Written Testimony Relative to Senate Bill 92, Dental Care for Adult Medicaid Recipients

Senator Townsend, Senator Poore, and distinguished members of the Health and Social Services Committee:

My name is Beth Mineo and I am the director of the Center for Disabilities Studies at the University of Delaware. I am also the step-parent of an adult with autism and intellectual disabilities. I submit this testimony in regard to Senate Bill 92, Dental Care for Adult Medicaid Recipients.

The connection between oral health and overall health is well established. Poor dental care can lead to serious infection and decay, and increase the risk of heart disease, strokes, clogged arteries and other serious conditions. Among women of child-bearing age, poor oral health has been linked to premature birth and low birthweight babies. If we want people to be healthy, we must promote access to oral health care as well as general health care.

Individuals of all ages who, because of their financial status or disability, rely on Medicaid for affordable and accessible health care also should be able to count dental care among the services Medicaid covers. But because Delaware—with Alabama and Tennessee—is one of just three states that do not include any dental care in their Medicaid coverage for adults, thousands of Delaware citizens consequently experience poor health outcomes.

While this is important for all adult Medicaid beneficiaries, I wish to draw attention to adults with disabilities who depend on Medicaid for their healthcare. With support from the federal Health Services and Resources Administration, and in collaboration with the Delaware Department of Public Health’s Bureau of Oral Health and Dental Services, our center recently conducted a survey of Delaware adults with disabilities relative to their dental care. Essentially half (49%) of the respondents reported that they have lost teeth because of decay, infection or gum disease. And the number one reason those individuals gave for delays in getting dental care? They couldn’t afford it. A summary of our findings is attached to this testimony.

Offering dental coverage through Medicaid to this population, as 47 other states do in some form, would bring about healthier outcomes at a lesser cost due to a shift from reactive to preventive care. If we want people to be healthy, Medicaid coverage for oral health is an important means to that end.