



The Votes are In:



*Advocating for Medicaid  
Adult Dental Coverage  
in Washington State*

**Washington Dental Service  
Foundation**

*Community Advocates for Oral Health*

# The Votes Are In:

## Advocating for Medicaid Adult Dental Coverage in Washington State



During the 2013 Washington State legislative session, the Washington Dental Service Foundation and its partners successfully advocated for the restoration of the Medicaid adult dental program.

Success required:

- Compelling messages
- Strong grassroots advocacy
- A broad-based lobbying coalition
- Effective media outreach

These tactics, combined with the right timing, led to the restoration of dental coverage for Medicaid-insured adults, which has the potential to benefit more than 775,000 low-income people in Washington.

### Background

Most Medicaid-insured adults were limited to emergency dental services, such as tooth extractions and antibiotics for pain, when state budget cuts went into effect in January 2011. Six months later as a result of effective advocacy, dental services for select populations, including pregnant women, people with disabilities and individuals in long-term care, were restored. However, the vast majority of low-income adults in Washington were left without coverage.

Because the federal government does not mandate dental coverage for Medicaid-insured adults, state legislatures often cut services in difficult economic times. Washington was not alone in cutting Medicaid adult dental coverage during the Great Recession. The number of states without any adult dental benefits, including emergency services, increased from 5 in 2008 to 9 in 2011. <sup>1</sup>

However, in Washington, policymakers got the message that attempts to save money by eliminating adult dental coverage often backfire because people are left with no place to turn besides the costly emergency room and they can develop expensive medical complications. With \$23 million allocated in the state's 2013-15 biennial budget, Washington's program was restored in January of 2014, providing relatively comprehensive dental coverage, including preventive care, some restorative work, periodontal (gum) disease treatment, and dentures.

### Medicaid Adult Dental Coverage by the Numbers:

Total eligible for dental coverage about 775,000, including:

- About 450,000 current Medicaid enrollees who lost their coverage as a result of the 2011 cuts.
- About 325,000 adults who are newly eligible for Medicaid due to the Medicaid Expansion component of the Affordable Care Act (ACA).



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<sup>1</sup> Oral Health and the Affordable Care Act: Only Part Way to the Finish Line. October 2012. Alameda Alliance for Health Reform. [http://www.allhealth.org/publications/Oral\\_Health\\_Issue\\_Brief\\_116.pdf](http://www.allhealth.org/publications/Oral_Health_Issue_Brief_116.pdf)

## Messages that Generated Bipartisan Support

A number of messages persuaded legislators that restoring Medicaid adult dental coverage is cost effective, improves health, and will save money in the long run.

### Opportunity to Leverage Federal Dollars

The federal government is covering the full cost of dental services (as well as other healthcare expenses) for the Medicaid expansion population through 2016, gradually tapering down to 90 percent in 2020 and thereafter. In order to take advantage of this opportunity, the state had to restore dental coverage to those already eligible for Medicaid. If legislators did not restore dental coverage, they would have left millions of federal dollars on the table. Moreover, with the additional federal funding coming into the state, Medicaid expansion is projected to save the state more than \$350 million in healthcare expenses.

The federal government also pays about half the cost of dental services for clients who were already eligible for Medicaid. These federal matching dollars would have been forfeited without restoration of adult dental. To pay the state share, advocates argued it would only take a small portion of the savings generated by Medicaid expansion (just 7%) to fully fund adult dental coverage.

### Reduce Costly Dental-Related ER Visits

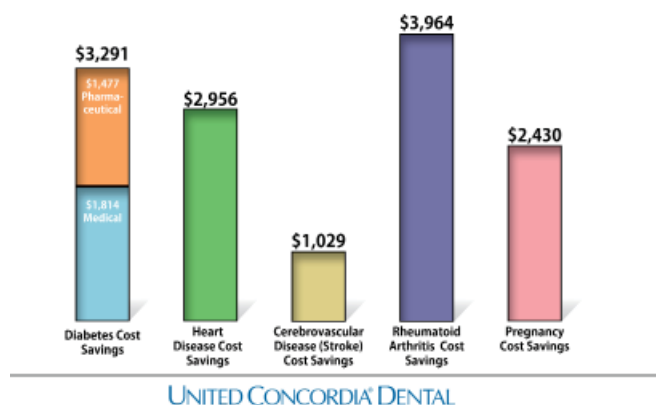
Another effective argument was the cost savings associated with reducing dental-related emergency room visits. A study by the Washington State Hospital Association found that over an 18-month period, 54,000 dental-related visits to Washington's emergency rooms resulted in more than \$36 million in charges. Dental problems were the number one reason the uninsured visited the emergency room, and the sixth most common reason Medicaid-insured adults went to the ER. Emergency room treatment is not only more expensive than treatment in a dental office or clinic, but it is also limited to managing pain and infection rather than treating the underlying dental problem. Providing preventive care and routine treatment, like fixing cavities, is a sound investment that can prevent minor problems from turning into major health issues that are more expensive to treat.



