

HEALTHY MOUTHS:

Why they matter for
adults and state budgets

Communications Brief

For Medicaid, states are federally mandated to provide dental benefits to children, but they have the option to provide benefits for adults.

There are a variety of approaches to adult coverage, divided into four broad categories. The first category are the 20 states providing a comprehensive Medicaid dental benefit for adults with annual spending caps of at least \$1,000. The second category includes 16 states that provide a limited adult dental benefit with a lower spending cap. The third category are the 11 states whose Medicaid programs only cover emergency dental care and the last are the three states offering no services at all for adults.



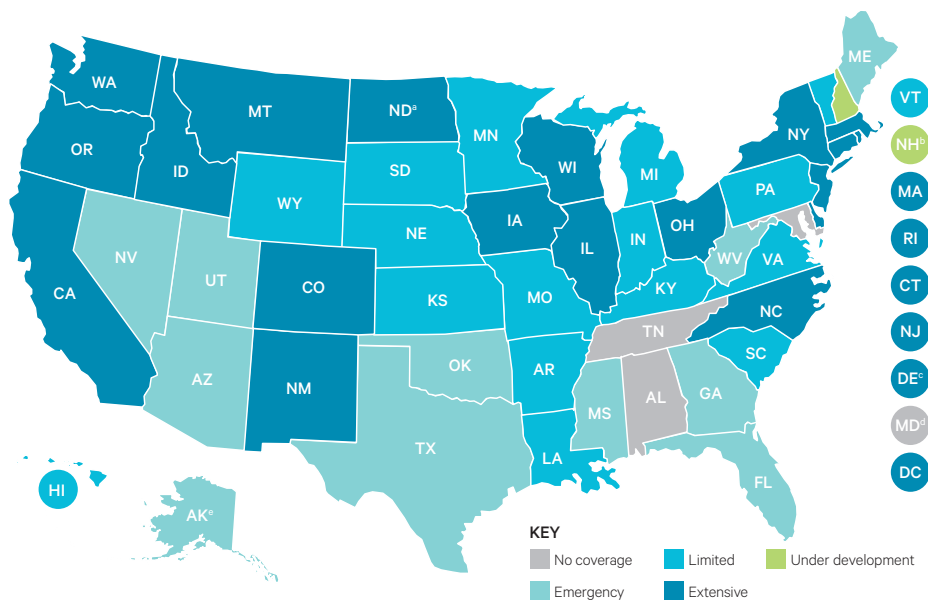
LOW-INCOME ADULTS SPEND 10X MORE

of their annual family income on dental services compared to those living in high income families

States without a comprehensive dental benefit not only make it harder for adults to stay healthy but the lack of a benefit can also undermine their state budgets. How? Because a lack of dental coverage has broad consequences that ripple back to state budgets. When oral health deteriorates, it can negatively affect low-income adults' [employment status](#) and lead to larger health issues, such as diabetes, heart disease and more.

The lack of solid dental coverage in many states means adults in poverty must do without care or shoulder much of the burden as out-of-pocket (OOP) expenses. This is why low-income adults who get dental services spend a portion of their family income that is [ten times higher](#) than the portion spent by high-income families.

Lacking Medicaid dental coverage, many adults in poverty simply put off visits to the dentist—hoping for a day when they can afford such care. Unfortunately, going without dental visits makes adults more vulnerable to tooth decay and other forms of oral disease that can negatively affect their overall health. States that enhance their Medicaid adult dental benefit could improve access to care and reduce these OOP costs.



^a North Dakota does not offer adult dental benefits to its Medicaid expansion population.

^b Under New Hampshire's bill the Department of Health and Human Services is directed to develop a "comprehensive plan to ensure that Medicaid recipients can safeguard their smiles and their overall health."

^c During the 2019 session, Delaware passed legislation authorizing a full adult dental Medicaid benefit.

^d Maryland offers treatment for symptoms in emergency situations but does not cover emergency surgery.

