



December 12, 2014

Ms. Molly Voris
Director of Policy, Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Sent via email

Re: Offering Adult and Family Dental Benefits on the Washington Health Benefit Exchange

Dear Ms. Voris,

The National Association of Dental Plans (NADP) is following up on the Dental Plan Technical Advisory Committee (TAC) meeting held on November 4, 2014. We greatly appreciate the TAC reviewing the importance of dental offerings and considering if and how dental benefits should be expanded in the future within Washington Healthplanfinder. The TAC presentation was a follow up to multiple conversations by the Exchange and stakeholders in which there seems to be agreement on the advancement and inclusion of family dental benefits within the Exchange. In addition, the TAC addressed a variety of questions related to the implementation and expansion of dental benefits. NADP's comments focuses on these issues with our recommendations coming from our experience monitoring similar functions in Marketplaces across the country.

EXPANSION OF DENTAL CARE ACCESS WITH ADULT AND FAMILY DENTAL BENEFITS

For 2014, the Washington Health Benefit Exchange (Exchange) made a decision to require the purchase of pediatric dental benefits, to align with the Affordable Care Act's (ACA) Essential Health Benefit (EHB) package. Currently, child dental benefits are only allowed to be sold on the Exchange. The TAC is considering widening the scope of benefits and offering adult and family dental benefits.

- **NADP recommends the Exchange allow for the offer of family dental benefits to better support overall access to oral health.**

While the U.S. population with dental benefits coverage has grown, more than 50 percent of Washingtonians do not maintain dental benefits coverage. The offer of adult and family benefits on Washington Healthplanfinder is an important opportunity to expand coverage and dental care for adults and families in Washington. In addition, new purchasing opportunities would assist in funding the state's Marketplace as outlined in the Dental Plan TAC presentation in November.

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The importance of maintaining oral health and its critical connection to overall health and wellbeing cannot be overstated. Published research confirms there is an important connection between oral health and overall health affecting children and adults. For your reference, we've included a brief list of conditions linked to oral health including heart disease, diabetes, preterm birth, respiratory conditions, dementia and kidney disease.

As has been emphasized in the U.S. Surgeon General's report Oral Health in America, **dental insurance plays an important role in promoting oral health and preventive dental care.** NADP research indicates individuals who have dental coverage visit their dentists more frequently,¹ resulting in improved oral health. It is critical for adults to have options to purchase coverage in order for them to pursue a dental provider and care. With emergency room visits related to dental issues on the rise, dental coverage assists not only the clinical wellbeing of a consumer but also in the lowering of overall health care costs in Washington.

The importance of dental coverage as stated above is critical not only for parents but for the entire family unit. Parents with dental benefits take their children to the dentist significantly more often than those without coverage.² And while there are dental child-only policies available on the Exchange, one can draw an assumption that parents are more likely to have their children and themselves participate in a 'dental home' if the whole family is covered.

In addition to the demonstrated medical need for this coverage, **current Exchange activity and enrollment show strong interest in the offer and purchase of adult dental benefits.** In 2014, dental plans with coverage for families are offered on all 37 Federally-facilitated and partnership Marketplaces and a majority of the State-based Marketplaces as well.

Dental carriers have shown clear interest in selling these products—in many of the states, carriers offer family dental plans in equal or greater number than child-only products. Through the examples in other Marketplaces, as well as discussions with our carriers operating in Washington, NADP believes there is demonstrated interest on the part of carriers to offer these products. As we do for the Federally-facilitated Marketplace (FFM), NADP would be happy to officially survey dental plans to provide the Health Benefit Exchange a listing of those carriers.

The data on **Exchange plan selection and enrollment also show strong consumer demand for adult dental benefits.** According to data released by HHS on the FFM:

- 96 percent of enrollees in stand-alone dental plans (SADPs) are adults 18 to 64,
- 21.8 percent of all enrollees (421,941), selected a SADP in addition to their medical plan, and
- Only 6 percent of SADPs purchased in the FFM were ages 0-17.

It is for all these reasons that we strongly urge the Washington Health Benefit Exchange to add family dental benefit offerings to the Marketplace as soon as possible and for Plan Year 2016. As enrollee's are more than

¹ The Have and the Have-nots: Consumers With and Without Dental Benefits, NADP Consumer Survey 2009. Available from: <http://www.nadp.org/researchpublications.aspx>

² Ibid.

