

Advancing Medicaid & Medicare Dental Coverage

September 29, 2021

Community Catalyst

Community Catalyst is a national non-profit advocacy organization that works with national, state and local consumer organizations, policymakers and foundations to build consumer and community leadership to improve the health care system.

We support consumer advocacy networks that impact state and federal health care policy, and ensure consumers have a seat at the table as health care decisions are made.



Families USA

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all.

We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

Working at the national, state and community level for over 35 years



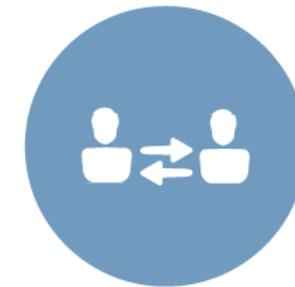
COVERAGE



HEALTH EQUITY



HEALTH CARE
VALUE



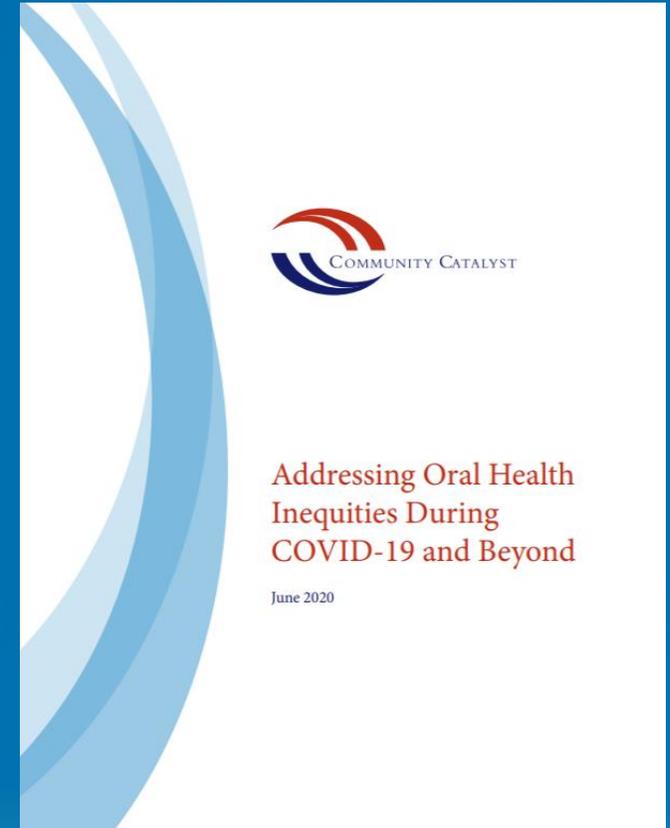
CONSUMER
ENGAGEMENT

Oral Health is Essential Across the Lifespan

- Dental disease causes pain and infection
- Links to heart disease and diabetes
- Gum disease linked to pregnancy complications and adverse birth outcomes
- Oral bacteria linked to higher risk for hospital acquired pneumonia
- May affect cognitive ability as we age
- Impact on mental health and depression
- Connection to COVID 19 complications

