Texas Oral Health Summit: Oral Health: State of the State Symposium

National Policy Landscape, 2017
November 10, 2017 | San Antonio, TX
Presentation Overview

• A Quick Overview of What’s at Stake in the Oral Health Policy Arena

• The Budget and its Impact on Oral Health Programs and Policy

• How Can Oral Health Champions Engage?
Who Impacts Oral Health Policy and How?

• In the Congress
  – Authorizations at the Federal level (create programs, requirements)
  – Appropriations at the Federal level (make money available, can also include “directives”, e.g. “Don’t fund programs that promote dental mid-level providers…”)

• In the Administration (Domestic Policy Council, new Office of American Innovation, Office of Management and Budget, HHS and its Agencies)
  – Policy agenda and priorities
  – Regulations
  – Executive orders (outside of authorization and appropriation, provides direction)
Who Impacts Oral Health Policy and How? (cont.)

• **In the States**
  – Governors and their HHS Secretaries (priorities, decisions about Medicaid, CHIP, ACA participation; participation in other federal programs, such as Maternal and Child Health)
  – Legislatures (Medicaid, budget, other state resources)

• **Other Partners**
  – Philanthropies – funding priorities, portfolio
Who Will Influence Decision-making?

- **Professional/trade organizations, including:**
  - ADA
  - AHIP
  - NGA, NACCHO, NASTHO

- **Think tanks/health interest organizations, such as:**
  - Brookings Institute
  - Kaiser Family Foundation
  - Urban Institute
  - Heritage Foundation

- **Population/issue groups, including:**
  - Families USA
  - AARP
  - American Heart Association, American Cancer Society
Current Status of Federal Appropriations

• A continuing resolution was passed on 9/8/2017 and expires on 12/8/2017 (PL 115-56)
  – Provides supplemental funding for disaster relief
  – Temporary extension of public debt relief
  – Provides 2018 appropriations to federal agencies at the levels of 2017, reduced by 0.6791%
  – Prohibits HHS from capping NIH facilities and administrative costs

• The President’s Budget was released in May, the full House has passed a Labor/HHS appropriations bill; the Senate HELP Committee has passed a version

• Between now and December, the two chambers will try to pass/reconcile their respective versions of the appropriations bills
Now – the GOP’s Tax Plan and Its Impact on the Discretionary Budget

• The Senate passed a Budget (spending blueprint) – essential to do tax reform
  – House passed a similar bill

• Adds up to $1.5 trillion to the deficit over 10 years

• Maintains spending at 2017 level for a year, then cuts non-defense spending in subsequent years, leading to a $106 billion cut in 2027

• Resolution proposes $473 billion in cuts to Medicare’s baseline spending over a decade, and $1 trillion from Medicaid (would require additional legislation)

• Appropriations (spending levels for FY 2018) must be negotiated among Congressional Republicans, Democrats and the White House before 12/8 to avoid a shut down when the current CR expires.
Budget Proposals that Impact Oral Health: HRSA

• **Health Centers**
  – President’s Budget Request (PBR)– up $89 M to $5.1 B, serving 26 million
  – House – provides $1,491,422,000, level funding
  – Senate – provides $1,491,522,000, level funding

• **Ryan White/HIV AIDS**
  – PBR – maintains dental services at $13 million, eliminates AETC (-$34 M) and Special Projects funding (-$25 M)
  – House – $13,122,000 (and level funding for other programs)
  – Senate - $13,122,000 (and level funding for other programs)
Budget Proposals that Impact Oral Health: HRSA (cont.)

• Maternal and Child Health
  – PBR – MCH block grant +$30 M, Healthy Start, +$10 M, eliminates Autism and Other Developmental Disorders (−$47 M)
  – House – $641,700,000 MCH Block Grant, total MCH request $25 M below PBR
  – Senate - $641,700,000 MCH Block Grant, total MCH request $25M below PBR
Budget Proposals that Impact Oral Health: HRSA (cont.)

- **Rural Health**
  - PBR – eliminates States Offices of Rural Health (−$9 M) and Rural Hospital Flexibility Grants (−$42 M), cuts Rural Outreach Grants (down $13 to $52 M)
  - House – recommends $156,060,000 for rural health, which is level funding and more than $81,665,000 above the PBR
  - Senate – requests $160,560,000 which is an increase of $4.5 M and increases the Rural Outreach Program by $2 million
• **Workforce**

  – PBR – total of $771 M, -$377 M from FY 17

    • Eliminates Training for Diversity (-$83 M), Training in Primary Care Medicine (-$39 M), Oral Health Training (-$36 M), AHEC (-$30 M), Public Health and Preventive Medicine (-$21 M), other workforce programs (-$38 M)

    • Cuts $146 M from Nursing Workforce Programs (down to $83 M from $229 M)

      – House – Requests $748,236,000, $90.4 M below 2017 and $365,605,000 above the PBR

      – Senate – Requests $856,195,000, an increase of $17.4 M from 2017
Oral Health Language in the Appropriations Bills - House

• Oral Health Training Grants – $36.638 M
• IPE- supports efforts by BHW to include IPE as component of funding announcements (including oral health providers)
• Integration of Primary Care and Oral Health Practice – encourages HRSA to address the impact of medications on oral health as part of ongoing efforts to promote oral health and primary care integration across the lifespan.
• Committee supports AHEC oral health projects that establish primary points of service and help patients find treatment outside of hospital emergency rooms.
• Special Projects of National Significance – set aside for oral health - $250,000 for projects to increased the integration of oral health and primary care practices, based on core-competencies for non-dental providers; Chief Dental Officer (CDO) to play a role.
• Chief Dental Officer – executive level authority and resources to lead OH programs, requests a report
Oral Health Language in the Appropriations Bills - Senate

- Training in Oral Health Care - $36,673 M.

- Notes Chief Dental Officer, exactly the same language as House.

- Notes oral health access crisis, need for better utilization of existing dental providers and exploration of new types of licensed dental providers. Urges HRSA to convene a stakeholder meeting to determine how to create new entry points into the oral health care delivery system for rural and underserved populations, better utilization of existing dental personnel and exploration of new types of dental providers.

- Notes role of MCH in expanding access to oral health care.
Other Agencies/Programs to Watch

- Centers for Disease Control & Prevention
- Indian Health Service
- Centers for Medicare & Medicaid Services
- National Institutes of Health
- Safety Net Programs
  - Supplemental Nutrition
  - CHIP
  - Temporary Assistance to Needy Families
  - Medicaid
  - Unemployment Insurance
  - Supplemental Security Income
  - Social Security Disability Insurance
What Does All This Mean For Us As We Do Our Work?

• Stay informed!

• Mobilize in a way that allows individuals/organizations to engage as they see appropriate and plays to their strengths
  – Who is a credible/powerful voice on this issue? Put them out front?
  – Who has “baggage” and doesn’t help us (e.g., professional protectionism, long-standing, strongly-held views)
  – Consider how we engage federal, state or other government employees, consistent with positions of their leadership
  – Who is missing – as an issue arises, who should we be partnering with?

• Who do we “go in as”... our organization, OH 2020, constituents?

• What’s the ask and the message – how does this opportunity/impact your (program/state/constituents)?

• Data drives decision-making!
Discussion: Strategy Development Related to the National Landscape

- What do we see as our opportunities to promote oral health in this evolving policy landscape?
  - Federal
  - State
  - Local
  - Tribal
- What challenges seem intractable and a waste of energy, or polarizing?
- What’s our role? Serve as convener?
- Data driven policy engagement – how can we support?
- Communication and messaging – how can we support?
- Breadth vs. depth – resources and capacity