

# Federal Policy and Oral Health: What's New and Upcoming

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ADA American Dental Association®




**“Oral health is deeply  
connected to overall health.”**

Robert F. Kennedy, Jr., House Budget Hearing, May 14, 2025



# Healthcare Spending in the US, by Condition, 2019


  
 \$139.7 B  
 Total  
 Dental

All payers Leading health conditions	spending (billions)
1 Diabetes mellitus type 2	\$151.9B (148.3 - 155.1)
2 Other musculoskeletal disorders	\$108.9B (106.7 - 110.2)
3 Oral disorders	\$96.2B (96 - 96.5)
4 Ischemic heart disease	\$79.5B (78 - 80.6)
5 Urinary diseases and male infertility	\$73.3B (72.1 - 74.2)
6 Skin and subcutaneous diseases	\$72.1B (70.9 - 72.8)
7 Acute renal failure	\$63.3B (62.6 - 64.2)
8 Heart Failure	\$63.1B (62.3 - 64.5)
9 Septicemia	\$53.3B (51.9 - 55.1)
10 Alzheimer's and dementia	\$52.7B (50.7 - 54.4)
11 Low back pain	\$51.9B (50.7 - 53.2)
12 Gynecological diseases	\$50.1B (47.4 - 52.4)
13 Endocrine and immune disorders	\$49.9B (49.1 - 50.4)
14 Lower respiratory infections	\$48.6B (47.3 - 49.5)
15 Upper digestive system diseases	\$47.9B (46.9 - 48.7)
17 Breast cancer	\$43.9B (41.8 - 46.1)
18 Well dental	\$43.5B (43.2 - 43.7)
21 Depressive disorders	\$41.3B (40.3 - 42.1)
26 Congenital birth defects	\$31.9B (30.6 - 33.2)
33 Schizophrenia	\$23.4B (22.7 - 23.7)
55 Idiopathic developmental disability	\$13.2B (12.8 - 13.6)

Dental spending accounts for **\$139.7 B**, making it the second-highest spending category among all healthcare payers.

Source: Dieleman JL, Beauchamp M, Crosby SW, et al. Tracking US Health Care Spending by Health Condition and County. JAMA. Published online February 14, 2025. doi:10.1001/jama.2024.26790

# How have funding cuts affected oral health programs?



## There is no longer a CDC Division of Oral Health

Functions included:

- Supporting states and territorial health program;
- Supporting and funding school-based preventative care (**NOAs still going out**)
- Performing oral disease surveillance;
- Disseminating medical-dental integration models; and
- Maintaining and updating infection prevention and control guidelines for dental settings.



## White House Proposed HHS Budget for 2026

- Eliminates the Faculty Loan Repayment Program, the Public Health Workforce Development program and the Training in Oral Health programs, which all touch upon oral health workforce.
- Eliminates HRSA, puts its functions in new AHA.
- **Appropriators in Congress have not embraced proposals, but it remains influx.**

# Fluoridation Fights

The TIME logo is a red rectangle with the word "TIME" in white, bold, sans-serif capital letters.

JUL 23, 2025 2:59 PM CT

**The FDA Might Ban  
Fluoride Supplements.  
Dentists Are Upset**

The BBC logo consists of three black squares, each containing a white letter: "B", "B", and "C".

**Utah becomes first US state to ban  
fluoride in its water**

The NBC NEWS logo features the NBC peacock logo (a colorful fan of feathers) followed by the words "NBC NEWS" in a bold, black, sans-serif font.

**Florida becomes second state to ban fluoride  
in public water**



# Why this is important?

- In the mid-20th century, enlisted US service members routinely failed their draft physical examinations—not because they lacked strength or resolve but because they lacked sufficient non-diseased teeth. Led to community water fluoridation in military bases, then across U.S.
- 25 million additional children will be experiencing dental caries, and nearly \$10 billion more will be spent over 5 years if community water fluoridation is banned.
- Medicaid funding for today: 1,000 kids =  
Medicaid funding after community water fluoridation: 700 kids.

