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Thank You Senators Breaux and Craig for graciously hosting this event.

Thank Dr. Carmona for your efforts and your work on the *National Call To Action To Promote Oral Health*

Ageism in Health Care:
Are Our Nations Seniors Receiving Proper Oral Health Care?

NO !!!!

"No less than a ***silent epidemic*** of oral diseases is affecting our most vulnerable citizens—poor children, the elderly, and many members of racial and ethnic minority groups" *Oral Health In America 2000*

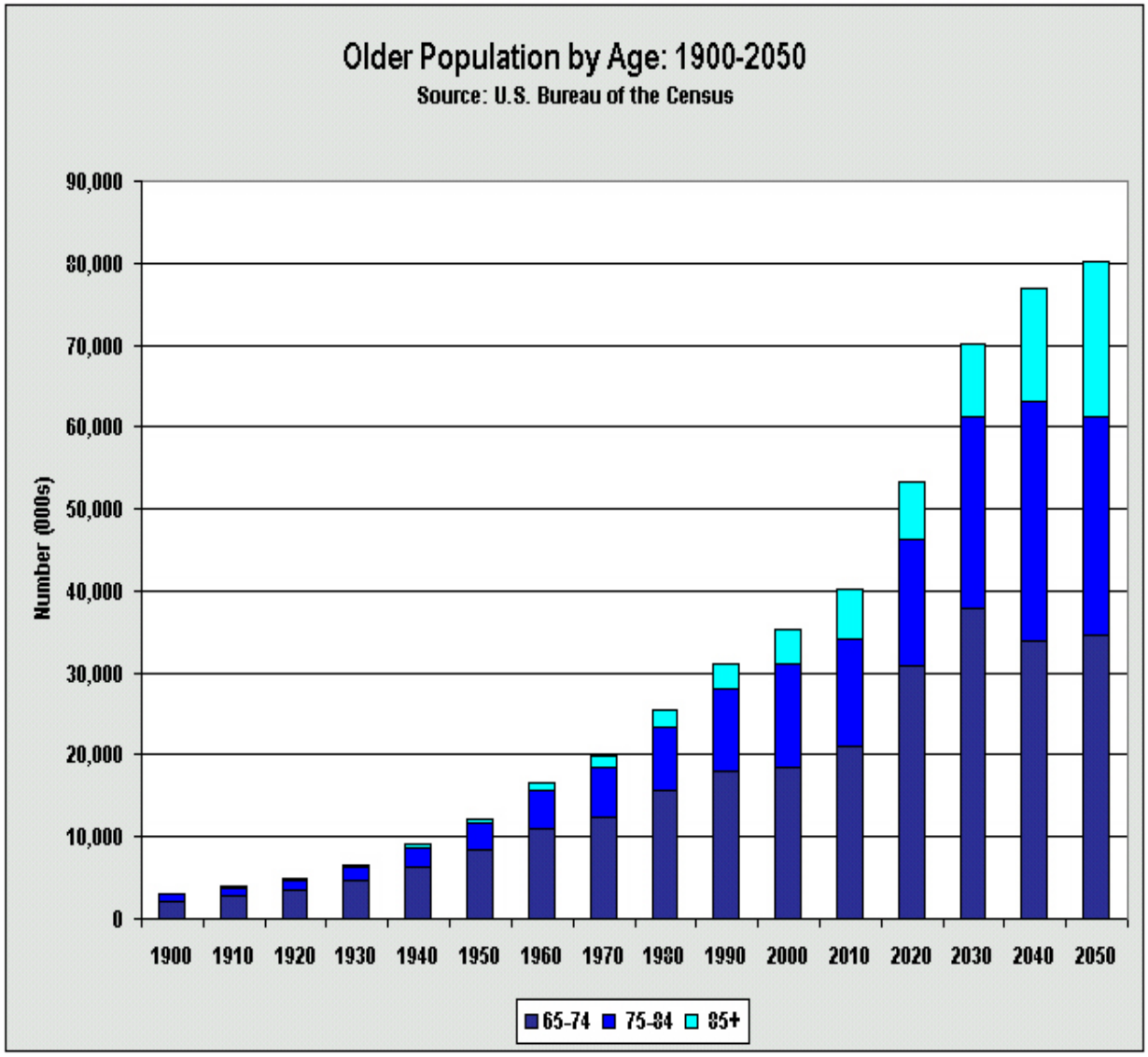
The Issue Before Us:
Many Seniors Needlessly Suffer

Who Are They?

