

### Who We Are

A diverse group of leaders from across the state from schools of public health, philanthropic organizations, businesses, dental and medical organizations, federally qualified health centers and rural health clinics, health insurance firms, state agencies, advocacy organizations and other champions.



### What We Do

Advance policies and practices that increase access to oral health services and prevention education especially for our most vulnerable Pennsylvanians.



### How We Make Impact

Raise awareness among statewide decision makers about the oral health needs of Pennsylvanians.

Conduct research and author position papers to inform policymakers.

Share information and resources on prevention education and ongoing oral health initiatives across the state.



**PA Coalition for Oral Health**

**PO Box 242**

**Delmont, PA 15626**

**[PAOralHealth.org](http://PAOralHealth.org)**

**724-972-7242**



### Policy Brief: Strengthening the Adult Medicaid Dental Benefit

Oral health is an important component of an individual's overall health and quality of life. Lack of an adequate Adult Medicaid Dental Benefit prevents patients from receiving services considered to be the standard of care for treating certain oral diseases. Enhancing the Adult Medicaid Dental Benefit in Pennsylvania will improve health in Pennsylvania.



### The Impact of Poor Oral Health

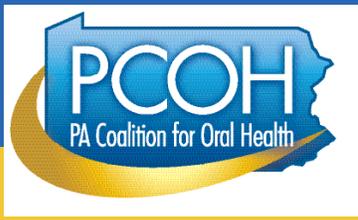
Poor oral health has been linked to numerous medical conditions:

- Malnourishment
- Diabetes
- Gastrointestinal Disorders
- Obesity
- Heart Disease and Stroke
- Poor Birth Outcomes

Low-income adults suffer a disproportionate share of dental disease. Among low-income adults, ages 20-64, 42% have untreated tooth decay, and more than 1/3 of those 65 or older have lost all their teeth.<sup>1</sup>

Complications from dental disease contribute to lost workdays and productivity, as well as reduced employability.<sup>2</sup>





### A Story

A 53-year old man in Allentown enrolled in Medicaid. Upon enrolling, he was diagnosed with heart disease with major blockages. Subsequently, he needed dentistry prior to his heart surgery. The dental benefit limit exception was too difficult for him to navigate. The alternative, to save his teeth, was free dental care which had a waiting list of seven months. He quoted, "If I don't get the surgery, I die, and if I don't have teeth, I can't eat. It is a system I can't win against."

***"If I don't get the surgery, I die, and if I don't have teeth, I can't eat. It is a system I can't win against."***

Adults who are disabled, homebound or in nursing homes are at increased risk for dental disease.<sup>3</sup>

Emergency department visits for dental conditions in the United States continue to rise as adults cannot find regular providers. Services provided in these settings do not treat the condition; instead, they serve to temporarily relieve pain. In 2012, ED dental visits cost the U.S. healthcare system \$1.6 billion, with an average cost of \$749 per visit. The share of ED dental visit costs paid for Medicaid has also increased.<sup>4</sup>

In Pennsylvania, 81% of the consumers enrolled in the PA Health Action Plan identified oral health as one of their top three untreated medical needs.

Pennsylvania changed its Adult Medicaid Dental Benefit in 2011. Cumbersome benefit limit exceptions were introduced. They have proven to be difficult for providers and patients.



## Recommendations

- Reallocate Medicaid funds to increase dollars for dental coverage
  - Change the Adult Dental Medicaid Benefit to include coverage for root canals, crowns and/or bridges, sedation and anesthesia, periodontal services and denture replacement
  - Increase coverage for preventive services
  - Include teledentistry to increase access to undeserved rural communities
  - Examine Medicaid reimbursement rates to support an adequate provider network

---

We support the June 2016 Pennsylvania Health Innovation Plan submitted to CMS by Governor Tom Wolf and appreciate oral health being a part of the plan.



Leading Change for  
Oral Health in  
Pennsylvania

The following partners supported the efforts of this policy paper:

ACHIEVA  
Pennsylvania Dental Association  
Pennsylvania Dental Hygienists' Association  
Pennsylvania Health Access Network  
Put People First! PA

---

1. National Center for Health Statistics, Centers for Disease Control and Prevention (2011). "Selected Oral Health Indicators in the United States, 2005-2008." Available at <http://www.cdc.gov/nchs/data/databriefs/db96htm>.

2. National Academy for State Health Policy (2008). "Medicaid Coverage of Adult Dental Services." Available at [http://www.nashp.org/sites/default/files/Adult Dental Monitor.pdf](http://www.nashp.org/sites/default/files/Adult%20Dental%20Monitor.pdf).

3. The Institute of Medicine (2011). "Improving Access to Oral Health Care for Vulnerable and Underserved Populations." Available at <http://www.hrsa.gov/publichealth/clinical/oalhealth/improvingaccess.pdf>.

4. T.Wall, M.Vujicic. "Emergency Department Use for Dental Conditions." Health Policy Institute Research Brief. American Dental Association. Available at [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0415\\_2.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0415_2.pdf?la=en)

5. Nasseh K, Greenberg B, Vujicic M, Glick M. "The effect of chairside chronic disease screenings by oral health professionals on health care costs." AM J Public Health, (2014)