^e Alaska's state budget was passed keeping adult dental coverage intact; however, the Governor's line item vetoes in the budget will result in cuts to the state's Medicaid program, including adult dental, unless the legislature moves to rescind them.

Figure 1. State Medicaid Coverage of Adult Dental Benefits, January 2020

HOW STATE BUDGETS PAY THE PRICE

Additionally, states could do their budgets a favor by adopting a comprehensive adult dental benefit in Medicaid. Consider the ways in which the lack of a comprehensive dental benefit can drain state budgets:

Hospital emergency departments —

Low-income adults who lack dental coverage often have few, if any, options other than seeking care at a hospital emergency department (ED) when toothaches or other oral health problems occur. ED treatment is expensive and generally addresses pain but not the actual cause of a dental problem. Analysis of the [2014 National Emergency Department data](#) reveals that a Medicaid enrolled adult visits an ED for a dental reason every 43 seconds in the United States, more than twice the rate of adults covered by private insurance (one visit every 95 seconds).

Adult enrolled in Medicaid



ONE VISIT EVERY
43
SECONDS

Adult covered by private insurance

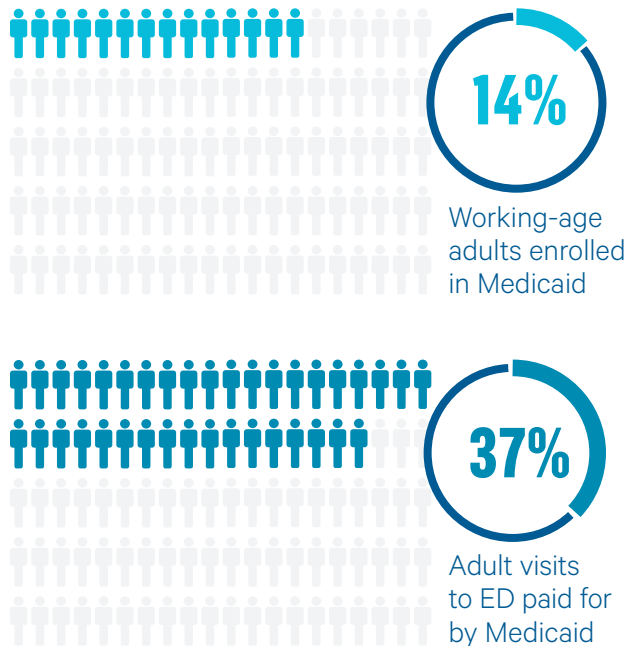


ONE VISIT EVERY
95
SECONDS

Figure 2. Oral health visits to the ED in the United States

Additionally, 37% of all ED visits by adults were paid for by Medicaid, whereas only 14% of working-age adults are enrolled in Medicaid. In other words, low-income adults are visiting EDs for dental issues at a rate that is two and a half times higher than might typically be expected. This strengthens the case that these visits are linked to the lack of comprehensive Medicaid adult dental benefits in most states. Here are some examples of how states are impacted by ED costs:

- During the 2016 fiscal year, Maryland adults made 42,327 ED visits for chronic dental conditions. The state Medicaid budget was charged for 53 percent of those visits or [\\$10 million](#).
- In 2012, [the state of Hawaii paid \\$4.8 million](#) for 1,691 adults who sought treatment for preventable oral health conditions in hospital EDs. Hawaii's Medicaid program offers adults only limited dental coverage.
- After Missouri restored Medicaid dental benefits in 2016 to about 350,000 adults, the state [observed a 38 percent drop](#) in the rate of ED visits for non-traumatic dental conditions.



Low-income adults visit EDs for dental issues

**2½X MORE
THAN EXPECTED**

Figure 3. Percentage of adults enrolled in Medicaid and proportion of ED oral health visits by Medicaid enrolled adults

Diabetes — [More than 30 million US adults](#) have diabetes, a disease that imposes significant costs on state Medicaid programs. In 2013, diabetes-related medical expenditures paid by Medicaid programs in eight states [reached nearly \\$26 billion](#). For this reason, states could save money by making it easier for adults to manage their diabetes.

