JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

January 24, 2019

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Submitted via email: NIDCR-SGROH@nidcr.nih.gov

Re: Public Comment on Surgeon General's 2020 Report on Oral Health

Justice in Aging appreciates the opportunity to provide comments on the Surgeon General's 2020 Report on Oral Health.

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security and the courts for older adults with limited resources. We have decades of experience with Medicare and Medicaid, with a focus on the needs of low-income beneficiaries and populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Justice in Aging has been engaged in advocacy both at the state and federal levels to improve the oral health of low-income older adults. We also participate in the Oral Health Progress and Equity Network (OPEN), and endorse their comments. We also have included below our specific comments and recommendations for the 2020 report.

Oral Health Status of Older Adults

We are pleased that the Surgeon General has signaled that the 2020 report will focus on vulnerable populations, including older adults. This is particularly important considering that fewer than half of older adults have access to dental care each year.[1] This is not surprising given that 70 percent of older adults have no to very limited oral health coverage.[2] As a

[1] Oral Health America, "A state of decay, vol. II," (2013), available at www.oralhealthamerica.org/astateofdecay/archive/; and Agency for Healthcare Research and Quality, "Dental services: use, expenses, source of payment, coverage and procedure type, 1996-2015: research findings," (Jun. 2017), available at https://meps.ahrq.gov/data_files/publications/rf34/rf34.pdf.

[2] State of Decay and Dental Services, *supra* note 1.

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consequence, one in five older adults has untreated tooth decay[3] and 70 percent have periodontal disease.[4] The impact of poor oral health on overall health for older adults is substantial. Poor oral health can lead to an increased risk for infections and complicate chronic diseases like diabetes and heart disease. Tooth decay and associated mouth pain can also lead to weight loss and poor nutrition, also exacerbating diabetes and high blood pressure and significantly impacting quality of life.[5] Ongoing pain also increases the likelihood that opioids will be prescribed.[6]

Address Disparities Among Older Adults

The 2020 report should focus on addressing the disparities in oral health that certain groups of older adults face – particularly low-income seniors, people of color, and seniors living in rural areas. For example, lower income older adults are twice as likely as those with higher income to have a cavity that needs treatment, have untreated root caries, or need periodontal treatment.[7] Disparities based on race and ethnicity are significant with, for example, 27 percent of Black older adults having complete tooth loss compared to 16 percent of white older adults.[8] Similarly, one in five rural seniors has had all their teeth extracted compared to one in seven urban seniors.[9]

Expand Oral Health Coverage for Older Adults

Access to affordable oral health coverage for older adults is the primary barrier to oral health care. We are engaged in two efforts to increase access to oral health coverage through Medicare that we urge the Surgeon General to include in the 2020 report. First, we are working

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[3] Bruce A. Dye et al., "Dental caries and tooth loss in adults in the United States, 2011–2012," NCHS Data Brief, (May 2015), available at www.ncbi.nlm.nih.gov/pubmed/25973996; and C.M. Vargas, et al., "The Oral Health of Older Americans, National Center for Health Statistics, Aging Trends," (2001), available at www.cdc.gov/nchs/data/ahcd/agingtrends/03oral.pdf.

[4] P.I. Eke et al., "Prevalence of periodontitis in adults in the United States: 2009 and 2010," Journal of Dental Research, (Aug. 2012), available at https://journals.sagepub.com/doi/abs/10.1177/0022034512457373.

[5] Journal of Nutrition, "Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants," (Feb. 2010), available at www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/.

[6] Nack, B., et al., "Opioid Use Disorder in Dental Patients: The Latest on How to Identify, Treat, Refer and Apply Laws and Regulations in Your Practice," (2017), available at www.ncbi.nlm.nih.gov/pmc/articles/PMC5579823/

[7] American Journal of Public Health, "Burden of Oral Disease Among Older Adults and Implications for Public Health Priorities," (Mar. 2012), available at www.ncbi.nlm.nih.gov/pmc/articles/PMC3487659/. See also, GAO, "Dental Disease Is a Chronic Problem Among Low Income Populations," (Apr. 2000), available at https://www.gao.gov/new.items/he00072.pdf.

