oral Health in Policy Discussions
- Empower Oral Health Community
- National Advocacy/Coalition of Allies
- State Partners and State Wins

Problem: By the Numbers: Medicare and Oral Health

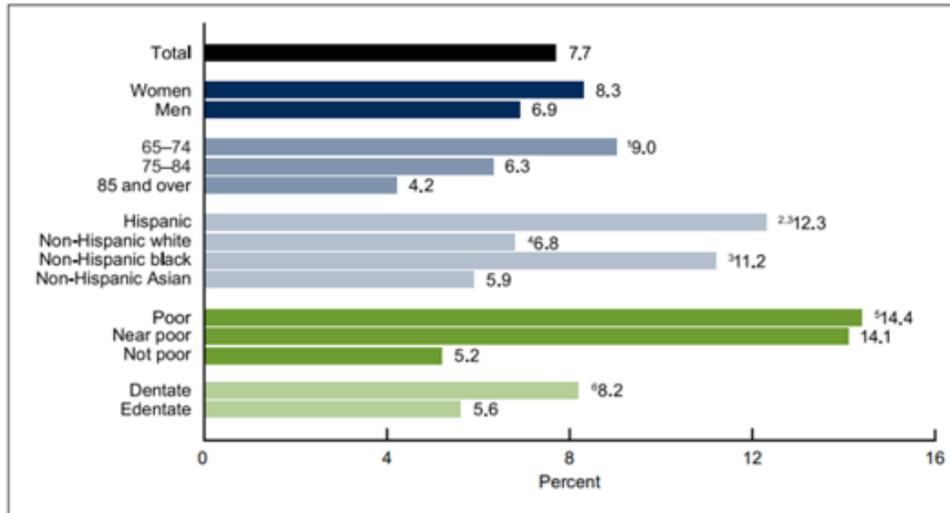
This is why we are doing this work!

- Nearly 60 million seniors and people with disabilities rely on Medicare for health coverage and many have little or no coverage from other sources.
- 27% of older adults have lost all of their natural teeth to oral disease
- 3 out of 5 older adults have not seen a dentist in over a year (**pre-COVID-19)
- These stats and background information are available for each state

We see these numbers and that people are not getting the care they need to stay healthy. Oral health care is difficult to access without coverage.

Think about these states with an equity lens. You can see that here. When we think about Medicare, we think about reaching into an equity space. Medicare covers older adults and people with disabilities, and those with disabilities are disproportionately impacted.

% of Adults 65+ w/ Unmet Dental Need Due to Cost



Policy Lever: Legislation (Last Congress)

Some of these will be re-introduced and there are new oral health champions as well.

- H.R. 4650- Medicare Dental Act of 2019 – this became part of the H.R.3 package; a huge milestone! Prescription drug reforms save money and are reinvested to address other needs.
- H.R.576- Seniors Have Eyes, Ears, and Teeth Act
- H.R.1393 - Dental, vision, and hearing care under the Medicare program
- S.22/H.R.2951 - Medicare Dental Benefit Act of 2019
- S.1423 - Medicare and Medicaid Dental, Vision, and Hearing Benefit Act of 2019

Policy Lever: Incremental Administrative Action with HHS and Center for Medicaid and Medicare Services

- Expand definition of “medically necessary” dental coverage
 - Already allowed under statute, need administrative ruling to define more concretely
 - Would be VERY limited in scope
 - Helps raise the profile of Medicare oral health issues – this would help a few people and demonstrate the ROI and impact on overall health; but it doesn’t reach so many people and yet gives some fodder to future actions.

Medicare Oral Health Coalition – Expanded number and diversity of stakeholders

Current Members:

Families USA	American Dental Hygienists' Association
AARP	National Council on Aging
National Rural Health Association	Meals on Wheels
National Association of Community Health Centers, American Heart Association	DentaQuest Partnership
American Diabetes Association	Community Catalyst
Justice in Aging	Gerontological Society of America
Center for Medicare Advocacy	National Association of Social Workers
The Arc of the United States	Oral Health Progress and Equity Network Inc.

