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The U.S. Should Expand Access to Dental Care for Older Adults

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As Congress debates expanding Medicare to include dental care through the Build Back Better Agenda, it is critical to understand how a lack of dental care affects everyday life, particularly for lower income older persons. Proper dental care, including regular brushing, flossing, and visits to the dentist, is particularly important at older ages because it affects so many aspects of physical and emotional wellbeing.¹ Despite the need for dental coverage, nearly one-half of Medicare recipients do not have dental insurance.² Even those who do have dental insurance often face formidable out-of-pocket expenses. Older people in lower socioeconomic groups tend to have poorer dental health and less access to needed dental care.³ Some pursue dental care at sliding scale clinics, while others postpone or go without.

This brief summarizes results of our study that interviewed a national, nonrandom sample of 60 people ages 60 and older with incomes below 130% of the federal poverty line. While some of the respondents reported that they have easy and affordable access to comprehensive dental care, many reported that they lack needed dental insurance and/or care. Here we provide quotes from some of those interviews to demonstrate how lack of access shapes everyday life. We conclude with policy recommendations for expanding access to dental care in old age.

KEY FINDINGS

- Poor dental care leads to poor physical and mental health in old age, yet 47% of Medicare recipients do not have dental insurance and must pay the entire bill on their own.
- Even those with dental insurance often face high out-of-pocket expenses including premiums, co-pays, and caps on annual expenditures.
- Older people with lower socioeconomic status tend to have worse oral health, less dental insurance coverage, greater difficulties finding dentists, and poorer quality care. They are more likely not to go to the dentist at all, have untreated cavities, and have teeth pulled rather than repaired.
- To assure that older people have access to appropriate and timely dental care, the U.S. should expand traditional Medicare, Medicare Advantage, and Medicaid coverage of preventive and restorative dental care.

Dental Care Affects Physical and Mental Health in Old Age

Good dental care is linked to good physical and mental health. Lack of proper dental care leads to numerous adverse physical health consequences,² including higher rates of stroke,⁴ cardiovascular disease,⁵ heart disease,¹ hypertension,⁶ and viral and bacterial infections.^{1,7} Poor dental care can also lead to tooth loss. Fifteen percent of adults 65 and older have no natural teeth, and the incidence is five times higher for those with incomes below the poverty line than those with higher incomes.⁴ Those with poor dental health often need, but lack access to, softer foods.³ If lack of dental care has left them in pain, they may lack the energy to prepare and consume proper meals. If lack of dental care has left them without teeth, they may find it difficult or unappetizing to eat.

Because eating is typically a social activity, those who lack proper dental care are more likely to become socially isolated, depressed, and poorly nourished.^{3,1} Those with poor dental health may limit social interactions for fear others will detect missing teeth, ill-fitting dentures, or bad gums. Queenie, a 68 year-old who has a dual Medicaid/Medicare Advantage policy, told us that she limited her social activities prior to the COVID-19 pandemic because she needs new upper dentures, which she cannot afford. But during the pandemic, she was happy she had to wear a mask because she could go out more often to shop or see friends.

“I’m not happy we’re getting the Covid, but I am happy I’m wearing this mask because I need a partial. You know? I wouldn’t want to be running around, talking to people... I need a partial bad.”

Who has Dental Coverage in Old Age?

Just over one-half of Medicare recipients have dental insurance, with none obtaining coverage through traditional Medicare, 26% through Medicare Advantage, 16% through private plans, 8% through Medicaid, and 3% through dual Medicaid/Medicare Advantage policies.² But even those who have dental insurance face high out-of-pocket expenses, difficulties getting appointments, and the risk of poor-quality care.

(1) Traditional Medicare Dental Coverage

Traditional Medicare specifically excludes dental coverage, except in exceptional circumstances.² As a result, many older people delay making appointments until they can afford to pay out-of-pocket or until the pain becomes unbearable. Alice is a 77-year-old who receives only Medicare, which provides no dental coverage. She has trouble paying for dental expenses.

