

# MEDICAL DENTAL INTEGRATION: IMPACT OF 2024 ELECTION

SEPTEMBER 2024



# DISCLOSURE

The information presented in this chapter is based on the best available data and analysis at the time of publication. It is intended for **informational purposes only and does not constitute an endorsement of either political party** or their respective agendas. **This chapter serves as a projection of the potential impact of various outcomes for the 2024 election on the integration of medical and dental services.** It is important to note that these projections are speculative and subject to change based on numerous factors including, but not limited to, legislative actions, economic conditions, and public health trends.

Members are advised to exercise critical judgement and consult multiple sources when considering the implications of political events on healthcare policies and practices. **Charm Economics and the Dental Trade Alliance do not assume any responsibility for the decisions made based on the information provided in this chapter.**

## Key Take-Aways:

- Political power greatly influences the pace of medical dental integration (MDI) advancements. A republican president and democratic congress will likely focus on reducing healthcare regulations and spending, which could affect Medicaid, CHIP, and oral health programs. A democratic president and republican congress could lead to a continuation of dental expansion, with possible resistance budgetary limits.
- A Harris first term administration would likely prioritize comprehensive patient care, health equity, MDI, and the expansion of Medicare to include dental, vision, and hearing benefits while preserving the Affordable Care Act and expanding Medicaid in remaining states.
- A Trump second term administration would likely focus on enhancing dental coverage within Medicare Advantage, reducing Obamacare marketplace, and showing limited advancement of MDI initiatives.

## INTRODUCTION

The outcome of the 2024 election could significantly impact the environment in which MDI may occur. If the elected administration prioritizes healthcare reform and increases funding for integrated care models, there may be more opportunities for collaborative practices between medical and dental professionals. Conversely, if the new administration focuses on reducing healthcare spending or repealing existing health initiatives, the momentum toward MDI might slow down, limiting resources and support for such collaborative efforts. The policy directions on healthcare can either enhance or hinder integration efforts, affecting both patient care and the operational dynamics of providing said care.

In order to be successful, the dental supply network must understand how politics can influence MDI. In this chapter, the relationship between Congress and the President will be explored to understand its influence on healthcare policies. The healthcare initiatives from the first terms of Presidents Trump and Biden will be reviewed, and potential developments in MDI will be projected for the possible second term of President Trump and the possible first term of Vice President Kamala Harris.

## THE SIGNIFICANCE OF THE CONGRESSIONAL SPLIT: BEYOND THE PRESIDENCY

The biggest impact on whether a President successfully achieves an agenda is whether the President's party controls both houses of Congress. If all are unified across a particular political party, as it was in 2008 and 2016, the President can pass an aggressive legislative agenda. If either or both houses have a majority in the opposing party, that will exponentially reduce the rate of legislation passed. A divided Congress generally does not make aggressive legislative goals because it is unlikely to achieve them. Only items in the narrow bipartisan overlap can succeed. This division frequently increases the use of executive orders by the President to bypass legislative stalemates, shifting some policymaking power to the executive branch. In addition, when Congress and the Presidency are united, it is generally for a limited period, often only a single Congressional term. Thus, a unified Congress can be expected to recognize this and act swiftly with its agenda within months of the start of the term.

The 2024 election goes beyond determining the next occupant of the Oval Office; it holds immense significance for the composition of both the House of Representatives and the Senate. Both chambers are relatively evenly split, meaning either side can win one or both chambers. Currently, there is a one-person split in the Senate<sup>1</sup> and a five-person split in the House, with four vacancies.<sup>2</sup> Power in Congress is concentrated with the majority, regardless of whether it is a one vote majority, or a 50-vote majority. This tight political landscape means individual actions carry significant weight, as outcomes in Congress can swing dramatically. Therefore, the dental supply network and others' power as voters extends far beyond the presidency. One issue

that 92% of voters agree on is the need to strengthen Medicare with relevant dental, vision, and hearing provisions, underscoring the importance of these issues to the American public and their impact on MDI occurring.<sup>3</sup>

## GENERAL PROBABILITIES

“Divided governance” describes a power split across the executive and legislative branches when different parties have control of the presidency and either or both Congressional houses.<sup>4</sup> This has become a fairly common occurrence in recent political history as single party presidential and Congressional control has occurred only 3 times over the past 3 decades.<sup>5</sup>

As of September 16, 2024, FiveThirtyEight depicts the likelihood of Donald Trump or Kamala Harris with an edge to Harris.<sup>6</sup> FiveThirtyEight is a website focused on data-driven journalism and analysis, primarily covering politics, economics, sports, and culture. Founded by statistician Nate Silver, it gained prominence for its use of statistical models and surveys to forecast election outcomes. The site combines rigorous data analysis with storytelling, often using polling data, advanced analytics, and statistical tools to inform its insights on current events:



