Healthcare Reform: Where do we go from here?

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The Pew Center on the States

HIGH-PERFORMING STATES

EFFECTIVE GOVERNMENT

LONG-TERM FISCAL HEALTH

SMART INVESTMENTS
Our Mission:
The Pew Children’s Dental Campaign strives for cost-effective policies that will mean millions more children get the basic dental care they need to grow, learn and lead healthy lives.
Focusing on Three Policy Areas

Strengthen prevention: working with states to expand water fluoridation and school-based dental sealant programs to more communities

Funding to improve access: secure federal funds to support state-based initiatives

Expand the dental workforce: encourage states to license new types of providers to reach underserved communities
Pew campaign federal agenda: supporting state policy

- Increasing federal financial investments in oral health prevention and care, including workforce
- Improving federal Medicaid, CHCs and grant program policies and criteria to ease barriers to care
- Showcasing state models for pragmatic, cost-effective reform and recruiting national champions
- Serving as a resource and liaison to federal policymakers and state campaign advocates
Oral Health Provisions in the Affordable Care Act
Expanding coverage

- Requirement that a pediatric dental benefit be included in the essential health benefits package in the new state exchanges (Title I, Secs. 1302, 1311)
- Requirement that states set Medicaid eligibility cap no lower than 138 percent of FPL and cover all individuals meeting the eligibility standard (Title II, Section 2001)
- Extension of funding for the Children’s Health Insurance Program (CHIP) through FY 2015 and authorization of program through 2019 (Titles II, X)
Supporting the dental workforce

Provisions authorized but not appropriated:

- Demonstrations and evaluation of alternative dental care providers (Title V, Section 5304) (current block on funding)
- Expanded dental training programs (Title V, Section 5303)
- New or expanded primary care residency programs, including dental programs (Title V, Section 5508)
Supporting prevention

Provisions authorized but not appropriated:

- Five-year national public education campaign focused on oral healthcare prevention and education (Title IV, Section 4102)
- Requirement that all states, territories, and Indian tribes receive grants for school-based dental sealant programs (Title IV, Section 4102)
- Expanded oral health surveillance collections (Title IV, Section 4102)
- Expanded cooperative agreements to improve oral health infrastructure (Title IV, Section 4102)

Prevention and Public Health Fund: $15B mandatory funding over 10 years; cut by $5B over 10 years, effective Oct. 2012
Supporting the dental safety net

Funding appropriated in the ACA:

• $11B to the community health centers fund for FY 2011-2015 (Title X, Section 10503)
• $1.5B to the National Health Service Corps through FY 2016 (Title X, Section 10503)
• $200M for the establishment of school-based health centers through FY 2013 (Title IV, Sec. 4101)
Implications of Supreme Court ruling on ACA

- The individual mandate is constitutional under Congress’ power to tax
- The federal government cannot terminate all Medicaid funding if states do not comply with the ACA expansion; only expansion funding will be affected
- Expansion of Medicaid to 133 percent FPL is now optional, and several states have stated intention not to expand, despite 100 percent federal match for 2014-2016
Who will expand Medicaid coverage?

Where the States Stand
What are the States Saying about ACA Medicaid Expansion?


Learn more about the impact of the Supreme Court ruling at advisory.com/MedicaidMap

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Note: Based on literature review as of 9/12/13. All policies possible to change without notice.
FY 2013 Appropriations

• Current continuing resolution funding the government will expire in March

• House and Senate expected to return for a lame duck session in mid-November to pass FY 2013 appropriations bill

• If Congress does not act by the end of the year, across-the-board sequestration cuts will go into effect January 2, 2013 as part of the Budget Control Act of 2011
Impact of sequestration on funding for oral health

• If Congress does not act, cuts agreed to in the Budget Control Act will take effect January 2, 2013

• Medicaid, CHIP, and exchange subsidies are exempt from the reductions

• Non-defense cuts:
  – Medicare: 2.0%
  – Non-Medicare mandatory: 7.6% (includes Prevention and Public Health Fund)
  – Discretionary: 8.2% (includes Title VII Oral Health Training funds)

• Estimated $167M cut from community health centers
What NNOHA members can do

- Write/call/visit congressional delegation and appropriations committee members to demonstrate the importance of appropriating funding for ACA-authorized programs
- Advocate at the state level for Medicaid expansion
- Stay informed of available grants through the federal agencies, including the Centers for Medicare and Medicaid Innovation and the Prevention and Public Health Fund
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