### Reduce Medical Costs for People with Diabetes

Providing dental coverage not only saves ER costs, but can also reduce medical costs for a population that policymakers are concerned about—those with chronic conditions including diabetes. Untreated gum disease can make it more difficult to control blood sugar, which can lead to serious complications, like blindness, amputation, and kidney disease. Groundbreaking research from United Concordia found that people with diabetes who received periodontal treatment had 61% fewer hospitalizations in the first year of treatment and annual medical cost savings of \$3,200 per person, on average. Given that more than 60,000 Medicaid-insured adults in Washington have diabetes, it was clear that providing dental care had the potential to produce substantial savings for taxpayers. In fact, we estimated that the state could save \$24 million in medical costs over the biennium by providing dental coverage. To be clear, this was a conservative estimate, derived by assuming that only one-quarter of the population would receive treatment and the treatment would result in only half the cost savings found in the research.

#### Treating Periodontal Disease Equals Annual Cost Savings



## Put the Mouth Back in the Body

We also conveyed that oral health is an essential component of health care. Those without access to dental care suffer needlessly because dental disease is largely preventable with routine treatment and early intervention. When more complicated dental problems occur, it is important to treat them before they lead to serious health complications. Gum disease is linked to heart disease, stroke, and pneumonia. Oral disease can even cause the body to reject medically necessary organ transplants.

## Help People Get Jobs

People need to be healthy to be self-reliant. Poor oral health can negatively affect an individual's ability to secure and maintain employment. Employers are often reluctant to hire those who have obvious and unsightly dental problems, especially for customer service jobs. For those who are employed, productivity suffers when they are in pain or miss work because of agonizing dental pain. During our advocacy, we highlighted the importance of good oral health to the Medicaid expansion population, many of whom are working or seeking employment.



## Delivering the Message

We used multiple avenues to deliver these messages, including direct communication with policymakers, a variety of media, and grassroots advocacy involving diverse partners and the public.

## Lobbying by Diverse Organizations

The Foundation and partners had numerous one-on-one meetings with legislators, the Governor's health policy staff, and agency officials. The Coalition to Fund Dental Access met weekly to determine which policymakers to target. This group consists of dental-related organizations, such as the state associations representing dentists, hygienists, and denturists, as well as other types of organizations, including anti-poverty advocates and community health center representatives.



### What you can do:

- Adapt the advocacy materials in the toolkit to suit your local needs.
- Engage a broad coalition to lobby policymakers.
- Initiate a media campaign—even without significant funding, you can approach editorial boards, submit op-eds, and write letters to the editor.
- Conduct a grassroots campaign using social media tools.

**Check out the toolkit for materials you can use in your effort. Visit [OralHealthWatch.org](http://OralHealthWatch.org).**

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## Working with State Policymakers

*When planning your strategy for engaging with policymakers, it is important to consider targets and timing.* It would be overwhelming to convince each and every state legislator to fund Medicaid adult dental coverage. Luckily, you don't have to! Familiarize yourself with the structure of your legislature, particularly the committees that have oversight of Medicaid dental coverage, such as the health care and budget committees (often called Appropriations or Ways and Means). You will want to target the chair, ranking member (i.e., highest ranked member of the party not in control of the chamber), and members of these committees. You will also need to reach out to the leadership of both chambers, such as the Speaker of the House, Senate President, Majority Leaders, and Minority Leaders.

Even if you suspect that some key legislators are unlikely to be supportive of Medicaid adult dental coverage, it is important to reach out to all of the leaders and at least make them aware of the issue. You may find that some are willing to reconsider the issue when they hear, for example, that dental care can help the Medicaid expansion population become employable. Conversely, it is also important to meet with legislators whose support you feel is assured. This gives you an opportunity to pass along the latest information that they can use to persuade their colleagues and also thank them for their support.

As you meet with legislators, determine if any can be cultivated as a "legislative champion", someone who is passionate about the issue and will work to sway their colleagues. Champions often have a personal connection to the issue, such as a family member or many people in their district affected by the lack of dental coverage.

In addition to legislators, it is imperative to develop relationships with other policymakers, including key staff in the Governor's office (e.g., health policy advisors) and the state agency that oversees Medicaid (e.g., Medicaid director, dental program administrator, etc.). These contacts will be able to assist you in developing a cost estimate to provide dental coverage in your state. You will need to know the expected Medicaid population, utilization rate, and average cost per adult user.