Oral health inequities and barriers to care persist

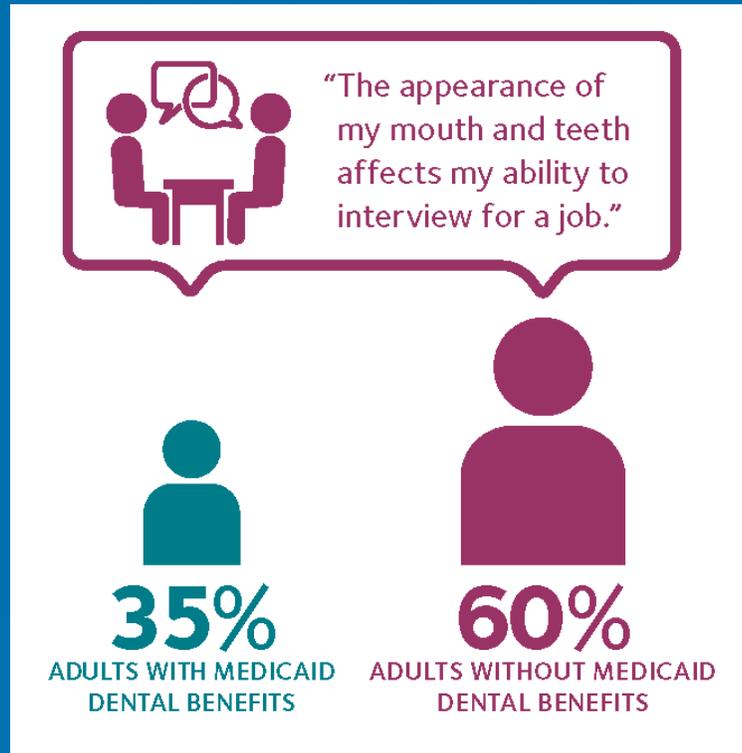
- “Unfortunately, the communities that have been disproportionately affected by COVID-19 and the resulting economic conditions are many of the same communities who struggle to access the oral health care they need.”
- “structural barriers and geographic factors continue to impede access to health and oral health care for many marginalized communities...”



Oral Health: An Equity Issue

- Burden of untreated dental conditions falls disproportionately on people of color and tribal communities
- Oral health problems can exacerbate existing inequities like race and gender wage gaps
- Women who grow up with healthier teeth earn 4.5% more than peers with worse dental health
- Majority of Black & Hispanic mothers are sole, primary, or co-breadwinners for their families
- Children with dental pain miss more school and earn lower grades than their healthier peers & children are more likely to access care when parents have coverage