[8] Ctrs. for Disease Control and Prevention, "Prevalence of Edentulism in Adults Aged ≥65 Years, by Age Group and Race/Hispanic Origin — National Health and Nutrition Examination Survey, 2011–2014," (Jan. 2017), available at www.cdc.gov/mmwr/volumes/66/wr/mm6603a12.htm?s_cid=mm6603a12_w.

[9] Ctrs. for Disease Control and Prevention Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2016. Unpublished analysis by DentaQuest Institute. Available upon request.

in a broad-based coalition to expand Medicare coverage through administrative action with the Centers for Medicare & Medicaid Services (CMS) to include medically-necessary oral and dental health therapies.[10] This step would ensure Medicare beneficiaries receive oral and dental treatment when the individual's health or ability to obtain other medical treatment is at risk.

Second, we are working in coalition to obtain a comprehensive oral health benefit in Medicare Part B.[11] Original Medicare does not include a dental benefit and, as a consequence, most older adults lack or have very limited oral health coverage. Adding a dental benefit to Medicare would provide oral health coverage to most older adults as well as younger Medicare beneficiaries with disabilities whose oral health needs are currently unmet. Additionally, a Medicare benefit would help to address the significant disparities in access to oral health care certain populations experience since a Medicare benefit would be available to all beneficiaries.[12]

Lastly, coverage should be expanded through the Medicaid program. Dental for adults is currently an optional benefit under Medicaid. Consequently, twelve states only cover dental services to relieve pain in emergency situations, and only nineteen states offer extensive adult dental benefits.[13] Tens of millions of low-income adults would have access to dental services and better health outcomes if Medicaid were to include an adult dental benefit.[14]

Increase Access to Oral Health in Institutional Settings

Residents of nursing facilities face significant and unique barriers in accessing oral health coverage, and the impact on their oral health and overall health is substantial. For example, a recent California-based study found that one in three nursing facility residents had complete tooth loss compared to 18 percent of community residing older adults. Similarly, 65 percent of nursing facility residents were in need of periodontal treatment compared to 46 percent of

[10] Center for Medicare Advocacy, "Legal Memorandum: Statutory Authority Exists for Medicare to Cover Medically Necessary Oral Health Care," (Jan. 2019), available at www.medicareadvocacy.org/medicare-info/dental-coverage-under-medicare/.
[11] Oral Health America, "An Oral Health Benefit in Medicare Part B: It's Time to Include Oral Health in Health Care," (Jul. 2018), available at www.justiceinaging.org/wp-content/uploads/2018/07/Medicare-Dental-White-Paper.pdf.
[12] Justice in Aging, "Creating an Oral Health Benefit in Medicare: A Statutory Analysis," (Jan. 2019), available at www.justiceinaging.org/wp-content/uploads/2019/01/Creating-an-Oral-Health-Benefit-in-Medicare-A-Statutory-Analysis.pdf.
[13] Center for Health Care Strategies, "Medicaid Adult Dental Benefits: An Overview," (Nov. 2018), available at www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_112118.pdf.
[14] Kaiser Family Foundation, Full-Benefit Medicaid Enrollees by Enrollment Group, (FY 2014), available at www.kff.org/medicaid/state-indicator/distribution-of-full-benefit-medicaid-enrollees-by-enrollment-group/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

community residing older adults.[15] There is growing research that untreated oral health disease increases the risk for home-acquired pneumonia in nursing homes.[16]

The barriers to care in nursing facilities are varied and complex and require focused policy solutions. We strongly encourage that the 2020 report focus on this population and put forth policy recommendations to address these barriers, including for example, promoting models tailored to delivering dental services in institutional settings.[17] The report could also include recommendations to improve the assessment of oral health needs through the Minimum Data Set (MDS) that all Medicare and Medicaid certified nursing homes must complete for each resident and through care planning requirements. Putting forth recommendations on the need for training of care staff to both identify oral health needs and perform oral hygiene would also improve the oral health of facility residents.

