

Ideas in Action

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Restore Adult Dental Care — Restore Idaho's Dignity

Medicaid's adult dental coverage was eliminated behind closed doors

The Legislature cuts adult dental coverage in a backroom budget decision. Over 40,000 low-income Idaho adults use Medicaid coverage to receive needed health care that they could not afford otherwise.¹ The majority of adults covered by Idaho's Medicaid program are seniors or people with disabilities. However, in April 2002 the Idaho Legislature eliminated Medicaid's coverage of adult dental services, leaving program participants without a source for affordable dental care. The slashing of adult dental coverage happened behind the closed doors of the Joint Finance-Appropriations Committee — denying those covered by Medicaid “informed choice” and the opportunity to participate in decisions that deeply affect them and their families.

Due to this cut, adults covered through Medicaid are ineligible for dental care, except limited services for pregnant women and emergency services. Consequently, adults who need dental coverage must now wait until they suffer from a severe problem before they are eligible for dental care. But even then they are not guaranteed to see a dentist due to administrative hurdles and confusion caused by the cut.

Idaho's Medicaid program loses its dignity. The elimination of dental care for adults is a tremendous step backward in the fight against uninsurance in Idaho, where for every adult over 18 without medical coverage there are three without dental coverage.² The Surgeon General has described the poor oral health of millions of primarily low-income adults and children across the country as a “silent epidemic.”³

Cutting adult dental services contributes to this epidemic and severely harms those who must go without dental coverage. Governor Kempthorne told the Department of Health and Welfare to consider “human dignity” when making decisions relating to Medicaid's adult dental coverage. Yet the April 2002 cuts are an assault on the dignity of adults covered by Medicaid — leaving them without dentures or the care they need to retain teeth rather than losing them entirely. In 2003 the Idaho Legislature should restore coverage of preventive and routine dental care for adults — and restore the dignity of Idaho's Medicaid program.

Cutting Medicaid's dental coverage severely damages the health of adults — especially seniors and people with disabilities

Adults covered by Medicaid are being denied essential preventive dental care.

The Surgeon General has described prevention, which includes six-month dental cleanings and checkups, as the best way to maintain good oral health.⁴ Because many adults on Medicaid are seniors or people with disabilities who live on fixed incomes, they cannot afford to see a dentist on their own. The lack of dental coverage has made tens of thousands of adults unable to receive preventive dental care.

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Retta

My name is Retta. I am 62 years old. When I was 28, I had to have my teeth taken out because of a gum disease and I have been wearing dentures ever since. Now that I am older, I suffer from very painful bone deterioration and osteoporosis. My jaw has begun to deteriorate and is out of alignment, so my jaw pops and cracks every time I open or close my mouth, and I can't eat any hard food anymore.

Because of my jaw deterioration, my dentures don't fit anymore and I need new ones. Since my dental was cut, I have been trying to get Medicaid to pay for new dentures for me. I spoke with a dentist who said that it is difficult to get approved referrals for new dentures, and I am worried that the state won't pay for them.

Governor Kempthorne originally promised that seniors would get dental coverage. This promise has not come true. There is no way I can afford new dentures on my own. But I really need them to alleviate the pain I now suffer and so I can eat without severe pain. Adult dental coverage must be put back into Idaho's Medicaid package.

Serious oral infections and pain are now a reality faced by those who were cut off from dental coverage. Untreated dental infections can lead to gum swelling and bleeding, intense pain, and infections that require surgery. Moreover, an unhealthy tooth that normally can be identified through preventive care and saved with a root canal or filling will become more infected and have to be removed.

Good dental health is essential to maintaining overall health. Oral health problems left untreated can develop into more severe health problems. For example, gum disease can worsen the symptoms of diabetes. And infections caused by gum disease and other oral infections can spread to other parts of the body, posing a severe risk to those already susceptible to illness like seniors or people with diabetes or HIV.⁵

Seniors are targeted by the cut. Not only are seniors at more at risk for severe illnesses, but they are also more likely to require dentures. Under the new cuts, seniors now have to go through extensive procedures for prior authorization to receive dentures — and even then, they are not guaranteed denture coverage. This is not a gap that seniors living on fixed incomes can fill on their own. This is particularly so for those who receive their nursing home care through Medicaid, since program rules allow them to keep only \$40 per month as a personal needs allowance — far below the \$2,000 price tag

for dentures.⁶ Until adult dental coverage is reinstated, seniors will have no easy access to get dentures or any other dental care they need, and have to live with the indignity of being unable to chew their food. The Department of Health and Welfare told one nursing home that they should grind or puree the food of residents who didn't get Medicaid authorization for dentures.⁷ This is an unacceptable solution that robs seniors of their dignity.

