

Cutting Medicaid adult dental benefits would hurt states in unexpected ways

Cuts could harm job growth and increase costs

Adult dental coverage improves job prospects:

[Hiring decisions](#) are influenced by whether job applicants have unsightly or missing teeth. Dental coverage helps adults keep their mouths healthy. [A national study](#) found that giving all working adults access to routine dental care would increase the employability of 9,972 currently unemployed adults.



These employment gains would create \$14.2 million in federal tax revenue and save \$7.9 million in unemployment benefits.



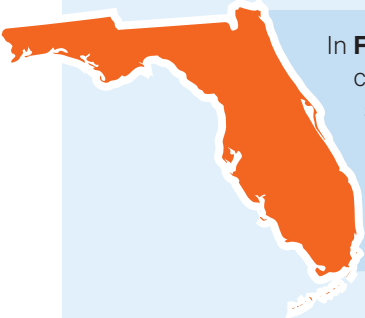
Giving all working-age adults access to routine dental care would **increase the odds of employment for 9,972 currently unemployed adults**

Adult dental coverage reduces costly visits to hospitals:

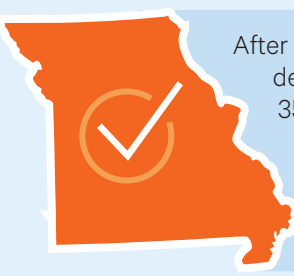


Low-income adults who lack Medicaid dental coverage are more likely to address dental problems by seeking care at hospital emergency departments (EDs).

Dental-related visits to EDs rarely treat the root cause and can drain state Medicaid budgets.



In **Florida**, a state where Medicaid covers emergency-only dental services, **the cost for dental-related ED visits exceeded \$193 million in 2014, and 38% of these costs were shouldered by Medicaid.**



After **Missouri** restored Medicaid dental benefits in 2016 to about 350,000 adults, **the state observed a 38% fall in the rate of ED visits for nontraumatic dental conditions.**

It's critical during the pandemic to reduce ED visits for conditions that could have been prevented.

○ Preserving dental services can save states money:



Florida could save up to
\$26 million annually

by ensuring that diabetic adults on Medicaid receive treatment for gum disease at the same rate as those with private insurance

Managing diabetes contributes [significant costs](#) to Medicaid programs.

States can curb these costs by making it easier for adults to manage their diabetes—a task made easier when people get treatment for gum disease.

In fact, [research](#) shows that the average medical costs for patients with diabetes who received appropriate oral health care were \$1,799 lower than the costs for patients who had not obtained such care. If every diabetic adult enrolled in Medicaid in the U.S. had treatment for gum disease at even the same rate as those with private insurance, **Medicaid could save as much as \$500 million annually.** There can be substantial savings at the state level as well, with Florida saving as much as \$26 million annually.¹

○ Children may be more likely to get dental care if parents do:

Connecticut researchers studied the factors that were linked to more Medicaid-enrolled children receiving dental care. [Their analysis](#) showed that children were 29% more likely to get preventive dental care when their parents had received preventive care in the same year.



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¹ Savings estimates determined by estimating the proportion of diabetic patients with new periodontal treatment. Enrollment information is from CMS and Florida Department of Health, Diabetes estimates from the IBM Watson Medicaid MarketScan database and Florida Department of Health. Estimates of diabetic patients with periodontal treatment are from the IBM Watson Medicaid MarketScan database and the IBM Watson Commercial Dental database.