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## The Inability to Bridge the Gap in Oral Health and Health Care through the Affordable Care Act (ACA)

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*The Inability to Bridge the Gap in Oral Health and Health Care through the  
Affordable Care Act (ACA)*

**Abstract**

It has been scientifically proven that systemic conditions can manifest in the oral cavity. Medicare and Medicaid recipients have limited preventive oral health services covered, especially for adults. The Affordable Care Act (ACA) does not have an oral health focus and leaves many adults without basic preventive oral health services. Typically, most patients who have private insurance can afford to pay out of pocket for premiums and co-payments to practitioners. Those who cannot afford care do not receive care and this is not health equity and needs to be investigated.

Key words: Medicaid; Medicare; Affordable Care Act; oral health

**Introduction**

It has been scientifically proven that systemic conditions can manifest in the oral cavity. This suggests that dental professionals may be the first health practitioner to determine health concerns of patients. Historically speaking, many health care professionals believe that treating systemic health issues end at the neck and do not include the oral cavity.

In the most recent Surgeon General's Report, *Healthy People 2020*, one goal was to improve the oral health of the United States' population. This document identified oral health disparities that people face across the nation. Today, 130 million Americans, primarily adults, have no dental coverage (McDonough, 2016). There are access to care issues within oral health care in the United States and people feel it is often difficult to find a dental provider. Because of these issues, programs like Medicaid and Medicare (made for those who typically cannot afford private insurance such as pregnant women, adults with dependent children, and people with disabilities) usually have some type of dental coverage, depending on the state in which they reside.

Many adults find private dental insurance to be too costly and cannot afford the high insurance premiums. While programs like the Affordable Care Act (ACA) have recently made health insurance mandatory for all citizens in the United States, it did not do the same for dental insurance. The ACA created a marketplace where users can receive subsidized insurance rates, depending on their income. The ACA was a way for people to obtain insurance that could not previously afford it. The ACA has made medical care more accessible to underserved populations. This comprehensive care disconnect can be observed at this level and within this population group.

Each of these programs provide participants with health insurance to provide doctor's visits and preventive services, all with the primary goal of health promotion and disease prevention. Yet, each of the programs make adult oral health care difficult to access. Our society has stated that so many organizations must provide medical coverage, but that does not include oral health services. That is implying that dental coverage is not as important as medical coverage (Kelly et al, 2005). Adult dental coverage needs to be more affordable and more accessible in the United States. These are three principles that should be present for all individuals:

1. Everyone deserves to have optimum overall health.
2. Everyone should know proper care for his or her own body.
3. Everyone should have an opportunity to live their lives free of health concerns.

Leaving a patient untreated with dental problems can make it difficult for the patient to talk, eat, and swallow. While there are physical limitations a patient may experience, there are many other issues happening at the same time. For example, an untreated dental infection can spread to the rest of your body, and in rare cases, lead to death. The tissues of the oral cavity can also be indicators as to what transpires in the rest of the body. "Research has also identified associations between chronic oral infections and diabetes, heart and lung disease, stroke, and

poor birth outcomes (Hinton and Paradise, 2016). Noting that preventive oral health care and proper oral health can reduce the risk of acquiring one of these health issues mentioned above.

Preventive medicine works to maintain health and prevents disease. Preventive dental care includes six-month dental cleanings and dental exams, routine doctor's visits and well checks, proper home care instructions and professional advice. While the medical insurance world is catching on to disease prevention and health promotion, the dental world is falling short. In the United States, there are a few ways to obtain health insurance including Medicaid, Medicare, ACA, and private insurance companies. Each of the options have differences in dental insurance coverage, or some even are non-existent. This may be evidence of lack of interdisciplinary communication and lack of bridging the gap between health and dental insurance.

