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SB 150 Maryland Medical Assistance Program – Dental Coverage for Adults

Senate Finance Committee

FAVORABLE

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Good afternoon, Chair Kelley and members of the Senate Finance Committee. I am Jim Gutman, a Howard County resident and member of the Executive Council and lead health advocacy volunteer for AARP Maryland. Before my retirement, for 25 years I edited, published and for 10 years owned subscription regulatory and financial newsletters about U.S. health care, including one on managed dental care. I am here today representing AARP Maryland and its 850,000 members in support of SB 150. As you know, AARP Maryland is one of the largest membership-based organizations in the country. We thank Senators Augustine and Guzzone for sponsoring this bill for Maryland's most vulnerable citizens.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

All states must cover dental benefits for children in low-income families under Medicaid, but they aren't required to do so for adults. And Maryland is one of about 15 states that does not and hasn't for more than 45 years, although it does have a pilot program that covers about 33,000 disabled adults on Medicaid. That number represents less than 3% of the number of adults on Medicaid in Maryland. Moreover, the pilot, while well-intentioned and certainly much better than doing nothing, doesn't have enough funding — only \$4.2 million for the first year — to cover the costs should all those eligible under it seek dental care. Were that to occur, the cost would be about \$26 million, according to state budget estimates. And while the pilot does have coverage for those 33,000 people for removing teeth, it doesn't pay for replacing them. It also doesn't cover root canals or dentures, which are especially important for people with long-neglected teeth, as is common for adult Medicaid recipients. Nor is the state's insurance exchange, Maryland Health Connection, a good alternative since it doesn't have any beneficiary out-of-pocket limit for adult dental coverage.

The extreme limits on coverage represent a big problem in financial as well as health terms. The Maryland Medicaid programs spends millions of dollars when adults covered under it go to hospital emergency departments for dental problems. The nonprofit DentaQuest Institute found there were more than 42,000 visits to ERs in Maryland for dental problems in 2016, its most recent data, at a cost of \$22 million. Medicaid paid for more than half of those, at a cost of nearly

\$10 million. Moreover, a majority of these patients returned to the ER with a similar dental complaint within 15 days at an average ER visit cost of \$537 then. The costs undoubtedly are much higher now.

In addition, the same DentaQuest study found that from 2013 to 2016, 15 people died in Maryland hospitals after being admitted for severe oral health conditions. Its data for 2014 showed the rate of ER visits due to dental problems was 40% higher in Maryland than the national rate and was especially high in Baltimore City. And all that the ERs generally are equipped to do for dental problems is provide antibiotics or pain medicine.

The problems caused by poor dental health go far beyond oral conditions. The federal Centers for Disease Control (CDC) reported last year that untreated tooth decay, a condition it said is found in more than 40% of low-income and non-Hispanic black adults for instance, has a large impact on quality of life and productivity. More people are unable to afford dental care than other types of health care, CDC said, and the results include a negative impact on their ability to interview effectively for jobs.

Beyond this economic impact, the effect of inadequate dental care for overall health is huge. Poor oral health allows bacteria to build up in the mouth and potentially cause infections like abscesses that can spread to the brain. It also has been shown to be associated with higher risk for cardiovascular disease, dementia, respiratory infections, diabetes, cancer, pregnancy complications, and infertility. Furthermore, bacterial infections associated with poor oral health also can spread to the blood stream, in turn affecting the heart valves, and potentially cause endocarditis, which can be fatal.

Despite those clear reasons to have regular dental care, the CDC in this same 2021 study reported that more people are unable to afford dental health care than other kinds of health care. And that is also a big concern in low-income older adults since Medicare doesn't cover dental care. The CDC found that low-income adults aged 65 and above are more than three times as likely to have lost all their teeth as are adults with higher incomes.

While SB 150 can't and won't remedy all these problems, it can make a significant dent in them and do so in an affordable way. The provisions of the legislation make clear the comprehensive dental care it would provide is "subject to the limitations of the state budget" and that the provisions cover only adults with annual household incomes at or below 133% of the Federal Poverty Level. And laws in other states that have provided adult dental coverage via Medicaid have been effective. *The New York Times*, for instance, reported that adult Medicaid dental coverage increased the chances that Medicaid-eligible people had dental visits by up to 22%.

All states should elect the option to expand Medicaid to cover uninsured populations with low incomes. States should exercise available options to cover optional services, including the Program of All-Inclusive Care for the Elderly (known as PACE) and dental services for adults.

AARP believes that state governments should: ensure that all people living at or below 138 percent of the federal poverty level are covered by Medicaid; increase Medicaid participation

among eligible people of all ages; and ensure adequate provider participation in Medicaid, including participation by dental.

For these reasons, AARP Maryland requests that the Senate Finance Committee give a favorable report to SB 150. Thanks very much for your time and consideration. If you have questions, please contact Tammy Bresnahan tbresnahan@arp.org or by calling 410-302-8451.