Guest Editorial

Recent Changes Underscore the Importance of State-level Advocacy

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A series of recent events have the potential to substantially influence the nature of pediatric dental care throughout the U.S., including services for growing numbers of children with private and public health benefits. Some of these events involve actions by various branches of the federal government, most notably passage and implementation of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and the Patient Protection and Affordable Care Act of 2010 (ACA). Other events -- most notably the downturn in the economy which began in 2007 and changing demographic trends -- were initiated outside of government, but ultimately have important implications for public programs and, by extension, dental benefits for children.

The short-term upshot of these changes has been a substantial increase in enrollment in publicly funded programs. The U.S. Department of Health and Human Services (HHS) reported that more than 2 million children gained Medicaid or CHIP coverage during federal fiscal year 2010, bringing the total number of children covered by Medicaid and CHIP to more than 42 million or roughly half of all U.S. children.[1] Additional HHS estimates project that the ACA will increase Medicaid enrollment by 3 million children in 2014, rising to 5 million by 2019.[2] The implications of these enrollment increases in public programs for the financing of dental care are profound and likely to accelerate recent changes in the financing of dental services. HHS actuarial data report total U.S. expenditures for dental care in FY2009 of $102.2 billion, a 65% increase over FY2000.[2] During that same interval, Medicaid expenditures for dental services increased from $2.3 Billion to $7.1 Billion or by 309%. As a result, the percentage of total dental expenditures attributable to Medicaid increased from 3.7% in FY2000 to 7% in 2009, and is projected to continue to increase to 13% of total dental expenditures by FY2020. Because the bulk of Medicaid dental expenditures are for children's benefits, Medicaid accounts for a substantially higher proportion of total pediatric dental expenditures.

In addition to changes pursuant to CHIP and Medicaid expansions, another potentially important, yet difficult to quantify, influence on the future of children's dental benefits is the establishment of state insurance exchanges. Provisions of the ACA require establishment of state exchanges and the inclusion of pediatric oral health services as part of essential health benefits packages (EHBP) modeled on "typical" employer-sponsored plans. Considerable uncertainty exists about the ultimate impact of these provisions, owing to as-yet unspecified regulations to be issued by HHS and broad legal challenges to various provisions of the ACA. Notwithstanding those issues, the National Association of Dental Plans has reported in a recent white paper that "in the small group market, which is impacted by the inclusion of pediatric oral services in the EHBP, 1.65 million small businesses currently provide dental coverage for their employees and families. Of these businesses, just fewer than 44 million enrollees are covered, including 22.9 million children."[3] All told, these ongoing and projected future changes in public and private programs portend as yet undetermined changes in dental care for nearly ¾ of all U.S. children.

Clearly, this is an important time for those who care about how pediatric dental care is organized, financed and delivered. And while a great deal of attention remains focused on activities at the federal level, it also is clear that much will need to be done within individual states to advocate for policies and programs that best serve the interest of children's oral health. The challenges of ensuring optimal program design, financing, implementation and oversight into the future will grow, not diminish as a result of these changes; and states will be the sites where most of these challenges will play out. AAPD has taken an active role in efforts to shape oral health care delivery at the national level, often acting in partnership with other organizations including the ADA. However, the emerging changes highlighted herein underscore the critical importance of strong state-level advocacy -- an activity where the Academy can provide leadership and support, but ultimately one whose success depends on the efforts of AAPD members working within their respective states. In that context, it was disappointing to witness the recent weak response by state constituencies to AAPD efforts to bolster state-level advocacy efforts via an advanced legislative workshop. The future of children's oral health will be shaped by those who can effectively convince policy makers, program officials and, ultimately, the public of the merits of their beliefs and positions. Pediatric dentists must 'step up' to this challenge and continue to be strong, organized, prepared advocates for children's oral health -- not just in Washington, but in every state throughout the nation.

References

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