Key Opportunities with OPEN, a critical partner

- Policy Summit/Hill Day
- Action for Medicare Dental Learning Collaborative

2021 Opportunities for Involvement

- Champion Building
 - Congress
 - Senate dynamics = new leadership, committee chairs
 - Improving and reintroducing existing bills
 - New administration (medically necessary & broad)
- Inserting into Broader Health Policy Debates
 - COVID-19 relief
 - Other health care package? H.R. 3?
- Broadening Partnerships
 - Medicare Oral Health Coalition– *join today!*
 - Medically Necessary Coalition– *join today!*
 - OPEN– join today, participate in OPEN's 2/10-11 virtual Hill Day!

B. Presentation: State and Federal Advocacy to Protect and Expand Medicaid Adult Dental Benefits

Stacey Auger, Consultant to the DentaQuest Partnership for Oral Health Advancement, presented. Stacey's slides are attached in the appendix. Stacey can be reached at staceytaylorauger@gmail.com

About Medicaid

- September 2020: Medicaid and CHIP cover 77.3M children and adults¹
- Financed jointly by Federal and State Governments
 - Federal financing mechanism – Federal Medical Assistance Percentage (FMAP)
 - State financing mechanisms – General Fund revenues, special health care funds/local government funds, provider taxes/assessments

Federal law defines two categories of service: mandatory and optional

- Mandatory – inpatient/outpatient hospital services, nursing facility services, physician services, lab, x-ray services, family planning services, comprehensive medical services for children including dental, vision, and hearing, etc.
- Optional – prescription drugs, dental services for adults, podiatry services, chiropractic services, optometry services, prosthetics, etc.

As an optional benefit, adult dental benefits vary by state.

Medicaid Adult Dental Coverage by State

Varies with condition of state budgets – causing constriction and expansion/restoration, depending on those budgets.

Dental Benefit Category	State
No Dental Benefit	3 states – AL, MD, TN
<i>Emergency-only</i> <i>Relief of pain under defined emergency situations (e.g., uncontrolled bleeding, trauma, injury, etc.).</i>	10 states – AZ, FL, GA, ME, MS, NV, NH ¹ , OK, TX, UT
Limited <i>Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the ADA; per-person annual expenditure cap is \$1,000 or less.</i>	18 states – AR, DE ¹ , HI ¹ , IN, KS, KY, LA, MI, MN, MO, NE, PA, SC, SD, VT, VA ¹ , WV, WY
Extensive <i>A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures recognized by the ADA; and there is no per-person annual expenditure cap or it is at least \$1,000.</i>	20 states – AK ¹ , CA, CO, CT, DC, ID, IL, IA, MA, MT, NJ, NM, NY, NC, ND, OH, OR, RI, WA, WI

Oral Health Disparities: Dental Needs and Utilization

- Black adults are 68% more likely to have an unmet dental need than white adults.
- Black adults are 22% less likely than white adults to have had a routine dental visit in the past year.
- Latino adults are 52% more likely than white adults to report having difficulty performing at work due to poor oral health.
- 93% of individuals living in poverty have unmet dental needs compared to 58% in high-income families.
28% of individuals living in poverty utilized dental services compared to 55% in high-income families.

Oral Health Disparities: Coverage & Cost

- Nearly 4 in 10 Black and Latino adults reside in the states where Medicaid’s adult dental benefits cover no dental services or emergency-only dental care.
- The share of their income that low-income families spend on dental care is 10 times that of wealthier families.

Oral Health Disparities: Provider Availability

- 41% of Medicaid enrolled adults report that they did not visit a dentist within the last 12 months because they had trouble finding one.
A Medicaid enrolled adult visits an emergency room for a dental reason every 43 seconds in the United States, more than twice the rate of adults covered by private insurance (one visit every 95 seconds).

Oral Health Disparities: Oral Health and COVID-19

- Chronic disease comorbidities are risk factors for poor oral health and COVID-19. For those hospitalized with the virus, mechanical ventilation may be necessary. Once ventilated, some patients will acquire Ventilator-Associated Pneumonia (VAP).
 - VAP is the second most common hospital-acquired infection
 - Black people were 39% more likely than white people to be diagnosed with VAP
 - Patients with one comorbidity are 73% more likely to have a VAP diagnoses compared to those with none, while patients with two or more are 98% more likely than those with none
 - Preventive dental visits decrease the likelihood of acquiring VAP, with at least one preventive dental visit within 3 years reducing the likelihood of a VAP diagnosis by 22%

Work at the State and Federal Level – Challenges

- Ongoing budget pressures due to COVID-19 Pandemic
- Majority of states are constitutionally mandated to have balanced budgets
- Optional benefits – such as dental – are often the first targeted for cuts when budgets are strained
- Threat of reducing provider reimbursement rates
- Recent Interim Final Rule on Maintenance of Effort
- November 2, 2020 - Trump Administration issued an interim final rule that, effective immediately, permits states to cut Medicaid benefits (such as dental) during the national public health emergency without losing enhanced FMAP available during the emergency.

