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Office of the Surgeon General
NIH/NIDCR, 31 Center Drive
Room 5B55
Bethesda, MD 20892


Attn: Ms. Michelle Pitt
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To the Editors of the Updated Surgeon General’s Report on Oral Health:

I am writing to provide input on the update to “Oral Health in America: A Report of the Surgeon General.” As the Chief Strategy Officer of West Health—a family of nonprofit, nonpartisan organizations dedicated to lowering the cost of healthcare and enabling seniors to age successfully—I work with a population especially vulnerable on this issue, and we are eager to share our knowledge and expertise. We strongly urge you to emphasize the critical need for access to oral healthcare for seniors and highlight them as a selected population in your updated report.

Oral health in America is not often at the forefront of public policy discussions, however, the devastating impact of inadequate access to critically needed oral healthcare for seniors is real. For older adults across the country, the lack of attention to this issue contributes to serious untreated dental problems that can lead to a host of medical complications downstream. For low-income seniors—particularly those living with chronic medical conditions, or mental or behavioral health needs—the impact is further multiplied.

Lack of access to oral healthcare for seniors is a significant widespread problem in America. Although there has been progress in providing children with access to dental coverage, with about 90 percent now insured, more than 40 percent of adults lack any type of dental coverage. Only about a third of seniors have dental coverage, compared with two-thirds of the younger adult population. Older adults living without significant financial resources face a particularly challenging situation: in 2016, 82 percent of seniors with incomes above 400 percent of the federal poverty level saw a dentist, while just 37 percent of those with incomes below the federal poverty level did so. As the demographic shift of baby boomers continues, the population of seniors—particularly, those with low incomes—will grow exponentially, requiring additional assistance and attention.

At West Health, we work with older adult populations most affected, and every day we see the critical importance of robust Medicaid coverage as an oral healthcare safety net. Unfortunately, in too many places, Medicaid coverage for dental care is unavailable or inadequate. The Surgeon General’s first oral health report, released in July of 2000, highlighted barriers related to Medicaid dental benefits and other federal and state assistance programs—yet two decades later, the situation remains deplorable. In fact, three states have no Medicaid adult dental benefit at all. Twelve others limit coverage to emergency dental care, which often focuses on
treated symptoms like pain without addressing the underlying oral condition\[\text{iii}\]. Even in states with broader benefits, restrictions on covered services, annual spending caps, and low provider reimbursement rates mean access to necessary dental care is far from being assured.

Medicaid adult dental benefits can be further compromised when economic downturns reduce state revenues, and states curtail or eliminate the optional adult dental benefit to help balance the overall state budget. For example, California completely eliminated the adult dental benefit in 2009, leading to a substantial documented increase in the use of emergency departments for dental problems\[\text{iv}\]. There are likely much greater, undocumented consequences for countless individuals experiencing dental problems who are not able to seek treatment.

West Health is committed to ending deficiencies in oral healthcare benefits that have persisted for far too long and harmed the lives of far too many seniors. As you draft your updated report, I urge you to highlight the essential and critical need for access to more comprehensive Medicaid dental coverage for this important population. Your updated report must shine a light on the unacceptable gaps in oral healthcare coverage for seniors to spur much-needed public policy discussions.

Thank you for the opportunity to provide West Health’s perspective on this critical issue.

Sincerely,

Timothy A. Lash
Chief Strategy Officer, West Health
President, West Health Policy Center

\[\text{i}\] American Dental Association (2017) “Dental Benefits Coverage in the U.S.”
\[\text{ii}\] Centers for Disease Control (2017) “Dental Visits in the Past Year, By Selected Characteristics: United States”
\[\text{iv}\] Health Affairs (2015), “Eliminating Medicaid Adult Dental Coverage In California Led To Increased Dental Emergency Visits And Associated Costs”