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40 percent likely to visit a dental provider when they have dental coverage,³ adults should be able to purchase coverage for themselves on the Washington Healthplanfinder. Supplemental dental coverage for adults within family plans, should be offered alongside the essential “pediatric oral services” to address an unmet need for adult dental care and access. Family dental plans allow parents or guardians access to dental coverage and covered care from the same family dentist as their children/dependents.

IMPLEMENTATION SPECIFICS & NADP RECOMMENDATIONS

During recent TAC and committee meetings, Exchange staff and stakeholders have expressed various questions regarding implementation of family dental benefits.

➤ **Variety & Choice for Dental Services**

The Exchange should provide carriers latitude in the procedures and services included within dental plans which will allow for greater choice and options to meet the varied needs of a population. On most Marketplaces, there are high and low actuarial value (AV) options, and popular non-Essential Health Benefit (EHB) services can be added to EHB-compliant policies. There are no regulatory requirements related to these non-essential benefits. One such non-EHB service is cosmetic orthodontia, which our member plans report is the primary type of orthodontia diagnosed.

➤ **Subsidies for Dental Benefits**

Currently and due to technical issues, the Healthplanfinder does not allow for Advanced Premium Tax Credits (APTC) to be paid towards a consumer’s dental premium. While these cases may be rare (having leftover tax credits after the medical premium has been paid), the Exchange should make APTC towards dental premium a priority within their ongoing technical upgrades.

We encourage the Exchange to address this functionality for both currently-offered child-only dental plans and the EHB portion of new family dental benefits. By improving the affordability of pediatric dental benefits, more families are likely to enroll and seek critical preventive pediatric dental care.

➤ **Availability to Purchase Dental Benefits Directly**

The Exchange should allow the purchase of dental benefits independently from the purchase of medical coverage. There are State-based Marketplaces (SBMs) which allow individuals and small groups to purchase dental plans regardless of whether they first purchase a medical plan. This means individuals and families who may already have medical coverage through an employer or other programs are able to compare dental plan offerings and purchase a dental plan on the Marketplace (without purchasing medical coverage). The Exchange should consider making this an option available when adding family dental benefits as an opportunity to connect people with coverage and draw more consumers to the Marketplace.

The offer of family dental plans on the Exchange is an important opportunity to expand dental coverage for Washington adults and families. We greatly appreciate the Washington Health Benefit Exchange staff, Dental Plan TAC and Board for providing such careful consideration on the inclusion of family dental benefits within the Exchange.

³ Ibid.



For additional information, attached is a dental fact sheet for Washington that you may find useful. Please contact me with any questions regarding these comments at khathaway@nadp.org or 972 458-6998x111. Again, thank you for your consideration.

Sincerely,


Kris Hathaway
Director of Government Relations

cc:

Members of the Washington Exchange Board (sent via email to comment@wahbexchange.org)

NADP DESCRIPTION

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry, i.e. dental PPOs, dental HMOs, discount dental plans and dental indemnity products. NADP's members provide dental benefits to approximately 90 percent of the 187 million Americans with dental benefits. Our members include the entire spectrum of dental carriers; companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

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Washington

Dental Benefits Fact Sheet

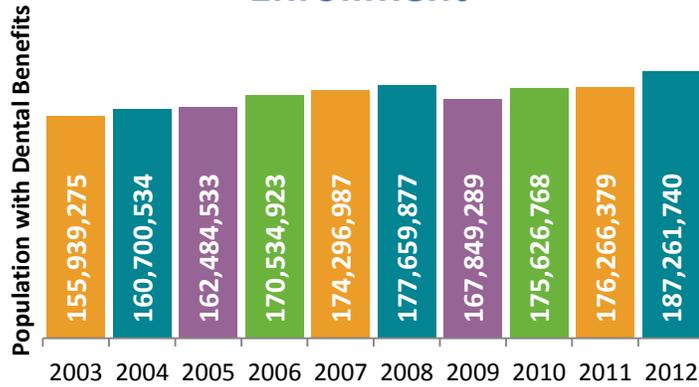


National Enrollment Trends

State Enrollment

An estimated 2,948,156 people are enrolled in a private dental plan from Washington.

