



## Virginia Oral Health Coalition Update February 2017

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### Upcoming Events

**March 7, 2pm:** WEBINAR:  
Health Policy Update  
[RSVP](#)

**March 16:** Community  
Conversation: Oral Health  
Access for Individuals with  
Special Health Care Needs  
(Woodbridge)  
[REGISTER](#)

**March 17-18:** Practical Guide to  
Treating Dental Patients with  
Special Health Care Needs  
(Fredericksburg)  
[REGISTER](#)

**March 23:** Oral Health &  
Pregnancy Training (Richmond)  
[REGISTER](#)

**March 28:** Statewide Report  
Card Workgroup Meeting  
(Richmond)  
[RSVP](#)

**April 13:** Oral Health in  
Pregnancy and Early Childhood  
(Newport News)  
**Save the date**

### State and Federal Health Policy Update

#### Virginia's 2017 Legislative Session

The General Assembly concluded its short session on February 25. Of note:

#### Dental Hygienists Under Remote Supervision

Dental hygienists, including those employed by safety net sites, will be able to provide preventive services under remote supervision in community-based settings, like schools and Head Start. The [legislation](#) passed the legislature unanimously, and the Board of Dentistry will draft appropriate regulation within 280 days of the Governor signing the bill.

#### Joint Health Care Committee

The legislature will create a joint subcommittee charged with monitoring, evaluating and responding to federal legislation related to the Affordable Care Act (ACA), Children's Health Insurance Program (CHIP, known as "FAMIS" in Virginia), and Medicaid. The committee will also provide oversight to ongoing reforms to the commonwealth's Health and Human Resources agencies. As federal policy changes become more concrete, this group will be pivotal in shaping how Virginia responds.

#### **ACA Repeal and Medicaid - Republican Proposal**

Congressional Republicans released a summary of their proposed ACA replacement. While no bill has been filed, the policy brief provides a snapshot of key components. The proposal repeals the individual mandate to purchase insurance, repeals most taxes and fees which provide funding for the components of the ACA, and makes no mention of pre-existing conditions and several other components of the ACA that are popular among voters. The proposal does not provide any details about how the Republicans will pay for the programs outlined. Of note, the

**November 2:** 2017 Virginia Oral Health Summit (Richmond)  
**Save the date**

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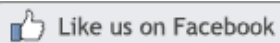
Please take a moment and support the Coalition's work.

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Virginia Oral Health Coalition  
4200 Innslake Drive  
Glen Allen, Virginia 23060  
[sholland@vaoralhealth.org](mailto:sholland@vaoralhealth.org)  
804.269.8720

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proposal does stipulate the following:

#### No More Income-Based Subsidies

In the current marketplace subsidy model, people who buy insurance through the individual market receive tax credits based on their income to offset the cost of insurance premiums and out-of-pocket expenses. In the Republican proposal, the marketplace subsidy model is repealed; all individuals will receive a fixed dollar tax credit based on age - tax credits will increase as an individual ages, with no regard to household income or affordability.

For context, in 2016, 378,838 Virginians purchased insurance through the individual market. Of those enrollees, **84.2% received premium subsidies that average \$276 per month**. The average pre-subsidy premium for those who enrolled during open enrollment was \$366 per month; the subsidies offset the majority of that cost for those who are eligible. **With a switch to age-based tax credits, low-income Virginians may find insurance premiums unaffordable.**

#### Medicaid Converted to Block Grant or Per Capita Cap

Per the proposal, states will be offered an option to operate Medicaid as a block grant or per capita cap (for more details on this, see our [January update](#)). Both of these models are designed to save the federal government money and each establish a set amount of funding for the Medicaid program, which will likely be a percentage of past spending (it is unlikely that current Medicaid funding levels will remain). With this fixed amount of money, states will have flexibility in program operations. While the proposal indicates states will be required to provide services for the most vulnerable, elderly and disabled, no other population groups or types of services are mentioned. If Medicaid is changed to a block grant or per capita cap, **Virginia will likely face tough decisions about its future, as it will be forced to operate the program with less money**. Choices will include lowering provider rates, lowering eligibility and trimming services.

#### Medicaid Expansion is Repealed

The proposal indicates the 32 states that have expanded Medicaid will continue to receive an enhanced match for a "transition period." States that did not expand Medicaid, like Virginia, may receive additional funds for safety net clinics. Given the funding limitations states will face under a block grant or per capita cap, it will be difficult for states to maintain the program. The proposal does not provide any details about baseline funding or growth rate.

