

## *2011 Legislative Priorities*

# Maintain the Medicaid Adult Dental Benefit

### ● ● ● RECOMMENDATION

Michigan must maintain oral health services for adult Medicaid beneficiaries. The impact on health and the cost to the health care system is significant.

### ● ● ● ISSUE

The elimination of the Medicaid Adult Dental Benefit compromises the ability of Michigan's most vulnerable populations to obtain essential dental care services and does not save the State of Michigan money. Maintaining this benefit preserves quality of life and prevents costly longer-term expenditures.

### ● ● ● BACKGROUND

On July 1, 2009, the Medicaid adult dental benefit was eliminated by Executive Order as a perceived budget-saving measure. Elimination of this benefit was estimated to save the state \$5 million in up-front general fund costs. However, analysis after the cut revealed that the cost of elimination was much higher than the projected savings.

- Michigan lost approximately \$16 million in federal matching dollars to pay dental providers to provide care in the appropriate setting.
- People with untreated dental disease ended up in hospital emergency rooms, which was far more costly than seeing a dentist at the outset. In the first six months following elimination of the Medicaid adult dental benefit in 2003, Medicaid emergency room visits related to oral health increased 11%.

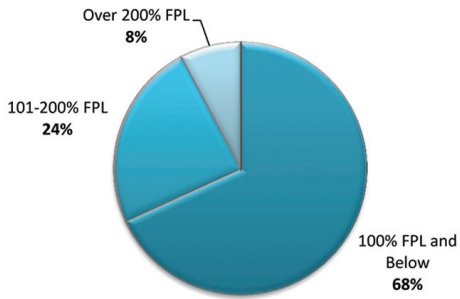
In light of these facts, the Michigan Legislature restored the Medicaid adult dental benefit in FY 2011.

### ● ● ● DISCUSSION

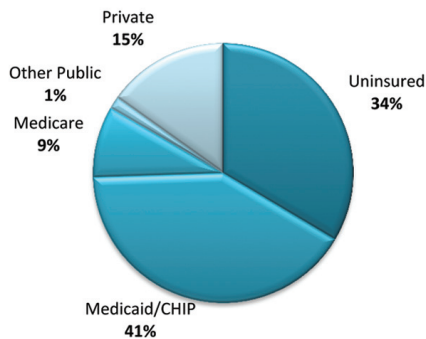
Good oral health care is extremely important in preventing, diagnosing, and treating both oral and primary health care needs of patients. Poor oral health has been shown to adversely impact health:

- Pre-term births (before 35 weeks) increase
- Diabetes is more difficult, if not impossible, to control
- Incidence of arteriosclerosis (narrowing of blood vessels that can lead to a heart attack or stroke) increases
- Heart disease rates increase

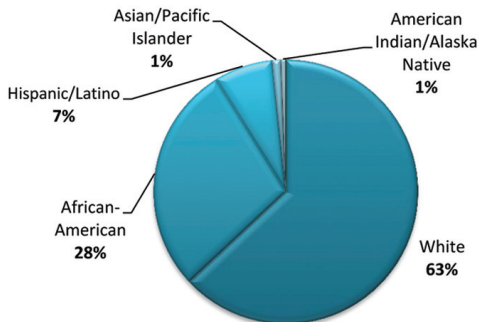
## Michigan Health Centers Patients INCOME LEVEL 2009



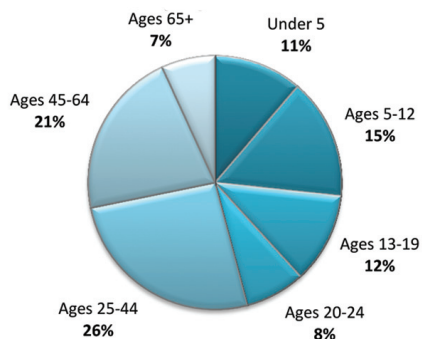
## Michigan Health Centers Patients INSURANCE STATUS 2009



## Michigan Health Centers Patients RACE/ETHNICITY 2009



## Michigan Health Centers Patients AGE 2009



- Incidence of low birth weight infants increases
- Incidence of dental caries in children increases by inoculation from untreated dental caries in their parents
- Morbidity and death from oral cancer increases
- Incidence and suffering from dental disease increases
- Employability declines

Dental disease does not get better on its own or go away without treatment. A person with any means will seek treatment. Those for whom income and lack of insurance create barriers to care will forgo treatment until their dental disease can no longer be tolerated. He/She will then seek treatment, often in an expensive setting such as an emergency room. Costly uncompensated emergency room care is ultimately paid for by other consumers such as the taxpayer, or by people with insurance through higher premiums. The end result is a higher cost and pain and suffering. Continuing to invest in the adult dental benefit is both cost effective and value based.

## MICHIGAN COMMUNITY HEALTH CENTERS

For over 30 years, Michigan's Community, Migrant, HIV/AIDS, and Homeless Health Centers have been delivering comprehensive, affordable, cost-effective, quality primary and preventive care to federally designated medically underserved areas/populations of our state. Michigan's 32 Community Health Center organizations form an essential component of the state's safety net for nearly 600,000 residents at approximately 170 different locations. These organizations are on the front lines of health care serving the most vulnerable populations in rural and inner city communities.

## MORE INFORMATION

**Kim Sibilsky**, Executive Director  
517.381.8001  
ksibilsky@mpca.net

**Doug Paterson**, Director of State Policy  
517.827.0463  
dpaterson@mpca.net