CareQuest Institute for Oral Health

Testimony of
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Before the Senate Committee on Health, Education, Labor & Pensions

Examining the Dental Care Crisis in America: How Can We Make Dental Care More Affordable and More Available?

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Introduction

Chairman Sanders, Ranking Member Cassidy, and members of the committee thank you for having me here today and holding this hearing on a critical issue that has been overlooked for far too long.

My name is Myechia Minter-Jordan, MD, MBA, and I am the president and CEO of the CareQuest Institute for Oral Health. I previously served as chief medical officer and CEO of the Dimock Center, one of the largest community health centers in Massachusetts, and at Johns Hopkins Medicine as an attending physician and instructor of medicine. I am here today to share my expertise as a physician and community leader dedicated to improving health care for all people.

During my time at Dimock, I witnessed the devastating consequences of oral disease on children who were part of our Head Start/Early Head Start program. The severity of disease that our young participants were experiencing — some as young as three years old — meant that these children were sedated with anesthesia to perform the level of restorative care needed to remove tooth decay and halt the progression of the disease.

That was a moment of reckoning for me. It was unacceptable that a preventable disease was impacting our children in this way. This experience is what ultimately led me to my work at CareQuest Institute.

At CareQuest Institute, our dedicated team of experts is committed to creating a more accessible, equitable, and integrated health system for everyone. We are championing a more equitable future where every person has access to high-quality oral health care and can reach their full potential through excellent health.

Right now, our health care system does not work for everyone because it was not built for everyone — people of color, people with lower incomes, those living in rural communities, people with disabilities, older adults, and other historically marginalized groups have been left behind. Further, our health care system and health insurance policies still largely treat the mouth as separate from the rest of the body, leaving oral health care unaffordable and out of reach for millions of Americans.

However, we are making progress.

Investments and advancements in research have ensured that today, we have a much stronger clinical understanding of all the ways oral health impacts our overall health and wellbeing. CareQuest Institute and other leaders in the field are leveraging this clinical knowledge to design, pilot, and scale validated models of integrated care.

Oral health is also increasingly part of health policy conversations. This hearing is proof of that.

Oral health has been more directly tied into policy discussions around lowering health care costs, improving health, and advancing equity than ever before. In fact, over the last three years, we've experienced some of the most productive and effective policy discussions in decades, including key improvements made by our current Administration regarding Medicare and the essential health benefits in the health insurance Marketplaces.

While this momentum is encouraging, the fact remains that we have an oral health crisis in this country. It is time to build on the recent momentum and identify opportunities to address the most significant barriers to oral health.

National Oral Health Crisis: Impact on American Families

CareQuest Institute for Oral Health conducts an annual, nationally representative survey on consumer access to, experience with, and knowledge about oral health care. Between this survey, our other consumer-focused research, and analyses by additional leaders in the field, findings continue to show that this crisis is widespread, and disproportionately impacts low-income individuals, older adults, people living with disabilities, people in rural communities, and racial and ethnic minorities. For example:

- Adults with lower incomes are significantly more likely than those with higher incomes to report cost as a barrier to seeing a dentist in the last two years.[1]
- When people from lower-income families are able to access dental care, they are paying over seven times more out-of-pocket for their dental care than higher-income families[2].
- One in five adults aged 65 years or older have untreated tooth decay and about 2 in 3 (68%) have gum disease.[3,4]
- Individuals in households experiencing disabilities are more frequently denied health care or oral health care due to discrimination — more than half (52.8%) compared to 36.9% in households not experiencing disability and visit the emergency department for dental care or pain three times more compared to households not experiencing disability.[5]
- Thirty four percent of individuals living in a rural environment rate their oral health as fair or poor, which is about ten percent higher than for people in urban and suburban areas.[6]
- Four in 10 adults in rural areas have not seen a dentist for over a year, which is about 10 percent higher than in urban and suburban areas.[6]

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[1] Heaton, Lisa J., Santoro, Morgan, Martin, Paige, and Tranby, Eric P. *Cost, Race, and the Persistent Challenges in Our Oral Health System*. Boston, MA; June 2023. https://doi.org/10.35565/CQI.2023.2005.

[2] CareQuest Institute for Oral Health. *Lower-Income Families Still Spend More on Dental Care*. Boston, MA: May 2024.

