

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

April 12, 2023

Senate Committee on Finance
Attn. Editorial and Document Section
Rm. SD-219
Dirksen Senate Office Bldg.
Washington, DC 20510-6200

Via email: Statementsfortherecord@finance.senate.gov

RE: March 29, 2023 Subcommittee Hearing on “An Oral Health Crisis: Identifying and Addressing Health Disparities”

This statement is submitted on behalf of Justice in Aging, an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources. We focus our efforts primarily on advocating for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.

We appreciate you holding this historic hearing on the oral health crisis and disparities in access to necessary oral health care. Justice in Aging has worked extensively to improve the oral health of low-income older adults particularly for [communities of color](#) and older [individuals with disabilities](#) who experience high rates of oral health disease impacting their overall health and quality of life. **We urge Congress to address these inequities by 1) expanding Medicare coverage to include a comprehensive oral health benefit in Medicare Part B; 2) extending guaranteed, comprehensive dental coverage to all Medicaid enrollees; and 3) expanding eligibility for dental care for veterans provided by the Department of Veterans Affairs.**

[Lack of Oral Health Coverage Drives Disparities in Access and Health for Older Adults](#)

The lack of affordable oral health coverage for older adults is a significant barrier to accessing oral health care and exacerbates racial, geographic, and disability-related health and wealth disparities. Yet, our nation’s largest health programs serving older adults do not offer guaranteed coverage of oral health care. Medicare, the primary source of health coverage for older adults, explicitly [excludes coverage](#) for most dental services leaving 47% of Medicare enrollees—or 24 million—without any oral health coverage.ⁱ Medicaid, which serves 7.5 million people age 65 and overⁱⁱ and many more older adults ages 50 to 64, does not require states to cover adult dental benefits resulting in inequitable coverage across the country.ⁱⁱⁱ Meanwhile,

Washington, DC



Los Angeles, CA



Oakland, CA

only 15% of the 9.2 million U.S. veterans receive comprehensive dental coverage through the office of Veterans Affairs.^{iv}

Oral health care is expensive, so it is not surprising that those without coverage or even those with limited coverage cite not being able to pay for treatment as the biggest barrier to accessing care.^v As of 2020, the median income for older adults is just \$26,668.^{vi} Moreover, 9% of older adults—or 5 million individuals—were living in poverty. Black (17%), Hispanic (17%), and Asian (12%) older adults experience poverty at much higher rates compared to white older adults (7%).^{vii}

Unable to afford care, many older adults must forgo treatment. For example, surveys show that **nearly half of all Medicare enrollees—approximately 30 million older adults and people with disabilities—did not have a dental visit in the last year.**^{viii} This is even more severe among populations of color who have lower incomes compared to white older adults due to ongoing and historic racial discrimination. **Sixty-eight percent of Black and 61% of Hispanic Medicare enrollees, for example, did not see a dentist in the last year compared to 42% of white Medicare enrollees.**^{ix}

Without access to treatment, older adults experience high rates of poor oral health, with certain populations suffering more acutely. Nationwide, 17% of older adults have no remaining natural teeth—a rate that has been steadily decreasing each year. Yet, **among Black older adults, the percent of individuals with complete tooth loss is 28%—almost double the national average—with minimal change over the past decade.**^x Black and Hispanic older adults are also two to three times more likely to have severe periodontitis—or gum disease—than white older adults and twice as likely to have untreated tooth decay.^{xi}

The impact of poor oral health on overall health for older adults is substantial and exacerbates health disparities while driving increased health care spending for chronic conditions. For example, periodontitis is associated with chronic diseases like diabetes and heart disease, conditions that disproportionately impact communities of color.^{xii} Most recently, **oral health has been linked to Alzheimer’s and dementia, conditions that Black and Hispanic older adults are twice as likely as white older adults to experience.**^{xiii} Research shows that individuals with dementia are more likely to have poor oral health and poor oral health increases the risk of developing dementia.^{xiv} Further, untreated gum disease can lead to infections like aspiration pneumonia resulting in costly hospitalizations and deaths^{xv}, particularly among nursing facility residents, while ongoing pain associated with untreated oral health disease increases the likelihood that opioids will be prescribed and abused.^{xvi}