You also need to consider when to begin your campaign. In Washington, we coupled our campaign with the Medicaid expansion effort, as it presented a limited-time opportunity to leverage federal dollars. We made the case that each year Washington state did not provide adult dental coverage meant that a significant amount of federal funding was left on the table and could never be recovered. For your campaign, identify whether there are any opportunities to answer the question, "Why now?" and make the case that providing adult dental coverage is a pressing, timely issue.

**“** *As you meet with legislators, determine if any can be cultivated as a 'legislative champion', someone who is passionate about the issue and will work to sway their colleagues.”*

In addition, educate yourself about the legislative cycle in your state. For example, many legislatures are only "in session" (i.e., actively considering policy bills and budgetary matters) for part of the year or every other year. Your state may have a longer legislative session one year, during which time the budget is passed, followed by a shorter session the following year, when only small tweaks to the budget are made and fewer bills are debated. It may not make sense to time your campaign for a short session.

During any year, the legislative session is typically a hectic time. Policymakers should not be hearing about the importance of adult dental coverage for the first time once the legislative session has begun. Instead, schedule initial meetings with legislators and executive branch officials during the time the Legislature is not in session. Legislators will generally have more time to meet during the interim (perhaps 30 minutes rather than less than 10 minutes during session), so you will have more of an opportunity to educate them about the issue.

Prepare concise talking points, describing the problem, what makes it compelling, and specifically what you would like them to do. During the meeting, focus on convincing the legislator why they should

care about this issue (among the many issues they are confronted with). You can leave behind a 1-2 page fact sheet, so don't get bogged down with all the details. (Refer to the toolkit for sample fact sheets as well as national media articles we provided to policymakers to illustrate the importance of providing dental care). It is important to ask the legislator about their priorities and expectations for the coming session and leave enough time for the legislator to ask questions.

As you develop relationships with policymakers, you will learn what type of message resonates most with them. However, regardless of whether a particular legislator has a passion for serving low-income people or a laser-like focus on balancing the budget, they will need a compelling reason to support your particular issue, as there are many ways to serve low-income people or make sound fiscal decisions. Finally, don't get flustered if the legislator asks you a question you can't answer – simply say you will follow-up with the requested information – and then do so in a timely manner.

As important as the message, are the people accompanying you to the meeting, who can help deliver the message. To the extent possible, bring one of the legislator's constituents (e.g., one of your Board members or clients) to underscore that the problem is of concern to people in their district. Even if a constituent is unable to attend the meeting, bring

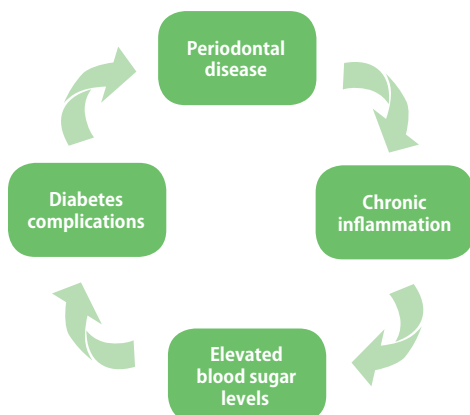
any data or information that highlight the relevance of the issue to the legislator's district. For example, a survey in Seattle found that dental care was the highest unmet need among the homeless population. This proved to be an effective data point for Seattle legislators. It is also worthwhile to schedule a site visit during the interim. For example, bring a legislator to a dental clinic in their district that serves low-income adults. This allows them to connect facts and figures to real people and better understand how dental care impacts people's lives. It also allows you to build a relationship with the legislator.

Of course, while outreach during the interim is instrumental, you will need to have more frequent, but briefer meetings with policymakers during the session to ensure that your issue remains in the forefront. By working with partners, you can ensure that policymakers hear about the issue repeatedly from many different organizations. If you have the funds, consider contracting with a lobbyist to consistently maintain a presence at the capitol.



## Paid and Earned Media

### Oral Disease Can Lead to Diabetic Complications



The Foundation developed two radio ads, which ran in highly populated areas of the state (Puget Sound and Spokane). One focused on the high number of dental-related visits to the ER, noting that “state legislators eliminated dental coverage for low-income adults to save money. But it doesn't save money when patients end up in emergency rooms.” The other, co-sponsored by the American Diabetes Association of Washington, highlighted the connection between oral health and diabetes. A patient explained, “My doctor also told me to take care of my oral health. Untreated gum disease can make it hard to control blood sugar, leading to medical complications.” Both ads included a “call-to action” to urge legislators to expand dental coverage to low-income adults because “it's a wise investment that saves money and helps people stay healthy and productive.”

