

July 17, 2017

Honorable Mitch McConnell  
Majority Leader  
United States Senate  
S-230 The Capitol  
Washington, D.C. 20510

Honorable Charles Schumer  
Minority Leader  
United States Senate  
S-221 The Capitol  
Washington, D.C. 20510

Dear Majority Leader McConnell and Minority Leader Schumer:

On behalf of the American Dental Association (ADA) and our 161,000 members nationwide, we appreciate the opportunity to work with you as you examine ways to reform our nation's health care delivery and financing systems. With an impending vote on the "Better Care Reconciliation Act" scheduled for early this week, the ADA wanted to take this opportunity to reiterate the Association's earlier stated position regarding the importance of protecting our country's most vulnerable citizens by *rejecting drastic reductions of the Medicaid program*.

The ADA is committed to ensuring that families have access to comprehensive, affordable health coverage, including oral health coverage. Medicaid, our nation's safety-net health insurance program, currently provides vital coverage to over 70 million Americans, including 37 million children. About 54 million adults and children have dental coverage under Medicaid.

Poor oral health has long-term effects on an individual's life. Tooth decay remains the most chronic condition among children and adolescents, impacting school performance and attendance. Because it is a progressive, chronic condition, the oral health problems that impact children continue on into adulthood impacting employability, military readiness and overall health status.

Additionally, untreated dental disease has a significant economic impact on our healthcare system. For example, between 2008 and 2010, 4 million Americans went to the emergency room for dental related problems at a cost of \$2.7 billion dollars.<sup>1</sup> In 2014, an emergency room visit for a dental condition occurred every 14 seconds in the United States, costing approximately \$863 per visit compared with an average dental office visit cost in 2014 of \$240.<sup>2</sup>

The good news is that since 2000, the percentage of children without dental coverage has been cut in half.<sup>3</sup> Additionally, 5.4 million adults gained access to dental benefits as part of the Medicaid expansion through 2015. As public insurance has reached greater numbers of children, the rate of untreated decay has fallen among low-income kids,<sup>4</sup> and research shows

---

<sup>1</sup> Sun BC et al. Emergency department visits for nontraumatic dental problems: A mixed-methods study. American Journal of Public Health, 2015; 105(5): 947-955.

<sup>2</sup> American Dental Association Health Policy Institute analysis of 2014 Truven and Nationwide Emergency Department Sample data. Accessed May 25, 2017.

<sup>3</sup> Nasseh K., Vujicic M. Dental benefits coverage increase for working-age adults in 2014. Health Policy Institute Research Brief. American Dental Association. October 2016. Available:

[http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_1016\\_2.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1016_2.pdf?la=en).

<sup>4</sup> Saint Louis C. Untreated dental decay is falling among children. New York Times. March 5, 2015. Available from: [https://well.blogs.nytimes.com/2015/03/05/untreated-dental-decay-is-falling-among-children/?\\_r=0](https://well.blogs.nytimes.com/2015/03/05/untreated-dental-decay-is-falling-among-children/?_r=0).

emergency department visits for dental related issues decreased for the first time since the early 2000s between 2012 and 2013, with the largest declines among children and young adults.<sup>5</sup>

The Medicaid program's importance to Americans' oral health cannot be overstated. Medicaid provides coverage for low-income and disabled children, adults, pregnant women and seniors. Dental services are an essential part of the Early Periodic, Screening, Diagnostic and Treatment (EPSDT) program and are designed to respond to a child's individual need.

The establishment of Medicaid and EPSDT ensured that poor children with public insurance have access to dental care that is comparable to the services available to more affluent children with private insurance. Dental care utilization among publicly insured children has steadily increased over the past decade even as increasing numbers of children enroll.<sup>6</sup> To that end, the ADA is concerned that proposed fundamental changes to Medicaid funding could put the nation's overall oral health at risk.

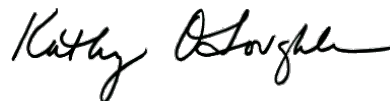
As the Senate moves forward with health care reform, we urge you to reject drastic reductions and restructuring of the Medicaid program. Coverage impacts the ability of individuals to access care in the most appropriate, cost-effective setting. The ADA believes that drastic funding cuts and structural changes to the oral health system will undermine the gains that families have made in accessing dental care and ultimately be detrimental to the entire healthcare system.

Please contact Mr. Chris Tampio of the ADA's Washington D.C. office at (202) 789-5178 or [tampioc@ada.org](mailto:tampioc@ada.org) with any questions or comments.

Sincerely,



Gary Roberts, D.D.S.  
President



Kathleen T. O'Loughlin, D.M.D., M.P.H.  
Executive Director

GR:KO:ct

---

<sup>5</sup> Wall T, Vujicic M. Emergency department visits for dental conditions fell in 2013. Health Policy Institute Research Brief. American Dental Association. February 2016. Available from: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0216\\_1.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0216_1.pdf?la=en).

<sup>6</sup> Nasseh, K., Vujicic, M. Dental Care Utilization Rate Continues to Increase Among Children, Holds Steady among Working-Age Adults and the Elderly. October 2016. Available: [http://ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_1015\\_1.pdf?la=en](http://ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1015_1.pdf?la=en).