MEDICAID ADULT DENTAL BENEFITS

IMPROVING ACCESS FOR TRIBAL POPULATIONS

Community Catalyst

Centuries of trauma related to colonialism and structural oppression, including lack of access to health care, have caused deep oral health inequities that continue to impact American Indian and Alaska Native (AI/AN) communities; however, it has also led to resilience and innovation on the part of tribal leaders to improve the health and wellbeing of their communities. Tribes, as sovereign nations, have wide latitude in the policies and programs they can administer and, as a result, are sites of many innovative strategies to address AI/AN oral health. Some of these changes have also been adopted by non-tribal entities to improve oral health among other communities. For example, Alaska Native tribal leaders were the first in the nation to authorize dental therapists - mid-level dental providers who have helped improve access to cost effective, culturally grounded oral health care. This model has since spread to about a dozen states in the lower 48. It was borne out of the community health aide program, which trains local tribal members to provide integrated care in their home communities, putting Tribes at the forefront of both oral health integration and culturally-grounded care.

This brief expands on the intersection of Medicaid and tribal health; explores the current oral health status of and barriers to care among tribal communities; and outlines the importance of Medicaid in supporting tribal health systems and the oral health of AI/AN people. Given tribes' unique status as sovereign nations and the steep oral health inequities faced by AI/AN peoples, Medicaid improvements can be a key lever in advancing health equity and meeting the federal government's responsibility for tribal health.

AI/AIN Adults' Oral Health and Access to Dental Care

Because of the legacy of colonialism and other historical and contemporary manifestations of structural oppression, long-standing and persistent inequities in access to care and oral health continue to impact the wellbeing of AI/AN communities. AI/AN communities have lower dentist to population ratios, are less likely to have access to a safe water supply, and experience high rates of poverty, all of which contribute to oral health inequities. AI/AN adults also have the highest uninsurance rates of any racial or ethnic group. Even among AI/AN people with coverage, inequities persist, in part, because of the inconsistency of available oral health benefits.

More than 1 million AI/AN people are already enrolled in Medicaid, with the highest rates of Medicaid (or other public insurance) coverage of any racial or ethnic group. However, access to dental coverage varies based on the benefits a state decides to provide. This inconsistency in benefits prevents the federal government from meeting its treaty obligations to provide for the health of AI/AN people and steepens oral health inequities. As a result, AI/AN people with Medicaid coverage report more difficulty accessing needed care than white Medicaid enrollees.

Additionally, oral health is critical for overall health and improved access to dental care is associated with better physical health outcomes. In particular, AI/AN people have the highest rates of diabetes and higher rates of heart disease and high blood pressure than white adults. Such chronic conditions can be complicated by and contribute to poor oral health. In addition, gum disease is associated with adverse birth outcomes, which AI/AN people are more likely to experience. Improving access to dental care by expanding and standardizing Medicaid dental benefits can help decrease medical costs associated with these and other chronic conditions and has the potential to address long-standing oral health disparities by improving access and health for AI/AN communities.

Intersections of Medicaid and Tribal Health Systems

The Indian Health Service (IHS) directly provides health and dental care to 2.6 million AI/AN people across 37 states. It also funds tribal and urban Indian health programs across the U.S. However, many IHS clinics and tribal health systems struggle to meet their populations' dental care needs due to chronic underfunding, provider shortages and historical trauma. Making adult dental services mandatory in Medicaid would expand access to dental care for millions of low-income AI/AN people outside the tribal health system, while improving the ability of tribal health systems to meet the oral health needs of their patients. Because AI/AN people covered by Medicaid are not required to pay premiums or enrollment fees, standardizing Medicaid adult dental benefits could significantly increase access to affordable dental care for the hundreds of thousands of AI/AN adults already covered by Medicaid, for whom dental care is often financially out of reach.

In addition to providing care to AI/AN people regardless of insurance status, IHS and other tribal clinics are able to bill third party insurers, including Medicaid, to bolster their revenue. In fact, Medicaid reimbursement is a key source of income for IHS and tribal clinics. Since implementation of the Affordable Care Act (ACA), IHS revenue from Medicaid reimbursements increased about 1.5 fold to $729 million, with the highest increases at clinics in Medicaid expansion states.

Beyond the important coverage gains for AI/AN people in states that expanded, the enhanced federal matching funds (FMAP) for Medicaid expansion meant that this additional revenue primarily came from the federal government, limiting the impact on state budgets and shoring up the federal government's responsibility to provide for the health of AI/AN populations.

Finally, Medicaid covered services provided to AI/AN people by IHS or tribally-operated facilities are continually eligible for a 100% federal match. Expanding adult dental benefits to all would increase the number of services covered exclusively by the federal government, in response to its treaty obligations, and limit the strain on state budgets. Expanded dental benefits would bring in additional funding for these critical sites of care, allowing them to provide more services for the AI/AN communities that rely on them for dental and other medical care, regardless of insurance coverage.

Recommendations

The federal government has a unique legal responsibility to provide for the health of AI/AN communities in order to meet treaty obligations. Systematic underfunding of IHS and other tribal health systems, geographic and environmental factors, like rurality and water access, and other social and economic determinants are implicated in persistent health disparities that affect AI/AN peoples. Improving Medicaid dental coverage is one way to begin addressing these long-standing inequities. There are several ways that federal and state authorities can invest in tribal health:

First, Congress should advance policies like the Medicaid Dental Benefits Act, introduced by Congresswoman Nanette Barragán (D-CA), to make comprehensive adult dental coverage mandatory in all state Medicaid programs. This legislation would address current inconsistencies in benefits and access across state lines. This is particularly important for equitable access within AI/AN communities, as many tribal nations span more than one state.

Additionally, state policymakers can and should seek cost savings and improved health for low-income and AI/AN communities by providing comprehensive dental benefits for adults who rely on Medicaid for their health care. This can be done optionally by states right now, even without Congressional action.

Importantly, state policymakers and Medicaid officials should engage in regular, meaningful Tribal Consultation in crafting policies that affect dental benefits, data collection, and provider availability. Some states, like Oklahoma, have implemented a tribal consultation policy to ensure that tribal communities are involved in decisions that affect their health care.

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