The most critical Population is the
Aged, Blind, and Disabled

How Many?

- US Census Bureau:
  - 35.4 Million Adults Over 65 in 2001
  - 17.8 Million Adults Over 65 in Poverty in 2001
  - 14.0 Million Adults Over 65 Were Disabled in 2000
  - 33.2 Million Adults Over 16 Were Disabled in 2000
  - 1.7 Million Adults In Nursing Facilities
  - And ***Growing***



The Oral Health Of The
Aged, Blind and Disabled
Is Mostly **Neglected**
On A National Level

There are "Profound and Consequential Oral Health Disparities within the US population" especially for the elderly. *Oral Health In America 2000*

- Cavities – Highest %
  - –Elderly
  - –Poor adults
  - –Minorities
- No Teeth
  - –Elderly
  - –Poor adults
  - –Minorities
  - –Less education

Got Money?
Get Care

"***Until"*** **-**You:

- Get Medically or Functionally Disabled
- Get Institutionalized
- Spend All Your Money

Unmet Need

- 66% Of US citizens over 65 have **Untreated Cavities!**
- The **Frail Elderly Suffer!**
- MR/DD adults in communities have
  Little to No Access or Coverage!

For Aged, Blind or Disabled (ABD) Adults Oral Health Services ***ARE***
A Medical Necessity. Many States Deny This - Do You?

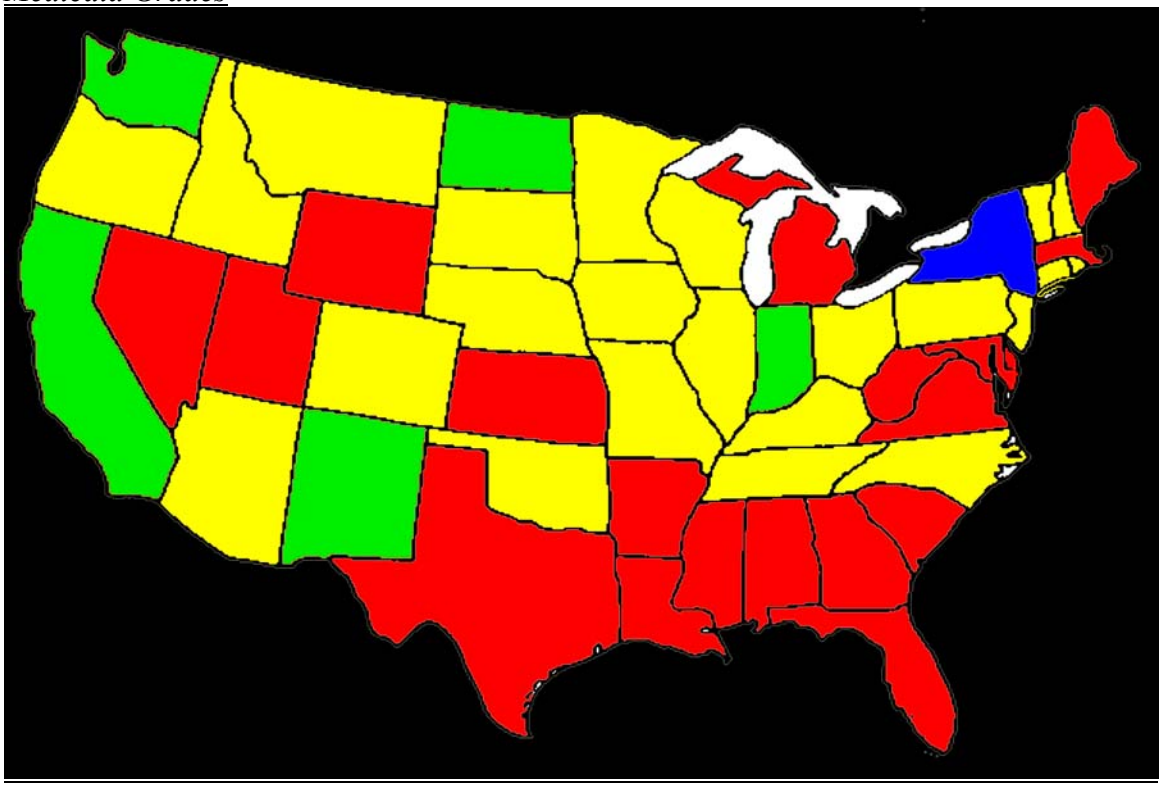
When You Look,
The Silent Epidemic
Screams!