Work at the State and Federal Level – Opportunities

- New round of COVID-19 relief legislation expected
 - OPEN has called for a 12% increase in general FMAP funding and a 5% increase in FMAP for adult dental services
- Possible reversal of Interim Final Rule
 - OPEN has called for an immediate reversal of this rule to ensure Medicaid adult dental benefits are not cut during the Pandemic emergency
- Adult dental services as a mandatory service
 - OPEN is calling on Congress to pass legislation to make dental services for adults a mandatory benefit so states will have to include it in their Medicaid programs
- Possible extension of post-partum coverage

- Bi-partisan support for [legislation](#) allowing states to extend postpartum Medicaid coverage, including dental coverage, from the current 60 days to 12 months
- New state legislative sessions have begun/will soon begin
 - Advocates will be strengthening existing relationships and building new relationships with legislative champions
 - Advocates will advance messaging that oral health is part of a strong response to COVID and key to the health and economic recovery of our communities

Reasons for Hope: At the federal level

- New Administration with interest in strengthening Medicaid
- Advocates preparing for OPEN Virtual Hill Day

Reasons for Hope: At the state level

- 3 states expanded/initiated Medicaid adult dental benefit offerings in 2020
 - Delaware, Virginia, West Virginia
- 4 states defended Medicaid adult dental benefit or restored previously cut benefits in 2020
 - California, Colorado, Massachusetts, Nevada
- At least 9 states are actively pursuing expansions of their Medicaid adult dental benefit offerings in 2021
 - Arizona, Hawaii, Florida, Kansas, Maine, Michigan, New Hampshire, Pennsylvania, Texas

Partners and Opportunities for Engagement

Partners

- Oral Health Progress and Equity Network (OPEN)
- National advocacy organizations (Families USA, Community Catalyst)
- State oral health coalitions (through the American Network of Oral Health Coalitions)
- State level members, affiliates, and chapter organizations

Opportunities

- Become a member of OPEN
- OPEN Policy Summit and Virtual Hill Day (February 9-11, 2021)
- Advance messaging that oral health is key to a strong response to COVID-19 and the health and economic recovery of our communities and country
- Engage with state and local coalitions to defend and/or expand Medicaid adult dental benefits
- Engage CMS by monitoring waivers and encouraging development of guidance that supports strong Medicaid child and adult dental programs
- Sign up for Families USA and Community Catalyst email alerts

Additional Resources

- DQP Research Brief: [New NHANES Oral Health Data Reflect Inequities, Barriers](#)

- DQP communications Brief: [Healthy Mouths: Why They Matter for Adults and State Budgets.pdf \(dentaquestpartnership.org\)](#)
- American Dental Association Health Policy Institute: [Oral Health and Well-Being \(national and state level data\)](#)
- Community Catalyst: [Why Does Oral Health Matter?](#)
- Families USA Issue Brief: [Interim Final Rule on Maintenance of Effort](#)
- Families USA Webinar: [2020 Election's Impact on Medicaid](#)
- Centers for Medicare and Medicaid Services: [Interim Final Rule](#)
- Families USA Messaging Guide: [United for Health: Messages that bridge the political divide to finish the job on health reform](#)

C. Small Groups

Pat acknowledged that the meeting is nearing its end time, but nevertheless invited participants to gather in small groups to discuss this question and then to enter any thoughts in the chat:

How might the PRW Medicaid and Medicare Working Team contribute to the work underway?

Small Group Report Outs from the Chat:

- Please focus funding on outreach coordinators for underserved pops, with a focus on tribal pops.
- We discussed Medicaid mandatory dental benefit and the fact that this group can leverage relationships with key members of Congress to help push it through.
- Data sharing is helpful; aligning priorities; how to get from discussion to action; refocus and continue to work on Medicare and Medicaid with multiple partners.
- Here is the OPEN Policy Summit toolkit and registration link that will be held Feb 10 -11 you can use this to invite your network
https://drive.google.com/file/d/1yfJxGBF6auzbXpEoXUw5MuNiUYM_u9RC/view?usp=sharing

V. Next Steps and Close

Dr. Jordan thanked everyone for their engagement today and for their commitment to this work.