Enrollment



Private Plan Enrollment

Plan Type	Enrollment
DHMO	75,389
DPPO	2,495,821
Indemnity	307,418
Other Private	69,527

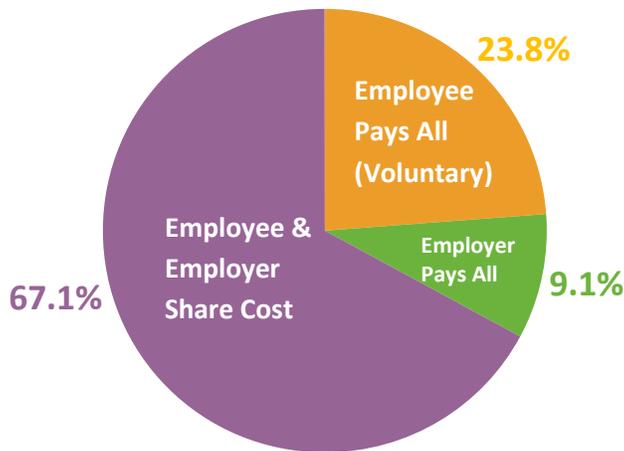
Public Plan Enrollment

Medicaid/CHIP ¹	29,286
Other Public ²	390,033

Source: 2013 NADP/DDPA Joint Dental Benefits Report on Enrollment

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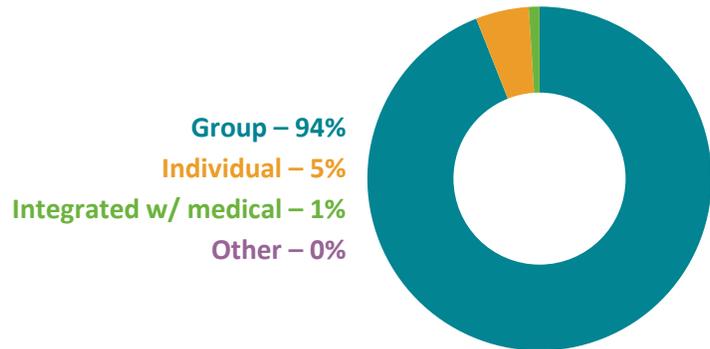
Group Policy Funding



Distribution of Commercial Benefits: State vs National

	DHMO	DPPO	Indemnity	Other
Washington	2.6%	84.7%	10.4%	2.4%
National	8.4%	77.2%	9.0%	5.4%

Sources of Private Dental Coverage



Source: 2013 NADP/DDPA Joint Dental Benefits Report on Enrollment

Source: 2013 NADP/DDPA Joint Dental Benefits Report on Enrollment

Premium Facts

Nationally, premium increases ranged for existing group coverage from 0.2% for DHMO products to 1.5% for DPPO products

Average monthly dental premium per member per month in Washington:
DPPO: \$51.75

¹ Data from the Center for Medicare and Medicaid Services. If 0, then CMS data is not available. ² "Other Public": Includes enrollment in federal and state programs not part of Medicaid

Source: NADP 2013 Dental Benefits Report: Premium and Benefit Utilization Trends, Dec 2013



Washington Dental Benefits Fact Sheet

Workforce

The federal standard for an adequate supply of dentists is 3.33 practicing dentists per 10,000 population.²

According to the American Dental Association 4,278 dentists are actively practicing in Washington or 6.26 dentists per 10,000 population.³

Network Type	Total Dentists	General Dentists	Pediatric Dentists	Specialists
DHMO	336	179	6	64
DPPO	4,463	3,584	186	692
Discount	2,217	1,833	91	289

