

THE SPECIAL CARE DENTISTRY ACT:

An opportunity to save health costs and improve oral health for America's most vulnerable citizens

The State of Oral Health for America's Most Vulnerable Citizens is Deplorable



Charles is infected. He is aged, disabled and like 1,300 other patients in a Louisiana geriatric dental practice who have active oral abscesses, he has no access to the extractions he needs. Medicaid in Louisiana

does not provide extractions for adults and, like 46 other states, Medicaid fails to provide adequate oral health services to its aged, blind, and disabled population.



Harold is a mentally retarded, adult on Medicaid. He has abscesses, infected gums, loose teeth, and cavities. Medicaid will not pay to remove his infections.

America's most vulnerable citizens are experiencing needless pain and suffering as a result of untreated dental disease.



Sarah is autistic. She was admitted to a locked psychiatric facility at the cost of \$150,000 per year. Luckily she

lives in California where there are adult dental benefits for aged, blind, and disabled adults. Once Sarah's dental problems were recognized and treated, she stopped acting out and she was able to return to her community living facility.

These special populations have:

- **more cavities**
- **more dental infections and**
- **more dental abscesses than the general population**

There are Large Health Disparities



The 2000 Report of the Surgeon General on Oral Health in America and many other reports have found that the elderly population, people with mental retardation and those with other disabilities have more dental disease, more missing teeth, and more difficulty obtaining dental care than other members of the general population.¹



Almost two thirds of community-based residential facilities report having inadequate access to dental care.^{2,3,4} In

our elderly population an estimated 70 percent of the nation's two million plus nursing home population has dental problems including dentures that don't fit, loss of some or all of their teeth, and most significantly, poor oral hygiene.⁵

The Current System Ignores the Needs of these Special Populations



Dental services are currently classified as "optional services" for adults under the Medicaid program. Currently the majority of states do not provide dental benefits for adults or limit services to emergency care only.⁶ Thus most adult Medicaid beneficiaries do not have dental benefits.

Our "aged, blind, and disabled" populations are disproportionately impacted by

this restriction in Medicaid coverage. They can get into far worse trouble and require much more expensive treatment when dental disease progresses. These vulnerable people often require greater time and expertise to treat and may require expensive medical care such as sedation or general anesthesia in order to receive dental treatment.



The Consequences of Oral Health Disparities

These major oral health disparities result in significant avoidable costs. There is mounting evidence that poor oral health leads to serious systemic diseases including poor birth outcomes, cardiovascular

diseases, pneumonia, and other general health problems which result in billions of dollars in preventable health care expenditures annually.^{7,8} In Maryland, when adult dental benefits were eliminated in 1993 there was a 12% increase in visits to the hospital emergency department for people with dental problems – a very expensive way to provide treatment for dental problems!⁹

The Special Care Dentistry Act

The Social Security Act uses the terms “Aged, Blind and Disabled” to identify vulnerable adults and children. The Special Care Dentistry Act extends required Medicaid dental benefits beyond children to include these vulnerable adults in every state. It does not require coverage for all adult populations.

The Special Care Dentistry Act addresses these disparities and reduces avoidable general health care costs.

It does this by:

- expanding federally required Medicaid coverage to include the nation’s “Aged, Blind and Disabled”
- supporting states by increasing federal funding for Medicaid oral health services by creating a 90/10 federal/state match
- and providing additional support for other medically necessary services such as transportation.

Without the Special Care Dentistry Act, we will not be able to stop the spread of age discrimination and oral/medical neglect as states cut Medicaid funding for our most vulnerable adults. An increase in the federal match to 90/10 will help the states meet this important new requirement and also strengthen present day federal support for children’s oral health services.

Cost Benefit Analysis

The Special Care Dentistry Act will save billions in current unnecessary and preventable general health expenditures caused by the consequences of oral neglect.

Providing early identification and treatment of dental disease for these vulnerable populations will cost less than .5% of the total Medicaid expenditures nationally.

The Special Care Dentistry Act assures that people of all ages who are “aged, blind, and disabled” will have access to critical oral health care services. By providing this coverage, widespread infection, suffering and neglect currently experienced by this country’s most vulnerable citizens can be minimized and overall health care expenditures reduced.

For more information...



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