[3] Dye, Bruce, Thornton-Evans, Gina, Li, Xianfen, Lafolla, Timothy. *Dental Caries and Tooth Loss in Adults in the United States, 2011-2012*. Hyattsville, MD; May 2015. NCHS Data Brief. (197):197. PMID: 2597.

[4] Eke, Paul I., Dye, Bruce A., Wei, Li, et al. *Update on Prevalence of Periodontitis in Adults in the United States: NHANES 2009 to 2012*. Journal of Periodontology. May 2015;86(5):611-622. DOI: 10.1902/jop.2015.140520.

[5] CareQuest Institute for Oral Health. *Family Affair: A Snapshot of Oral Health Disparities and Challenges in Individuals in Household Experiencing Disability*. Boston, MA: October 2022.

[6] Martin, Paige, Santoro, Morgan, Heaton, Lisa J., Preston, Rebecca, Tranby, Eric P. *Still Searching: Meeting Oral Health Needs in Rural Settings.* Boston, MA. November 2023. https://doi.org/10.35565/CQI.2023.2007.

- Black adults are 68% more likely to have an unmet dental need than white adults, and the prevalence of early childhood tooth decay in American Indian and Alaska Native communities is three times higher than it is for white children.[7,8]
- Black and Hispanic adults report that they have never been to a dentist at more than twice the rate of white adults.[9]

So much more than a nice smile, oral health has significant impacts[10] on overall health and well-being. Hypertension, diabetes, heart disease, dementia, and adverse birth outcomes all have a direct correlation with oral health.

Dental disease can also threaten family financial stability; it can keep children home from school and adults from being able to work[11]; it can cause pain so debilitating that people cannot eat or conduct routine activities of daily living.

For example:

- About half of adults with health care debt (49%) say dental bills caused some of their debt.[12]
- Adults in the US miss more than 243 million hours of work or school each year due to oral health problems and children lose 34 million school hours each year because of unplanned (emergency) dental care.[13,14]
- Lost work productivity time due to untreated dental disease costs the US an estimated $45 billion each year.[15]
- Nearly 18% of all working-age adults and 29% of those with lower incomes report that the appearance of their mouth and teeth affects their ability to interview for a job.[16]

This crisis has far-reaching consequences for American families.

National Oral Health Crisis Stems from Barriers to Affordability and Lack of Coverage

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[7] CareQuest Institute for Oral Health. *New Oral Health Data Reflect Inequities, Barriers.* Boston, MA; https://doi.org/10.35565/CQI.2020.4001.

[8] CareQuest Institute for Oral Health. *American Indian and Alaska Native Communities Face a 'Disproportionate Burden of Oral Disease': Reversing Inequities Involves Challenges and Opportunities*. Boston, MA: March 2023. https://doi.org/10.35565/CQI.2023.2002.

[9] Heaton, Lisa J., Santoro, Morgan, Martin, Paige, and Tranby, Eric P. *Cost, Race, and the Persistent Challenges in Our Oral Health System*. Boston, MA; June 2023. https://doi.org/10.35565/CQI.2023.2005.

[10] CareQuest Institute for Oral Health. *Impacts Beyond the Mouth*. Boston, MA; June 2020.

[11] CareQuest Institute for Oral Health. *The Hour of Need: Productivity Time Lost Due to Urgent Dental Needs*. Boston, MA; January 2024.

[12] Lopes, Lunna, Kearney, Audrey, Montero, Alex, et al. *Health Care Debt in the U.S.: The Broad Consequences of Medical and Dental Bills.* KFF. June 2022. https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/.

[13] CareQuest Institute for Oral Health. *The Hour of Need: Productivity Time Lost Due to Urgent Dental Needs*. Boston, MA: January 2024.

[14] Naavaal, Shillpa, Kelekar, Uma. *School Hours Lost Due to Acute/Unplanned Dental Care*. Health Behavior and Policy Review. March 2019; 5(2): 66–73. https://doi.org/10.14485/hbpr.5.2.7.

[15] Jevđević, Milica. *Towards Evidence-based Oral Health Care: The Potential of Health Economics*. Radboud University. 2022. https://repository.ubn.ru.nl/bitstream/handle/2066/250096/250096.pdf?sequence=1#page=30.

[16] Health Policy Institute. *Oral Health and Well-Being in the United States.* American Dental Association. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us-oral-health-well-being.pdf.

