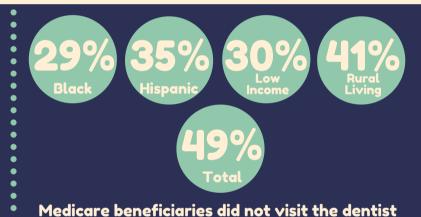
AMERICA'S SENIORS NEED MEDICARE ORAL HEALTH COVERAGE

THE EXISTING MEDICARE INFRASTRUCTURE LACKS DENTAL COVERAGE

In 1965, Title XVIII of the Social Security Act enacted the Medicare program to provide health insurance coverage to adults age 65 or older and people with disabilities. [1] Today, about 60 million Americans rely on Medicare for health insurance. [2] However, since its implementation, Medicare has explicitly excluded oral health coverage, despite the large numbers of older Americans who need such services. [3]

Traditional Medicare patients cannot receive preventative dental services, such as routine exams, cleanings, and x-rays, nor basic or major restorative services and items, such as fillings, extractions, root canals, and dentures. [4]

37 million Medicare beneficiaries lack oral health coverage. [5]



WHY ORAL HEALTH MATTERS

Forgoing oral health services can lead to poor oral health. Untreated oral health problems have grave health consequences:



Poor oral health is directly linked to chronic illness such as diabetes, cardiovascular disease, pneumonia, or rheumatoid arthritis. [7]



Medicare beneficiaries that received delayed or no dental care are more susceptible to avoidable emergency department visits, hospitalizations, skilled nursing facility visits, falls, isolation, depression, and greater dependence on family caregivers. [8]

COMMON MISCONCEPTIONS

within the past year. [6]

- 1. The addition of a dental benefit to Medicare will lower health care spending due to lower hospital and emergency department visits from patients with exacerbated dental issues. [9]
- 2. Regular dental visits are associated with earlier diagnosis for oral and pharyngeal cancer. [10]
- 3. More than any other health care treatment, Medicare beneficiaries forgo dental treatment because they are unable to pay. [11]
- 4. Seniors want a dental benefit. 93% of adults age 50 and over want Medicare to include dental coverage. [12]



7 out of 10 voters support adding oral health coverage to Medicare. [13]

CAROLINE LE

SPRING 2020

THE SOLUTION: A MEDICARE ORAL HEALTH BENEFIT IS A NEEDED, WISE INVESTMENT

Oral health advocates suggest that Medicare be amended to include oral health coverage as a Part B Medicare benefit. As a result, those that voluntarily choose to enroll in Medicare Part B will have access to dental coverage.

HOW WILL THE BENEFIT BE FINANCED?

Like other Part B services, the oral health benefit will be funded through the current structure of premiums, cost sharing, and low-income assistance. Part B enrollees pay a monthly premium that covers 25 percent of Part B expenditures. The remaining 75 percent is covered by general revenues. Beneficiaries with higher-incomes will be subjected to an additional income-related premium. Whereas, lower-income beneficiaries have their premiums, and potentially cost sharing, paid for by Medicaid. Part B benefits are subject to a deductible and coinsurance of 20 percent. [14]

MEDICARE TERMINOLOGY

MEDICARE PART A	Covers inpatient hospital stays, skilled nursing facility stays, some home health visits, and hospice care.
MEDICARE PART B	Covers physician visits, outpatient services, preventive services, and some home health visits.
MEDICARE PART B PREMIUM	Monthly fees that Medicare participants pay for medical insurance to cover services that are not covered in Part A.
COST SHARING	Patient and health insurer both pay a portion of health care costs.
GENERAL REVENUE	This part of Medicare funding comes primarily from federal income taxes that Americans pay.
DEDUCTIBLE	The amount you must first pay out-of-pocket for health care before Medicare insurance coverage kicks in.
COINSURANCE	Percentage of the Medicare- approved cost of your health care services that you're expected to pay after you've paid your plan deductibles.

BARRIERS TO IMPLEMENTATION

Typically, Republican and/or fiscally conservative policymakers oppose the addition of a Medicare dental benefit due to its initial cost. [15] However, the benefit would dramatically lower health care spending as a whole by reducing avoidable emergency department visits for dental pain, improving chronic disease outcomes, and preventing hospital acquired infections. [16]

Those that oppose the amendment of Medicare Part B argue oral health coverage is still unaffordable for low-income Medicare beneficiaries because of high cost-sharing. [17] Yet, 28 percent of Americans would be willing to pay a higher monthly premium to have Medicare dental benefits. And, 51 percent of Americans are open to the idea depending on the amount of the premium. [18]

