

Written Testimony Of
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For the Senate Committee on Finance Subcommittee on Health Care Hearing

“An Oral Health Crisis: Identifying and Addressing Health Disparities”

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Via Statementsfortherecord@finance.senate.gov

Chairman Cardin, Ranking Member Daines, and members of the subcommittee, thank you for convening this hearing to put a spotlight on the unequal access to oral health care that some racial/ethnic and socioeconomic groups experience. We urge your subcommittee to take action on this important issue that impacts people’s overall health, ability to work and ability to attend school.

PAN is an independent, national 501(c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic, and rare diseases with the out-of-pocket costs for their prescribed medications. PAN provides patients with direct assistance through nearly 70 disease-specific programs and collaborates with national patient advocacy organizations to provide patients with education and additional support. Since 2004, we have helped more than 1 million underinsured patients gain access to their lifesaving prescriptions.

PAN supports improving oral health and hygiene as an integral part of health care. As you know, poor oral health and hygiene can cause tooth decay, gum disease and tooth loss among a variety of other health complications. Populations with a greater oral health risk include individuals with chronic diseases and weakened immune systems. Insufficient or inadequate dental care can worsen chronic health problems like diabetes and cardiovascular disease, hinder timely diagnosis of severe medical conditions, and lead to avoidable complications that may require costly emergency room visits.ⁱ

While access to oral health has improved for many Americans there continues to be disparities in access. In the United States, people are more likely to have poor oral health if they are low-income, uninsured, and/or members of racial/ethnic minority, immigrant, or rural populations who have suboptimal access to quality oral health care. These inequities extend throughout the life course and include differences in access to affordable healthy foods, professional dental prevention and treatment services, and dental insurance.¹ These same groups are less likely to afford to pay out-of-pocket for dental care, do not have private or public dental insurance, or can’t get time off from work to get to dental care. Dental expenses constitute more than a quarter of overall health care out-of-pocket (OOP) expenditures and are reported to present higher financial barriers than medical, prescription pharmaceuticals, and mental health care.ⁱⁱ

As you know, the Medicare program covers a majority of all Americans age 65 and older and plays a vital role in the quality and longevity of their lives. However, the program has also long fallen short in providing those beneficiaries with sufficient coverage for essential oral and dental treatment. Two-thirds of Medicare beneficiaries lack oral health coverage, and 49% of Medicare beneficiaries have not seen a dentist in the last 12 months (as of 2017).ⁱⁱⁱ A recent study found that use of dental services fell at age 65

for both enrollees in traditional fee-for-service and Medicare Advantage.^{iv} As a result, medical problems and treatment that can be proactively addressed with such care have instead gone unchecked, delayed, or cancelled, resulting in serious clinical, human, and fiscal implications.

All too often, limited or no dental insurance coverage can result in high OOP or foregone oral health care. High OOP costs are a barrier to dental care as more than 15 million older adults live on incomes below 200% of the federal poverty level, and 4.7 million live below poverty. Forgoing dental care, however, can worsen underlying conditions. Untreated cavities and gum disease can exacerbate certain diseases, such as diabetes and cardiovascular disease, and lead to chronic pain, infections, and loss of teeth.

PAN urges the Committee to authorize a dental benefit in Medicare so that millions of beneficiaries on fixed incomes will be able to maintain their oral health that is critical to their overall health. Importantly, Congress must structure the benefit to include routine preventive procedures and limit out-of-pocket spending for more invasive dental care, including restorative procedures such as fillings, crowns and root canals. High levels of coinsurance have proven to be cost prohibitive and result in a drop in utilization of dental services.ⁱⁱⁱ

In the absence of a dental benefit, PAN is pleased that the Centers for Medicare and Medicaid Services (CMS) included in the 2023 Physician Fee Schedule final rule clarification of medical coverage for dental services that are inextricably linked and substantially related and integral to organ transplant surgery, cardiac valve replacement, valvuloplasty procedures, and head and neck cancers. The final rule also created the opportunity for further coverage of procedures by establishing “a process to identify for consideration and review submissions of additional dental services that are inextricably linked and substantially related and integral to the clinical success of other covered medical services.” PAN urges the committee to utilize its oversight of CMS and engage with CMS officials as they formulate the 2024 Physician Fee Schedule proposed rule.

PAN lauds you for your continued leadership to increase access and affordability of oral health care. We welcome the opportunity to work with the Committee as they develop legislation to address this important issue. For further information, please reach out to Amy Niles, Chief Advocacy and Engagement Office at aniles@panfoundation.org.

ⁱ Oral Health in America: A Report of the Surgeon General. U.S. Department of Health and Human Services. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jcpe.12060>

ⁱⁱ Vujicic M, Buchmueller T, Klein R. Dental care presents the highest level of financial barriers, compared to other types of health care services. *Health Affairs*. 2016a;35(12):2176–82. <https://doi.org/10.1377/hlthaff.2016.0800>

ⁱⁱⁱ Kramarow EA. Dental care among adults aged 65 and over, 2017. NCHS Data Brief, No 337. Hyattsville, MD: National Center for Health Statistics. 2019. Accessed at: <https://www.cdc.gov/nchs/products/databriefs/db337.htm>.

^{iv} Simon, L, Song Z., and Barnett, M. Dental Services Use: Medicare Beneficiaries Experience Immediate And Long-Term Reductions After Enrollment, *Health Affairs*, Vol. 42, No. 2 February 2023. <https://doi.org/10.1377/hlthaff.2021.01899>