### **Medicaid**

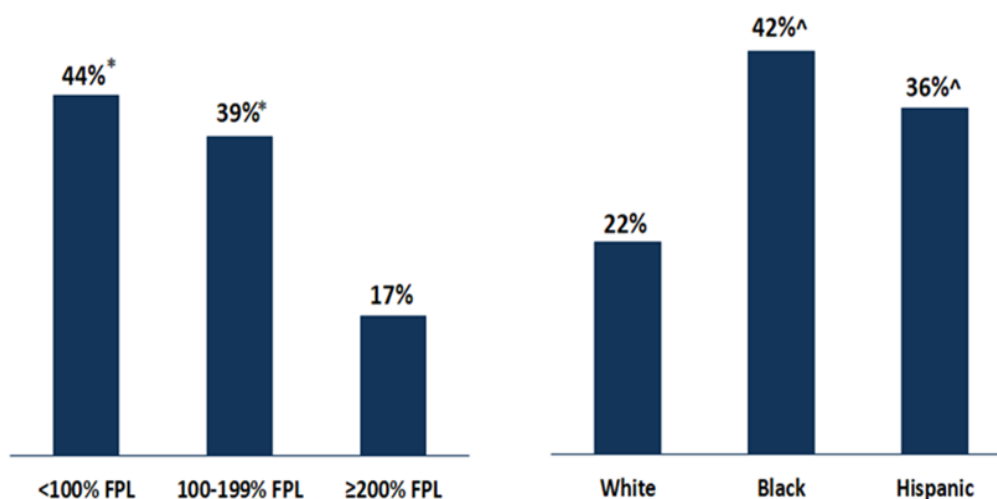
Medicaid is a federally funded health care program. Medicaid coverage extends to low-income pregnant women, children, and individuals with disabilities under the age of 65. Participants in the program qualify by meeting 133% of the Federal Poverty Level (FPL). The FPL is a set income that the government determines each year, depending on how many family members are in the household. In 2017, the FPL for one person was \$12,060. An individual with this income level

would be living in poverty, according to the government (Poverty Guidelines, 2017). Children in the Medicaid program are legally required to have some form of dental coverage. Yet, coverage for adults needs to be required as it is for children; right now, adult coverage is a state option (McDonough, 2016). Adults in the Medicaid system may or may not receive dental insurance, depending on where they reside. Many adults living in poverty have unmet dental needs and experience many disparities on a daily basis. This program is seeing an erosion of

adult benefits within Medicaid (Affordable Care Act, 2017).

Figure 1

### Prevalence of Untreated Dental Caries Among Nonelderly Adults, by Income and Race/Ethnicity, 2011-2012

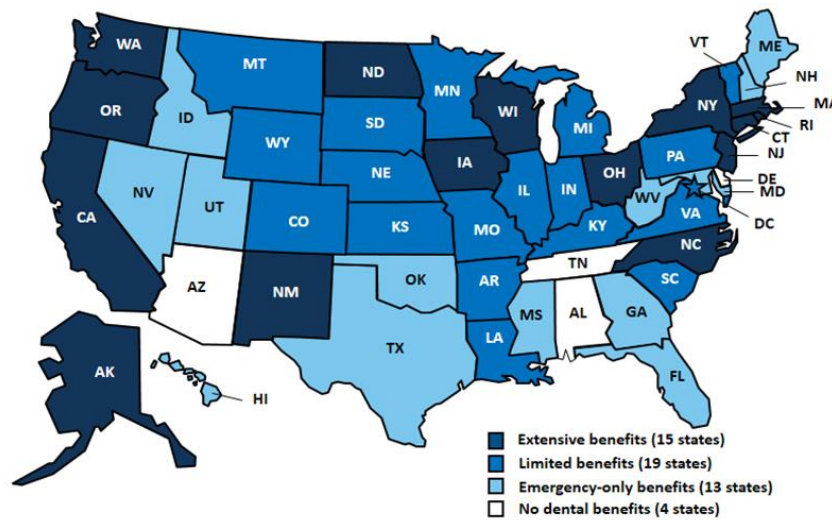


NOTES: Adults age 20-64. \*Difference from ≥200% FPL is statistically significant at  $p < 0.05$ . ^Difference from White is statistically significant at  $p < 0.05$ .  
SOURCE: KFF analysis of National Health and Nutrition Examination Survey (NHANES), 2011-2012.



Figure 1 shows the prevalence of untreated dental caries among nonelderly adults, by income and race/ethnicity (NHANES, 2017). There is a marked difference between the Federal Poverty Lines and Black and Hispanic adults.