The fact that dental coverage and care remain largely separate from medical has had a profound impact on affordability and access to services. Millions of people across the country cannot access the oral health care they need, most often because they cannot afford it.[17] In fact, dental care is the number one medical service skipped due to cost, even more than prescription drugs.[18]

Nearly 70 million adults and nearly 8 million children in the United States do not have dental insurance.[19,20] This is in large part because:

- Traditional Medicare doesn't cover dental services except under very specific and extreme circumstances. As a result, half of all Medicare enrollees don't have dental coverage, meaning nearly 25 million older Americans and people with disabilities lack access to this critical form of health care.[21] Around the same number of Medicare enrollees haven't visited a dentist in 12 months.[21] While people who have Medicare Advantage may get some dental coverage, the benefits can vary widely from plan to plan, and they may come with limited provider networks.[21]

- CareQuest Institute for Oral Health estimates that there are about 14.7 million people who purchase health insurance through the Marketplace, but still do not have or are not able to purchase dental coverage.[22] Many people have financial support to purchase health insurance coverage through their state's Marketplace but are not allowed to use that subsidy toward dental benefits for adults. While states can now change that through a new rule that allows adult dental services to be included as Essential Health Benefits, we know only some states will choose to do so.[23] Additionally, if an individual has health insurance but not dental insurance, (e.g. through their employer) they cannot independently purchase a dental plan through their state marketplace even if they can afford to do so.[24]

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[17] CareQuest Institute for Oral Health. *Oral Disease is Common. Access to Care is Not.* Boston, MA:July 2021.

[18] Board of Governors of the Federal Reserve System. *Economic Well-Being of U.S. Households in 2022*. Federal Reserve. May 2023. https://www.federalreserve.gov/publications/files/2022-report-economic-well-being-us-households-202305.pdf.

[19] CareQuest Institute for Oral Health. *Uninsured and In Need: 68.5 Million Lack Dental Insurance, More May Be Coming*. Boston, MA: August 2023.

[20] U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research. *Oral Health in America: Advances and Challenges.* Bethesda, MD: U.S. Department of Health and Human Services. Accessed May 14, 2024. https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf#page=159.

[21] Freed, Meredith, Nancy Ochieng, Nolan Sroczynski, Anthony Damico, and Krutika Amin. *Medicare and Dental Coverage: A Closer Look.* KFF, 2021. https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/

[22] CareQuest Institute for Oral Health. Estimates from CareQuest Institute Analysis of CMS Exchange PUFs and 2024 OEP PUFs. May 2025 (Unpublished).

[23] Centers for Medicare & Medicaid Services. *HHS Finalizes Policies to Make Marketplace Coverage More Accessible and Expand Essential Health Benefits.* Baltimore, MD: CMS, 2024. https://www.cms.gov/newsroom/press-releases/hhs-finalizes-policies-make-marketplace-coverage-more-accessible-and-expand-essential-health.

[24] National Association of Dental Plans. *Expand Dental Coverage on Federal Marketplaces*. Dallas, Texas, 2023. https://www.nadp.org/wp-content/uploads/2022/09/Expand_Dental_Coverage_on_Federal_Marketplaces_2022.pdf.

- Most states do not offer the extensive Medicaid dental benefits that adults need to maintain optimal oral health.[25] Adult dental coverage is optional for state Medicaid programs, and many states provide no, little, or emergency-only coverage.[26] Even when a state does provide adult dental coverage, the benefits are always at risk of reduction or elimination, especially during economic downturns when states face budget pressures.[28] This patchwork approach creates uncertainty among patients and providers, reduces access, and impacts health outcomes. Moreover, the recent Medicaid redetermination process has resulted in millions of people losing their health coverage, including dental coverage, often unnecessarily. Our analysis shows that 12 million adults and children nationwide lost Medicaid dental coverage in 2023.[27]

The lack of dental coverage options exacerbates our national oral health crisis and forces many people to forgo critical dental care, leading to deep inequities in access and outcomes. Addressing these gaps is a critical and foundational step to realizing a health system that prioritizes prevention, bolsters the oral health workforce, integrates medical and dental care, and improves the exchange of health information between medical and dental providers.

The Economic and Health Benefits of Oral Health Prevention

If we want to truly improve overall health, we need to prevent oral health disease before it takes hold.