- We shared a lot of great information today
- The focus on access is critical
- Timeliness of ensuring vaccine distribution is equitable
- Let's continue the great level of engagement that we saw in 2020 in 2021!

VI. APPENDIX: Presentation Slides



**Lay of the Land:
Medicare Oral Health Coverage**

Melissa Burroughs
Associate Director, Oral Health Campaign

Families USA

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all.

We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

Working at the national, state and community level for over 35 years



COVERAGE



HEALTH EQUITY



HEALTH CARE
VALUE



CONSUMER
ENGAGEMENT

Oral Health for All

Policy Goal: Expand Oral Health Coverage for All

- Medicare Dental Benefit
- Medicaid Dental Benefit for Adults
- Raise Profile of Oral Health

Elevate Oral Health in Policy Discussions

Empower Oral Health Community

National Advocacy/Coalition of Allies

State Partners and State Wins

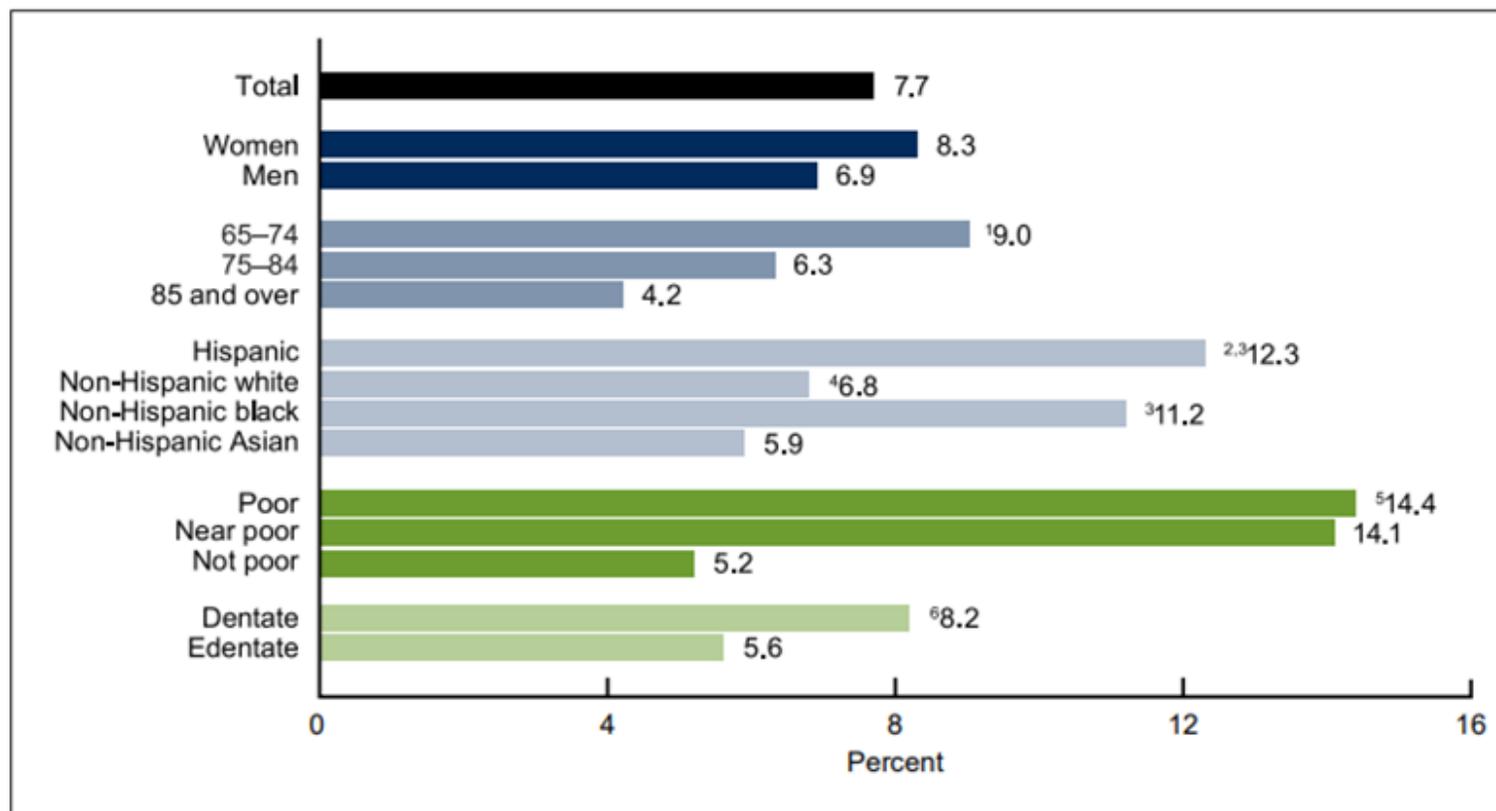
Problem

By the Numbers: Medicare & Oral Health

- Nearly 60 million seniors and people with disabilities rely on Medicare for health coverage
- 27% of older adults have lost all of their natural teeth to oral disease
- 3 out of 5 older adults have not seen a dentist in over a year (**pre-COVID-19)
- These stats and background information are available for each state



% of Adults 65+ w/ Unmet Dental Need Due to Cost



<https://www.cdc.gov/nchs/data/databriefs/db337-h.pdf>

Policy Levers

Legislation (last Congress)

H.R. 4650- Medicare
Dental Act of 2019

H.R.576- Seniors
Have Eyes, Ears,
and Teeth Act

H.R.1393 - Dental,
vision, and hearing
care under the
Medicare program

S. 22/H.R. 2951 -
Medicare Dental
Benefit Act of 2019

S.1423 - Medicare
and Medicaid Dental,
Vision, and Hearing
Benefit Act of 2019

Incremental Administrative Action

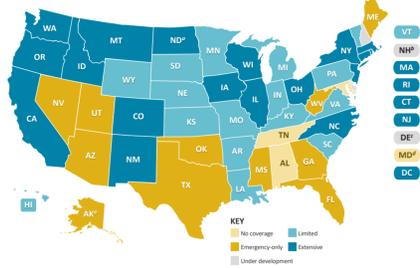
“medically necessary” dental coverage

- Already allowed under statute, need administrative ruling
- Would be VERY limited in scope
- Helps raise the profile of Medicare oral health issues

2020 Progress

Leverage Points

EXHIBIT 1. State Medicaid Coverage of Adult Dental Benefits, September 2019



