

Researchers find ending Medicaid dental benefit costly

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A new study suggests that states may not save as much money as anticipated by eliminating adult dental coverage under Medicaid.

The study from University of Iowa researchers looked at California, which decided to end adult dental coverage under Medicaid in mid-2009. Some 3.5 million low-income adults in the Golden State lost dental benefits.

The researchers found those adults made more than 1,800 additional visits annually to hospital emergency departments for [dental care](#) after losing the benefit. In all, California spent \$2.9 million each year in Medicaid costs for dental care in emergency departments, up from \$1.6 million before the state eliminated the adult dental care benefit. That's a 68 percent increase in costs, when factoring inflation.

Since 2010, five states—Arizona, Massachusetts, Pennsylvania, South Carolina, and South Dakota—have either curtailed or eliminated adult dental benefits under Medicaid. Other states, notably Illinois and Missouri, are considering some limits to coverage.

"I think the important point here is although the Medicaid dental benefit for adults is optional, savings derived from dropping the benefit are somewhat eaten up by the increased costs from adults seeking dental care in hospital emergency departments," said Astha Singhal, a postdoctoral researcher in the UI College of Dentistry and corresponding author on the paper, published this month in the journal *Health Affairs*.

Fifteen states, including Iowa, currently offer comprehensive dental benefits for low-income adults.

The states' deliberations come as the federal government, under the Affordable Care Act, will pick up upwards of 90 percent of the Medicaid bill to states that offer dental benefits to adults through 2020. After that, the costs will shift gradually to states.

"We know states are facing difficult budget decisions. This research indicates there may be unintended consequences with patients feeling forced to rely on emergency-room visits ," said Peter Damiano, director of the UI's Public Policy Center and a contributing author on the paper. "Most ERs can't extract teeth or start root canals. They can only prescribe pain medication and/or antibiotics. This may delay treatment but is unlikely to prevent the need for the dental care at some point in the future ."

The study covered 2006 to 2011, meaning that it looked at [emergency department](#) use for dental problems in the low-income adult population before and after California eliminated the Medicaid dental benefit. California partially restored the benefit last year. The researchers obtained their data from the Agency for Healthcare Research and Quality, a branch of the U.S. Department of Health and Human Services.

The researchers found there were an additional 4.4 emergency department visits per month for dental problems per 100,000 enrollees after California eliminated the benefit. Viewed annually, there were more than 1,800 added emergency department visits for dental needs by the adult Medicaid population.

Young adults, members of racial/ethnic minority groups, and urban residents were disproportionately affected by the change, the researchers

found.

Other states have shown similar increases, according to other analyses.

Oregon saw a doubling of emergency department visits for unmet adult dental needs after eliminating the Medicaid benefit in 2003. It has since restored the benefit. Meanwhile, Maryland experienced a 12 percent increase in the rate of emergency department visits by adults for dental care after dropping the Medicaid benefit in 1993.

"Providing dental coverage facilitates access to dental care, whereas when cutting dental benefits, patients have no option but to go to hospital emergency departments, which are not equipped to treat them appropriately," said Singhal, who has a research appointment in the UI's Public Policy Center.

Provided by University of Iowa

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