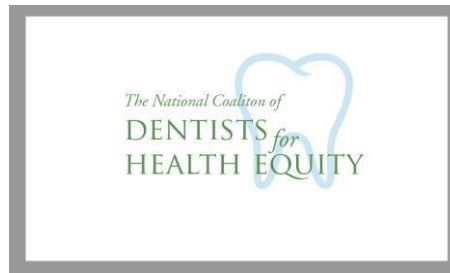


What's Missing in Medicare: The Social Injustice and Economic Mistake of Denying Dental Coverage in Medicare



What's Missing in Medicare: The Social Justice and Cost-Saving Rationales for Adding Dental Coverage to Medicare

A Position Statement

(Approved February 26, 2021, Revised January 2024)

The National Coalition of Dentists for Health Equity (NCDHE) strongly recommends the inclusion of comprehensive dental and oral health benefits in Medicare Part B as an integral part of health care for two reasons:

- 1) It is a moral imperative that Americans can access comprehensive health care regardless of their income; and
- 2) Assuring oral health care benefits to millions of Americans has the potential to save billions of dollars in healthcare expenditures.

The NCDHE was established to promote and advocate for equity in health with an emphasis on oral health. It is to that purpose that the NCDHE implores the Congress of the United States to pass legislation to include an adequately funded, comprehensive oral health benefit in Medicare: It is time to end current barriers to care created by this coverage gap. A comprehensive oral health benefit in Medicare will prevent and treat harmful conditions in the mouth, which have a significant impact on overall health. ¹

Access to oral health care is a moral imperative:

For Americans to reach their full health potential, health care benefits must include oral health, mental and behavioral health, and vision and hearing coverage. By excluding oral health benefits from Medicare, policymakers have pushed that opportunity out of reach for many

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older adults. The harm of this policy omission impacts minority and economically disadvantaged senior citizens more than others, with significant risk to their overall health and wellbeing.

Oral health is integral to overall health

Good oral health supports our ability to speak and eat a healthy diet. It also bolsters social confidence that comes with fresh breath, clean teeth, and an attractive smile. These factors contribute to workplace success, social acceptability, and personal fulfillment. By contrast, untreated oral infections and undiagnosed oral cancer can be fatal, and yet oral infections are the only infections that Medicare does not cover 37 million individuals with Medicare coverage do not have any dental insurance, and 18.4 million of them cannot access dental care due to its cost.²

The moral imperative for a dental benefit in Medicare

“Many older Americans do not have dental insurance because they lost their benefits upon retirement and the federal Medicare program does not cover routine dental care.”¹ Others never had dental insurance and now, in their senior years, have accumulated needs that can severely compromise their overall health. Good oral health in seniors is important because periodontal disease has been linked to cardiovascular diseases and difficulties in the management of diabetes, both prevalent conditions in seniors.³

According to the Centers for Disease Control⁴, oral health inequities in older adults include the following:

- **Untreated tooth decay.** Nearly all adults (96%) aged 65 years or older have had tooth decay in the past; 20% currently have untreated tooth decay.
- **Periodontal disease.** Two-thirds of adults aged 65 years or older have periodontal disease (i.e., infection of the gums and bone supporting the teeth).
- **Tooth loss.** Twenty percent of adults aged 65 or older have lost all their teeth. Having missing teeth or wearing dentures can affect nutrition. People without teeth or with dentures often eat a diet of soft, easily chewed processed foods instead of healthy foods like fresh fruits and vegetables.

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- **Oral cancer.** Cancers of the mouth (oral and pharyngeal cancers) are primarily diagnosed in older adults. The median age at diagnosis is 62 years. There are 54, 540 new oral/oropharyngeal cancer cases each year in the USA.⁵

Oral health inequities among older adults, particularly by race are striking. Due to longstanding inequities in access to dental care, African Americans have higher rates of missing teeth than whites. They also have a higher amount of periodontal disease and untreated dental decay. Various studies indicate that oral health disparities are also significant for American Indians.^{5,6}

Despite these data, the Medicare oral health coverage gap remains. Americans who count on Medicare for their healthcare have no coverage to restore damaged teeth (fillings); no coverage to resolve painful dental infections (root canals or extractions); and no coverage to replace missing teeth. Adding these key benefits to Medicare would support their overall health, including their ability to eat and speak, and would restore their self-confidence.

Extending oral health benefits in Medicare can make the most of health care dollars:

The NCDHE also recommends a dental benefit in Medicare based on economic projections data. For example, individuals who access preventive dental care have significantly lower total health care costs. This is especially true for individuals with non-communicable diseases (NCDs) such as diabetes, cardiovascular disease, chronic lung disease, and cognitive disorders. Importantly, with access to oral health care, these individuals have fewer and shorter hospitalizations and fewer emergency department visits.^{6,7}

Research shows that oral health access in Medicare could save billions over a decade

The literature on the interaction of oral and systemic or overall body health is vast, with over 10,000 papers published on the topic.³ Analyses of private health insurance industry data have shown a consistent pattern over the past 15 years that insured individuals who access dental care have lower total health care costs and fewer hospitalizations. "Recent analysis

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shows that the economic benefits of adding dental coverage to Medicare are substantial. Conservative estimates suggest that including dental and oral health benefits in Medicare could achieve a net savings of \$63.5 billion over 10 years.”^{7 8}

Private health insurers have acted on this information. They actively recruit insured individuals who suffer from NCDs to enroll them in dental care insurance programs. These insurers also waive patient copays for dental care and provide coverage for additional dental preventive visits. The fact that private health insurers have followed these more than a dozen years indicates that the effects of dental care on overall health care outcomes are significant, otherwise the insurers would have canceled the enhanced dental care services for these customers.⁸

New evidence affirms oral health care lowers costs for public insurance programs

“Two new studies confirm that dental care can help reduce the total health care costs of people enrolled in public insurance programs. These studies mark the first significant look at this issue by examining the New York State Medicaid Dental program”⁹

Recommended policy approach:

On December 12, 2019, the U.S. House of Representatives passed H.R. 3. This measure allocates some of the savings from negotiating drug prices for Medicare recipients to several new health benefits, including almost \$24 billion per year to dental care within Medicare. Unfortunately, this legislation did not progress in Congress. Thus, many poor Medicare recipients remain unable to secure dental care, and the social injustice of this coverage gap continues.

We applaud the recent vote of the American Dental Association (ADA) to support a dental benefit in Medicare. However, what the ADA proposed is a complicated mechanism including means testing and direct payment by patients. *These provisions would maintain or exacerbate existing inequities.* Rather than taking this approach, we urge Congress to advance policy solutions like H.R.3, which legislates the inclusion of comprehensive dental and oral health benefits in Medicare Part B.

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The absence of dental health care benefits in Medicare, the nation's largest health insurance program, is an egregious breach of health equity. **Accordingly, the National Coalition of Dentists for Health Equity urges Congress to pass legislation which would establish a comprehensive dental and oral health care benefit in Medicare Part B. Adding this benefit would improve oral health and advance health equity, while reducing long term healthcare expenditures for Medicare beneficiaries.**

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