

# Few older Americans have dental insurance

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Only 12 percent of older Americans have some form of dental insurance and fewer than half visited a dentist in the previous year, suggests new Johns Hopkins Bloomberg School of Public Health research on Medicare beneficiaries.

Insurance status appeared to be the biggest predictor of whether a person received [oral health](#) care: For those with incomes just over the federal poverty level, 27 percent of those without [dental insurance](#) had a dental visit in the previous year, compared to 65 percent with dental insurance, according to an analysis of 2012 Medicare data.

Income also played a role: High-income beneficiaries were almost three times as likely to have received [dental care](#) in the previous 12 months as compared to low-income beneficiaries, 74 percent of whom reported receiving no dental care. Many high-income beneficiaries - even those with dental insurance - paid a sizable portion of their bills out of pocket.

The findings, published in the December issue of the journal *Health Affairs*, suggest an enormous unmet need for dental insurance among those 65 and older in the United States, putting older adults at risk for oral health problems that could be prevented or treated with timely dental care, including tooth decay, [gum disease](#) and loss of teeth. It also highlights the financial burden associated with dental visits, among both the insured and uninsured.

"Medicare is focused specifically on physical health needs and not oral health needs and, as a result, a staggering 49 million Medicare beneficiaries in this country do not have dental insurance," says study author Amber Willink, PhD, an assistant scientist in the Department of Health Policy and Management at the Bloomberg School. "With fewer and fewer retiree health plans covering dental benefits, we are ushering in a population of people with less coverage and who are less likely to routinely see a dentist. We need to think about cost-effective solutions to this problem."

Eighty percent of Americans under the age of 65 are covered by employer-sponsored programs that offer dental insurance, which covers routine cleanings and cost-sharing on fillings and other dental work.

Many of them lose that coverage when they retire or go on Medicare. The vast majority of Medicare beneficiaries who have dental insurance are those who are still covered by employer-sponsored insurance, either because they are still working or because they are part of an ever-dwindling group of people with very generous retiree medical and dental benefits.

For the new study, the researchers analyzed data provided by 11,299 respondents to the 2012 Cost and Use Files of the Medicare Current Beneficiary Survey. The data included information collected on income, dental insurance status, dental health access and out-of-pocket expenditures.

Among the findings: On average, Medicare beneficiaries reported spending \$427 on dental care over the previous year, 77 percent of which was out-of-pocket spending. An estimated seven percent reported spending more than \$1,500. Dental expenses, on average, accounted for 14 percent of Medicare beneficiaries' out-of-pocket health spending.

Poor dental hygiene not only contributes to gum disease, but the same bacteria linked to gum disease has also been linked to pneumonia, a serious illness that increases the risk of hospitalization and death. It can also contribute to difficulty eating, swallowing or speaking, all of which bring their own health challenges. Nearly one in five Medicare beneficiaries doesn't have any of his or her original teeth left, according to the Centers for Disease Control and Prevention.

The researchers took the research a step further. They analyzed two separate proposals for adding dental benefits to Medicare, estimating how much each would cost. One was similar to the premium-financed, voluntary Medicare Part D benefit that was added to Medicare a decade ago to help cover prescription drugs for seniors. The other was similar to a proposal that has been introduced in Congress that would embed dental

care into Medicare as a core benefit for all of the program's 56 million beneficiaries, which is not expected to pass before Congress recesses.

The first proposal, which would cost an average premium of \$29-a-month and would come with a subsidy for low-income seniors who couldn't afford that, would run an estimated \$4.4 to \$5.9 billion annually depending on the number of low-income beneficiaries who participate. The second, with a \$7 monthly premium and subsidies for low-income people, would cost between \$12.8 and \$16.2 billion annually. The packages would cover the full cost of one preventive care visit a year and 50 percent of allowable costs for necessary care up to a \$1,500 limit per year to cover additional preventive care and treatment of acute gum disease or tooth decay.

"It's hard to tell in this current political climate whether this is something that will be addressed by lawmakers, but regardless this is affecting the lives of many [older adults](#)," Willink says.

She cautions that if the costs become too high for Medicare beneficiaries, they could lose whatever wealth they have and end up on Medicaid, the insurance for the very poor which the government pays for fully.

"Older adults are struggling and the current benefits structure of Medicare is not meeting their needs. We need to find the right solution," she says. "Otherwise, it's going to end up being so much more expensive for everyone."

"Dental Care and Medicare Beneficiaries: Access Gaps, Cost Burdens and Policy Options" was written by Amber Willink, Cathy Schoen and Karen Davis.

Provided by Johns Hopkins University Bloomberg School of Public Health

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