- A 2017 study examined the health care costs for more than 15,000 patients with diabetes. Average medical costs for patients who received appropriate oral health care were \$1,999 lower than the medical costs for patients who had not obtained such care.



**AVERAGE MEDICAL COSTS
\$1,999 LOWER**

for patients who received appropriate oral health care compared to patients who had not obtained such care

- Covering dental care for low-income adults can identify and treat periodontal (gum) problems and [help them manage](#) their blood glucose levels. This can lower Medicaid costs by averting the need for adults to seek medical care because their diabetes is uncontrolled.

Opioids — A comprehensive adult dental benefit in Medicaid can help prevent tooth decay and dental pain, reducing the need for opioid or other potentially addictive medications. [Nearly one in eight opioid prescriptions](#) are related to dental treatment. Moreover, [almost four in 10 non-elderly adults](#) with opioid addiction are enrolled in Medicaid.

- After [Missouri's Medicaid program](#) restored adult dental coverage, the state experienced a drop in associated opioid prescriptions and inpatient hospitalizations.
- Comprehensive dental coverage through Medicaid could give states greater leverage to lessen the misuse or abuse of opioid medications. In early 2018, [Tennessee adopted such rules](#) for its Medicaid enrollees below age 21. Although the number of patients receiving a dental service barely changed, opioids prescribed to this population dropped 45 percent.

DENTAL COVERAGE CAN ENHANCE EMPLOYABILITY

In addition to poor health outcomes, the lack of dental coverage also can erode state budgets by making it tougher for adults to find jobs. After all, being employed is what enables adults to earn wages and contribute more tax dollars to state and local governments. People with missing or unhealthy teeth have fewer options for employment. As a [national business reporter](#) noted, “most people—including employers—make instant judgments based on appearance, including someone’s smile and teeth.”

[A national study found](#) that giving all working-age adults access to routine dental care would generate jobs for 9,972 currently unemployed adults. These employment gains would create \$14.2 million in additional federal tax revenue and save \$7.9 million in unemployment benefits.



Giving all working-age adults access to routine dental care would generate

**JOBS FOR 9,972
CURRENTLY UNEMPLOYED ADULTS**

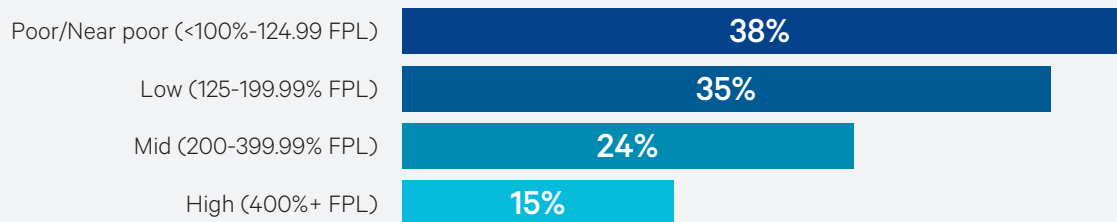
NOW IS THE TIME FOR ACTION

Many low-income adults have unmet dental needs. Thirty-eight percent of working-age adults who live in or near poverty have untreated decay and they are more than 2.5 times more likely than those of high incomes to have untreated decay. Forty-two percent of adults aged 30 years or older have [periodontal \(gum\) disease](#). Without robust Medicaid coverage, their oral health is likely to deteriorate, spurring the need for costly treatments and diminishing job prospects.

Providing adults with comprehensive dental coverage through Medicaid has the potential to lower the program's overall costs by improving systemic health. This potential is backed by growing evidence connecting poor oral health with [heart disease](#), [stroke](#) and other serious medical conditions. For example, researchers have even concluded that periodontal disease "[might be a modifiable risk factor](#)" for Alzheimer's disease.

States should be encouraged to expand Medicaid dental coverage, seizing the opportunity to improve their residents' health while maintaining the state's fiscal health.

Figure 4: Active dental decay among working age (21 to 64) adults by income, 2015/2016



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