Oral Health: An Economic Recovery Issue

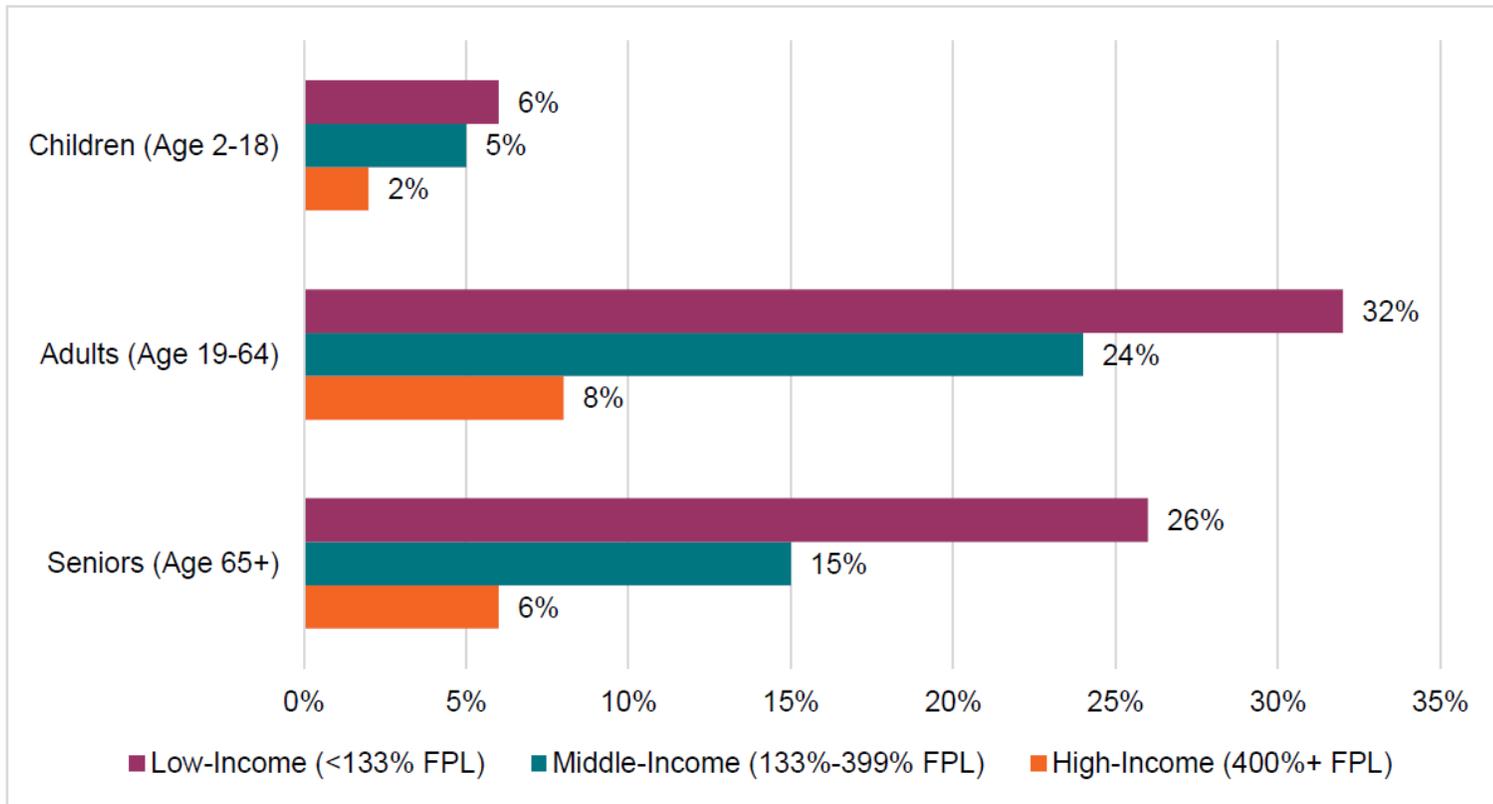


(Source: National survey of adults commissioned by the American Dental Association's Health Policy Institute, 2015)

- Dental pain and aesthetics can impede a person's ability to seek or maintain a job
- Parents whose children have tooth decay are more likely to miss school or work — an issue that is compounded by poverty
- Dental care presents higher financial barriers than other areas of health care

Cost Barriers to Dental Care

Figure 1: Prevalence of Cost Barriers to Dental Care by Age and Income Level



Source: Health Policy Institute analysis of National Health Interview Survey data for 2019. Note: Percentages indicate those who needed dental care but did not obtain it in the past 12 months due to cost. FPL: federal poverty level.

The most commonly cited barriers to accessing needed dental care all relate to cost.

Cost barriers to dental care are higher than for any other type of health care service.

Of any age and income group, low-income adults face the most significant cost barriers to dental care.

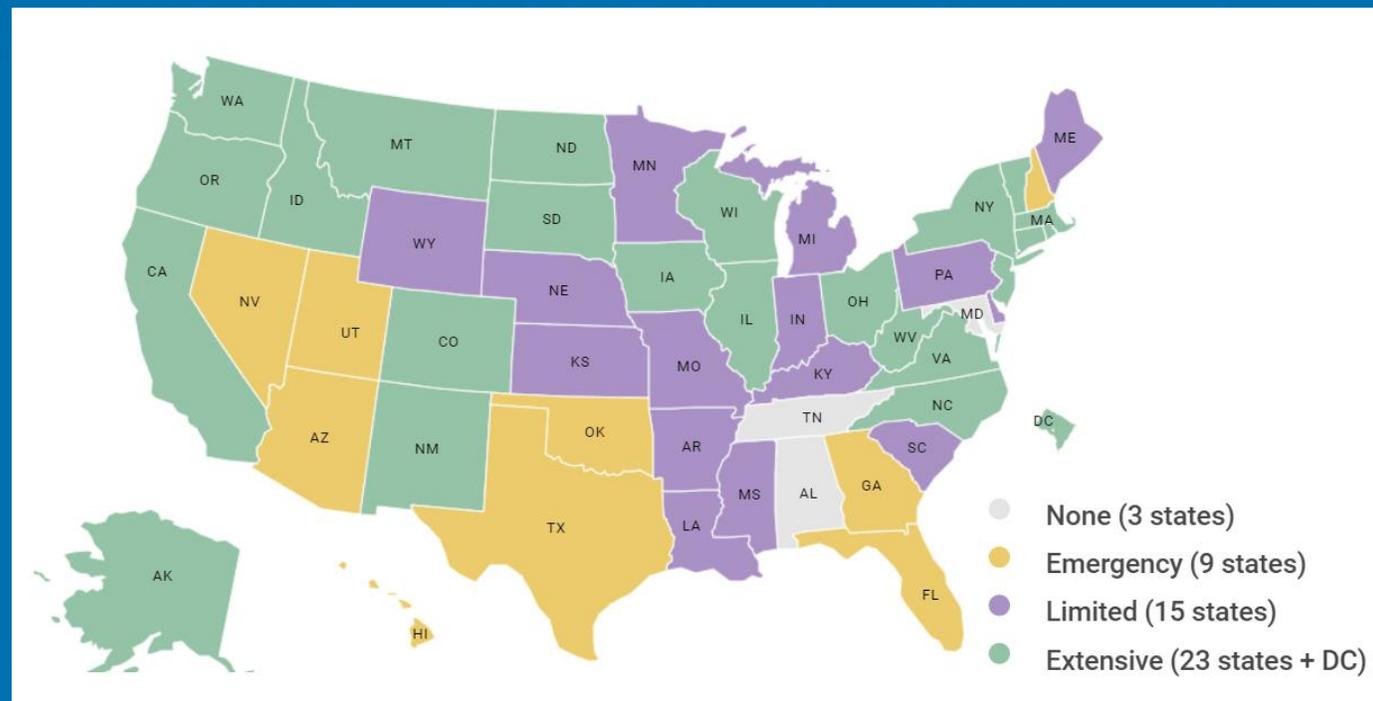
Oral Health: A Fiscal Responsibility Issue