Figure 2  
**Medicaid Coverage of Adult Dental Benefits, February 2016**



SOURCE: *Medicaid Adult Dental Benefits: An Overview*, Center for Health Care Strategies, Inc., February 2016, <http://www.chcs.org/resource/medicaid-adult-dental-benefits-overview/>



Figure 2 shows the major limitations of Medicaid coverage across the United States for adult dental services. Nineteen states have limited benefits; thirteen states have emergency-only benefits and four states have no benefits (Center for Health Care Strategies, 2017)



## **Medicare**

The federal health care program for this population group is Medicare. While providing health care insurance for the disabled and adults over 65, Medicare only covers emergency dental procedures in a hospital setting (Whitman, 2017). Medicare provides no dental coverage for 70% of their enrollees; 40% of individuals did not visit a dentist in 2014 and 60% have severe or moderate gum disease (McDonough, 2016). One of the major barriers to care for both Medicare and Medicaid patients is simply *access to care*. Many dentists do not accept patients with this coverage because they do not receive an equitable reimbursement rate by the government for the services provided. These patients may not live in an area where the dentist accepts their insurance. Because of the barrier to care, many of these patients come to the emergency room with dental pain that could be *prevented*.

## **Affordable Care Act (ACA)**

The Affordable Care Act (ACA) or “Obamacare” is a health care exchange from the government that is designed with one goal---to make healthcare more accessible to those who need it. There were laws developed and made it mandatory to obtain some form of health insurance. Yet, under this law, children were the only age group required to have *dental* insurance. This still leaves millions of adults without dental coverage. There is so much talk about preventive

medicine and the provided benefits, but no effect on legislation passed in the oral health realm. Since the ACA was developed, five percent of adults may gain dental benefits, whereas 55% of children gained benefits (McDonough, 2016). When looking to purchase health care under this exchange, as an adult, one may choose to add dental insurance at an *additional* cost. The concern here is that most people cannot afford the premiums for dental insurance that would qualify for coverage through the ACA.

### **Private Insurance**

Another option for people who do not qualify for Medicaid or do not use the ACA is private insurance. With this choice, consumers will pay “out of pocket” for dental insurance. In the United States, there are numerous companies that provide dental coverage. Typically, there were a few different tiers of coverage (Choosing the right dental plan for you and your family, 2017; Cigna, 2017). As the cost increases, the patient receives more coverage. For example, Tier One may only cover preventive services, and that may suit young adults. Yet, Tier Three could cover crowns, preventive, and diagnostic services, which would benefit an older adult with more chronic oral health issues. If numerous members of a family are on a specific dental plan, they have different coverage according to their age and needs. Private sector insurance is undoubtedly the most costly option. Although it is more expensive, it makes it easier to find a dentist. Many dentists do not accept

Medicaid patients, and ONLY accept private insurance. Some even argue that people with private insurance dentists receive better oral health care services.

### **Current News: Repealing the ACA**

The new administration's goal from the beginning has been to repeal and replace the ACA. The House recently passed to repeal and replace the ACA (Obamacare). The new Republican lead reference is called the American Health Care Act (AHCA). The new bill will head to the Senate soon and will be met with some challenges. The basis of the new plan is to slash Obamacare's taxes, phase out the Medicaid expansion, decrease tax credits, and allow states to "opt out" of many of the original protections and coverage requirements. The attempt is to disband the Democratic passed ACA and create more competitive health insurance options. Some in the Republican Party suggest the potential of undermining insurance coverage for the most vulnerable Americans as well as people with pre-existing conditions. This would ensue an increase in insurance premiums and a reduction in benefits (Politico, 2017)

What does this all mean for dental benefits? The AHCA will allow states to make changes to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) which not only serves people under twenty-one for medical, dental and vision care paid by Medicaid. Dental benefits may be eliminated altogether (Children's

Dental Health Project, 2017). This is catastrophic for the underserved populations in our own communities across the United States.

## **Conclusion**

While there certainly have been many advances made in comprehensive health care recently, it is clear the oral health portion of one's health care needs some refinement and improvement. It is the duty of oral health professionals to educate policy makers and the public on the critical nature of preventive dentistry.

There are multiple federally funded health insurance programs, but each one falls short in dental coverage. The critical piece of the puzzle is to provide care that is accessible and cost effective. Private dental insurance may be too expensive for individuals of lower socioeconomic status, so this leaves many Americans without oral health coverage, paying out of pocket for all services. Many choose to pay the annual fine the government assigns to individuals than to obtain basic health insurance, let alone dental insurance at an additional charge. As mentioned earlier, skyrocketing premiums and tunneled in coverage are deterrents for most Americans to purchase dental insurance. If this can be overcome and collaborative care can be initiated (including dental professionals), many of the disparities our country faces may be on the path to improvement. Additionally, the prevalence of systemic disease could decrease over time if the ACA would include more oral health preventive services.

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