AADOCR
American Association for Dental, Oral, and Craniofacial Research

Hearing of the U.S. Senate Committee on Finance, Subcommittee on Health
An Oral Health Crisis: Identifying and Addressing Health Disparities

Statement from the American Association for Dental, Oral, and Craniofacial Research

March 29, 2023

Chairman Cardin, Ranking Member Daines, and Members of the Subcommittee:

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) respectfully submits this statement as it pertains to the hearing "An Oral Health Crisis: Identifying and Addressing Health Disparities", which your committee held on March 29, 2023. We appreciate your consideration of our requests.

Oral health—too often considered in isolation—is integral to overall health. Poor oral health can affect activities that may be taken for granted—the ability to eat, drink, swallow, smile, speak, and maintain proper nutrition¬—and create economic burden that disproportionately harms older adults, low income, and underserved communities.

The oral cavity serves as a window into many health issues, including but not limited to systemic diseases, such as diabetes, HIV/AIDS, and Sjögren's, an autoimmune disease that causes one's immune system to attack parts of its own body. Additionally, researchers are exploring the debilitating loss of salivary gland functioning and saliva production stemming from radiation treatment for head and neck cancers and even from common medications and aging itself. Lack or loss of saliva, which causes xerostomia, or uncomfortable dry mouth, has also been shown to be a risk factor for dental caries.

In December 2021, the National Institute of Dental and Craniofacial Research (NIDCR) released "Oral Health in America: Advances and Challenges", a data-driven report documenting 20 years of progress in oral health since the 2020 Surgeon General's Report on Oral Health. The report provides insight into issues currently affecting oral health and serves as a call to action to transform how the U.S. addresses oral health, including future NIDCR research, oral health promotion, disease treatments, and strategies to overcome health disparities for all Americans.

One of the key findings from the report was that oral and medical conditions share common risk factors. Oral health treatment can improve other health conditions and a person's health overall. However, vast inequities remain in access to oral health care and health outcomes related to race, ethnicity, residence, education, and socioeconomic level. According to the Kaiser Family Foundation, nearly 24 million Medicare beneficiaries lack critical oral health coverage, and 76.5 million adult Americans lack dental coverage overall.

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The lack of dental coverage and access to services disproportionately impacts populations of color. For example, Black and Hispanic seniors in the U.S. have two to three times the rate of untreated cavities as older non-Hispanic white adults. The same disparities exist for low-income seniors and those without a high school degree. Both groups are about three times as likely to have untreated cavities as adults with higher incomes or at least some college education.

To help address these inequities, AADOCR supports the coverage of dental and oral health services under the Medicare and Medicaid programs. Chronic diseases such as diabetes, heart disease, chronic lung disease, dementia, and stroke have been shown to increase the pathogenicity of the oral microbiome, as shown by increased inflammation, periodontal bone loss, and increased risk or severity of periodontitis. Studies have discerned a relationship between oral bacteria, dental caries, periodontal diseases, and oral squamous cell carcinoma (OSCC).

The increased prevalence of several types of oral bacteria have also been shown to be positively correlated with the metastasis of malignant tumors. Early detection and treatment are appropriate strategies to prevent and control oral cancer and for an improvement in patient outcomes. Therefore, payment for the delivery of preventive dental care, and conservative periodontal treatment are key interventions to decrease the prevalence of malignant oral cancers.

Furthermore, periodontal disease has been shown to increase susceptibility to several systemic diseases due to shared risk factors, subgingival biofilms acting as reservoirs to gram negative bacteria, and through the periodontium acting as a reservoir of inflammatory mediators. The treatment of oral diseases can also impact systemic diseases including cardiovascular disease, infective endocarditis, bacteria pneumonia, diabetes mellitus and others. Treatment of periodontal disease has been shown to reduce by 65% the level of C-reactive protein – an inflammatory marker seen in myocardial infarction and stroke. Coverage of even routine dental services will reduce susceptibility to systemic diseases and improve outcomes of other covered medical services.

Oral diseases have been shown to preclude, delay, and even jeopardize medical treatments such as organ and stem cell transplantation, heart valve repair or replacement, cancer chemotherapies, placement of orthopedic prostheses, and management of autoimmune diseases. Despite these factors, most Medicare beneficiaries do not currently receive oral or dental care. In fact, Medicare coverage extends to the treatment of all microbial infections except for those relating to the teeth and periodontium. This exclusion has no medical justification, especially in light of the broad agreement among health care providers that such care is integral to the medical management of numerous diseases and medical conditions. Moreover, the lack of medically necessary oral/dental care heightens the risk of costly medical complications, increasing the financial burden on Medicare, beneficiaries, and taxpayers.

Researchers have discovered that oral diseases share many of the same behavioral and social determinants as other noncommunicable diseases such as diabetes and hypertension, including tobacco use, environmental setting, unhealthy diets high in free sugars, and lack of access to

health care, and these vulnerabilities accumulate along the life course and contribute to disparities in oral health outcomes.

The payment of preventative routine dental care by Medicare and Medicaid will help reduce barriers to oral health care and may bolster efforts to integrate oral health and primary health care, incorporate interventions at multiple levels to improve access to and quality of services, and create health care teams that provide patient-centered care in both safety net clinics and community settings across the life course. In addition, the payment of services for the treatment of oral diseases by Medicare and Medicaid will also improve oral-health-related quality of life (OHRQoL) across the life spectrum for persons within this socioeconomic demographic.

For these reasons, the Association strongly supports the *Medicaid Dental Benefits Act* (S. 570), legislation introduced and championed by Chairman Cardin. This measure is necessary to ensure comprehensive dental care is covered under Medicaid regardless of what state a patient lives in. The current patchwork of dental coverage offered by state Medicaid programs leaves millions of adults who rely on Medicaid for their health care without the access to dental care that they need. More than half of the states only offer limited dental benefits, emergency-only coverage, or no coverage at all for adults.

Adults who rely on Medicaid are also the least likely to access dental care given their financial constraints. Not only do they face the greatest cost barriers to dental care, they are more likely to experience dental pain and report poor oral health. Oral diseases not only cause pain, discomfort, social isolation, interruption of school and work, but also place undue strain on our health system and reduce economic productivity, leading to direct and indirect costs that are estimated to be as high as $2.7 billion annually.

AADOCR also supports the *Medicare and Medicaid Dental, Vision, and Hearing Benefit Act* (S.842), legislation that would strengthen coverage for dental services under Medicare by repealing the statutory exclusion that restricts coverage of such services. The measure would expand Medicare coverage to ensure beneficiaries are covered for dental and oral care, including coverage of routine cleanings and exams, fillings and crowns, major services such as root canals and extractions, emergency dental care and other necessary services, and payment for dentures.

About half of Medicare enrollees report that they have not had a dental visit in the past year often related to the cost of care. Adding oral health coverage to Medicare Part B would allow an estimated 60 million older adults and people with disabilities to receive dental care, which would improve their overall health, lower health care costs, and increase their ability to keep their jobs.

We appreciate the opportunity to submit this statement and thank the Subcommittee for its support of enhanced access to dental and oral care. We stand ready to assist the members of this Subcommittee in any way we can and are happy to answer any questions you may have.