Source: 2013 NADP/DDPA Joint Dental Benefits Report on Network Statistics

NADP Members

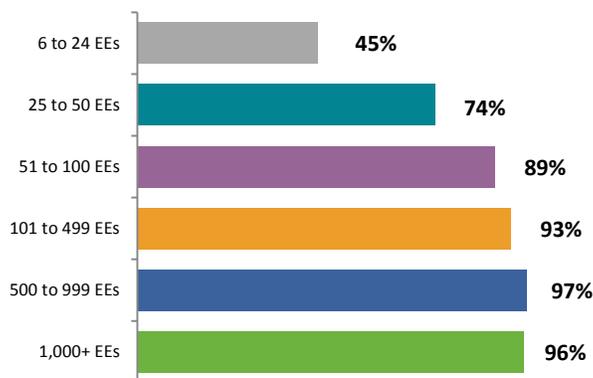
Plan Types Offered by NADP Members



Source: 2013 NADP Membership Directory

Where do Consumers Get Dental Benefits

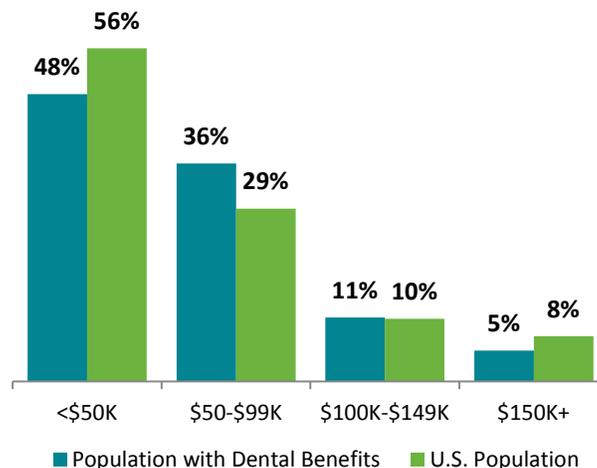
Employers Offering Dental Benefits by Employer Size



Source: 2013 NADP Purchaser Behavior Survey

Who Has Dental Benefits

Consumers with Dental Benefits by Household Income compared to General Population



Source: 2013 NADP Survey of Consumers

About



National Association of Dental Plans

The National Association of Dental Plans (NADP), a nonprofit corporation with headquarters in Dallas, Texas, is the "representative and recognized resource of the dental benefits industry." NADP is the only national trade organization that includes the full spectrum of dental benefits companies operating in the United States. NADP's members provide dental benefits to approximately 90 percent of the 187 million Americans with dental benefits.

² U.S. Department of Health and Human Services

³ American Dental Association

Conditions

Linked to Oral Health

Recent published research by reputable organizations confirms there is an important connection between oral health and overall health. Following is a brief list of conditions linked to oral health, with the studies and articles that provide scientific evidence of these connections noted.

✓ Heart Disease

Controlling periodontal (gum) disease has a significant impact on reducing **Acute Myocardial Infarction (AMI)** (17.8 – 24%) among individuals with this or similar conditions.¹



✓ Preterm Birth

An increasing number of studies are confirming an association between periodontal disease (PD) and adverse outcomes in pregnancy. PD places pregnant women at **greater risk** for preterm birth than alcohol consumption or smoking. This underscores the importance of offering dental screening to women who are pregnant or contemplating pregnancy and the need for physicians who provide obstetric care to be aware of the possible connection between poor dental health and poor pregnancy outcomes.³



✓ Respiratory Conditions

There is a link between gum disease and chronic respiratory conditions such as **Chronic Obstructive Pulmonary Disease (COPD)**, which includes emphysema, chronic bronchitis, and in some cases asthma.⁵



✓ Diabetes

Emerging studies indicate that periodontal (gum) disease is associated with increased risk for diabetes complications and may be associated with the development of **Type 2 diabetes**.²



✓ Dementia

A new study tested more than **4,200 individuals** and found that those who had fewer of their own teeth were at increased risk of experiencing memory loss or early-stage Alzheimer's disease.⁴



✓ Kidney Disease

End-stage renal disease (ESRD) patients have a plethora of oral findings. Symptoms include uremic odor, dry mouth, and taste change, and signs can be petechia, ecchymosis and increased tongue coating, and decreased salivary flow [3,4,5]. Osseous tumors and enlargement have also been described as manifestations of secondary hyperparathyroidism (HPT).⁶



Visit your dentist twice a year to maintain good oral health.

For more about the article series or NADP, visit nadp.org or contact Director of Membership and Communications **Rene Chapin** at 972-458-6998, Ext. 110. Copyright © National Association of Dental Plans (NADP), Dental Intelligence, May 13, 2012.

¹ 2010 Study by Feira de Santana State University, Brazil, Dr. Isaac Suzari Gomes-Filho, Ph. D. Presented at International Association for Dental Research (ADR) Conference, San Diego, CA, March 15-19, 2011

² Published in Journal of Periodontology, January 20, 2011

³ Karolinska Institute Study, Dr. Birgitta Söder, October 2010

⁴ British Dental Health Foundation, Dr Nigel Carter

⁵ Published in Medical News Today, January 10, 2011

⁶ Study by American Academy of Periodontology

⁷ Published in Journal of Periodontology, January 20, 2011

⁸ Cardiovascular Med Apr 2013; 3(1): 71-78