



Statement for the Record

Senate Committee on Finance

Subcommittee on Health Care

Hearing on “An Oral Health Crisis: Identifying and Addressing Health Disparities”

Prepared by Families USA

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Chair Cardin and Ranking Member Daines, Families USA would like to thank you and the entire Finance Subcommittee on Health Care for this important and timely hearing, and to offer our sincere appreciation to all of today's witnesses for lifting up the critical need to improve our oral health care system. Oral health care is key to overall health and wellness, employment opportunities, economic stability, and social connectedness. Families USA supports addressing the disparities in access to oral health care and finding solutions to ensure all families have access to affordable and quality oral health, including through comprehensive oral health coverage in Medicare and Medicaid.

Oral Health Care is Health Care

The Centers for Disease Controlⁱ and the World Health Organizationⁱⁱ have both declared that oral health is a key indicator of overall health, well-being, and quality of life. Additionally, longstanding evidence shows that poor oral health harms our physical, mental, and economic well-being.

When people cannot access the care they need, oral health problems can prevent them from eating, working, securing employment, and staying healthy. A recent survey of middle-aged adults revealed that nearly four in ten had dental problems within the past two years that caused pain, difficulty eating, and work absences.ⁱⁱⁱ

When oral disease goes untreated, people are at a higher risk for diabetes, heart disease, stroke, COVID-19, and even death.^{iv} If people already have these health conditions, poor oral health can make them worse. This can be a particularly acute problem for our nation's older adults, over two thirds of whom have untreated gum disease and roughly a fifth of whom have untreated tooth decay.^v

Additionally, lack of access to oral health care during pregnancy can lead to poor health outcomes for both the mother and baby.^{vi} Poor oral health raises the risk of high blood pressure during, which can lead to major complications and even maternal deaths.^{vii} It also increases the risk of poor birth outcomes, such as low birth weight or premature birth.^{viii} Moreover, children are three times more likely to have dental disease if their mother was not able to receive dental care during pregnancy.^{ix}

Oral Health Remains Out of Reach

Oral health care is central to overall health, yet for far too many people, access to affordable and high-quality dental care is out of reach. Americans are roughly four times more likely to lack dental insurance than medical insurance, with the greatest rates of uninsurance among racial and ethnic minorities.^x Without insurance, oral health care is too expensive for many people to afford. For example, the average cost of a root canal can cost between \$750 and \$1,200.^{xi} Due to this, dental care remains the number one medical service families skip due to cost.^{xii} According to CareQuest Institute research, 93% of individuals living in poverty have unmet dental needs, compared with 58% in high-income families.^{xiii}

These problems are even greater for communities of color, rural communities, and the disability community. Black and non-white Hispanic adults are more likely to face cost barriers to dental care than White adults, and this gap has been increasing over time.^{xiv} Among Black older adults, the percent of individuals who have lost all their natural teeth is 31% — almost double the national average — with minimal change over the past decade.^{xv} Prior to the COVID-19 pandemic, seven out of ten Black individuals and six out of ten Hispanic individuals accessing health coverage through Medicare reported they did not see a dentist in the last year compared to four out of ten of their white counterparts — and we know the pandemic exacerbated these disparities.^{xvi}

Residents in rural America face major difficulties in access, coverage, and geography that limit their ability to obtain good oral health care. An analysis of 2016 Behavioral Risk Factor Surveillance System data found that 20% of rural older adults have not seen a dentist or visited a dental clinic for more than five years, compared to 14% of non-rural older adults.^{xvii} In rural areas, unmet oral health needs can exacerbate other health problems that are common in these communities – studies show strong links between oral health and diabetes, a disease with much higher mortality rates in rural areas than in more urban locations.^{xviii}

Many adults with disabilities experience extraordinary barriers to good oral health. About 8 million disabled adults under age 65 rely on Medicare for coverage, and 4 million of these adults are dually eligible for Medicaid. However, both Medicare and Medicaid leave significant gaps in comprehensive oral health coverage. The lack of proper access to oral health care has significant impacts for individuals with disabilities because they commonly have multiple chronic health conditions.^{xix} Additionally, few dental offices provide accommodations to serve adults with physical or other disabilities. The need for accommodations varies among people with congenital, acquired, physical and intellectual disabilities and adds additional difficulties accessing quality oral health care.^{xx}

Ensuring Coverage in Medicare and Medicaid

While there are a variety of solutions to address the oral health care crisis, Families USA believes that adding a mandatory, comprehensive oral health benefit in Medicare and Medicaid would be the most impactful way to provide critical relief for millions of families.

Currently, two-thirds of older adults and people with disabilities who rely on the Medicare program for their insurance, often living on fixed incomes, do not have any source of oral health coverage. Adding an oral health benefit to Medicare would allow 60 million older adults and people with disabilities to access dental care.^{xxi} There is very strong support for adding such a benefit; in 2021, roughly nine in ten voters supported Medicare oral health coverage.^{xxii}

Ensuring comprehensive coverage in Medicaid would be another way to safeguard oral health access for millions of families. Currently, states have a patchwork of oral health coverage in Medicaid including many that have no coverage or only provide it in emergency situations.^{xxiii} Adding a comprehensive benefit in Medicaid would not only provide needed whole-person care for millions of people, but it could also save our health system \$2 billion annually. With better access to oral health care, fewer people would be reliant on emergency departments to alleviate dental pain. And the data show that states that offer more comprehensive care spend less per person on dental care than those that don't provide any benefits or only offer emergency coverage.^{xxiv}

The current lack of coverage for oral health services in Medicare and Medicaid is a fundamental gap, and without action it will be extremely difficult to make progress on other important components of improving oral health. Coverage is a critical step toward making progress on integrating dental and medical care, ensuring oral health providers are affordable and available in underserved areas, improving access to telehealth, and many of the other important issues raised in today's hearing.

Conclusion

Millions of individuals and families lack access to affordable, quality oral health coverage. Congress has both the power and the responsibility to enact policy changes that acknowledge the reality that good

oral health is central to overall health and financial stability. We appreciate the focus from Chair Cardin and Ranking Member Daines on this critical issue, and we look forward to continuing to work closely with the Finance Subcommittee on Health Care to bring to light the deep disparities in oral health care, and the solutions to ensure that our health doesn't depend on our wealth.

ⁱ<https://www.cdc.gov/oralhealth/basics/index.html>

ⁱⁱ https://www.who.int/health-topics/oral-health#tab=tab_1

ⁱⁱⁱ University of Michigan Institute for Healthcare Policy and Innovation, "Dental Care at Midlife: Unmet Needs, Uncertain Future," <https://www.healthyingpoll.org/reports-more/report/dental-care-midlife-unmet-needs-uncertain-future>

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^v Centers for Disease Control, Older Adult Oral Health, [https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm#:~:text=About%20%20in%20%20\(68,or%20older%20have%20gum%20disease.&text=Tooth%20loss,.65%2D74%20\(13%25\)](https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm#:~:text=About%20%20in%20%20(68,or%20older%20have%20gum%20disease.&text=Tooth%20loss,.65%2D74%20(13%25)).

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^x Melissa Burroughs, Danny A. Kalash, Colin Reusch, Ifetayo B. Johnson, and Kata M. Kertesz, "An Oral Health Equity Agenda for The Biden Administration," February 24, 2021, <https://familiesusa.org/resources/an-oral-health-equity-agenda-for-the-biden-administration/>

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^{xiii} Carequest Institute of Oral Health, "Health Equity," <https://www.carequest.org/topics/health-equity>

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