These projections are subject to change day to day. Here is a link to what Charm Economics believes is the most reliable source of data available to monitor in real time: <https://projects.fivethirtyeight.com/2024-election-forecast/> WWW cases. CMS is raising the cost of utilization man

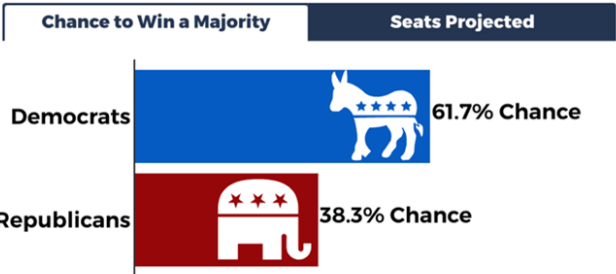
As of September 16, 2024, in the House and Senate races, Race to the WH projects a likely split Congress.<sup>7,8</sup> Race to the WH is a website dedicated to tracking and analyzing U.S. presidential elections, with a focus on polling data, election forecasts, and primary results. It provides detailed information on campaign developments, candidates, and key events leading up to the general election, using data-driven insights to offer predictions and in-depth analysis of the electoral process:



### House Election Forecast

Every update, the House Forecast simulates the election 20,000 times. Last cycle, RacetoteWH came the closest to predicting the exact # of seats both parties would win in the House & Senate.

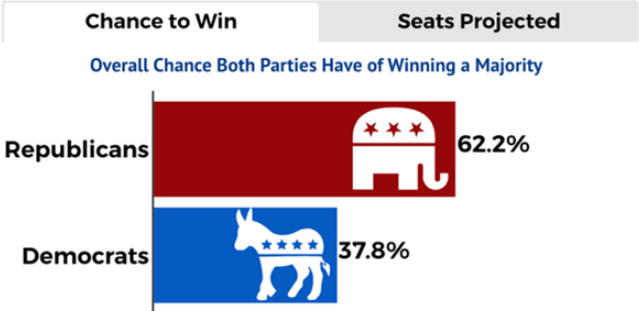
Choose One



### Senate Election Forecast

Every day, the Senate Forecast simulates the election 50,000 times. In 2022, it called 97% of races right, which was the most accurate of any forecaster.

Choose One



As with the Presidential election predictions, those for Congress are subject to change day to day. Here is a link to what Charm Economics believes is the most reliable source of data available to monitor in real time:

- The House of Representatives: <https://www.racetothewh.com/house/>
- The Senate: <https://www.racetothewh.com/senate/24>

At this moment, predicting the election outcome remains challenging; however, an assessment of candidates' previous healthcare legislation and discussions surrounding MDI offers valuable insights into their priorities and policy approaches. Examining their actions and proposals during their initial terms provides a framework for understanding how they might approach healthcare and MDI reform if elected.

Regardless of who has been President, the truth is that dental policy change has been occurring:

- 2019: The House of Representatives passed a dental benefit to the Elijah E. Cummings Lower Drug Costs Now Act (H.R.3).<sup>9</sup>
- 2020: The Center for Disease Control and Prevention's (CDC) Division of Oral Health (DOH) announces a medical-dental integration with the National Association of Chronic Disease Directors.<sup>10</sup>
- 2021: Dr. Natalia Chalmers was selected as the first Centers for Medicare & Medicaid Services (CMS) Chief Dental Officer.<sup>11</sup>
- 2022: The CMS Final Rule ensured medically necessary dental service coverage for Medicare parts A & B.<sup>12</sup>
- 2022: MemorialCare and Pacific Dental Services launch the Mouth-Body Connection.<sup>13</sup>
- 2023: CMS added 25 new dental surgical codes.<sup>14</sup>
- 2024: States now have the option to add adult dental as an Essential Health Benefit (EHB).<sup>15</sup>

## DEMOCRATIC NOMINEE

Following President Joe Biden's debate performance on June 27, 2024, issues related to his mental state were brought to the forefront of the news cycle. There had been calls from both inside and outside the party for him to step aside and allow the nomination of another candidate.<sup>16,17</sup> On July 21, 2024, President Biden official ended his reelection campaign and endorsed Vice President Kamala Harris to be the Democratic nominee. On August 5, 2024, Vice President Harris secured the Democratic Party's nomination. On August 23, 2024, Harris formally accepted the nomination at the Democratic National Convention.

