ADEA THE VOICE OF DENTAL EDUCATION

ADEA ADVOCATE

AMERICAN DENTAL EDUCATION ASSOCIATION

Volume 1, No. 15, May 21, 2019

Making the Case for Integrating Oral Health in Medicare

Advocates for an adult dental benefit in Medicare met last week in Arlington, VA, to hear the latest evidence supporting this policy goal and explore opportunities to further its adoption. In a keynote address, Rep. Donna Shalala (D-FL) said that while currently Congress has no appetite to expand public programs, she believes the planned 2020 Surgeon General's Report on Oral Health, scheduled for release in the fall of that year, will be an effective tool for building a public consensus around the need to integrate oral health benefits in Medicare.

Representatives of private insurers that provide oral health benefits to their beneficiaries with certain chronic conditions shared cost data demonstrating a strong return on their investment. Providing free or low-cost access to regular dental cleanings for enrollees with diabetes and coronary artery disease reduced hospitalizations and lowered overall medical costs. The effect was most pronounced in individuals over age 65.

The event was hosted by the Santa Fe Group, a think tank of dental educators, researchers and other stakeholders concerned about oral health. In light of the growing body of research demonstrating links between inflammation in the mouth and chronic conditions, such as heart disease and diabetes, the group has gone on record to say "sufficient evidence now exists that periodontal disease is a contributory cause to certain systemic diseases," providing a compelling reason to "incorporate oral health benefits as a component of comprehensive health insurance."

Higher Education Act Reauthorization Update

While no action has yet taken place, Sen. Lamar Alexander (R-TN), Chairman of the Senate Committee on Health, Education, Labor, and Pensions, continues to say he intends to introduce a bill by month's end to reauthorize the Higher Education Act. Rep. Donna Shalala (D-FL), a member of the House Committee on Education and Labor, former Secretary of Health and Human Services and President of Hunter College and the University of Miami, said she had lunch with Sen. Alexander, after which she speculated he would introduce a narrow bill soon.

Rep. Bobby Scott (D-VA) has said he plans to introduce a bill in the fall, with hope that it can be a bipartisan bill. In the meantime, we continue to join with some our health professions education partners in meetings with Members of Congress and their staff on issues important to our institutions and students, the future of the Grad PLUS Loans and Public Service Loan Forgiveness among them.

House Committee on Education and Labor Markup

To celebrate the anniversary of the Brown v. Board of Education decision on May 17, 1954, the House Committee on Education and Labor reported two bills. One of the bills, the "Strength in Diversity Act of 2019" H.R. 2639, would extend incentives to voluntary community efforts to integrate schools. It would create a Special Assistant to the Secretary of Education for Equity and Inclusion and directs the Secretary to develop performance measures and authorize grants to plan and implement those measures in elementary and secondary school systems.

The second bill is the "Equity and Inclusion Enforcement Act" H.R. 2574. It would restore a private right of action to file disparate impact claims under Title VI of the 1964 Civil Rights Act. The measure would also create a Title VI monitor at the Department of Education who is responsible for investigating complaints of racial discrimination.

While these measures don't currently affect dental education directly, if enacted they would come into play in pipeline programs in K-12 systems to improve educational access for historically underrepresented groups. This provision will have an impact on the future of dental education.

CMS Issues Bulletin on Calculation of Medicaid Medical Loss Ratio

The Center for Medicare & Medicaid Services (CMS) issued an Informational Bulletin on May 15 for states regarding the calculation of the Medicaid Managed Care plan's Medical Loss Ratio (MLR), which represents the percentage of premium revenue that goes toward claims and activities that improve health care quality.

CMS is concerned that some managed care plans are not accurately reporting pharmacy benefit spread pricing when they calculate and report MLRs. The bulletin provides additional clarification and specific examples of the regulatory requirements for determining the amounts that can be included as incurred claims in the MLR, particularly when a Medicaid or CHIP managed care plan uses a third-party vendor in a subcontracted arrangement.

Washington State to Implement Country's First Public Option

Early last week, Gov. Jay Inslee signed legislation that would establish the country's first public option. To implement the plan, the state will contract with private health insurers and compete with other insurance options on the state's health insurance exchange. The state anticipates premiums will be lower than those currently offered on the exchange, and the bill also directs the state Health Care Authority to develop and implement a plan to provide subsidies for individuals earning up to 500% of the federal poverty level. The bill has a stated goal of limiting the cost of premiums to no more than 10% of modified adjusted gross income.

The bill may also have an impact on provider reimbursement rates. It ties reimbursement to Medicare rates by limiting total reimbursement to 160% of Medicare rates, and 135% for primary care services.

Minnesota Lawmakers Debate Provider Tax

As legislators in Minnesota are in the midst of tackling the state's budget, an intense debate has broken out over the state's provider tax. The tax, which is set to expire at the end of this year, imposes a 2% duty on gross revenue derived from patient services. Revenue from the tax provides the state with around $700 million annually, and when originally implemented in 1992 it was used to fund MinnesotaCare, a state subsidized insurance program that provided coverage to lower-income individuals who earned too much to qualify for Medicaid. After passage of the Affordable Care Act allowed for Medicaid expansion, however, a portion of the population covered by MinnesotaCare became eligible for Medicaid, which is partially funded by the federal government. Some of the revenue from the tax was shifted to pay for other Health and Human Services programs.

Republicans, who control the state Senate, argue that by allowing the tax to expire, health care costs will be reduced. They have proposed a budget that assumes the state will not have revenue from the provider tax. Democrats, who control the state House, worry about the impact the loss of revenue will have on individuals assisted by programs funded under the tax. The two sides will need to reach an agreement to pass a budget, as Minnesota is the only state legislature in the country with divided control.

Maryland to Ask Tax Filers if They Have Health Insurance

Recently signed legislation in Maryland will implement a new program that helps link people to health insurance options when they file their tax returns. The new law, which created the "Maryland Easy Enrollment Health Program," will add a question to state tax returns asking tax filers if they have health insurance. If an individual answers "no," they will automatically be enrolled in Medicaid if they qualify. Those who earn too much income to qualify for the program will be referred to the state's health exchange where they can buy insurance coverage.

ADEA State Calendar

ADEA Washington Calendar

ADEA U.S. Interactive Legislative and Regulatory Tracking Map

Key Federal Issues

Key State Issues

The ADEA *Advocate* is published weekly. Its purpose is to keep ADEA members abreast of federal and state issues and events of interest to the academic dentistry and the dental and research communities.

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