## JAMA Health Forum™

### Viewpoint

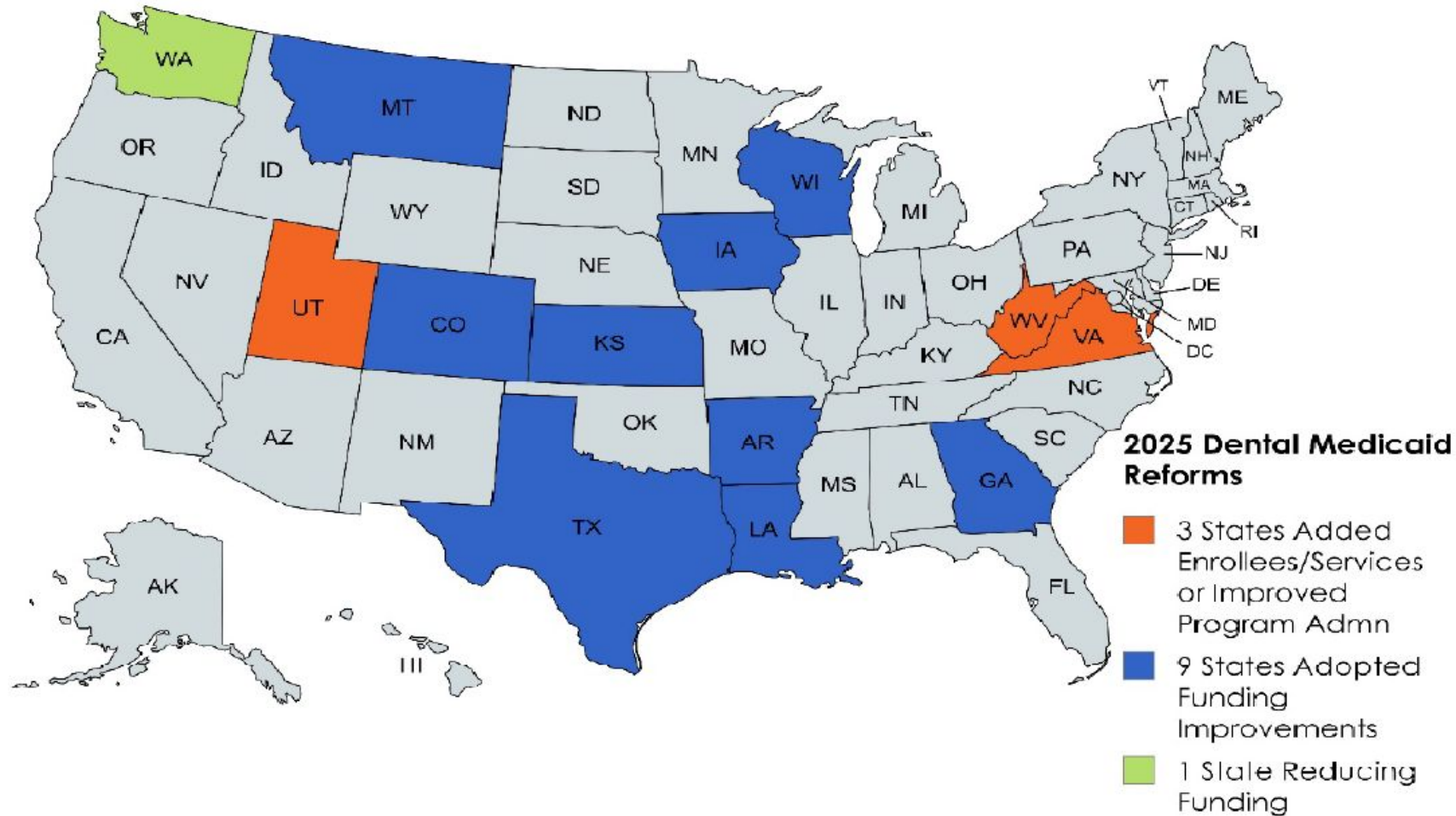
## Removing Fluoride From Water? An Oral Health Crisis Unfolds

Brett Kessler, DDS; Scott D. Smith, DDS, MS

# What is federal government doing about fluoride?

- EPA revisiting their requirement that water systems cannot have more than 4 milligrams of fluoride per liter of water.
- However, the Make America Healthy Again (MAHA) Report did not significantly address fluoride – so little action may take place.
- Congressman Cleaver of MO has introduced *Protect Our Treatment for Enamel, Erosion, and Tooth Health (TEETH) Act*, which mandates an independent scientific review before EPA revises their fluoride requirements.