“Emergency services” are inadequate and ineffective. Although emergency dental services remain covered, their availability has been seriously undermined by the elimination of routine dental care. In order for a dental professional to determine whether an emergency exists, he or she must first examine the patient. But the possibility that services will not be covered makes it very difficult for patients to get an appointment in order to have the problem evaluated. Essentially, the elimination of routine dental bars many patients from receiving examinations of dental conditions that could be very serious and even life-threatening.

In addition, many services now require documentation and review before treatment will be authorized, resulting in paperwork delays that prolong patients' suffering and can result in worsened conditions. This situation greatly discourages people from seeking the care that they need, and many simply give up despite their dire need for dental care.



Peggy

I am 55 years old and have severe heart problems. The medicine I take for my condition damages my teeth, and I need constant monitoring and preventive care so I don't develop infections. Any tooth or gum infection I get travels directly to my heart, and can cause more serious damage. One dentist told me I should be going to the dentist for checkups every three months — or at the very least every six months — to make sure nothing serious happens.

Now with the Medicaid cuts, I can't afford to go to the dentist even once a year and I'm having serious problems. I have a broken tooth and a cavity on my gum line so I can't chew on that side. It is also very painful. I know I need to go see a dentist, but I don't know where to go or who to talk to. Dentists are refusing to see patients who can't pay for procedures, and I can't afford to pay for any medical care on my own. I shouldn't have to wait until something severe happens, because by that time, I would already be ill and my heart would be infected.

The state keeps telling people to have dignity: how can people be dignified with rotten teeth? I am a people person. I love to be around others and laugh and smile. I would like to be able to keep smiling, instead of being in pain because my teeth or gums are infected, or embarrassed because they are in poor condition.

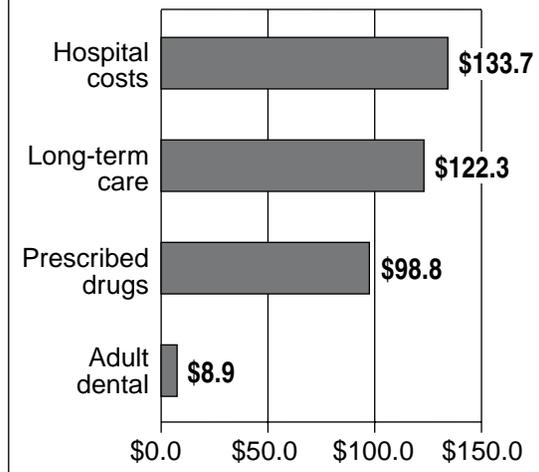
Furthermore, reliance on emergency dental care alone simply is not cost-efficient.

Families need adults with good dental health. When parents' health suffers, so does the quality of their parenting. Untreated oral health problems such as painful infections make it harder for parents to be attentive to their children. And if parents have to take sick days for untreated dental problems or pay out-of-pocket expenses for emergency medical bills, there will be less money for food, rent, or other necessities.

Cutting dental coverage is bad fiscal policy

Eliminating adult dental coverage results in lost federal funds and little in state savings. These cuts were projected to result in a total savings of about \$500,000 in state fiscal year 2002⁸ and \$6.8 million in state fiscal year 2003.⁹ But because Idaho pays 30 percent of Medicaid costs and the federal government pays 70 percent, only a fraction of these savings would come from Idaho's state budget: only about \$2 million in 2003 and \$150,000 in 2002.¹⁰ As a result of this cut, Idaho lost out on nearly \$350,000 in 2002 and \$4.8 million in 2003 in federal dollars that should have been invested in Idaho's families and health care infrastructure.