#### No Mention of FAMIS Funding

Virginia's CHIP program is known as Family Access to Medical Insurance Security or "FAMIS." This program can seem identical to Medicaid but

it provides coverage to children and pregnant women who have a higher household income (less than \$39,500 for a family of three) than those enrolled in Medicaid. Like Medicaid, the program is funded with both state and federal money. In Virginia, FAMIS provides **quality, affordable, comprehensive medical and dental coverage to over 105,000 children and pregnant women.** Federal funding for FAMIS ends in September, 2017; without congressional action, federal funding for the program will stop, effectively eliminating coverage. Historically, this funding has enjoyed bipartisan support; however, given the current environment, this funding cannot be taken for granted.

#### Hospital DSH Payments are Restored

The proposal rolls back cuts to disproportionate share hospital or "DSH" payments that hospitals received pre-ACA to offset costs related to uncompensated care.

#### Health Savings Account Contribution Limits Increase

The proposal increases the maximum contribution allowable to Health Savings Accounts (HSA). An HSA is a tax-advantaged savings account available to taxpayers who are enrolled in a high-deductible health plan. Funds contributed to the account are not subject to income tax at the time of deposit, and funds can be used for health care expenses. HSAs are often criticized because they are only beneficial if a person has extra money to put away, and they give a bigger tax cut to people with higher incomes.

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[Click here to view this article on our website.](#)

The Virginia Oral Health Coalition continues to monitor state and federal health policy changes. Join us **Tuesday, March 7 at 2:00 p.m.** for a Health Policy webinar - [RSVP to Regina Potis.](#)

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## Northern Virginia Digs Into Regional Activities

Over 50 Northern Virginia stakeholders gathered on January 26 to kick off regional Report Card efforts and coalesce around systems change solutions that can improve our "C+" [Virginia Oral Health Report Card](#) grade. Participants reviewed regional oral health data and proposed community-based strategies to improve oral health and access to care for target populations.

VaOHC staff will continue to facilitate regional

work in Northern Virginia and all regions through local convenings and steering committees. The Northern Virginia steering committee will convene again on April 6 in Oakton; the next regional convening will be held in Central Virginia (date TBD).

To participate in *any* regional Report Card convening or steering committee, complete our [Partnership Form](#) or email [Lauren Gray](#).

[Learn more about regional efforts.](#)

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## Of Interest

### Oral Health and Overall Health

Oral health and overall health are fundamentally intertwined. The following articles present current information on how oral health is connected to overall health and well-being.

- [Medicare dental coverage could improve health and reduce medical costs](#) (Dr. Bicuspid)
- [Oral health should be a primary concern for pediatricians](#) (AAP)
- [A community framework for addressing social determinants of oral health for low-income populations](#) (CHCS)

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### The Effects of Medicaid Expansion under the ACA - A Literature Review

The Kaiser Family Foundation has updated its piece "**The Effects of Medicaid Expansion under the ACA: Findings from a Literature Review,**" which examines Medicaid expansion's impact in states that have and have not expanded Medicaid. Key findings include expansion's impact on: coverage; access to care, utilization, affordability and health outcomes; and, economic measures. [View more information.](#)



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### Southside Virginia Dental Care Event

Remote Area Medical (RAM) will provide a free dental care event June 24-25 in Emporia, Virginia. If you'd like to volunteer to provide care or share the information with your community, [click here](#) or [view this flyer.](#)

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## Suffolk Dental Care Event

Mission of Mercy (MOM) will host a free dental care day on March 25 in Suffolk, Virginia. If you'd like to volunteer to provide care, [click here](#). For questions, email [momhamptonroads@gmail.com](mailto:momhamptonroads@gmail.com).



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## Leadership Program: *Leading for the Long Term*

The Virginia Health Care Foundation is offering a leadership development program called *Leading for the Long Term*; the seven month program is designed to transform good managers from Virginia's health safety net into great leaders. [Learn more about the program](#). Applications are due March 1.

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## A Painful Reminder that Oral Health is Intrinsicly Linked to Wellness

A young Sacramento man, Vadim Kondratyuk, passed away in January from a tooth infection that had spread to his blood and lungs -- a heartbreaking reminder that oral health is a critical part of overall health and well-being. [Read the news article from The Sacramento Bee](#).

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