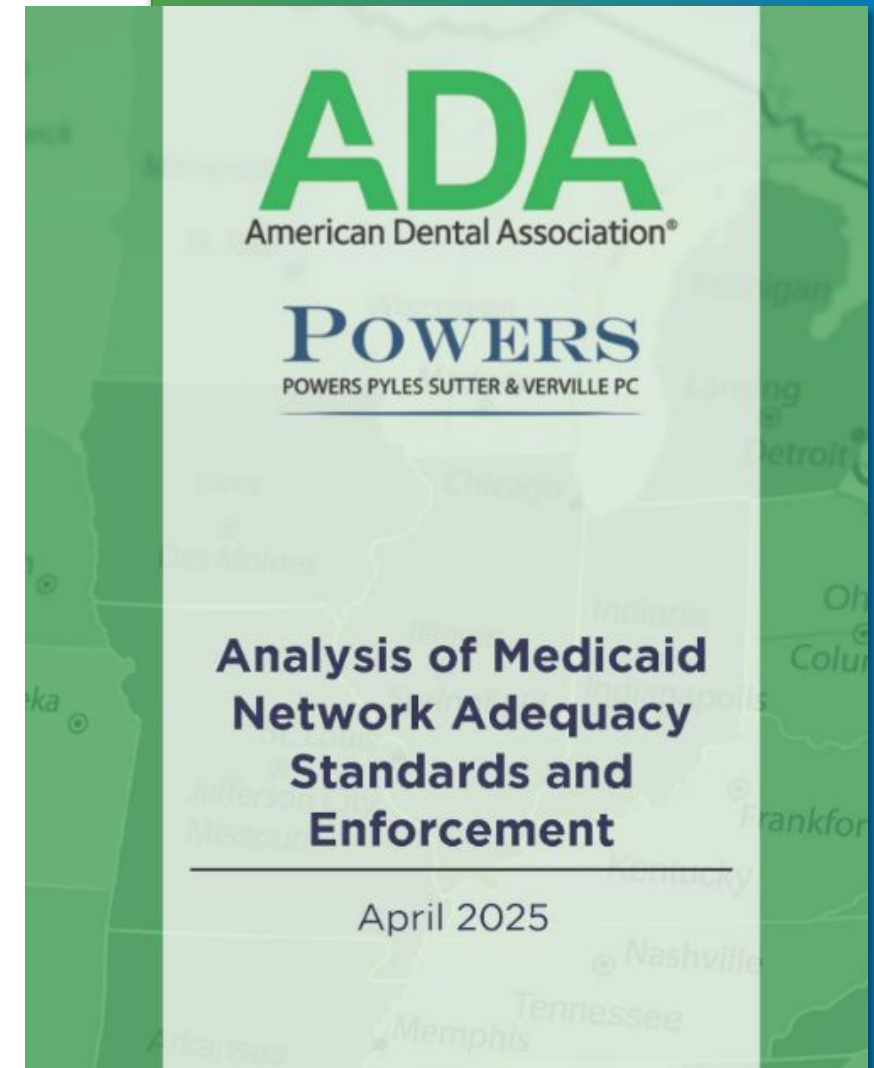
# Medicaid Reforms 2025





# Medicaid Provider Networks

- Only seven states have adequate networks for Medicaid beneficiaries...
- West Virginia is one of those seven states.
- Predominant factor from WVU survey: “profound sense of duty to take care of my community.”



# Did One Big Beautiful Bill Affect Oral Health in Medicaid?

- **Cap on State-Directed Payments** (effective with new MCO rating periods on or after July 4, 2025)
- **Provider Tax Limits** (phasing down starting October 1, 2026): New provider taxes are prohibited.
- **Eligibility Redeterminations** (beginning January 1, 2027): States must review Medicaid eligibility for adults every six months.
- **Work/Community Engagement Requirements** (beginning January 1, 2027): Most adults with children age 14 or older must document 80 hours of work, school, or volunteer activity per month
- **New Co-Pays** (effective October 1, 2028): Expansion adults (100–138% of the federal poverty level) can be charged up to \$35 (even for preventative care)

# Adult Dental Benefit for Medicaid in Jeopardy...

- While One Big Beautiful Bill had benefits to taxpayers, first two previously mentioned provision may create funding headaches for state Medicaid programs.
- Many states may have to re-evaluate whether or not they can continue to offer the adult dental benefit.
  - In WV, this would lead to additional **\$10,801,094 in lost cost-savings annually** or \$54,005,469 in lost cost-savings over five years.
  - In WV, **11,672 Medicaid beneficiaries** will experience challenges finding work if the adult dental benefit is removed.

