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May 22, 2020

The Honorable Nancy Pelosi  
Speaker of the House  
United States House of Representatives  
H-232, U.S. Capitol  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
H-204, U.S. Capitol  
Washington D.C. 20515

Dear Speaker Pelosi and Leader McCarthy:

We are writing to urge you to ensure that any upcoming legislation regarding the COVID-19 pandemic includes strong measures to maintain dental coverage for Americans who have lost their employer-based benefits and to ensure access to pediatric and adult dental coverage in the Medicaid program. As you know, the COVID-19 pandemic has significantly impacted the economic stability and health care – including dental – coverage for millions of Americans and their families. While Congress has taken unprecedented steps to provide immediate relief to many Americans, we are concerned there has not been sufficient attention to protect access to dental coverage, particularly for the most vulnerable Americans, and believe there should be specific state and local infrastructure funds to meet oral health needs of our communities.

As you know, the oral health care system itself is at incredible risk during the COVID-19 pandemic. Given that COVID-19 is a respiratory born disease, the nature of dental services makes treating patients particularly risky. As a result, there has been a dramatic decline in services delivered. Currently dental clinics are reporting less than 5 percent of their normal patient interactions, while recent modeling by the American Dental Association's Health Policy Institute shows a 66 percent decline in dental expenditures through 2020. This affects both private and safety net oral health care providers. Community health centers, which provide comprehensive oral health care to low-income and uninsured populations, are projecting at least 34 million fewer visits, a \$7.6 billion loss in revenue, and the elimination of over 100,000 jobs. While we are concerned with the oral health care system's ability to meet immediate urgent dental care needs, we are even more concerned with ensuring that the system is adequately resourced to meet the community's oral health needs when COVID-19 subsides, both in terms of coverage and access to providers.

As states face growing fiscal challenges, we are most concerned about maintaining access to pediatric dental benefits and the possible erosion of adult dental coverage in Medicaid. As you know, while nearly every state Medicaid program provides some level of dental coverage for adult populations, and more than 20 million Medicaid enrollees have dental coverage that extends beyond emergency services, access to adult dental coverage is among the most frequently cut or reduced Medicaid benefit when state budgets are in fiscal trouble. We believe, in order to keep the progress we've made over the last two decades from eroding, additional action must be taken to ensure that states maintain access to these critical benefits that provide everything from correcting dental problems that interfere with employability to early oral cancer detection and prevention of periodontal disease which can exacerbate diabetes or affect birth outcomes. This can be actualized through an additional temporary FMAP increase that can support state Medicaid programs to continue full access to adult and pediatric dental services.

In order to begin preparing the system to address the oral health needs of our most vulnerable citizens during and after this crisis, we must also ensure that state oral health infrastructure is able to respond with appropriate training, data collection, personal protective equipment, improved infection control, and direct care for the uninsured. Such an effort will need to build on existing efforts by the Centers for Disease Control and Prevention's (CDC) Division of Oral Health and the Health Resources and Services Administration (HRSA), both of which provide grant funding to state and local health departments to improve oral health care delivery, prevention, surveillance, and workforce training. We recommend the establishment of a \$75 million public oral health infrastructure fund to support these critical state responsibilities.

In addition to the initial recommendations listed above, we are ready and willing to work with you on additional policies that address this issue and ensure that the importance of oral health in addressing this crisis is not overlooked. Thank you for your attention to this request and we look forward to working with each of you on this critical issue moving forward.

Sincerely,

  
Nanette Diaz Barragan  
Member of Congress

/s/ Sheila Jackson Lee  
Sheila Jackson Lee  
Member of Congress

/s/ James P. McGovern  
James P. McGovern  
Member of Congress

/s/ Eleanor Holmes Norton  
Eleanor Holmes Norton  
Member of Congress

/s/ Gwen Moore  
Gwen Moore  
Member of Congress

/s/ Tony Cardenas  
Tony Cardenas  
Member of Congress

/s/ John B. Larson  
John B. Larson  
Member of Congress

/s/ Darren Soto  
Darren Soto  
Member of Congress

/s/ Grace Meng  
Grace Meng  
Member of Congress

/s/ Alcee L. Hastings  
Alcee L. Hastings  
Member of Congress

/s/ Linda T. Sánchez  
Linda T. Sánchez  
Member of Congress

/s/ Ann Kirkpatrick  
Ann Kirkpatrick  
Member of Congress

/s/ Lisa Blunt Rochester  
Lisa Blunt Rochester  
Member of Congress

/s/ Debbie Dingell  
Debbie Dingell  
Member of Congress

/s/ Scott Peters  
Scott Peters  
Member of Congress