- Spending on emergency room dental visits totals more than \$2 billion per year but 79% of cases could be prevented
- Treatment of early childhood tooth decay under general anesthesia can be \$10,000+ per case
- Periodontal treatment for people with diabetes or heart disease could save as much as \$2,840 and \$1,090 respectively per patient
- Periodontal treatment for people who are pregnant could save between \$1,500 and \$2,400 per patient

Medicaid Dental Coverage

Medicaid Dental Coverage Landscape

- Comprehensive dental coverage required for children and adolescents in Medicaid & CHIP
- People who age out at 18 or 21 may not have access to dental care they need
- Covered services and cost-sharing varies widely by state for adult populations
- Often positioned as non-essential or “value-add” service
- Most often cut/reduced benefit
- Many states facing budget shortfalls



Source: National Academy for State Health Policy, 2021: <https://www.nashp.org/state-medicaid-coverage-of-dental-services-for-general-adult-and-pregnant-populations/>

The Fiscal Impact of Extensive Dental Coverage



This Research Brief was written in a partnership between the ADA Health Policy Institute (HPI) and Families USA and Community Catalyst.

The Health Policy Institute is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

Community Catalyst is a consumer health advocacy organization that seeks to engage policy makers and other stakeholders to increase access and affordability of care through policy reform.

Families USA is a leading non-partisan research organization that provides public health policy analysis with specific focus on health care value, health equity, coverage, and consumer experience.

Contact the Health Policy Institute for more information on products and services at hpi@ada.org or call 312.440.2928.

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Making the Case for Dental Coverage for Adults in All State Medicaid Programs

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Key Messages

- *Oral health is essential for overall health. Providing adult dental coverage through Medicaid improves access to and utilization of dental care among low-income adults and has the power to reduce racial disparities, advance health equity, and lower medical care costs.*
- *We estimate the cost of implementing extensive dental coverage for adults in all state Medicaid programs that do not provide such coverage. We estimate increased spending on dental care as well as medical care cost savings stemming from improved oral health.*
- *Federal and state policymakers have various levers to promote oral health equity across the nation, including designating dental services as a mandatory benefit category for adults, establishing a baseline of comprehensiveness for adult dental services in Medicaid, and bolstering state budgets to ensure adequate funding for successful implementation.*

Introduction

Oral health is essential for overall health and wellness. Oral health is linked with systemic health conditions and diseases as well as employment opportunities, economic stability, and social connectedness. One cannot be healthy without a healthy mouth. Yet millions of adults in America – particularly low-income adults – cannot afford the oral health care they need to stay healthy, eat, work, socialize, and live pain free. Part of this disparity is driven by gaps in dental coverage in federal and state policy, particularly dental coverage for adults enrolled in Medicaid.

