

## Idahoans Are Counting on Congress: Now Is the Time to Add Essential Oral Health Coverage to Medicare

**It's time for Congress to ensure that people who rely on Medicare for health insurance can afford oral health care.** Medicare does not currently cover dental care, leaving millions of people in pain and unable to get the care everyone needs to stay healthy. For too many older adults and people with disabilities, oral health care is too expensive, putting it out of reach even in an emergency.

Adding oral health coverage to Medicare would bolster Idaho's health and economic recovery in the wake of the coronavirus pandemic. About 344,604<sup>13</sup> older adults and people with disabilities in Idaho would not only be able to get important dental care, but also would be healthier,<sup>2</sup> have lower health care costs,<sup>3</sup> be better able to get and keep jobs,<sup>4</sup> and have an easier time overcoming social isolation.<sup>5</sup>

### Oral Health Care Is Too Expensive for Idahoans'

- » Dental care is the number one medical service that people across America skip due to the cost.<sup>6</sup> Without Medicare oral health coverage, 36% of older adults in Idaho have not seen a dentist in over a year, even before the pandemic.<sup>7</sup>
- » 13% of older adults in Idaho have lost all of their natural teeth, often because getting timely oral health care is too expensive.<sup>8</sup> Medicare does not cover dentures.

### Oral Health Coverage Would Keep Idaho Healthy

- » Oral health coverage would help keep Idahoans healthy. When oral disease goes untreated, people are at a higher risk for diabetes, heart disease, stroke, COVID-19, and even death.<sup>9</sup> If people already have these health conditions, poor oral health can make them worse.<sup>10</sup>

### Oral Health Coverage Saves the Health Care System Money

- » Emergency dental visits for preventable oral health conditions cost the U.S. health system nearly \$2 billion per year.<sup>11</sup> Many of these costs could easily be avoided if people were able to afford timely, appropriate dental care.
- » Research shows that when people have oral health coverage, average treatment costs for many chronic diseases are lower.<sup>12</sup> When lack of oral health coverage prevents people from getting care, we all pay for the increased costs to our health care system.

### Expanding Oral Health Coverage Is Enormously Popular, Bipartisan

- » Adding dental coverage to Medicare is widely popular and has strong bipartisan support. A June 2021 poll showed that roughly 85% of voters support adding oral health coverage to Medicare, including almost 90% of Democrats and almost 80% of Republicans.<sup>13</sup>
- » When voters are asked which health care issues Congress should work on this year, adding Medicare dental, vision, and hearing coverage is far and away the most popular health care proposal that is currently on the table.<sup>14</sup>

## Endnotes

<sup>1</sup> Kaiser Family Foundation, “Total Number of Medicare Beneficiaries (2020),” Accessed July 9, 2021, <https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22>.

<sup>2</sup> Michael L. Barnett, “The Oral-Systemic Disease Connection,” *The Journal of the American Dental Association* 137 (2006), <https://doi.org/10.14219/jada.archive.2006.0401>.

<sup>3</sup> National Association of Dental Plans, “Analysis Shows Adults with Medicaid Preventive Dental Benefits Have Lower Medical Costs for Chronic Conditions,” November 23, 2017, <https://www.nadp.org/PressReleases/2017/11/23/nadp-analysis-shows-adults-with-medicaid-preventive-dental-benefits-have-lower-medical-costs-for-chronic-conditions>.

<sup>4</sup> Uma Kelekar and Shillpa Naavaal, “Hours Lost to Planned and Unplanned Dental Visits Among US Adults,” *Preventing Chronic Disease* 15, no. 170225 (2018), <https://doi.org/10.5888/pcd15.170225>; American Dental Association Health Policy Institute, *Oral Health and Well-Being in the United States* (American Dental Association, 2016), <https://www.ada.org/en/science-research/health-policy-institute/oral-health-and-wellbeing>.

<sup>5</sup> Patrick Rouxel, Anja Heilmann, Panayotes Demakakos, Jun Aida, Georgios Tsakos, and Richard G. Watt, “Oral Health-related Quality of Life and Loneliness among Older Adults,” *European Journal of Ageing* 14, no. 2 (June 2017): 101-09, doi:10.1007/s10433-016-0392-1.

<sup>6</sup> Board of Governors of the Federal Reserve System (U.S.), *Report on the Economic Well-Being of U.S. Households in 2017* (Washington, D.C.: Board of Governors, 2018), <https://www.federalreserve.gov/publications/files/2017-report-economic-well-being-us-households-201805.pdf>.

<sup>7</sup> Centers for Disease Control and Prevention, Division of Oral Health, “Oral Health Date by Topic: Adult,” analysis of Behavioral Risk Factor Surveillance System 2018 data (CDC, July 7, 2021), [https://](https://nccd.cdc.gov/oralhealthdata/rdPage.aspx?rdReport=DOH_DATA_ExploreByTopic&isYear=2016&isTopic=ADT&go=GO)

[nccd.cdc.gov/oralhealthdata/rdPage.aspx?rdReport=DOH\\_DATA\\_ExploreByTopic&isYear=2016&isTopic=ADT&go=GO](https://nccd.cdc.gov/oralhealthdata/rdPage.aspx?rdReport=DOH_DATA_ExploreByTopic&isYear=2016&isTopic=ADT&go=GO).

<sup>8</sup> America’s Health Rankings, analysis of CDC Behavioral Risk Factor Surveillance System, United Health Foundation. 2019. [https://www.americashealthrankings.org/explore/senior/measure/dental\\_visit\\_sr/state/ALL](https://www.americashealthrankings.org/explore/senior/measure/dental_visit_sr/state/ALL).

<sup>9</sup> Victoria Sampson, Nawar Kamona, and Ariane Sampson, “Could There Be a Link between Oral Hygiene and the Severity of SARSCoV-2 Infections?” *Nature* (June 26, 2020), <https://www.nature.com/articles/s41415-020-1747-8>; Michael L. Barnett, “The Oral-Systemic Disease Connection,” *The Journal of the American Dental Association* 137 (2006), <https://doi.org/10.14219/jada.archive.2006.0401>.

<sup>10</sup> Victoria Sampson, Nawar Kamona, and Ariane Sampson, “Could There Be a Link between Oral Hygiene and the Severity of SARSCoV-2 Infections?” *Nature* (June 26, 2020), <https://www.nature.com/articles/s41415-020-1747-8>; Michael L. Barnett, “The Oral-Systemic Disease Connection,” *The Journal of the American Dental Association* 137 (2006), <https://doi.org/10.14219/jada.archive.2006.0401>.

<sup>11</sup> Marvellous A. Akinlotan, and Alva O. Ferdinand, “Emergency Department Visits for Nontraumatic Dental Conditions: A Systematic Literature Review,” *Journal of Public Health Dentistry* 80, no. 4 (October 1, 2020): 313-26, doi:10.1111/jphd.12386.

<sup>12</sup> National Association of Dental Plans. “Analysis Shows Adults with Medicaid Preventive Dental Benefits Have Lower Medical Costs for Chronic Conditions,” November 23, 2017.

<sup>13</sup> Gaby Galvin, “As Congressional Democrats Weigh Reconciliation Package, Voters Mostly Back Potential Health Measures,” *Morning Consult*, June 30, 2021, <https://morningconsult.com/2021/06/30/health-care-proposals-reconciliation-bill-polling/>.

<sup>14</sup> Gaby Galvin, “As Congressional Democrats Weigh Reconciliation Package, Voters Mostly Back Potential Health Measures,” June 30, 2021.

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