## THE TRUMP ADMINISTRATION 2016-2020

During Donald Trump's presidency, several healthcare policies indirectly affected dental care and MDI. These actions can be categorized into four main initiatives: implementing Medicaid work requirements, repealing Affordable Care Act provisions,

issuing an executive order on price transparency, and expanding telehealth services. Each of these policies had implications for the broader healthcare system, influencing access to dental services and reshaping the landscape of medical-dental integration initiatives during that period.

## Medicaid Work Requirements

Under the Trump administration, Medicaid work requirements were implemented, mandating beneficiaries to work, volunteer, or participate in job training to maintain eligibility for benefits.<sup>18</sup> This policy had significant implications for dental care access. First, it resulted in reduced coverage as some individuals lost Medicaid eligibility, thereby losing access to dental services. Second, financial barriers arose as individuals faced challenges balancing work requirements with dental visit costs and time constraints. Third, the administrative burden of reporting requirements led to confusion among beneficiaries, further jeopardizing their coverage. Consequently, the lack of regular dental care exacerbated oral health issues among affected populations, widening existing disparities in dental health access and outcomes. The impact of these work requirements can be seen in Arkansas, where nearly 1 in 4 Medicaid enrollees lost coverage in just seven months.<sup>19,20</sup>

| State         | Total Number of Medicaid Enrollees | % of People Subject to Work Requirements who Lost Medicaid Coverage* | Number of People Who Lost Medicaid Coverage |
|---------------|------------------------------------|----------------------------------------------------------------------|---------------------------------------------|
| Arkansas      | 1,047,062                          | ~2%                                                                  | 18,000                                      |
| New Hampshire | 251,681                            | ~2%                                                                  | 5,034                                       |
| Michigan      | 3,073,696                          | ~2%                                                                  | 61,474                                      |
| Georgia       | 2,493,648                          | ~2%                                                                  | 49,873                                      |
| <b>TOTAL</b>  |                                    |                                                                      | <b>134,381</b>                              |

\*18,000 Medicaid enrollees subject to work requirements lost enrollment in Arkansas after their enforcement.

$18,000 / \text{Total Number of Medicaid Enrollees (1,047,062)} = \sim 2\%$ . This assumption was applied to other states that enforced work requirements to demonstrate the potential impact on Medicaid coverage.

## Repealing Affordable Care Act Initiatives

Another action from Trump's presidency included the repealing of Affordable Care Act initiatives, impacting dental care access and integration efforts.<sup>21</sup> Firstly, the repeal of the individual mandate penalty and shortened enrollment periods contributed to lower dental service utilization among uninsured individuals, as they might delay or forego dental care due to lack of coverage.<sup>22</sup> Secondly, cuts to navigator programs disrupted efforts to integrate medical and dental care, potentially compromising overall health outcomes by hindering coordinated care efforts. Navigator programs consider the diverse needs of patients, the care setting, and leveraging the qualifications of the navigator. One example of these types of programs is the Patient Care Con-

nect Program (PCCP) to support patients from cancer diagnosis through survivorship and end-of-life care.<sup>23</sup> Lastly, these policy shifts disproportionately affected vulnerable groups, such as low-income individuals, exacerbating oral health disparities by limiting access to dental coverage and integrated healthcare initiatives.

### **Executive Order on Price Transparency**

In a historic move, an executive order on price transparency was issued, mandating hospitals to disclose negotiated rates with insurers and provide upfront pricing information for medical services.<sup>24</sup> This initiative had implications for dental care as well. The transparency introduced by this order could potentially stimulate innovation in pricing models within dental services, leading to more competitive pricing and improved cost transparency for patients seeking dental care. Moreover, the focus on price transparency may also foster the development of integrated care models that encompass both medical and dental services, potentially enhancing coordination and efficiency in healthcare delivery. Overall, while primarily targeting medical services, this executive order's impact on price transparency has the potential to positively influence dental care accessibility and affordability through increased transparency and innovation in pricing.

### **Expansion of Telehealth Services**

Lastly, during Trump's presidency, there was an expansion of telehealth services under Medicare, allowing clinicians to conduct brief check-ins with patients via phone, video chat, and online portals.<sup>25</sup> This policy change improved access to dental services by enabling virtual consultations, which are particularly beneficial for minor issues or follow-ups, thereby enhancing access to care, especially in remote or underserved areas. Secondly, the expansion facilitated better collaboration between medical and dental professionals, promoting coordinated care for patients with complex medical and dental conditions. This integration underscores the importance of oral health in overall well-being, fostering more holistic healthcare approaches that address both medical and dental needs comprehensively.