Access to dental care is critical for preventing oral disease and keeping other health conditions from worsening. Poor oral health has a direct link to a person's overall health, including greater risk of diabetes, hypertension, obesity, dementia, mental health issues, and adverse birth outcomes.[28] Given that there are persistent health inequities associated with many, if not all, of these conditions, preventing oral disease may also be key to tackling disparities that exist throughout our health care system.

For example, oral health prevention can have a significant impact on maternal health— another area of health care experiencing devastating disparities in outcomes. Research shows that maternal periodontal (gum) disease is associated with preterm birth, development of preeclampsia (maternal high blood pressure), and delivery of a small-for-gestational age infant.

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[25] CareQuest Institute for Oral Health. *Medicaid Adult Dental Coverage Checker*. Boston, MA: CareQuest Institute, 2024.

[26] Vujicic, Marko, Fosse, Chelsea, Reusch, Colin, Burroughs Melissa, American Dental Association, ADA Health Policy Institute, Families USA, and Community Catalyst. *Making the Case for Dental Coverage for Adults in All State Medicaid Programs.* Health Policy White Paper, July 2021. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/whitepaper_0721.pdf.

[27] CareQuest Institute for Oral Health. *An Estimated 12 Million Children and Adults Lost Medicaid Dental Insurance After the COVID-19 Public Health Emergency Expired.* Boston, MA: CareQuest Institute, March 2024.

[28] Heaton, Lisa J., Tiwari, Tamanna, Tranby, Eric P. CareQuest Institute for Oral Health. *Oral-Systemic Interactions and Medical-Dental Integration: A Life Course Approach.* Boston, MA: CareQuest Institute, September 2023. https://doi.org/10.35565/CQI.2023.2010.

Conversely, studies show that periodontal treatment for pregnant women can result in a nearly four-fold reduction in the rate of preterm delivery.[29]

Prevention also results in clear cost savings for the health system – including the federal government. For example, preventing and appropriately addressing oral disease keeps people out of emergency rooms. Dental-related ED visits nationwide cost an estimated $2.1 billion per year, but nearly 79% of those visits could've been addressed in a dental office, saving up to $1.7 billion per year.[30]

Similarly, appropriate oral health care can also improve overall health outcomes and lead to cost savings on medical expenses. For example, CareQuest Institute researchers found that periodontal treatment for people with diabetes can reduce overall health care costs by about $3000 annually, per person. This finding was applicable to both commercially insured and Medicaid enrollees with diabetes who had received periodontal treatment within the previous two years.[31]

There are nearly 40 million people in this country with diabetes. In Medicare alone, there is the potential to save up to $14.5 billion annually for patients with diabetes and up to $27.8 billion annually for patients with heart disease if these patients were to receive periodontal care.[32] Millions more people in this country have other comorbidities that can be improved or more effectively managed with proper oral health care resulting in significant health care savings if they all had access to necessary care.

Investing in prevention will keep oral disease from getting worse, make people healthier overall, and result in cost savings for the government.

Closing the Gap: Integrating Medical and Dental Care for Better Health Outcomes

A more integrated system allows us to invest in prevention, bolster the oral health workforce, and improve the exchange of health information between medical and dental providers. Medical-dental integration is a necessary approach to improving systems so that all providers have a full view of their patients' needs, connecting oral health care with primary care, behavioral health, and more.

Integration models can be adapted to meet the needs of communities, systems, and providers. These models include school-based dental programs, oral health screenings at a primary care

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[29] Boggess, Kim A., Edelstein, Burton L. *Oral Health in Women During Preconception and Pregnancy: Implications for Birth Outcomes and Infant Oral Health*. Matern Child Health J. 5 Suppl,10 (Sept 2006): S169-7, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1592159/pdf/10995_2006_Article_95.pdf.

[30] American Dental Association. *Emergency Department Referrals.* American Dental Association, 2024. https://www.ada.org/en/resources/community-initiatives/action-for-dental-health/emergency-department-referrals.

