CDHP Policy Brief

Preserving the Financial Safety Net by Protecting Medicaid & SCHIP Dental Benefits

Dental Benefits Improve Access for Vulnerable Populations

Quality dental coverage is essential to assuring access to dental services and improving oral health:

- The 29 million children in Medicaid and SCHIP are 1.5 times more likely to access dental care than are uninsured children.[i]
- Children covered by Medicaid are 3.5 times less likely to have an unmet dental need than uninsured children.[ii]
- 72% of adults with an unmet dental "want" report that the major reason is financial.[iii]

Dental disease remains a chronic problem among low-income populations who qualify for Medicaid and SCHIP. The Surgeon General reports that

> *"Those who suffer the worst oral health include poor Americans, especially children and the elderly. Members of racial and ethnic groups also experience a disproportionate level of oral health problems. And, those with disabilities and complex health conditions are at greater risk for oral diseases that, in turn, further complicate their health."*[iv]

Nearly 4 million children and 2 million adults received dental services through Medicaid in 2000.

Dental Benefits are Eroding

Medicaid While dental spending in Medicaid comprises only 1% of Medicaid expenditures[v], states' current fiscal demands have led to cuts or eliminations of dental benefits for adult and disabled Medicaid beneficiaries as cost savings measures. Comparing 2005 with 2000, the number of states offering comprehensive dental benefits to adults in Medicaid has dropped from 14 to 7.[vi] In 2003, 9 states cut or restricted adult dental benefits. In 2004, 7 states reduced adult dental benefits, despite the influx of $10 billion allocated to Medicaid in the Bush tax cut plan.[vii] The cuts continued in 2005 with 2 states cutting or reducing the benefit. These dramatic cuts leave millions unable to access care even in the face of dental pain and infection.

Number of States with Adult Medicaid Dental Benefits

	'00	'01	'02	'03	'04	'05
No dental benefit	7	8	8	9	7	8
Emergency only	13	16	17	18	19	18
Limited	17	14	14	16	18	18
Comprehensive	14	9	12	8	7	7

SCHIP Although dental benefits for children in SCHIP are optional, all but one state includes dental services in their plans. Unlike Medicaid's EPSDT benefit that provides for comprehensive dental services, many SCHIP plans provide more limited benefits.[viii]

Because dental benefits in SCHIP are optional, beneficiaries are at risk of losing their dental coverage at any time. Texas, the first state to eliminate pediatric dental benefits in SCHIP, late reinstated the dental benefit under public pressure.

Sustaining the Dental Safety Net Requires Dental Benefits in Medicaid/SCHIP

Erosion of the dental benefit contributes to the "silent epidemic" of oral disease and causes

> *"needless pain and suffering, complications that devastate overall health and well-being, and financial and social costs that diminish the quality of life and burden American society."*[ix]

To prevent further weakening of the dental care financing safety net:

- Dental benefits for children in Medicaid EPSDT must be maintained.
- Dental benefits in SCHIP should be retained and legislation implemented to require at least basic dental care for all SCHIP beneficiaries.
- States should consider the increased emergency room costs to Medicaid that result from eliminating dental benefits.[x]
- Medicaid must require at least basic dental services for adults that address pain, infection, and dysfunction.

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[i] Kenney, et al. *Children's Insurance Coverage and Service Use Improve.* Urban Institute Series, Snapshots of America's Families III, No. 1, 2003. Accessible at http://www.urban.org/url.cfm?ID=310816. Data from the National Survey of America's Families.

[ii] Newacheck, P.W., Peraly, M. and Hughes, D.C. *The Role of Medicaid in ensuring children's access to care.* Journal of the American Medical Association, 280(20):1789-93, 1998.

[iii] Warren, Rueben C., D.D.S., Dr.P.H. *Oral Health For All: Policy for Available, Accessible, and Acceptable Care.* Center for Policy Alternatives: September, 1999.

[iv] USDHHS. *Oral Health in America: A Report of The US Surgeon General.* National Institute for Dental and Craniofacial Research: 2000.

[v] MSIS Statistical Report, *Medicaid Expenditures-Fiscal Year 2000: By Type of Service for Maintenance Status and Basis of Eligibility.* Accessed on 9/24/03 at http://cms.gov/medicaid/msis/msis99sr.asp.

[vi] American Dental Association data, September 2003.

[vii] Smith, V. and V. Wachino, *States Respond to Fiscal Pressure: State Medicaid Spending Growth and Cost Containment in Fiscal Years 2003 and 2004.* Kaiser Commission on Medicaid and the Uninsured, 2003.

[viii] Wooldridge, J. *Interim Evaluation Report: Congressionally Mandated Evaluation of the State Children's Health Insurance Program*. Mathematica Policy Research, Inc. and The Urban Institute, February 26, 2003.

[ix] USDHHS. *Oral Health in America: A Report of The US Surgeon General.* National Institute for Dental and Craniofacial Research: 2000.

[x] Cohen, L. Manski, R., Magder, L. and Mullins, D. *Dental Visits to hospital emergency rooms by adults receiving Medicaid*. Journal of the American Dental Association, 133:715-24, June 2002.