EXISTING MEDICARE DENTAL BILLS BEING CONSIDERED IN CONGRESS

- S. 22/H.R. 2951 Medicare Dental Benefit Act of 2019 (Sen. Cardin/Rep. Barragan)
- S. 1423 Medicare and Medicaid Dental, Vision, and Hearing Benefit Act (Sen. Casey)
- H.R. 1393 Medicare Dental, Vision, and Hearing Benefit Act of 2019 (Rep. Doggett)
- H.R. 4650 Medicare Dental Act of 2019 (Rep. Kelly)

CAROLINE LE

SPRING 2020

REFERENCES

[1] Dutton, B., & McMenamin, P. (1981). The Medicare Economic Index: Its Background and Beginnings. Health Care Financing Review, 3(1), 137–140. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4191233/

[2] Total Number of Medicare Beneficiaries. (2020). Kaiser Family Foundation.

https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?

currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[3] Schoen, C., Davis, K., & Willink, A. (2017). Medicare Beneficiaries' High Out-of-Pocket Costs: Cost Burdens by Income and Health Status. The Commonwealth Fund.

https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_issue_bri ef_2017_may_schoen_medicare_cost_burden_ib_v2.pdf

[4] Kwok, W.-W. (2019). A Critical Look at Medicare and Oral Health Coverage. Journal of the ABA Commission on Law and Aging, 40(5), 76–80.

https://www.americanbar.org/content/dam/aba/administrative/law_aging/bifocal-may-june-2019-vol-40-no-5.pdf

[5] Freed, M., Potetz, L., Jacobson, G., & Neuman, T. (2019, September 18). Policy Options for Improving Dental Coverage for People on Medicare. Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/policyoptions-for-improving-dental-coverage-for-people-on-medicare/

[6] Freed, M., Neuman, T., & Jacobson, G. (2019, March 13). Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries. Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/drilling-down-ondental-coverage-and-costs-for-medicare-beneficiaries/

[7] Peck, C. (2017). Putting the Mouth into Health: The Importance of Oral Health for General Health. In Interface Oral Health Science 2016. (pp. 81–88). Springer Nature.

[8] Willink, A., Schoen, C., & Davis, K. (2016). Dental Care And Medicare Beneficiaries: Access Gaps, Cost Burdens, And Policy Options. Health Affairs, 35(12), 2241–2248. https://doi.org/10.1377/hlthaff.2016.0829
 [9] Ibid.

[10] Langevin, S., Michaud, D., Eliot, M., Peters, E., McClean, M., & Kelsey, K. (2012). Regular dental visits are associated with earlier stage at diagnosis for oral and pharyngeal cancer. Cancer Causes Control, 23, 1821–1829. https://doi.org/10.1007/s10552-012-0061-4

11] Report on the Economic Well-Being of U.S. Households in 2017 - May 2018. Board of Governors of the Federal Reserve System. (2018, June 19). https://www.federalreserve.gov/publications/2018-economic-well-being-of-us-households-in-2017-dealing-with-unexpected-expenses.htm

[12] Fish-Parcham, C. (2018, January). America's Seniors Need Medicare Oral Health Coverage . Families USA. https://www.familiesusa.org/wp-content/uploads/2019/09/OH_Medicare-Oral-Health-

Coverage_Factsheet.pdf

[13] FAMILIES USA/YOUGOV NATIONAL POLL. Families USA. (2019, August 26).

https://familiesusa.org/resources/families-usa-yougov-national-poll/

[14] Freed, M., Potetz, L., Jacobson, G., & Neuman, T. (2019, September 18). Policy Options for Improving Dental Coverage for People on Medicare. Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/policyoptions-for-improving-dental-coverage-for-people-on-medicare/

[15] Frakt, A. (2018, March 19). Medicare Doesn't Equal Dental Care. That Can Be a Big Problem. New York Times. https://www.nytimes.com/2018/03/19/upshot/medicare-missing-dental-coverage.html

[16] Aravamudhan, K., Burroughs, M., Chaffin, J., Chávez, E., Goldberg, J., Jones, J., Kertesz, K., Kwok, W.-W., Manski, R., Monopoli, M., Fish-Parcham, C., Preble, D., Rogers, B., Truett, B., Vujicic, M., Willard, P., & Yarbrough, C. (2018). An Oral Health Benefit in Medicare Part B: It's Time to Include Oral Health in Health Care. Oral Health America. https://familiesusa.org/wp-content/uploads/2019/09/Medicare_Dental_White_Paper.pdf
[17] Greminger, S., & Fish-Parcham, C. (2020, February). Medicare Oral Health Benefit Passed by the House of Representatives Sets Bold Precedent but Should Be Strengthened to Best Serve Low- and Moderate-Income Enrollees. Families USA. https://familiesusa.org/wp-content/uploads/2020/02/OH_Importance-of-Oral-

•

Coverage_lssueBrief.pdf

[18] FAMILIES USA/YOUGOV NATIONAL POLL. Families USA. (2019, August 26).

https://familiesusa.org/resources/families-usa-yougov-national-poll/