Older Adults Need Comprehensive Dental Coverage to Remedy Inequities

Dental coverage is the largest determinant of whether an individual can access oral health care. Therefore, expanding coverage is an essential step in ensuring access and addressing disparities. In fact, research demonstrates that expanding dental coverage reduces racial and

ethnic disparities in access to dental services.^{xvii} Adding a dental benefit to Medicare Part B would provide comprehensive coverage to all 61 million older adults and people with disabilities enrolled in the program and reduce disparities based on [race](#), [disability](#), income, and geography. As the National Institutes of Health reported, “because the removal of cost and insurance barriers promotes the use of dental services by older adults, the addition of an oral health benefit in Medicare would improve access to care nationwide, especially for low-income older adults and those of some racial/ethnic groups.”^{xviii} Meanwhile, extending guaranteed comprehensive dental coverage to all adult Medicaid enrollees and expanding Veteran’s coverage would ensure older adults and aging adults with disabilities not enrolled in Medicare have access to necessary dental treatment.

Accordingly, we urge Congress to 1) add a comprehensive oral health benefit in Medicare Part B; 2) extend guaranteed, comprehensive dental coverage to adult Medicaid enrollees; and 3) expand eligibility for dental care for veterans provided by the Department of Veterans Affairs.

Thank you again for holding this hearing and for the opportunity to provide input. Should any questions arise, you can reach me at achrist@justiceinaging.org.

Sincerely,



Amber Christ
Managing Director of Health Advocacy

ⁱ Kaiser Family Foundation, “Medicare and Dental Coverage: A Closer Look,” Jul. 28, 2021, available at <https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/>.

ⁱⁱ Kaiser Family Foundation, “Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey,” Jun. 11, 2022, available at <https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-issue-brief/>.

ⁱⁱⁱ National Academy for State Health Policy, “State Medicaid Coverage of Dental Services for General Adult and Pregnant Populations,” Oct. 20, 2022, available at <https://nashp.org/state-medicaid-coverage-of-dental-services-for-general-adult-and-pregnant-populations/>.

^{iv} CareQuest Institute for Oral Health & American Institute of Dental Public Health, “Veteran Oral Health Expanding Access and Equity,” 2021, available at https://www.carequest.org/system/files/CareQuest_Institute_Veteran-Oral-Health.pdf

^v Vujcic, M. et al., “Dental Care Presents the Highest Level of Financial Barriers, Compared to Other Types of Health Care Services,” Health Affairs, Dec. 2016, available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0800>.

^{vi} Administration for Community Living, “2021 Profile of Older Americans,” Nov. 2022, available at <https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans508.pdf>.

vii Id.

viii Kaiser Family Foundation, “Medicare and Dental Coverage: A Closer Look,” Jul. 28, 2021, available at <https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/>.

ix Id.

x National Institutes of Health, “Oral Health in America: Advances and Challenges,” 2021, Section 3B Oral Health Across the Lifespan: Older Adults, available at <https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf#page=411>

xi Id.

xii Id.

xiii Alzheimer’s Association, “2023 Alzheimer’s Disease Facts and Figures,” 2023, available at <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>.

xiv Oral Health in America, *infra* endnote x.

xv Pusins, J., “Oral Health and Aspiration Pneumonia,” *Today’s Geriatric Medicine*, 2018, available at <https://www.todaysgeriatricmedicine.com/archive/ND18p16.shtml>. See also, Muller, F., “Oral Hygiene Reduces the Mortality from Aspiration Pneumonia in Frail Elders,” 2015, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4541086/>.

xvi Nack, B., et al., “Opioid Use Disorder in Dental Patients: The Latest on How to Identify, Treat, Refer and Apply Laws and Regulations in Your Practice,” (2017), available at www.ncbi.nlm.nih.gov/pmc/articles/PMC5579823/

xvii Wheby, G., et al, “Racial And Ethnic Disparities In Dental Services Use Declined After Medicaid Adult Dental Coverage Expansions,” *Health Affairs*, Jan. 2022, available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01191>.

xviii Oral Health in America, *infra* endnote x.