

Dental Care Is Essential Health Care

Position Statement Supporting Senate Bill 150

Given before the Finance Committee

Maryland is just one of three states without adult dental coverage in its Medicaid program. While some adults are eligible under certain circumstances, Maryland still has far too many adults not covered by dental health in its Medicaid program. This lack of care results in poor oral health, which can lead to chronic disease that becomes hard to control, difficulty obtaining employment, and can even effect people's ability to eat, speak or socialize. **The Maryland Center on Economic Policy supports Senate Bill 150 because ensuring that low-income Marylanders have proper, equitable dental care is a human right and good for the state economy.**

More than 30 states provide comprehensive or limited adult dental coverage in their Medicaid programs. The remaining states provide a form of emergency coverage, however Maryland, Alabama, and Tennessee do not. Mounting research suggests that good oral health supports the overall health and well being of individuals, families, communities, and societyⁱ. Poor oral health reduces the economic productivity of society by limiting participation in the workforce as well as by increasing health care costs. Additionally, adolescents are most at risk for poor health since they tend to fall off their parents' insurance and participate in high-risk behaviors such as smoking and sports.

Lack of use of access to regular dental care often results in ineffective and expensive misuse of emergency rooms due to people seeking treatment for chronic oral pain. A recent report indicated that in 2019, there were 35,000 emergency room visits for non-traumatic dental conditions among adults in Maryland at a cost of \$25.7 million to taxpayersⁱⁱ. This data suggests that Maryland continues to have rates of emergency room visits for dental care that exceeds the national average. The average cost for these visits has risen from \$486 in 2013 to \$728 in 2019. Although Medicaid recipients account for 17% of Maryland adults, they account for 54% of all emergency room visits for non-traumatic dental conditions.

Based on social and economic factors, Marylanders of color experience more disease and more barriers to care than the general population due to several reasons including lack of dentists in underserved areas. This results in unacceptable, but reversible, inequities in oral health. Additionally, the added structural barriers in some communities contribute to poor oral health conditions due to lack of healthy food and higher access to tobacco and sugar-sweetened foods and beverages. This emergency health crisis combined with COVID-19 puts Black and Brown people more at risk for chronic health conditions and highlights the importance of establishing public health partnerships with both public and private entities to bring care to the populations that need it the most.

For these reasons, the Maryland Center on Economic Policy respectfully requests the Finance Committee to make a favorable report on Senate Bill 150.

Equity Impact Analysis: Senate Bill 150

Bill Summary

Provides comprehensive dental care for adults whose income is at or below 133 percent of the federal poverty level.

Background

Maryland is just one of three states without adult dental coverage in Medicaid. This lack of care results in poor oral health that lead to chronic disease that becomes hard to control, difficulty obtaining employment, and can even effect people's ability to eat, speak or socialize. A recent report indicated that in 2019, there were 35, 000 emergency room visits for non-traumatic dental conditions among adults in Maryland at a cost of \$25.7 million to taxpayers. Although Medicaid recipients account for 17% of Maryland adults, they account for 54% of all emergency room visits for non-traumatic dental conditions.

Equity Implications

Based on social and economic factors, people of color experience more disease and more barriers to care than the general population due to several reasons including lack of dentist in underserved areas and not having dental insurance. This results in unacceptable, but reversible, inequities in oral health.

Older adults have a higher risk for poor oral health than any other age group because many of them lack dental insurance, have underlying health conditions, lack convenient access to care (especially those living in underserved urban and rural areas), and have limited financial resources. These factors result in the higher prevalence of many oral diseases in older adults, compared to younger adults. Adolescents are most at risk for poor health since they tend to fall off their parents' insurance and participate in high-risk behaviors such as smoking and sports.

Impact

Senate Bill 150 will increase racial and economic equity by improving access to oral health care for the most at-risk Marylanders by providing dental insurance to the population most at risk for poor oral health.

ⁱ NIH (2021) *Oral Health in America: Advances and Challenges* https://www.mdac.us/file_download/inline/e007dc4c-675f-4530-ac59-fd344a46c6ea

ⁱⁱ Maryland Dental Action Coalition & Institute for Oral Health (2021) *Financial Impact of Emergency Department Visits for dental Conditions in Maryland* https://www.mdac.us/file_download/inline/2ed08573-f47a-47b4-a535-4bffd815823e