As the nation recovers from the COVID-19 pandemic and economic downturn, oral health coverage is a critical gap in our health care system. For adults who rely on Medicaid, being able to afford oral health care could be the key to recovering their health or getting a new job. Yet millions of adults are left without oral health coverage, exacerbating health inequities. Notably, the people most likely to get sick and lose jobs during the pandemic are

- We estimated the fiscal impact of adding extensive dental coverage for adults in the 28 state Medicaid programs that do not provide it.
- We estimated the increased dental care costs as well as reductions in medical care costs among beneficiaries with diabetes, heart disease, and who become pregnant. We did not estimate emergency room cost savings due to data constraints.
- We estimated the federal and state shares of spending according to current FMAP rates.
- We summarize results for all 28 states combined as well as state by state.

The Fiscal Impact of Extensive Dental Coverage

Adult Dental Benefit Classification at Baseline	Number of States	Average Baseline Utilization	Utilization Difference Compared to Extensive	Average Annual Expenditures Per Patient
None	3	0.9%	27.5%	\$784
Emergency	13	9.2%	19.2%	\$445
Limited	16	21.8%	6.5%	\$281
Extensive	19	28.4%	--	\$437

Source: Health Policy Institute analysis of data obtained from the Transformed Medicaid Statistical Information System (T-MSIS), maintained by the U.S. Centers for Medicare and Medicaid Services (CMS).

We leveraged newly available Medicaid claims data for all states to calculate current dental care use rates and spending levels for Medicaid beneficiaries. This allowed for much more accurate predictive analysis.

The Fiscal Impact of Extensive Dental Coverage

Table 1: Estimated Additional Cost of Providing Extensive Medicaid Adult Dental Benefits in All States

	Dental care spending	Medical care savings	Net cost
State share	\$401,474,150	\$100,503,357	\$300,970,792
Federal share	\$707,533,813	\$172,623,476	\$534,910,337
Total	\$1,109,007,963	\$273,126,834	\$835,881,130
Per enrollee per month	\$6.16	\$1.52	\$4.64

Note: Table reflects net cost estimates for 28 states combined that currently have no, emergency-only, or limited adult Medicaid dental benefits. Estimates are annual. See Appendix A for full methodology.

It is important to note that our analysis likely overestimates net costs. We were conservative in our assumptions and we do not include emergency room cost reductions in our analysis.

Medicaid Dental Coverage Critical for Tribal Communities

- American Indian and Alaska Native communities face deep inequities in oral health and access to care
- Tribal health systems are chronically underfunded
- Medicaid is a critical lifeline for tribal communities and the health systems that serve them

MEDICAID ADULT DENTAL BENEFITS IMPROVING ACCESS FOR TRIBAL POPULATIONS



Centuries of trauma related to colonialism and structural oppression, including lack of access to health care, have caused deep oral health inequities that continue to impact American Indian and Alaska Native (AI/AN) communities; however, it has also led to resilience and innovation on the part of tribal leaders to improve the health and wellbeing of their communities. Tribes, as sovereign nations, have wide latitude in the policies and programs they can administer and, as a result, are sites of many innovative strategies to address AI/AN oral health. Some of these changes have also been adopted by non-tribal entities to improve oral health among other communities. For example, Alaska Native tribal leaders were the [first in the nation to authorize dental therapists](#) - mid-level dental providers who have helped [improve access to cost effective, culturally grounded oral health care](#). This model has since spread to about a dozen states in the lower 48. It was borne out of the [community health aide program](#), which trains local tribal members to provide integrated care in their home communities, putting Tribes at the forefront of both oral health integration and culturally-grounded care.