MEDICARE ORAL HEALTH COALITION

2020 Democratic Party Platform

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FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

YouGov
What the world thinks

ORAL HEALTH POLL

TOTAL US LIKELY VOTERS

Total	Party (including "leaners")		Medicare Status		Dental Insurance		Age				Gender		Ethnicity		
	Democrat	Republican	Have Medicare	Do Not Have Medicare	Have Dental Insurance	Don't Have Dental Insurance	18-29	30-44	45-64	65+	Male	Female	White	Black	Hispanic
Base	397	475	246	754	674	326	179	278	301	242	506	494	751	109	105

TOP 5 SUMMARY: A lot of issues will be debated by the candidates in the next Presidential election. Please rank your top five (5) issues below based on how important they are to you personally when deciding who to vote for. (% of times ranked in the top 5)

Issue	Total	Democrat	Republican	Have Medicare	Do Not Have Medicare	Have Dental Insurance	Don't Have Dental Insurance	18-29	30-44	45-64	65+	Male	Female	White	Black	Hispanic
Climate change	38%	10%	67%	38%	38%	39%	37%	48%	46%	31%	37%	38%	38%	37%	34%	52%
Medicare	42%	44%	39%	67%	33%	39%	48%	27%	29%	40%	63%	43%	41%	42%	43%	40%
Issues impacting women	24%	8%	43%	21%	25%	25%	21%	40%	29%	19%	18%	13%	34%	21%	38%	29%
Healthcare	71%	60%	83%	76%	69%	70%	73%	69%	71%	74%	65%	77%	69%	89%	89%	67%
Immigration	61%	81%	43%	59%	63%	60%	64%	58%	55%	63%	67%	60%	63%	64%	45%	61%
Income equality	25%	6%	46%	22%	26%	27%	22%	31%	36%	21%	20%	23%	27%	24%	39%	26%
Alternative energy	18%	9%	27%	16%	19%	19%	17%	26%	22%	18%	10%	20%	17%	17%	17%	20%
Minimum wage	19%	8%	31%	18%	20%	19%	19%	29%	24%	18%	11%	17%	22%	18%	32%	21%

OPEN

Oral Health Progress and Equity Network

Leverage Points



Current Members:

Families USA,
AARP,
National Rural Health Association,
National Association of Community Health Centers,
American Heart Association,
American Diabetes Association,
Justice in Aging,
Center for Medicare Advocacy,
The Arc of the United States,
American Dental Hygienists' Association,
National Council on Aging,
Meals on Wheels,
DentaQuest Partnership,
Community Catalyst,
Gerontological Society of America,
National Association of Social Workers
Oral Health Progress and Equity Network Inc.