## **TRUMP'S HEALTHCARE ADMINISTRATION**

When assessing the impact of healthcare policies during a presidency, it is important not only to review the directives and initiatives set forth by the president but also to consider the composition and actions of their healthcare administration. The president's healthcare agenda is often shaped and executed by appointed officials, advisors, and agency heads who play pivotal roles in policy formulation, implementation, and enforcement. These individuals bring expertise, perspectives, and administrative capabilities that significantly influence the execution and effectiveness of healthcare policies. Their decisions on regulations, enforcement priorities, budget allocations, and program management can either bolster or undermine the intended outcomes of presidential healthcare initiatives.

Under the Trump Administration, Seema Verma served as the CMS Administrator from 2017 to 2021. Known for her work in healthcare policy, she focused on Medicaid and Medicare reforms, emphasizing state flexibility and consumer-driven initiatives. Verma holds a master's degree in public health from Johns Hopkins University and currently serves as Executive Vice President and General Manager at Oracle. Alex Azar served as the Secretary of Health and Human Services from 2018 to 2021. He played a key role in healthcare policy, focusing on issues such as drug pricing and public health emergencies. Azar previously held various roles in both the public and private sectors, including as a pharmaceutical executive. He holds a law degree from Yale Law School and current is the member of several advisory and director boards, is an advisor at Foresite Capital, and is the Adjunct Professor of Business and Senior Executive-in-Residence at the University of Miami Herbert Business School.

## SEEMA VERMA'S HEALTHCARE INITIATIVES

During her tenure, Seema Verma led initiatives that had indirect implications for dental coverage. Verma introduced the Medicaid Fiscal Accountability Rule (MFAR), bringing new reporting requirements for Medicaid payments, potentially influencing provider reimbursement rates and state financing structures.<sup>26</sup> Changes to reimbursement rates, supplemental payments, and Upper Payment Limits (UPLs) under MFAR could impact Medicaid beneficiaries' ability to access affordable dental care, as these adjustments might affect how dental services are reimbursed and financed at the state level.

Verma also introduced the Healthy Adult Opportunity (HAO) waiver, which allowed states to modify their Medicaid programs, including adding work requirements, premiums, cost-sharing, and benefit changes, offering increased flexibility.<sup>27</sup> These modifications potentially influenced state dental benefits by altering coverage parameters and access to care through work requirements. Moreover, the inclusion of premiums could affect the affordability of Medicaid coverage for dental services, potentially creating financial barriers for beneficiaries.

Lastly, Verma expanded Medicare Advantage offerings, which enabled plans to offer broader supplemental benefits, including dental and vision coverage, by simplifying the approval process.<sup>28</sup> Access to dental care through Medicare Advantage could lead to enhanced preventive and treatment services, thereby addressing oral health needs more comprehensively among older adults enrolled in these plans. This policy shift underscored efforts to enhance healthcare options for Medicare beneficiaries, recognizing the integral role of dental care in overall health and well-being within the Medicare population.

## BIDEN ADMINISTRATION 2020-2024

Under the Biden administration, healthcare reform and equity have seen renewed emphasis, notably in efforts to expand access to dental care and tackle oral health

disparities. Three policies underscore this commitment: the expansion of Medicaid and Children's Health Insurance Program (CHIP) coverage, the Inflation Reduction Act, and the creation of the Health Equity Task Force. These policies reflect a comprehensive approach to enhancing oral health outcomes and advancing healthcare equity under the administration's agenda. It is anticipated that Harris' administration will build upon these efforts.

## The Expansion of Medicaid and CHIP Coverage

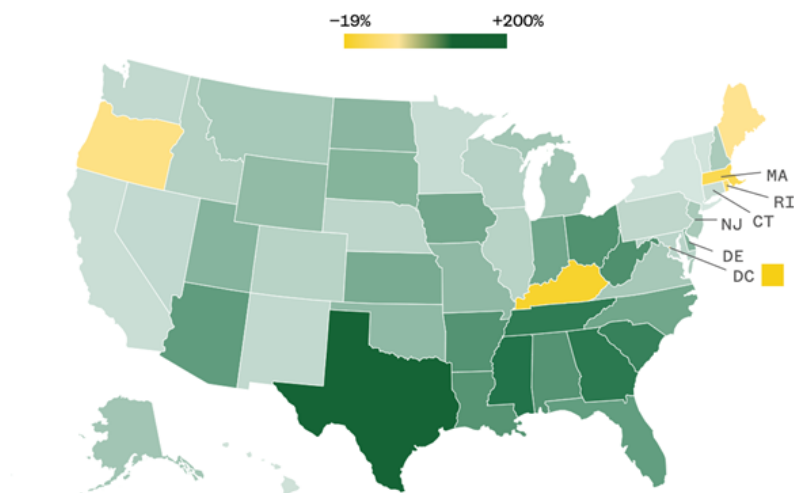
In the expansion of Medicaid and CHIP Coverage, funding was increased and eligibility thresholds were raised, aiming to extend affordable healthcare access to more low-income individuals and families.<sup>29</sup> Specifically, the expansion included dental services as part of the benefits package, thereby improving coverage and access to dental care.<sup>30</sup> This policy shift is expected to enhance oral health outcomes by ensuring that Medicaid and CHIP beneficiaries have access to comprehensive dental services, addressing longstanding disparities in dental care access and promoting better overall health among vulnerable populations.