HPI Health Policy Institute

ADA American Dental Association®

## Research Brief

### What Happens if the Adult Medicaid Dental Benefit Goes Away?

**Authors:** Deesha Bhaumik, Ph.D.; Ian Hedges, M.S., Matthew Zaborowski, M.P.H., C.P.H.; Marko Vujcic, Ph.D.

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

#### Key Messages

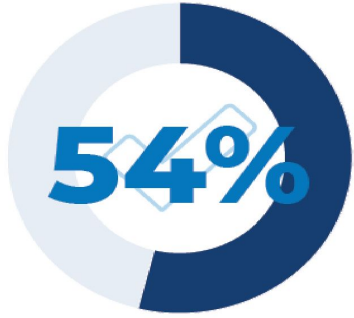
- *If federal aid to state Medicaid programs is reduced, states will face considerable budgetary challenges to keep Medicaid beneficiaries enrolled and provided with the same level of services. The adult dental Medicaid benefit would be particularly vulnerable to reimbursement, service, and eligibility cuts under these circumstances.*
- *We estimate that the total one-year increase in U.S. health care costs due to removing adult Medicaid dental benefits is \$1.9 billion. This figure accounts for the increased costs due to emergency department visits for dental conditions and unmet periodontal needs among pregnant beneficiaries and beneficiaries with diabetes and coronary artery disease.*

## *What does progress look like?*

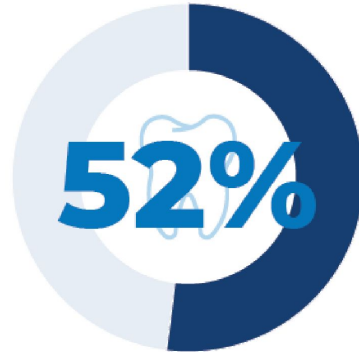
- New MIPS quality improvement activity for primary care physicians with Medicare includes oral health risk assessment or referral to dentist.
- ADA supports this activity but wants oral health risk assessment AND referral to be part of the improvement activity.

### Merit Incentive Payment System

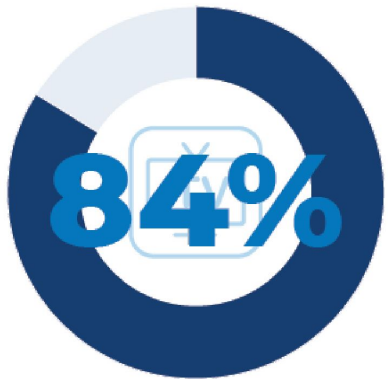




54% of all Medicare beneficiaries are enrolled in Medicare Advantage (MA)<sup>1</sup>



52% of patients choose their MA plan because of the supplemental dental benefits it advertises<sup>2</sup>



84% of MA television ads highlight MA dental coverage<sup>3</sup>

## What's the next “fight?”

- Congress funding bill, ACA Tax Premium Credits... Medicare Advantage Reforms.
- Dental supplemental benefits are part of the wild west of Medicare Advantage.
- On average, each senior has a choice of 34 or 35 MA plans, but only 1 or 2 offers a comprehensive dental benefit.



# What Can I Do as an Oral Health Advocate?

- Proactively talk to state lawmakers or state Medicaid officials about:
  - preserving the Medicaid adult dental benefit;
  - lower co-pays for preventive services in Medicaid; and
  - preserving community water fluoridation.
- Talk to your local officials about fluoride – before it comes up for a debate.
- Work with your local health system as a dental referral source.
- Educate vulnerable seniors about their dental benefit options – help them read the fine print.
- Talk to your federal representatives (House/Senate) about helping reform supplemental dental benefits.

# Questions?

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