HEALTH POLICY BRIEF:

SMILES FOR ALL: EXPANDING ORAL CARE TO LOW-INCOME POPULATIONS

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SECTION-01

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DUE: NOV 21st 2024

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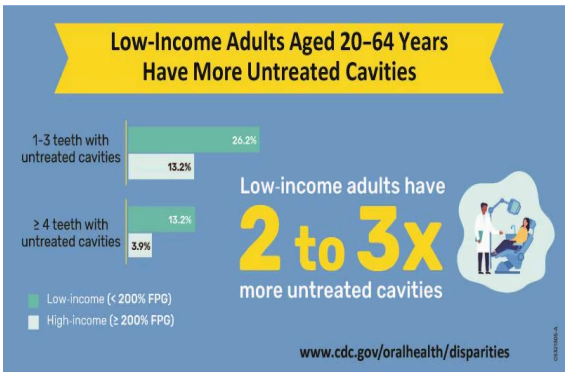
EXECUTIVE SUMMARY: Significant disparities in oral health persist in the United States, with a high volume of low-income people suffering from untreated teeth problems, compared to higher-income groups. Low-income communities are unable to get care due to limited Medicaid coverage, and insufficient dentist participation in public insurance programs. This inequity worsens chronic health issues, and has an impact on social well-being, highlighting the critical need for systemic reforms. Current policies, such as Medicaid and Children's Health Insurance Program (CHIP), address children's needs yet often fail to assist low-income adults, leaving them depending on emergency services for preventable issues.



To address these inequities, this policy brief advocates expanding Medicaid dental benefits, and defining dental care as an essential benefit in public insurance. Further strategies recommended include supporting community-based clinics, integrating oral and medical care, and investing in preventive dental care programs. These measures aim to improve accessibility, promote equity, and enhance overall health outcomes for low-income populations.

DESCRIPTION OF THE PROBLEM: Over 40% of low-income individuals have untreated tooth decay, compared to 9% in higher income groups, highlighting a severe disparity in oral health.[1] Despite some improvements in dental service use among children with Medicaid and CHIP from 2009 to 2020, significant disparities persist, with only 26% of uninsured individuals and 33% of those with public insurance accessing dental care annually, versus 56% with private insurance.[1] Low-income adults are disproportionately affected by untreated cavities, with the proportion of those having 1–3 untreated cavities being nearly double that of high-income adults and those with four or more untreated cavities over three times higher.[2] These disparities are caused by limited Medicaid dental coverage, with many states only offering emergency benefits and few dentists accepting Medicaid patients, as well as high out-of-pocket expenses and fewer affordable insurance options that make dental care inaccessible for low-income individuals.[3] Poor access to oral health care can lead to worsening overall health, increasing the risk of chronic conditions like diabetes, Alzheimer's disease, heart diseases and mental health conditions like depression.[3,4,5] Additionally, poor dental health increases socioeconomic disadvantages by affecting job productivity, employability, and social well-being.[3,4]

Causes:
- Limited Medicaid dental coverage
- Few dentists accepting only Medicaid patients
- High out-of-pocket expenses
- Fewer affordable insurance options

Effects:
- Increases risk of chronic diseases like diabetes, and heart diseases
- Increases risk of depression
- Lowers job productivity and employability
- Affects social well-being

Moreover, the separation between the U.S. medical and dental systems has created a two-tiered structure, where underserved populations rely on a confined oral health safety net which often fails to offer full dental care.[6] This situation urgently demands policy intervention, as the lack of accessible dental care for low-income, uninsured, and minority populations continues to drive significant health inequities that have an ongoing effect on both individuals and communities.[6]

OVERVIEW: Oral health is crucial for an individual's general health and well-being. Research from the American Dental Association (ADA), Delta Dental, and the ADA Health Policy Institute highlights the barriers low-income populations face in accessing dental care, with 23% of Americans lacking dental coverage, and over 80% delaying care due to cost, often resulting in preventable emergency visits.[5] Data from the National Health and Nutrition Examination (2009-2018), which used a standardized, nationwide methodology to assess over 7,000 low-income adults, revealed that Medicaid expansion in states offering adult dental benefits improved access, reduced uninsured rate, and lowered untreated tooth decay rates, while states lacking such benefits had higher rates of tooth loss.[4] The evidence highlights the critical opportunity for policy reform to establish continuous, accessible dental benefits, particularly for low-income communities to mitigate preventable interventions and improve oral health outcomes.