“I haven’t had dental care in years because I didn’t have an insurance that made provision for that. You don’t have the money, and you don’t have the insurance. You don’t have dental care. That’s why there’s a lot of people that have no teeth.”

Lionel is a 65-year-old who has Medicare, so he pays all dental expenses out-of-pocket. He must work hours as a handyman to earn enough money before he can see a dentist.

“Yes, I have, that’s why I told you I have to get out there and hustle - got to get out doing handywork... Finance problem.”

(2) Medicare Advantage Dental Coverage

Currently, 42% of Medicare enrollees participate in Medicare Advantage rather than a traditional Medicare plan.⁸ Medicare Advantage plans vary widely and many require an extra premium. While 94% of Medicare Advantage enrollees have at least some dental coverage, and 86% have preventive and restorative dental care, 78% are in plans that cap dental benefits at \$1,300 a year on average.² Gerald, a 67-year-old, has dental insurance through Medicare Advantage that only covers preventive treatment. He is delaying dental work until he can afford the out-of-pocket expenses.

“They cover maintenance... But they don’t cover repairs because I need some work done [that] they don’t cover.”

Some who are dually eligible for Medicaid and Medicare may enroll in a Medicare Advantage Plan.⁹ But dual enrollees often face difficulties covering out-of-pocket expenses such as premiums, co-pays, excluded services, and annual caps, as well as reluctant providers.⁹ Queenie, who has a dual Medicaid/Medicare Advantage plan that includes dental insurance, has been unable to find a dentist who accepts her insurance.

“I don’t have a dentist. I’m looking for a dentist. I need a good dentist because I need an upper partial, and I need... a couple teeth extracted and a filling and a cleaning done...I went a couple years ago to a dentist, and they were so expensive I couldn’t afford it anyway.... \$3,000 for one partial.... This is ridiculous. I’ve got to find somebody to take my insurance.”

(3) Medicaid Dental Coverage

Dental coverage is optional for state Medicaid programs, so Medicaid coverage of dental care varies widely by state.¹ In 2019, Delaware, Maryland, and Tennessee did not cover dental services for adults; 28 states covered only emergency or limited dental services; and only 19 states covered extensive dental services for adults.¹⁰ Those who are lucky enough to have comprehensive dental coverage through Medicaid are often delighted.

Kristi, a 61-year-old who lives in a state that provides extensive dental coverage, told us she has no difficulties obtaining dental care because “Medicaid pays for everything.”

But even when comprehensive dental coverage is provided through Medicaid, some older people face dentists who will not accept Medicaid because the reimbursement rates are relatively low. They also encounter dentists who provide poor quality care, dentists who want to pull rather than repair teeth, and general administrative confusion about what is covered. Maggie, a 63-year-old with Medicaid, reports that the dentists in her city do not accept Medicaid, and when she finally books an appointment the dental care is substandard.

“I think, there’s this poor dental, they’ll pull your teeth. That’s their main goal ... to pull your teeth right away.”

Nate, a 72-year-old with Medicare and Medicaid, echoed the concern that dentists just want to pull teeth.

“I said, ‘Well, Dr. T, you’re not pulling my teeth. And I don’t even know if I want y’all to even work with my mouth now. What’s the long-term? Short-term plan? X-rays show what? What’s the diagnosis? What’s the plan?....’ No, they just pull teeth.”

Kenneth, a 60-year-old with Medicaid, had his tooth pulled by a dentist who did not wait for the anesthesia to work before extracting.

“He was pulling and pulling and pulling and then afterwards - then it got numb. He didn’t wait for it to get numb. He pulled after he did it and after he did it, that’s when it got numb. I said, oh no... I’m not doing that no more.... I said I’ll just suffer with the pain. If you can’t put me to sleep and take it out, I don’t have time for it.”