Leverage Points



Key Opportunities:
Policy Summit/ Hill Day
Action for Medicare Dental Learning Collaborative

2021 Opportunities

What's next?

Champion Building

- Congress
 - Senate dynamics= new leadership, committee chairs
 - Improving and reintroducing existing bills
- New administration (medically necessary & broad)

Inserting into Broader Health Policy Debates

- COVID-19 relief
- Other health care package? H.R. 3?

Broadening Partnerships

- Medicare Oral Health Coalition— *join today!*
- Medically Necessary Coalition— *join today!*
- OPEN— *join today, participate in OPEN's 2/10-11 virtual Hill Day!*

Questions?



Resources

- Families USA website: <https://familiesusa.org>
- Medicare Oral Health Coalition: <https://familiesusa.org/our-work/medicare-oral-health-coalition/> (to join, email Melissa- mburroughs@familiesusa.org)
- Poll on Public Support for Medicare Oral Health Coverage: <https://familiesusa.org/resources/families-usa-yougov-national-poll/>
- FUSA letter of support for HR 4650: <https://familiesusa.org/resources/joint-letter-consumer-advocacy-organizations-support-including-medicare-oral-health-coverage-h-r-4650-in-h-r-3-package/>
- Factsheet on how Medicare oral health coverage would impact each state: <https://familiesusa.org/resources/medicare-oral-health-coverage-for-your-state-would-improve-health-reduce-health-care-costs-factsheets-for-all-50-states-and-dc/>
- Blog on Administrative Action for Medicare “Medically Necessary” Dental Coverage: <https://familiesusa.org/resources/medicare-should-pay-for-oral-health-care-that-is-necessary-to-manage-serious-illnesses/>
- Register for OPEN’s Hill Day here: <https://web.cvent.com/event/f2b4ceef-dd7d-437c-86ac-1f6d0b9cfe3a/summary> ; if you are not already an OPEN member, join here (click the “sign in” button): <https://communities.openoralhealth.org/home>

STATE AND FEDERAL ADVOCACY TO PROTECT AND EXPAND MEDICAID ADULT DENTAL BENEFITS

Oral Health Pandemic Response Workgroup

January 21, 2021

DentaQuest[®] 

Partnership
for Oral Health Advancement

ABOUT MEDICAID

Medicaid and CHIP cover 77.3M children and adults¹

Federal law defines two categories of service: mandatory and optional²

✧ Mandatory – *inpatient/outpatient hospital services, nursing facility services, physician services, lab, xray services, family planning services, comprehensive medical services for children including **dental**, vision, and hearing, etc.*

✧ Optional – *prescription drugs, **dental services for adults**, podiatry services, chiropractic services, optometry services, prosthetics, etc.*

Financed jointly by Federal and State Governments

✧ Federal financing mechanism – Federal Medical Assistance Percentage (FMAP)

✧ State financing mechanisms – General Fund revenues, special health care funds/local government funds, provider taxes/assessments

As an optional benefit, adult dental benefits vary by state

¹ Source: [Centers for Medicare & Medicaid Services](#)

² Source: [Centers for Medicare & Medicaid Services](#)

Medicaid Adult Dental Coverage by State*

Dental Benefit Category	State
No Dental Benefit	3 states – AL, MD, TN
<i>Emergency-only Relief of pain under defined emergency situations (e.g., uncontrolled bleeding, trauma, injury, etc.).</i>	10 states – AZ, FL, GA, ME, MS, NV, NH ¹ , OK, TX, UT
Limited <i>Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the ADA; per-person annual expenditure cap is \$1,000 or less.</i>	18 states – AR, DE ¹ , HI ¹ , IN, KS, KY, LA, MI, MN, MO, NE, PA, SC, SD, VT, VA ¹ , WV, WY
Extensive <i>A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures recognized by the ADA; and there is no per-person annual expenditure cap or it is at least \$1,000.</i>	20 states – AK ¹ , CA, CO, CT, DC, ID, IL, IA, MA, MT, NJ, NM, NY, NC, ND, OH, OR, RI, WA, WI

