ANOHC
American Network Of
Oral Health Coalitions

July 18, 2024
Members of the Senate HELP Committee
Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building,Washington
Washington, D.C. 20510

Dear Members of the HELP Committee:

I am the Board Chair of ANOHC (American Network of Oral Health Coalitions), a membership organization of thirty state oral health coalitions, that work collectively to advocate for improved health and oral health for over 294 million Americans. Each of our member coalitions seeks to ensure everyone in their states has equitable access to oral health services, recognizing that oral health is integral to overall health. I appreciate the opportunity to comment on the discussion draft to reauthorize the Older Americans Act.

The Older Americans Act (OAA) has helped millions of older Americans live healthier, wealthier, and more active lives. The average sixty-five-year-old American can expect to live five years longer than when Congress first authorized the OAA in 1965.[1] She is far less likely to live in poverty and far more likely to live independently than in a nursing home or other institutional setting.[2] The OAA and other Great Society reforms are responsible for many of these gains. Unfortunately, these programs were created during a time when many policymakers did not recognize that oral health is essential to overall health. Medicare, perhaps the crowning achievement of the Great Society reforms, still does not cover oral health care. Medicaid coverage for adult oral health care remains optional for states. These coverage gaps help explain why dental care is the most likely health care service seniors forgo due to cost.[3]
The OAA did not mention oral health until its reauthorization in 2016. That year, Congress amended the term “disease prevention and health promotion services” in 42 U.S.C. Section 3002 of the Act to include routine oral health screening. This addition was a significant step forward in recognizing that oral health is essential to overall health, but it remains the only mention of oral health in the entire Act.

I encourage you to consider additional opportunities to clarify that the Older Americans Act programs include promoting access to oral health care. Specifically, I urge you to add language to 42 U.S.C. Section 3002(14)(D) to clarify that “evidence-based health promotion programs” include oral health programs. This addition would reinforce the fact that oral health is essential to overall health, and it would mirror oral health’s inclusion under the definition of disease prevention and health promotion services in Section 3002(14)(B).

[1] Social Security Administration, 2023. https://www.ssa.gov/oact/NOTES/ran2/an2023-2.pdf
[2] Population Reference Bureau, 2024. https://www.prb.org/resources/fact-sheet-aging-in-the-united-states/
[3] American Dental Association Health Policy Institute, 2024. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/national_trends_dental_use_benefits_barriers.pdf?rev=2521e916a91046149c267e3c66062663&hash=BB52C4F62A8AE4B156CA76DB2B17EFB0

In addition, there are several instances where the Act includes the phrase “including mental and behavioral health” after the term “health.” This phrase clarifies that mental and behavioral health is essential to overall health and should be included in OAA programs. I encourage you to consider adding a similar phrase to clarify that the same principle holds for oral health. For instance, Congress could amend 42 U.S.C. 3030d(a)(1) to explicitly reference oral health as it does mental and behavioral health. This callout would make it clear to the Assistant Secretary and to the states that grant funds can be used to promote access to oral healthcare services.

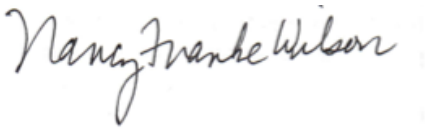
Finally, I encourage you to consider other legislative opportunities to strengthen access to oral health care. As I mentioned earlier, Medicare does not cover oral health services and Medicaid coverage for adults is optional. The Affordable Care Act excludes adult oral health care as an essential health benefit. These are the most recognizable examples of the lack of parity between oral health care and medical care; many others exist through federal health care and social service programs.

I welcome the opportunity to work with you and your staff to change this status quo and to ensure all Americans have equitable access to comprehensive health care that includes oral health.

Thank you again for the opportunity to comment on this important issue.

Please do not hesitate to contact me at admin@anohc.org or 763-381-1701 should you have any questions or if my team or I can be helpful.

Sincerely,



Nancy Franke Wilson, MS
Board Chair
American Network of Oral Health Coalitions