September 25, 2017

RE: Opposition to Graham-Cassidy-Heller-Johnson Bill

Dear Chairman Hatch and Ranking Member Wyden,

On behalf of the Massachusetts Oral Health Advocacy Taskforce (OHAT), we are writing to you to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. Created in 2002, OHAT is a broad-based statewide coalition of consumers, advocates, health care professionals, academics, and insurers. We also work closely with the nation’s first Legislative Caucus on Oral Health, chaired by State Representative John Scibak and State Senator Harriett Chandler, to help Massachusetts continue to be a leader in oral health equity and awareness.

We strongly oppose changes to the Affordable Care Act (ACA) that will jeopardize the oral health of thousands of residents in Massachusetts, especially our most vulnerable and underserved. The Graham-Cassidy-Heller-Johnson proposal does just that by threatening the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in approximately 665,000 Massachusetts residents losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget.

As a result, the impacts on oral health care coverage for thousands of adults and children in Massachusetts, and across the United States, will be devastating. Sadly, the Graham-Cassidy bill proposes to do the following:

- **It cuts and block grants money for Medicaid expansion and marketplace coverage**, slashing funding that supports health and dental coverage for many across the country. The block grant would end after 2026, leaving millions unable to afford coverage.

- **Like other proposals, the Medicaid program would be cut and restructured**, which could force states to make cuts to adult dental coverage and poses serious risks to others covered by the program including seniors, children, and many with special health care needs.

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• Also like other proposals, it eliminates the Essential Health Benefits that guarantee pediatric dental coverage in the private market as well as other consumer safeguards.

This plan will also undermine bipartisan efforts like a CHIP reauthorization that are now gaining momentum:

• This is coming at a time with other priorities like refunding the Children’s Health Insurance Program are also at stake.

• Bipartisan progress and funding essential supports like CHIP and Community Health Centers is where Congress should be placing its focus, not on last-ditch attempts to resurrect ACA repeal measures the Senate has already rejected.

• The country has moved on from repeal. They want and expect Republicans and Democrats to work together to stabilize the health insurance marketplaces and take steps to help people afford the care and coverage they need.

In Massachusetts, as in other states, Medicaid coverage for adult dental services are optional benefits and, therefore, at risk of being eliminated at any time without any legislative oversight. We know from previous cuts to Medicaid adult dental benefits in Massachusetts has resulted in a significant decrease in access to effective oral health care, causing needless pain, suffering, and illness. Poor oral health also makes it difficult for people to manage chronic conditions such as diabetes and heart disease and to find and maintain employment in Massachusetts’ service-based economy.

Furthermore, cuts to dental services waste millions of dollars in extensive and costly services in emergency and inpatient hospital settings and place an added burden on our state-based Medicaid program (known as MassHealth) and the Health Safety Net. In fact, a report published in August 2016 found that MassHealth members disproportionately use ED visits for preventable oral health conditions, at a cost four to seven times the cost of a dental office visit.3 Non-elderly adults on MassHealth also use the ED for preventable oral health conditions seven times more frequently than commercially-insured adults. Furthermore, the report also highlighted the fact that hospital emergency departments are ill-equipped to provide comprehensive dental care and that most patients only receive antibiotics and pain medication, thereby leaving the underlying dental condition untreated. This is particularly concerning at a time when we are grappling with the ongoing opioid crisis that is impacting all corners of Massachusetts and the United States.

On behalf of OHAT and the residents of Massachusetts, thank you for the opportunity to submit comments in strong opposition to the Graham-Cassidy-Heller-Johnson health care proposal. The legislation will reverse the health care gains we have made in this country and will have extremely detrimental impacts on millions of Americans and hundreds of thousands of Massachusetts residents, especially on our most vulnerable populations. We are hopeful that this legislation will not move forward.

If you have questions or would like more information, please contact Dr. Neetu Singh, Oral Health Project Manager, at 617-275-2801 or nsingh@hcfama.org.

Sincerely,

Neetu Singh, DMD, MPH
Manager, Oral Health Integration Project
Health Care For All
On behalf of the Oral Health Advocacy Taskforce

Cc: Senator Elizabeth Warren, US Senator of Massachusetts (Beth_Pearson@warren.senate.gov)
Senator Edward Markey, US Senator of Massachusetts (Nikki_Hurt@markey.senate.gov)