*Source: [Medicaid Adult Dental Benefits: An Overview \(September 2019\)](#)

¹ Please note the following changes since publication: Alaska's adult dental benefit was restored effective 10/1/2019 and is now considered 'extensive;' Delaware initiated a 'limited' adult benefit effective 10/1/20; West Virginia initiated a 'limited' adult dental benefit effective 1/1/2021. Of additional note: Hawaii's Medicaid program offers an 'emergency-only' adult dental benefit although one of Hawaii's managed care organizations provide a value-added limited benefit to its enrollees at no cost to the state; New Hampshire offers an emergency-only adult dental benefit and is in the process of developing an extensive adult benefit; Virginia included funding in its state budget for an extensive benefit which is scheduled to take effect on July 1, 2021.
Dental Benefit Categories developed by the American Dental Association

ORAL HEALTH DISPARITIES

Dental Needs and Utilization

- ✧ Black adults are 68% more likely to have an unmet dental need than white adults.¹
- ✧ Black adults are 22% less likely than white adults to have had a routine dental visit in the past year.¹
- ✧ Latino adults are 52% more likely than white adults to report having difficulty performing at work due to poor oral health.¹
- ✧ 93% of individuals living in poverty have unmet dental needs compared to 58% in high-income families.²
- ✧ 28% of individuals living in poverty utilized dental services compared to 55% in high-income families.²

Coverage & Cost

- ✧ Nearly 4 in 10 Black and Latino adults reside in the states where Medicaid's adult dental benefits cover no dental services or emergency-only dental care.¹
- ✧ The share of their income that low-income families spend on dental care is 10 times that of wealthier families.²

¹ Source: [New Oral Health Data Reflect Inequities, Barriers](#)

² Source: [Poor Families Spent Ten Times More of Their Income on Dental Care Than Wealthier Families \(Part I of III\)](#)

ORAL HEALTH DISPARITIES (*continued*)

Provider Availability

- ✧ 41% of Medicaid enrolled adults report that they did not visit a dentist within the last 12 months because they had trouble finding one.¹
- ✧ A Medicaid enrolled adult visits an emergency room for a dental reason every 43 seconds in the United States, more than twice the rate of adults covered by private insurance (one visit every 95 seconds).²

Oral Health and COVID-19

- ✧ Chronic disease comorbidities are risk factors for poor oral health and COVID-19. For those hospitalized with the virus, mechanical ventilation may be necessary. Once ventilated, some patients will acquire Ventilator-Associated Pneumonia (VAP).
 - ▶ VAP is the second most common hospital-acquired infection
 - ▶ Black people were 39% more likely than white people to be diagnosed with VAP
 - ▶ Patients with one comorbidity are 73% more likely to have a VAP diagnoses compared to those with none, while patients with two or more are 98% more likely than those with none
 - ▶ Preventive dental visits decrease the likelihood of acquiring VAP, with at least one preventive dental visit within 3 years reducing the likelihood of a VAP diagnosis by 22%

¹ Source: [Oral Health and Well-Being in the United States](#)

² Source: [Healthy Mouths: Why They Matter for Adults and State Budgets](#)

WORK AT THE STATE AND FEDERAL LEVEL – *Challenges*

- ✧ Ongoing budget pressures due to COVID-19 Pandemic
 - ▶ Majority of states are constitutionally mandated to have balanced budgets
 - ▶ Optional benefits – such as dental – are often the first targeted for cuts when budgets are strained
 - ▶ Threat of reducing provider reimbursement rates

- ✧ Recent Interim Final Rule on Maintenance of Effort
 - ▶ November 2, 2020 - Trump Administration issued an interim final rule that, effective immediately, permits states to cut Medicaid benefits (such as dental) during the national public health emergency without losing enhanced FMAP available during the emergency.¹

¹ Source: [Trump Administration Reverses Course on Medicaid Maintenance of Effort Provisions, Clearing the Way for Devastating Cuts in the Midst of the COVID-19 Pandemic](#)