## The Inflation Reduction Act

The Inflation Reduction Act introduced subsidies to ensure that individuals who would otherwise spend 8% of their income on Affordable Care Act (ACA) coverage could afford insurance, resulting in increased enrollment during the Medicaid "Unwind."<sup>31</sup> By expanding access to ACA coverage, more individuals gained access to dental benefits, which are often included in comprehensive health plans. This expanded coverage is expected to improve oral health outcomes by facilitating increased access to preventive dental care and timely treatments. Secondly, the act promoted preventive dental care by incentivizing regular check-ups and cleanings, potentially reducing the incidence of more serious and costly dental procedures over time.

### Where Obamacare sign-ups have increased since 2020

Southern states saw the largest jump in Affordable Care Act enrollment from 2020 to 2024.



## The Health Equity Task Force

The establishment of the Health Equity Task Force by the Biden administration marked a significant effort to address health disparities and inequities in healthcare access and outcomes, particularly focusing on marginalized and underserved communities.<sup>32</sup> By promoting the integration of dental and medical services, the task force seeks to enhance overall health outcomes for underserved populations. This approach recognizes the interconnectedness of oral health with overall health and well-being, aiming to improve access to dental care and promote preventive measures that can mitigate disparities in oral health outcomes. Ultimately, the Health Equity Task Force underscores the administration's commitment to advancing health equity across all aspects of healthcare, including dental services, to improve health outcomes for vulnerable communities.

In his 2024 State of the Union address, President Biden reiterated his commitment to advancing healthcare reform by increasing affordability, expanding access, and investing in behavioral health services.<sup>33</sup> While he did not explicitly mention oral health, MDI advocates remain hopeful that these expressed priorities will pave the way for oral health reform throughout the rest of his term, given his administration's significant efforts to pass relevant legislation.<sup>34</sup> The Build Back Better Act, which faced substantial opposition from the American Dental Association (ADA) and failed twice in Congress, was the first act of its kind since the inception of Medicare that Congress seriously considered for comprehensive dental coverage.<sup>35</sup> This momentum continued with the first Senate Finance Committee hearing on oral health held in 2023.<sup>36</sup> Furthermore, the 2024 \$1.2 trillion spending bill signed into law by President Biden maintained funding for oral health training, dental research programs, dental aid for service people, and targeted funding for states and protected individuals.<sup>37</sup> For example, the Centers for Disease Control and Prevention of Oral Health was given \$20 million.<sup>38</sup>

## BIDEN'S HEALTHCARE ADMINISTRATION

Chiquita Brooks-LaSure serves as the Administrator of CMS. She has extensive experience in healthcare policy, having previously worked at HHS and the House Ways and Means Committee. Brooks-LaSure has been involved in shaping healthcare legislation, particularly the Affordable Care Act (ACA). Brooks-LaSure holds a master's degree in public policy from Georgetown University. Xavier Becerra serves as the Secretary of Health and Human Services. He previously served as Attorney General of California and a member of the U.S. House of Representatives. He played a significant role in defending the Affordable Care Act and has a strong track record of championing healthcare initiatives. Becerra holds a law degree from Stanford Law School.

## CHIQUITA BROOKS-LASURE'S HEALTHCARE

Chiquita Brooks-LaSure leads several dental-focused initiatives under the Biden administration. In her initiative to expand Medicare coverage of medically necessary dental care, beneficiaries gain access to include specific dental treatments that are

considered essential for maintaining overall health and well-being, thereby providing beneficiaries with access to necessary dental care beyond routine services.<sup>39</sup> This policy shift facilitates the integration of dental services into overall healthcare, promoting holistic patient care and interdisciplinary collaboration between medical and dental professionals to address both medical and dental health needs effectively, underscoring the administration's commitment to improving healthcare outcomes.

Furthermore, Dr. Natalia Chalmers was selected as the first CMS Chief Dental Officer (CDO).<sup>40</sup> The appointment of the CDO signifies a significant step towards advancing their commitment to holistic healthcare, which is essential for reducing health disparities and promoting health equity. This appointment aims to integrate dental care more comprehensively into overall healthcare systems. The position is expected to catalyze enhanced policy advocacy, interdisciplinary collaboration among medical and dental professionals, development of innovative programs, and increased research initiatives focused on improving dental health outcomes.