This brief expands on the intersection of Medicaid and tribal health; explores the current oral health status of and barriers to care among tribal communities; and outlines the importance of Medicaid in supporting tribal health systems and the oral health of AI/AN people. Given tribes' unique status as sovereign nations and the steep oral health inequities faced by AI/AN peoples, [Medicaid improvements can be a key lever in advancing health equity](#) and meeting the federal government's responsibility for tribal health.

AI/AN Adults' Oral Health and Access to Dental Care

Because of the legacy of colonialism and other historical and contemporary manifestations of structural oppression, long-standing and persistent inequities in access to care and oral health continue to impact the wellbeing of AI/AN communities. AI/AN communities have [lower dentist to population ratios](#), are [less likely](#) to have access to a safe water supply, and experience [high rates](#) of poverty, all of which contribute to oral health inequities. AI/AN adults also have the [highest uninsurance rates](#) of any racial or ethnic group. Even among AI/AN people with coverage, inequities persist, in part, because of the inconsistency of available oral health benefits.

What Can Be Done?

Our health should not depend on our wealth or where we live. But it will until Medicaid covers oral health for all adults.

- Congress can make dental services a mandatory coverage category in Medicaid
- Congress and the Administration can redefine dental services to be more comprehensive
- Congress can increase matching funds (FMAP) for Medicaid adult dental services
- States can continue to make improvements to adult dental coverage, building momentum, and leveraging federal funding when possible

Recent Progress & Momentum

- Expansion of adult dental benefits in multiple states, including pregnancy-related dental benefits in Maryland
- Collective success in staving off cuts to Medicaid dental benefits over past year
- **Medicaid Dental Benefit Act introduced by Congresswoman Barragan**
 - Endorsed by more than 130 organizations nation-wide

Medicare Dental Coverage

In Congress: Medicare Dental Coverage

- Budget Reconciliation Package
 - Vote on House floor this week (?)
 - Attention will turn to Senate, Senate version likely to look somewhat different
- Key policy details
 - Adds coverage to Part B, relatively comprehensive set of services covered with pretty good cost sharing
 - Areas to watch: implementation date, cost sharing for major services, any additional service/dollar limitaitons

Key Messages

- **Making the Case: Key Arguments for Medicare Dental**
- Three-quarters of Americans support Medicare dental coverage, and most hold Congress responsible for today's lack of coverage.
- We contribute to Medicare for our entire working lives, it should cover our whole bodies.

- **The Policy Details: Benefits of Current Proposal**
- Provides coverage to every Medicare enrollee;
- Ensures oral health coverage and care are affordable for low income older adults and people with disabilities;
- Supports greater integration of medical and oral health care;
- Minimizes administrative costs

Action Steps

- “Three Things You Should Do Right Now”: one stop shop-
<https://openoralhealth.org/medicare-dental/>
- 1. Email your Representatives
- 2. Post on Social Media
- 3. Spread the Word & Share Resources

Resources

- Making the Case for Dental Coverage for Adults in All State Medicaid Programs: https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/WhitePaper_0721.pdf
- Medicaid Adult Dental Benefits: Improving Access for Tribal Communities: <https://communitycatalyst.org/resources/publications/document/Adult-Medicaid-Dental-Coverage.pdf>
- Addressing Oral Health Inequities During COVID-19 and Beyond: <https://www.communitycatalyst.org/initiatives-and-issues/initiatives/dental-access-project/addressing-oral-health-inequities-during-covid-19-and-beyond>
- Changes in Emergency Department Dental Visits After Medicaid Expansion: <https://pubmed.ncbi.nlm.nih.gov/31943200/>
- Improving Adult Access to Oral Health Care in California Medicaid: Recommendations for Advancing Oral Health from Coverage to Care (Issue Brief, Families USA) https://familiesusa.org/wp-content/uploads/2019/12/OH_Harms-To-Interrupted-Dental-Care.pdf
- The Long Term Consequences of Cutting Adult Dental (Infographic, Families USA): <https://familiesusa.org/resources/the-long-term-consequences-of-cutting-adult-dental-californias-access-problems-persist/>

Thank you!



COMMUNITY CATALYST

Because we all should have a say
in decisions that affect **our health**