WORK AT THE STATE AND FEDERAL LEVEL – *Opportunities*

- ✧ New round of COVID-19 relief legislation expected
 - ▶ OPEN has called for a 12% increase in general FMAP funding and a 5% increase in FMAP for adult dental services
- ✧ Possible reversal of Interim Final Rule
 - ▶ OPEN has called for an immediate reversal of this rule to ensure Medicaid adult dental benefits are not cut during the Pandemic emergency
- ✧ Adult dental services as a mandatory service
 - ▶ OPEN is calling on Congress to pass legislation to make dental services for adults a mandatory benefit so states will have to include it in their Medicaid programs
- ✧ Possible extension of post-partum coverage
 - ▶ Bi-partisan support for legislation allowing states to extend postpartum Medicaid coverage, including dental coverage, from the current 60 days to 12 months
- ✧ New state legislative sessions have begun/will soon begin
 - ▶ Advocates will be strengthening existing and building new relationships with legislative champions
 - ▶ Advocates will advance messaging that oral health is part of a strong response to COVID and key to the health and economic recovery of our communities

WORK AT THE STATE AND FEDERAL LEVEL – *Reasons for hope*

At the federal level

- ✧ New Administration with interest in strengthening Medicaid
- ✧ Advocates preparing for OPEN Virtual Hill Day

At the state level

- ✧ 3 states expanded/initiated Medicaid adult dental benefit offerings in 2020¹
 - ▶ Delaware, Virginia, West Virginia
- ✧ 4 states defended Medicaid adult dental benefit or restored previously cut benefits in 2020²
 - ▶ California, Colorado, Massachusetts, Nevada
- ✧ At least 9 states are actively pursuing expansions of their Medicaid adult dental benefit offerings in 2021
 - ▶ Arizona, Hawaii, Florida, Kansas, Maine, Michigan, New Hampshire, Pennsylvania, Texas

¹ Delaware's new limited adult benefit took effect 10/1/2020; Virginia's new extensive adult benefit will take effect 7/1/2021; West Virginia's new limited adult benefit took effect 1/1/2021.

² California, Colorado, and Nevada defended their adult benefits from cuts while Massachusetts restored coverage for root canals and crowns.

PARTNERS AND OPPORTUNITIES FOR ENGAGEMENT

Partners

- ✧ Oral Health Progress and Equity Network (OPEN)
- ✧ National advocacy organizations (Families USA, Community Catalyst)
- ✧ State oral health coalitions¹
- ✧ State level members, affiliates, and chapter organizations

Opportunities

- ✧ Become a member of OPEN
- ✧ OPEN Policy Summit and Virtual Hill Day (February 9-11, 2021)²
- ✧ Advance messaging that oral health is key to a strong response to COVID-19 and the health and economic recovery of our communities and country
- ✧ Engage with state and local coalitions to defend and/or expand Medicaid adult dental benefits
- ✧ Engage CMS by monitoring waivers and encouraging development of guidance that supports strong Medicaid child and adult dental programs
- ✧ Sign up for Families USA and Community Catalyst email alerts

¹ Please visit [American Network of Oral Health Coalitions \(ANOHC\)](#) to find the oral health coalition in your state.

² Registration for the [2021 OPEN Policy Summit](#). If you are not already an OPEN member, [join here](#) and click the “sign in” button.

ADDITIONAL RESOURCES

DQP Research Brief: [New NHANES Oral Health Data Reflect Inequities, Barriers](#)

DQP communications Brief: [Healthy Mouths: Why They Matter for Adults and State Budgets.pdf](#)
(dentaquestpartnership.org)

American Dental Association Health Policy Institute: [Oral Health and Well-Being \(national and state level data\)](#)

Community Catalyst: [Why Does Oral Health Matter?](#)

Families USA Issue Brief: [Interim Final Rule on Maintenance of Effort](#)

Families USA Webinar: [2020 Election's Impact on Medicaid](#)

Centers for Medicare and Medicaid Services: [Interim Final Rule](#)

Families USA Messaging Guide: [United for Health: Messages that bridge the political divide to finish the job on health reform](#)



Partnership
for Oral Health Advancement

THANK YOU!

Stacey Auger, MPH
DentaQuest Partnership for Oral Health Advancement
staceytaylorauger@gmail.com

The DentaQuest Partnership for Oral Health Advancement is a nonprofit organization working to transform the broken health care system and enable better health through oral health.