Additionally, states were granted the ability to include adult dental services as an EHB.<sup>41</sup> This legislation would allow a range of dental services including diagnosis, treatment, and follow-up care within Medicaid, CHIP, and Exchanges if funded by the states. If implemented, it has the potential to greatly enhance access to dental care for adults, promoting preventive measures and ensuring timely treatment. By integrating dental care into comprehensive health coverage, the policy could lead to better overall health outcomes and reduced disparities in oral health.

## SEPTEMBER 2024 PREDICTIONS

As of September 2024, the primary focus of the 2024 campaigns has centered around healthcare initiatives that are exclusive of dental, with no mention or commentary on MDI. The following projections regarding healthcare policy and its implications for MDI are based on actions taken during the first terms of both administrations as outlined above.

### Harris First Term Projections

In the event of a first Harris term, we anticipate the administration will likely maintain a steadfast commitment to comprehensive patient care, emphasizing health equity and addressing Social Determinants of Health (SDOH) that were established during Biden's term. We believe there will be a continuation of efforts to prioritize MDI and allocate fewer funds away from risk adjustment for Medicare Advantage plans through continuation of Biden's efforts to broaden Medicare to include dental, vision and hearing benefits for seniors. Additionally, we project the Harris' administration to focus on preserving the Affordable Care Act (Obamacare) and extending the enhanced subsidies aimed at reducing costs, which are scheduled to expire at the end of 2025. Lastly, she would likely work with Congress to expand Medicaid coverage in the 10 states that have not yet adopted it under the Affordable Care Act.

## Trump Second Term Projections

In the event of a second Trump term, we anticipate an unlikely expansion of Medicaid in states, with more emphasis placed on Medicare Advantage and the enhancement of dental coverage within this program. Secondly, we project a reduction in the Obamacare marketplace, indicating a move away from supporting or expanding its reach. Lastly, we believe the administration will take a neutral stance in the commercial sector dealings and show limited aggressiveness in advancing MDI initiatives.

## Congressional and Presidential Splits

Regardless of who is elected president, in the event that Congress and the President are split across party lines, it will be difficult to move legislation. As polls currently stand, a split between the executive and legislative branches is likely. Below are potential split scenarios and impacts they may have on MDI and DTA's membership:

- Republican President with Democratic Congress: Presidential policy priorities would center around reducing government spending and regulations for health-care – impacting funding for oral health programs and provisions in Medicaid and CHIP. While a Democratic-controlled Congress would likely push for expanding healthcare coverage and continuing efforts to expand dental care, they are likely to face resistance from the executive branch, complicating these efforts.
- Democratic President with Republican Congress: Presidential priorities would advocate for continuing dental care expansion efforts, integrating dental benefits into health insurance plans like Medicaid, increasing the number of beneficiaries covered. A Republican-controlled Congress might resist federal expansion and impose budgetary constraints, limiting the scope of proposed dental health initiatives and blocking the current administration's momentum.

## Conclusion

Whoever assumes positions of political power holds significant sway over the advancement and pace of MDI. As policies evolve, the Dental Trade Alliance and its membership must remain abreast about potential changes that could shape healthcare landscapes. It is imperative to recognize that this document serves educational purposes exclusively and does not constitute political endorsement. Members are encouraged to exercise critical judgment, consult diverse sources, and carefully evaluate the implications of political events on healthcare policies and practices.

