

Key Messages about Dental Coverage for Oral Health & Children's Advocates

(Last updated on March 8, 2017)

- Elimination of cost-sharing subsidies and restructuring of premium tax credits would mean significantly reduced support for many working-class families to purchase health and dental coverage. This is likely to impose higher out-of-pocket costs on these families.
- Medicaid per-capita caps would limit funding for state Medicaid programs and make it harder for states to provide individualized care or respond to increased need. Fewer dollars for Medicaid also means states could be forced to make tough choices about eligibility, reimbursement rates and whether to provide benefits like adult dental. Furthermore, squeezing state Medicaid budgets is likely to hinder innovation in care delivery and financing—something that oral health needs.
- Eliminating presumptive eligibility and other mechanisms aimed at streamlining enrollment would make it more burdensome for both states and potential beneficiaries to enroll in Medicaid.
- Phasing out Medicaid expansion could mean far fewer adults with Medicaid coverage—including dental—and, as a result, fewer children enrolling. In fact, the most significant increases in child enrollment occurred in states that expanded Medicaid for adults.
- Preserving key patient protections such as prohibiting pre-existing condition exclusions are meaningless if patients can't afford insurance that covers the oral health care services they need. It is a hollow commitment.