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We also shot a “testimonial” video at a free dental clinic to show the impact that lack of access to dental care has on local residents. The people in the video told their stories, including making trips to the emergency room because they had nowhere to turn for dental care, having trouble finding a job because of their dental problems, and experiencing pain and suffering due to untreated dental disease. One person featured in the video made the case to policymakers, affirming that “providing dental care to low-income people is the right thing to do. It’ll change their life.” The video was sent to key policymakers, shared with editorial writers, and posted online.

We made a concerted effort to engage the media in this issue and achieved solid results. Media outlets across the state helped to deliver the campaign messages, including editorials in the Everett Herald and the Tacoma News Tribune, and op-ed pieces in the Seattle Times, Vancouver Columbian, Yakima Herald, and Bellingham Herald. We developed op-eds and letters to the editor that were authored by dentists and leaders in the medical and business communities, including the medical director of a community health center, the board chair of a non-profit dental clinic, and members of our Board of Trustees.

### **What you can do:**

When devising your media strategy, identify trusted, compelling messengers. It is great to have dentists participate in your media campaign, but to broaden your message, think beyond the dental community. For example, medical doctors are generally trusted members of the community and can convey the importance of “putting the mouth back in the body” to promote overall health. People are likely to take note when a doctor tells them that oral health problems affect diabetes and other chronic health conditions. Pediatricians and family physicians can also be helpful, drawing attention to the fact that when parents have access to dental coverage, they are more likely to ensure that their children also receive dental care.

### **To gain support from the media in your area:**

- Research the editorial positions previously taken by the paper.
- Identify potential writers that are sympathetic to your cause.
- Contact these writers directly and ask for their support.
- When you meet with editorial boards include local advocates familiar with the community’s specific needs.

### **Grassroots Advocacy**

Another key aspect of the campaign was grassroots advocacy, which involved the Foundation’s partners as well as the public. Established several years ago, the Citizens’ Watch for Oral Health Coalition is a broad-based group representing a variety of different interests—including healthcare, business, and children’s and seniors’ advocacy groups—willing to advocate on behalf of oral health. Many Citizens’ Watch members participated in the effort to restore Medicaid adult dental coverage by including it on their legislative agenda and encouraging their members to contact their legislators to express support. The Foundation made it easy for people to contact their legislators directly through an online tool. Frequent action alerts, emails and notices on Facebook and Twitter helped to generate emails to legislators. The website also featured a blog that chronicled the campaign, from the release of the Governor’s, House, and Senate budgets to the coverage of the issue in area newspapers.



Reach out to nontraditional partners. When reaching out to partner organizations, cast a wide net; don't limit yourself to those that have a direct connection to the issue. For example, in Washington, we secured the support of a prominent children's advocacy coalition, the Health Coalition for Children and Youth (HCCY), which is made up of about 50 organizations. While initially hesitant to dilute their focus on children's health issues, HCCY included restoring adult dental coverage on their legislative agenda after learning that parents' access to dental care affects whether they seek dental services for their children. Research has found that low-income parents who have preventive dental visits are 5 times more likely to take their children for dental visits compared to parents who have never been to a dentist or only seek treatment when they have a problem. After learning about the connection between adult dental coverage and children's health, HCCY lent their support. At the other end of the age spectrum, the Washington State Senior Citizens' Lobby, a well-regarded alliance of more than 35 organizations from across the state, eagerly endorsed restoring adult dental coverage. Though few seniors ages 65 and older are impacted (because they need lower incomes to qualify for Medicaid than younger adults), a significant number of adults ages 50 to 64 benefit under the Medicaid expansion.



On the other hand, some health coalitions and associations that generally support dental coverage waited until late in the legislative session to make it a priority. This was largely because they wanted to focus on securing the Medicaid expansion first, before endorsing adult dental. They did not want to dilute their message until it was clear that the state would adopt Medicaid expansion. Once expansion was secured, they were willing to send action alerts to their networks, encouraging them to also support adult dental coverage. The bottom line is: don't get discouraged if some of your partners are hesitant to support Medicaid adult dental coverage from the outset. Take the time to understand their reasoning. If it's a matter of timing, you may be able to approach them later in the campaign.

### **Persistence Pays Off**

Securing dental coverage for low-income adults is a significant undertaking. It takes compelling messages delivered by a broad-based coalition to generate support from key policymakers. And the timing needs to be right. You will need to engage diverse organizations and numerous constituents to speak out about the importance of oral health, the link between oral health and overall health, and the potential cost savings. Though it may take several legislative cycles to succeed, the key is to be both persuasive and persistent – it will likely pay off in the end.