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**Sent:** Monday, August 07, 2023 7:58 PM

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**Subject:** To the Members of the Medicaid Managed Care Task Force: Please keep Adult Medicaid Dental Benefits

To the Members of the Medicaid Managed Care Task Force:

As a Past President of the Idaho State Dental Association, I am writing to strongly encourage the **continued support of the adult Medicaid dental benefits**. As an Association, we were able to convey the importance of some basic dental coverage for our most vulnerable community citizens. This basic coverage treats active infection and provides education for future preventive oral health issues. These are costs that have immediate pay back, not only in alleviating pain and suffering, but in true dollars when patients are treated in a dental office instead of the hospital Emergency Departments (EDs).

We've been here before. Idaho eliminated the adult dental benefit roughly a decade ago and not too long after this, Medicaid saw an increase in emergency room visits related to oral health related infections. While we don't have Idaho specific research data detailing these occurrences, the state of Oregon does. When Oregon eliminated the adult dental benefits in 2003, they used that opportunity to determine how elimination of dental benefits among adult Medicaid beneficiaries in Oregon affected their access to dental care, Medicaid expenditures, and use of medical settings for dental services. This research collected Medicaid claims data before and after Medicaid dental benefits were eliminated and survey data for continuously enrolled Oregon Health Plan enrollees covering 3 years after benefit cuts.

The research concluded that for those that lost dental benefits had a doubling of dental emergency department visits and associated expenditures and three times the odds of having an unmet dental need, relative to the group that retained dental benefits. Claims analysis showed that, compared with enrollees who retained dental benefits, those who lost benefits had large increases in dental-related emergency department use up 101.7% and expenditures up 98.8%, and in all ambulatory medical care use up 77.0%, and expenditures up 114.5%.

link: <https://pubmed.ncbi.nlm.nih.gov/21680938/>

A study from the American Public Health Association that evaluated "Emergency Department Visits for Nontraumatic Dental Problems" link: <https://ajph.aphapublications.org/doi/abs/10.2105/ajph.2014.302398> concluded "*Emergency department dental visits are a significant and costly public health problem for vulnerable individuals.*" Also of note were that the ED dental visits "*resulted in significant opioid and antibiotic prescriptions (56%)*".

During a time of a current workforce shortage, now more than ever, we need to keep our adult Medicaid population able to work. In an article from the Natural Library of Medicine, link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7363255/#:~:text=Oral%20problems%20accounted%20for%209,10%25%20other%20types%20of%20facilities>. They found that "*Oral problems accounted for 9-27% cases of sickness absence and 28 to 50% of presenteeism, ..with presenteeism, this is to say, workers do not tend to miss work days, but their performance is reduced and become susceptible to more serious health problems in the future.*" which creates the financial burden. "*In the United States, several studies found that oral health problems were associated with 0.25 to 1.5 lost working hours/population/year and a loss in productivity of more than USD 800 million.*"

As a general dentist in Idaho, who sees Medicaid patients, I am hands-on in dealing with the effects dental disease causes this population. Moms, Dads, young adults, and our aged population come to see me with a multitude of dental infections causing pain, issues with eating, issues with smile confidence, and full body systemic implications. These people need dentistry to restore general health. Others just need support and preventive measures. I saw a young woman today, who is currently receiving Medicaid benefits, and is just about to get on private insurance as she has a new job that has benefits. We have been seeing her for only a short while, but she has been one of the most grateful, most interested in prevention, has asked the right questions, and has advocated for herself. She was able to receive a few fillings and a few cleanings with her Medicaid coverage. Without coverage, these easily performed procedures would have led to infection, pain and probable tooth loss. I have one Medicaid patient who rides his bike to come see me, miles from his work and home. I have many, many patients that I work with to get partial and full dentures, reestablishing their smiles, their confidence and their oral health.

Keeping Medicaid dental benefits saves the state money, adults that are educated in oral health teach their children better oral health practices preventing future problems, and workers with good oral health miss less work/are more productive. Dental offices are equipped to treat the dental need and decrease the ED "bandaid" approach of antibiotics and pain medication.

Thank you for all your hard work, thoughts, efforts and consideration with this very complicated Medicaid situation.

Sincerely yours,

Jill Shelton Wagers, DMD, FAGD  
Past President Idaho State Dental Association

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