# REFERENCES

- 1 "Party Division in the Senate, 1789-Present," U.S. Senate, accessed June 24, 2024, <https://www.senate.gov/history/partydiv.htm>.
- 2 "Party Breakdown." Office of the Clerk, U.S. House of Representatives. Accessed June 24, 2024. <https://pressgallery.house.gov/member-data/party-breakdown>.
- 3 Timothy Bresnahan, "Voters Strongly Support Expanding Medicare Coverage and Lowering the Eligibility Age," Data for Progress, January 12, 2024, <https://www.dataforprogress.org/blog/2024/1/12/voters-strongly-support-expanding-medicare-coverage-and-lowering-the-eligibility-age>.
- 4 James M. Lindsay, "The Consequences of Divided Government for U.S. Foreign Policy | Council on Foreign Relations," Renewing America (blog), January 4, 2023, <https://www.cfr.org/blog/consequences-divided-government-us-foreign-policy>.
- 5 Lindsay, "Consequences of Divided Government."
- 6 FiveThirtyEight. "2024 Election Forecast." <https://projects.fivethirtyeight.com/2024-election-forecast/>.
- 7 Race to the WH. "House 2024 Election Forecast." <https://www.racetothewh.com/house/>.
- 8 Race to the WH. "Senate 2024 Election Forecast." <https://www.racetothewh.com/senate/24>.
- 9 Meredith Freed et al., "Medicare and Dental Coverage: A Closer Look," KFF (blog), July 28, 2021, <https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/>.
- 10 "Promoting Medical-Dental Integration." National Association of Chronic Disease Directors. Accessed June 24, 2024. [https://chronicdisease.org/promoting-medical-dental-integration/#:~:text=In%20September%202020%2C%20the%20Centers,Research%20and%20Communications%20\(KDHRC\)](https://chronicdisease.org/promoting-medical-dental-integration/#:~:text=In%20September%202020%2C%20the%20Centers,Research%20and%20Communications%20(KDHRC)).
- 11 Centers for Medicare & Medicaid Services, "CMS Announces Director of the Center for Consumer Information and Insurance Oversight (CCI-IO) and First-Ever Chief Dental Officer," CMS.gov, <https://www.cms.gov/newsroom/press-releases/cms-announces-director-center-consumer-information-and-insurance-oversight-cciio-first-ever-chief> (accessed March 27, 2024). <https://www.cms.gov/newsroom/press-releases/cms-announces-director-center-consumer-information-and-insurance-oversight-cciio-first-ever-chief>.
- 12 Meredith Freed, Tricia Neuman, and Juliette Cubanski Published, "Recent Changes to Medicare Coverage of Dental Services from the 2023 and 2024 Medicare Physician Fee Schedule Final Rules," KFF (blog), December 1, 2023, <https://www.kff.org/medicare/issue-brief/recent-changes-to-medicare-coverage-of-dental-services-from-the-2023-and-2024-medicare-physician-fee-schedule-final-rules/>.
- 13 "MemorialCare and Pacific Dental Services Join Forces to Advance Dental-Medical Integration." MemorialCare Health System. Accessed June 24, 2024. <https://www.memorialcare.org/press-room/memorialcare-and-pacific-dental-services-join-forces-advance-dental-medical-integration>.
- 14 "CMS proposes additional dental codes for ASCs in 2024." Becker's Dental Review. Accessed June 24, 2024. <https://www.beckersdental.com/revenue-cycle-management/41458-cms-proposes-additional-dental-codes-for-ascs-in-2024.html>.
- 15 "Centers for Medicare & Medicaid Services, "HHS Notice of Benefit and Payment Parameters for 2025 Final Rule | CMS," accessed April 3, 2024, <https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2025-final-rule>.
- 16 Sam Cabral, "Who Are the Democrats Calling for Joe Biden to Quit?," BBC News, Washington (blog), July 12, 2024, <https://www.bbc.com/news/articles/c4ngd0dve6lo>.
- 17 Ryan Bort and Nikki McCann Ramirez, "Who Has Called for Biden to Drop Out of the Presidential Race?," Rolling Stone Closing Time (blog), July 11, 2024, <https://www.rollingstone.com/politics/politics-features/who-called-biden-drop-out-presidential-race-1235058076/>.
- 18 Madeline Guth and MaryBeth Musumeci Published, "An Overview of Medicaid Work Requirements: What Happened Under the Trump and Biden Administrations?," KFF (blog), May 3, 2022, <https://www.kff.org/medicaid/issue-brief/an-overview-of-medicare-work-requirements-what-happened-under-the-trump-and-biden-administrations/>.
- 19 Jennifer Wagner and Jessica Schubel, "States' Experiences Confirm Harmful Effects of Medicaid Work Requirements | Center on Budget and Policy Priorities," Center on Budget and Policy Priorities (blog), November 18, 2020, <https://www.cbpp.org/health/states-experiences-confirming-harmful-effects-of-medicare-work-requirements>.
- 20 Kaiser Family Foundation, "Medicaid State Fact Sheets," KFF (blog), June 29, 2023, <https://www.kff.org/interactive/medicaid-state-fact-sheets/>.
- 21 Robert Pear, "New Trump Rule Rolls Back Protections of the Affordable Care Act," The New York Times, June 19, 2018, sec. U.S., <https://www.nytimes.com/2018/06/19/us/politics/trump-affordable-care-act-health-insurance.html>.