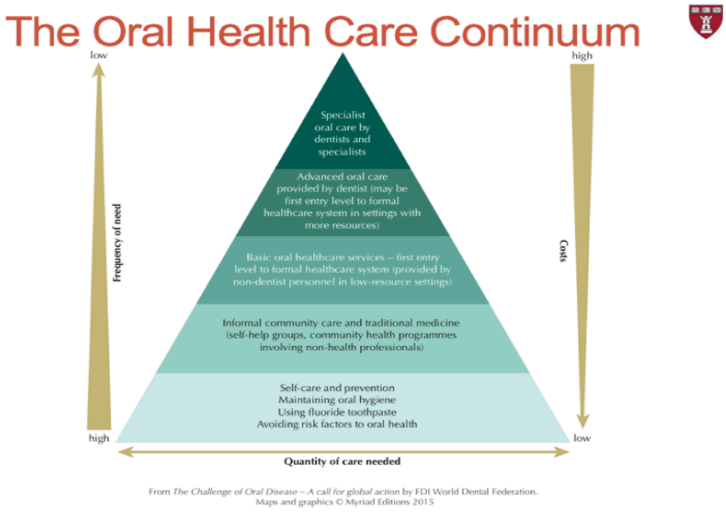
CURRENT AND PROPOSED POLICIES: Current policies such as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and the CHIP provide dental coverage for children, while Medicaid covers limited adult dental services, which vary widely by state and often only cover emergency care.[6,7] Additionally, Medicare excludes routine dental care, though many Medicare Advantage plans now include some dental benefits.[8] Furthermore, the Affordable Care Act (ACA) lacks a mandate for adult dental benefits, which leads to high out-of pocket costs and limited access for low-income adults and Medicare recipients.[1,6] Despite some progress through Medicaid expansions and innovative state funding strategies, significant disparities remain, leaving many vulnerable adults reliant on emergency services.[3,4] This fragmentation in the system such as separate Medicaid dental programs and standalone dental plans, limits coordination and affordability.[8] Finally, Accountable Care Organizations (ACOs) rarely include dental services due to gaps in dental coverage and incompatible technology systems, further preventing the medical-dental integration.[8]

To close these gaps, future policies should focus on standardizing Medicaid dental benefits across the country and defining dental care as an essential health benefit under the ACA. These adjustments are critical to ensuring continuous access to dental care for low-income individuals and reducing overall health inequities.

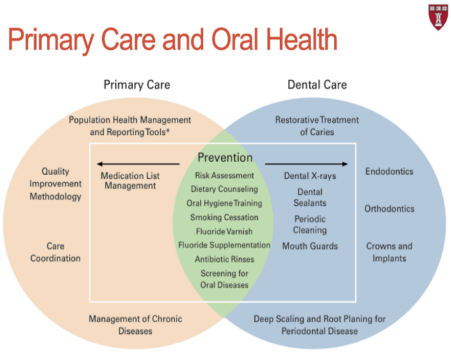
POLICY RECOMMENDATIONS:

- Make dental care an essential benefit in public insurance programs like Medicaid and Medicare Part B to reduce the emergency room visits which ultimately reduces the cost of treatment.[1]
- Integrate oral and medical care services to reduce the out-of-pocket expenses and receive the bundled care that is more affordable particularly to low-income families.[1]
- Create state and federal laws to license and regulate mid level practitioners, such as dental health aide therapists (DHATs) from the Minnesota study, who provide basic preventative and restorative dental care in low-income communities.[3]
- Expand Medicaid dental benefits and improve reimbursement rates to increase dentist participation in treating every patient equally irrespective of their income.[1,4,8]
- Increase subsidies and financing for preventive dental care to avoid future treatment expenses and missed school and work days caused by untreated dental problems.[5]
- Support community-based dental clinics, mobile dentistry, and culturally inclusive dental training to enhance access and reach isolated low-income populations.[7,8]
- Expand public health programs, including fluoridation, and support new dental technologies to ensure preventive care for low-income groups.[7,8]

APPENDIX



- In their Oral Health Atlas, the FDI illustrated the Oral Health Continuum of Care with the goal of beginning to dissolve boundaries between oral health and medical care, illustrating an ideal system in which efforts are cost-effective, focussing on where the greatest needs are, and reducing the amount of specialized care required.[9]



- Some important considerations for achieving medical-dental integration will include the use of alternative dental workforce models, such as shifting preventive and some clinical tasks to other professionals such as dental therapists, dental nurses, community dental health coordinators, community health workers, nurses, and physicians, as well as improving communication among and between providers.[9]
- Oral health care reimbursement may be through medical insurance rather than separate dental insurance, fostering integration.[9]
- Non-dental workers will receive oral health training, while dentists will receive more advanced medical training. Medical and dental care are becoming more closely integrated in a variety of health care settings.[9]

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