Making Do with Sliding Scale Dental Clinics

Older low-income adults have the option of visiting pop-up, mobile, and college dental clinics that provide care to those who otherwise might not be able to visit the dentist or afford services.¹ But clients may have difficulty making an appointment or paying out-of-pocket even though these clinics typically charge based on a sliding scale.

Valerie, a 68-year-old who cannot afford to pay for dental care because she has only Medicare, has been unable to set up an appointment at the local dental clinic because no dentist has been on duty.

“Catholic Charities gave me a number of a dental clinic here in town.... I’m on the waiting list right now. I’ll have to pay out-of-pocket for that.... About a month now...they said they didn’t have a dentist at the time. So, they’re waiting to get somebody in there.”

Marie is a 61-year-old who has Medicaid but does not have a regular dentist. She visits the local college dental clinics when she can get an appointment and self-medicates when she cannot.

“If I’m feeling a tooth pain and some gum issues or something like that, I do a rinse with peroxide, and it kills it. It take[s] it away, and I’m good to go.”

The Pains of Going Without Dental Care

In 2018, 47% of Medicare recipients did not go to the dentist at all.² Dental visits among older people vary by race and health. In 2018, 68% of Black and 61% of Hispanic—compared to 42% of White—Medicare beneficiaries did not visit the dentist that year.² Troublingly, those in fair or poor health were 55% more likely than those in good, very good, or excellent health, to not see a dentist in 2018.² Moreover, of those who had trouble eating because of their teeth, more than two-thirds did not go to the dentist in 2017.¹¹

Poorer adults are particularly likely to go without dental care. Indeed, those with incomes less than \$10,000 were three times more likely than those with incomes over \$40,000, to not see a dentist in 2018.² In addition, adults with incomes below the federal poverty line are over three times more likely than those not in poverty to have untreated tooth decay.¹² Many who delay or forego needed dental care do so because they cannot pay the out-of-pocket expenses; 88% of beneficiaries who received dental services in 2018 paid for care out-of-pocket, with annual out-of-pocket expenses averaging \$874.²

Though she is in pain, Patty, a 69-year-old, is delaying dental care on a root canal because Medicaid does not fully cover her dental bills.

“That’s another thing my children have had to help me with.... Because nothing covers dental. And, you know, my mouth-that’s where I’ve spent more money than my... body.”

Carl, a 67-year-old on Medicare, needs dental care for his receding gums that Medicare will not cover.

“He said he’d give me a discount, and the discount is \$1,900.... And see, this is money out of pocket. Because the dental insurance, it only covers... maintenance.”

The US Should Improve Access to Dental Care for Older Adults

Congress is debating expanding Medicare to include dental care through the Build Back Better Agenda. We support such efforts, particularly given the impact a lack of dental care has on lower income older persons. Providing dental coverage works; low-income individuals in states offering extensive adult dental benefits visit dentists more often than individuals in states that do not provide these benefits.¹³ Some policymakers believe denying dental coverage saves money, but that option is costly as well because lack of dental coverage may lead to additional medical expenses. For example, dental-related emergency department visits increased by 32% among adults enrolled in Medicaid in California after the state eliminated dental coverage in 2009.¹²

To assure that older people have access to appropriate and timely dental care, we argue that the United States should (1) expand all traditional Medicare and Medicare Advantage plans to include preventive and restorative dental care; (2) require all state Medicaid plans to cover extensive dental care for all ages; and (3) set Medicaid reimbursement rates for dental care equal to Medicare reimbursement rates so that more dentists will accept Medicaid patients.

Data and Methods

From 2019-2021, Harrington Meyer and colleagues conducted in-depth interviews on food insecurity with a nonrandom national sample of 60 people ages 60 and older with incomes below 130% of the federal poverty line. Interviewers asked a series of questions about dental insurance and access to dental care. Interviews were conducted by phone, transcribed, and cleaned of all personal identifying information. Respondents were given an alias.

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