Integrate Oral Health with Overall Health

The integration of oral health with overall health is particularly critical for older adults who often have chronic conditions that are exacerbated by poor oral health. For example, an older adult who has severe untreated gum disease and significant tooth decay will not be able to proceed with chemotherapy without receiving treatment for their dental issues. But without integration, the older adult is left trying to arrange dental services and communicate their health care needs between providers.[18]

There is considerable work being done to improve integration. For example, Smiles for Life is a national curriculum aimed at integrating oral health with primary care.[19] Another recommendation is to provide states with guidance on integrating oral health through their Medicaid managed care plans. Medicaid managed care plans can include oral health screenings in their initial health risk assessments and work with their contracted providers to integrate oral health into their practice. Adding a dental benefit in Medicare would also help to integrate oral health into overall health by integrating the dental benefit into health coverage and through the delivery of benefits.

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[15] Center for Oral Health, "A Healthy Smile Never Gets Old: A California Report on the Oral Health of Older Adults," (2018), available at www.centerfororalhealth.org/wp-content/uploads/2018/11/Oral-Health-of-Older-Adults.pdf.
[16] Liu, C. et al., "Oral care measures for preventing nursing home-acquired pneumonia," (Sep. 2018), available at www.ncbi.nlm.nih.gov/pubmed/30264525.
[17] See, for example, Apple Tree Dental, available at https://oralhealth.acl.gov/sites/default/files/uploads/docs/Apple_Tree_Dental.pdf.
[18] Justice in Aging, "Dental Coverage for Older Adults Should be Coordinated and Evidence-Based," (Jan. 2017), available at www.justiceinaging.org/dental-coverage-for-older-adults-coordinated/.
[19] Smiles for Life: A National Oral Health Curriculum, available at www.smilesforlifeoralhealth.org/buildcontent.aspx?tut=555&pagekey=62948&cbreceipt=0

Provide Services Where Older Adults Are

Low-income older adults have a number of chronic conditions that necessitate frequent trips to provider offices, but getting to those medical appointments is particularly challenging for older adults. Aging may result in the loss of the ability to drive or use public transportation because of physical and cognitive impairments. Providing dental services where older adults are, including in senior centers,[20] at home, and in nursing facilities, improves access to care. The 2020 report should focus on encouraging the provision of services through teledentistry and innovative models like the virtual dental home.[21]

In April 2016, the Older Americans Act was reauthorized and now permits states and area agencies on aging to direct their funding towards disease prevention and health promotion activities and to conduct oral health screenings. The 2020 report should encourage states to develop guidance to the area agencies on how to best leverage their funding to take on these new allowed activities to promote oral health.

Increase Workforce to Treat Older Adults

Older adults need access to providers with specialized training to effectively treat their oral health issues that are complicated by other chronic health conditions. For example, older adults are prescribed a large number of medications that have side effects that worsen their oral health. Older adults are also more likely to suffer from cognitive impairments like dementia or Alzheimer's disease that inhibit communication and may require the administration of anesthesia to safely perform dental procedures. Most U.S. dental schools offer a classroom geriatric dentistry course, but only about 25% of schools offer a clinical course to serve older adults directly.[22] Consequently, few dental students receive focused clinical experience in treating older adults. The 2020 report should focus on incentives to encourage more providers to both obtain training to treat older adults and provide services to older adults. This is particularly important in rural areas where there is already a lack of providers. Incentives could include loan repayment programs, increased rate reimbursements, and participation in alternative payment models.[23]

The 2020 Report should also focus on increasing the diversity of the workforce to more closely reflect the individuals receiving services. This includes increasing the number of providers who are racially and ethnically diverse and providers who speak languages other than English.

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[20] See for example, the Gary and Mary West Senior Dental Center, available at www.westhealth.org/taking-action/gary-mary-west-senior-dental-center/.
[21] Virtual Dental Home, available at https://oralhealth.acl.gov/sites/default/files/uploads/docs/Virtual_Dental_Home.pdf.
[22] Naomi Levy, D.M.D, et.al, "Geriatrics Education in U.S. Dental Schools: Where Do We Stand, and What Improvements Should Be Made?" (Oct. 2013), available at www.jdentaled.org/content/77/10/1270.full.
[23] See, for example, MN Department of Health, "Strengthening the Oral Health System in Rural Minnesota," (Aug. 2018).

Additionally, there should be a focus on ensuring that notices, websites, call lines, and other means of communication are provided in preferred formats and languages.

Thank you again for the opportunity to submit comments. If any questions arise concerning this submission, please contact Amber Christ at achrist@justiceinaging.org.

Sincerely,

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