Selected Idaho Medicaid expenditures, SFY 2001 (in millions)¹¹



Moreover, Idaho expenditures for adult dental care are already miniscule: during state fiscal year 2001, adult dental amounted to less than 1.5 percent of the state's total Medicaid expenditures.¹² Prescription drugs are by far the most significant contributor to Idaho's rising Medicaid costs — the cost for prescription drugs has risen almost 50 percent since state fiscal year 2000, and in 2002, they totaled \$114 million.¹³

Rather than cutting adult dental care, Idaho should focus on the much more significant cost-driver of

Medicaid — prescription drugs — to address rising Medicaid costs. Idaho can pool the prescription drug purchases of state agencies, private entities, local units of government, and also open the pool up to the under- and uninsured, and join with other states to negotiate with manufacturers for lower prescription drug prices. Several states have already created prescription drug purchasing pools, and are already saving money.¹⁴

Cutting dental care results in costlier care and loss of productivity. People without access to dental services are more likely to use emergency rooms to receive care, according to recent research. One study found that cutting Medicaid coverage for adult dental emergencies led to a 12 percent increase in the number of adults using hospital emergency rooms due to untreated dental health problems.¹⁵ And untreated oral disease in children has also been associated with increased use of emergency departments.¹⁶

These increased costs are still borne by state and local governments — but without the help of federal dollars. When Medicaid benefits or enrollment are reduced, the demands on public hospitals, public health departments, county indigency funds, and other state and local funding sources increase. It makes more fiscal sense for Idaho to provide pre-

ventive dental care through Medicaid and with the help of federal dollars, rather than shifting this burden entirely to state and local sources of funding.¹⁷

In addition, untreated dental problems make it difficult for people to find and retain employment. Intense pain, discomfort, and sick days result from dental problems that could be avoided with routine care. Nationwide, working adults miss more than 164 million hours of work each year due to dental disease or visits.¹⁸

The Legislature should restore adult dental coverage — and restore Idaho’s dignity

No person should have to go without cost-effective preventive care and suffer through worsening dental conditions — and seniors and people with disabilities should not be forced to eat pureed or ground food simply so the state can save money on dentures. The elimination of adult dental care is bad fiscal policy, deeply harms thousands of Idaho adults covered through Medicaid, and is a tremendous step backward in Idaho’s fight against uninsurance. Idaho’s Legislature should reverse its elimination of adult dental coverage and restore the dignity of Idaho’s Medicaid program.

Endnotes

1 Idaho Department of Health and Welfare, *Facts, Figures, Trends 2002-2003*, 2003, p. 20, found on http://www2.state.id.us/dhw/facts_figures/Facts2003/part3_02.pdf.

2 U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000, p. 8-9, found on <http://www.nidr.nih.gov/sgr/oralhealth.asp>.

3 *Ibid.*, p. vii.

4 *Ibid.*, p. 3.

5 *Ibid.*, pp. 3-4.

6 Travis Purser, “For Some, Medicaid Cuts Could Mean No Teeth,” *Idaho Mountain Express*, April 17-23, 2002, found on <http://www.mtexpress.com/2002/02-04-17/02-04-17dentalcare.htm>.

7 *Ibid.*

8 2002 Idaho Legislative Fiscal Report, Medical Assistance Services, Bill S1471 (Ch.68), S1490 (Ch.321), H676 (Ch.350), pp. 2-20.

9 Angela Fink, Administrative Procedures Section, Idaho Department of Health and Welfare, Personal Communication, January 16, 2003.

10 2002 Idaho Legislative Fiscal Report, Medical Assistance Services, Bill S1471 (Ch.68), S1490 (Ch.321), H676 (Ch.350), p. 2-20.

11 Idaho Department of Health and Welfare, *Facts, Figures, Trends 2001-2002*, 2002, p. 19, found on http://www2.state.id.us/dhw/facts_figures/Facts2002/part3_02.pdf. \$8.9 million out of \$704.5 million was spent on adult dental, vision, and hearing services combined in FY 2001.

12 *Ibid.*, p. 12.

13 *Ibid.*, p. 23.

14 Dana Warn, *The Best Medicine at the Best Price: Proven State Strategies for Lowering Prescription Drug Costs and Protecting Public Health Care Programs*, Northwest Federation of Community Organizations, January 2003.

15 L. Manski Cohen, L. Magder, and D. Mullins, “Dental Visits to Hospital Emergency Departments by Adults Receiving Medicaid: Assessing Their Use,” *Journal of the American Dental Association*, June 2002, v. 133, pp. 715-24.

16 U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000, p. 252, found on <http://www.nidr.nih.gov/sgr/oralhealth.asp>.

17 Families USA, *Medicaid: Good Medicine for State Economies*, January 2003, p. 14.

18 *Ibid.*, p. 3.