- 22 Pear, New Trump Rule.
- 23 Budde, Hannah, Gemma A. Williams, Giada Scarpetti, Marieke Kroezen, and Claudia B. Maier. "What are patient navigators and how can they improve integration of care?" (2022).
- 24 "Trump Administration Announces Historic Price Transparency Requirements to Increase Competition and Lower Healthcare Costs for All Americans | CMS," Center for Medicare & Medicaid Services - Newroom (blog), November 15, 2019, <https://www.cms.gov/newsroom/press-releases/trump-administration-announces-historic-price-transparency-requirements-increase-competition-and>.
- 25 "President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak | CMS," Center for Medicare & Medicaid Services - Newroom (blog), March 17, 2020, <https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>.
- 26 Robin Rudowitz, "What You Need to Know About the Medicaid Fiscal Accountability Rule (MFAR)," KFF (blog), January 27, 2020, <https://www.kff.org/medicaid/issue-brief/what-you-need-to-know-about-the-medicaid-fiscal-accountability-rule-mfar/>.
- 27 Abby Goodnough, "Trump Administration Unveils a Major Shift in Medicaid," The New York Times, January 30, 2020, sec. Health, <https://www.nytimes.com/2020/01/30/health/medicaid-block-grant-trump.html>.
- 28 "Trump Administration Announces Changes to Medicare Advantage and Part D to Provide Better Coverage and Increase Access for Medicare Beneficiaries | CMS," Center for Medicare & Medicaid Services - Newroom (blog), May 22, 2020, <https://www.cms.gov/newsroom/press-releases/trump-administration-announces-changes-medicare-advantage-and-part-d-provide-better-coverage-and>.
- 29 Assistant Secretary for Public Affairs (ASPA), "Biden-Harris Administration Releases New Medicaid and CHIP Renewal Data Showing the Role State Policy Choices Play in Keeping Kids Covered," Text, December 18, 2023, <https://www.hhs.gov/about/news/2023/12/18/biden-harris-administration-releases-new-medicaid-chip-renewal-data-showing-role-statepolicychoices-play-keeping-kids-covered.html>.
- 30 ASPA, "Biden-Harris Administration Releases New Medicaid and CHIP Renewal Data."
- 31 Berkeley Lovelace Jr., "How the 2024 Presidential Election May Threaten Health Coverage for Millions," NBC News, February 21, 2024, [www.nbcnews.com/health/health-care/2024-presidential-election-may-threaten-health-coverage-millions-rcna139109](https://www.nbcnews.com/health/health-care/2024-presidential-election-may-threaten-health-coverage-millions-rcna139109).
- 32 White House. "President Biden Announces Members of the Biden-Harris Administration COVID-19 Health Equity Task Force." Press release, February 10, 2021. <https://www.whitehouse.gov/briefing-room/press-briefings/2021/02/10/president-biden-announces-members-of-the-biden-harris-administration-covid-19-health-equity-task-force/>
- 33 White House, "FACT SHEET: The President's Budget for Fiscal Year 2025," March 10, 2024, accessed June 24, 2024, <https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/11/fact-sheet-the-presidents-budget-for-fiscal-year-2025/>.
- 34 CareQuest Institute for Oral Health, "Biden Administration Keeps Door Open for Oral Health Advocacy in 2024," accessed June 24, 2024, <https://www.carequest.org/about/blog-post/biden-administration-keeps-door-open-oral-health-advocacy-2024/>.
- 35 Bram Sable-Smith, "Getting Dental Coverage Added to Medicare Faces Pushback From Some Dentists," NPR, October 29, 2021, <https://www.npr.org/sections/health-shots/2021/10/29/1050263559/biden-medicare-dental-coverage-congress/>.
- 36 "An Oral Health Crisis: Identifying and Addressing Health Disparities," United States Senate Committee on Finance, accessed June 24, 2024, <https://www.finance.senate.gov/hearings/an-oral-health-crisis-identifying-and-addressing-health-disparities>.
- 37 Olivia Anderson, "President Biden Signs \$1.2T Spending Bill Into Law," American Dental Association, April 29, 2024, <https://adanews.ada.org/ada-news/2024/march/president-biden-signs-12t-spending-bill-into-law/>.
- 38 Anderson, "President Biden Signs \$1.2T Spending Bill Into Law."
- 39 Center for Medicare Advocacy, "Public Statement on Medicare Coverage of Medically Necessary Oral and Dental Health Therapies," Medicare Advocacy, <https://medicareadvocacy.org/public-statement-on-medicare-coverage-of-medically-necessary-oral-and-dental-health-therapies/> (accessed March 27, 2024).
- 40 Centers for Medicare & Medicaid Services, "CMS Announces Director of the Center for Consumer Information and Insurance Oversight (CCIIO) and First-Ever Chief Dental Officer."
- 41 Centers for Medicare & Medicaid Services, "HHS Notice of Benefit and Payment Parameters for 2025 Final Rule."