[31] Thakkar-Samtani, Madhuli, Heaton, Lisa J., Kelly, Abigail, Taylor, Shelly, Vidone, Linda, Tranby, Eric P. *Periodontal Treatment Associated with Decreased Diabetes Mellitus-Related Treatment Costs: An Analysis of Dental and Medical Claims Data*. J Am Dent Assoc. 154, no 4. (Apr 2023):283-292.e1. https://pubmed.ncbi.nlm.nih.gov/36841690/

[32] Heaton, Lisa J., Leonin, Elizabeth, Schroeder, Kelly, Tranby, Eric P., Matthew, Rebekah. *Another Billion Reasons for a Medicare Dental Benefit.* Boston, MA: CareQuest Institute, September 2022. https://doi.org/10.35565/CQI.2022.2006.

visit, blood pressure screenings at a dental visit, and/or using technology like teledentistry and mobile dentistry to reach rural areas or dental deserts. Patients report wanting these kinds of integrated care options, though few have yet to experience them.[33]

Moreover, medical-dental integration can improve patients' care experiences and reduce costs. The CDC estimates that integrating basic health screenings into a dental setting could save the health care system up to **$100 million every year.**[34]

Medical-Oral Expanded Care (MORE Care) is an integration model that CareQuest Institute leads. This program builds effective interprofessional referral relationships between dentists and primary care providers[35]. For example, a pediatrician at Nationwide Children's Hospital in Ohio is integrating oral health screenings into well-child visits as part of her participation in MORE Care, a practice that is surprisingly uncommon. Through this model, the pediatrician assesses the child's teeth for signs of cavities and checks to see if the child has seen a dentist or received a fluoride varnish application. When the screenings indicate that the patient needs more extensive oral health care, she can effectively refer her patients to a dentist at Midwest Dental Center in Toledo, Ohio.[36]

Oftentimes, this form of integrated care connects children to preventative oral health services sooner than if their parents waited until their next dental visit or until their condition worsened to seek care. This model also helps educate parents about the importance of oral health for children, even at an early age.

While integration can, and often should, take many different forms, an essential component of any integrated model must be the safe and secure sharing of relevant health information with a patient's full care team. This both encourages and enables providers to develop comprehensive care plans that address patients' needs in an interdisciplinary way.

We have the model for success. Just look at what we have achieved in so many of our nation's community health centers and pilot programs, and how far we have come in connecting primary care and behavioral health. It is time to invest in and scale that model to include oral health.

It's Time to Change the Story

Improvements are being made, but the data continue to tell an unacceptable story – not only in terms of the impact on oral health status but also on overall health outcomes.

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[33] Heaton, Lisa J., Santoro, Morgan, Martin, Paige, Tranby, Eric P. *Experiences with and Outcomes of Oral Health Care: Perspectives from Nationally Representative Data.* Boston, MA; March 2024. https://doi.org/DOI:10.35565/CQI.2024.2001.

[34] Nasseh, Kamyar, Greenberg, Barbara, Vujicic, Marko, Glick, Michael. *The Effect of Chairside Chronic Disease Screenings by Oral Health Professionals on Health Care Dollars*. Am J Public Health. 2014;104(4):744–750. https://doi.org/10.2105/AJPH.2013.301644.

[35] Kanan, Christine, Ohrenberger, Kelli, Bayham, Mary, et al. *MORE Care: An Evaluation of an Interprofessional Oral Health Quality Improvement Initiative*. J Public Health Dent. 2020;80 Suppl 2:S58-S70. https://doi.org/10.1111/jphd.12407

[36] CareQuest Institute for Oral Health. *Double the Care: How Medical-Dental Integration Is Expanding Access in Ohio.* Boston, MA: May 2023.

The data demonstrates, and our experience tells us, that this is a systemic problem that requires a systemic solution.

No story better illustrates the tragic outcome of a fragmented and disjointed system than Deamonte Driver's.

Many of you may be familiar with Deamonte's story, but for those who are not, Deamonte Driver died from a toothache. He was 12 years old.

It sounds implausible, but that is exactly what happened.

Deamonte couldn't get the basic oral health care he needed to treat his tooth decay. Eventually, bacteria from his abscessed tooth spread to his brain, and that infection killed him after six weeks in the hospital.

That was 17 years ago, and while some things have changed in response to this unnecessary tragedy, particularly in children's oral health policy, we are still grappling with many of the same systemic issues that Deamonte and his family faced and continue to face today.

Social determinants of health, lack of consistent coverage, not being able to find a dental provider, and many more factors all contributed to Deamonte's death.

It's time to change the story. It's up to all of us – the policymakers in this room, providers, educators, and advocates to create a more accessible, equitable, and integrated oral health care system.

And the time is now.