"The frail elderly are just as dependent as children when it comes to health care. Justice compels us to end the willful neglect of our elders. We must assure that everywhere in America they receive the oral health care they need and deserve."
Dr. Micheal Helgeson,
Apple Tree Dental

Aged, Blind, and Disabled Oral Health Benefits: What Is Available?

- Medicare: Virtually None
- Private Insurance: Very Poor – The First to Go At Retirement
- Applied Income Laws (Nursing Facility Residents only): Not enforced, regulated, and are mostly ignored
- Medicaid: ***OPTIONAL*** to Each State

Medicaid Grades



Medicaid Coverage

- Adult services are optional
  - 45 States D or F
  - All States D or F for Service Reimbursements (1 C-)

Overall Final Medicaid Grade

D-

Aged, Blind, and Disabled Medicaid Grade

F

Do We Get It Yet??

There Is ***Nothing*** Out There For These Vulnerable Adults

The System Of
Optional Adult Medicaid
Oral Health Benefits
Is ***Not*** Working

- We have, in essence, designated treatment of infection, pain, puss, swelling and functional problems for the aged, mentally retarded, disabled and blind AS OPTIONAL!!!
- The Optional nature of oral health services for Medicaid adults has, at least in part, allowed this epidemic for these poor and vulnerable adults.

Nationally, No Oral Health Infrastructure Exists For Aged, Blind, and Disabled Adults

We Do, However, Have Infrastructure For Children Under EPSDT

National Successes And Opportunities

- CMS
  - Recognition Of MDS Assessment Problems
  - MDS Reform: The work has just begun!
  - Quality Indicators
  - Foundation for PETI Reform
  - Recent MDS data
  - Recent Nursing Facility Deficiency Data
  - Recent CMS policy definitions And Letters
  - APPLIED INCOME LAWS!
- American Medical Directors Association
- Congress
  - Senators Breaux and Craig: Senate Special Committee on Aging
  - Press Releases From Senator Breaux
  - Relationship With Senator Breaux's Office
  - Senator Grassly : Finance Committee
- ADA
  - Working Relationship With SCD and Oral Health America
  - Publications
  - Press Releases – Contacts Generated
- Oral Health America – SCD Geriatric Initiative
- National News Coverage
- LTC Oral Health Coalition
- Promotion Of The Dental Director Model
  - Radar Screen At CMS, ADA, AMDA and Industry

National Solutions:

- We ***NEED*** A Bill
- My Idea:
  Lets Provide ABD Adults Oral Health Services Through Already Existing Medicaid EPSDT Dental Coverage For Children
- "Special Care Dentistry Aged, Blind, and Disabled Oral Health Access Proposal" (Included in My Testimony)
- We Need A Clear Statement That Oral Health Services For ABD Adults Is ***Medically Necessary!!***
- Formation Of A
  National Oral Health Coalition for Special Care Adults
- Formation Of The
  American Dental Director Association

"***What are the greatest problems that seniors face where oral health is concerned?"***

- There Is No National Mandatory Oral Health Care Requirement
- The Poor Have No $$ For Services
- Optional Nature Of Adult Medicaid Benefits

Is Ageism Involved?

Oral Health Ageism
Exists On Several Fronts:

- Vulnerable Children Have Mandated Medicaid Access – Vulnerable Adults Don't
- Children Specialty Status (Pediatric Dentistry) Vs. None For The Aged
- Specialty Training For Treatment Of Children Is Advanced Vs. Limited For Special Care Adults
- Providers Have Little Incentive –No, Or Poor, Reimbursement Rates, Burdensome Medicaid requirements, Constant Program Threats, etc.
- Get Trained To Take A Pay CUT!
- Provider Persecution - New Mexico
- Many Poorly Funded State Oral Health Programs (Dental Director Positions) Are Funded By MCH Where Elderly Initiatives Are Not Strongly Supported

Is There Lack Of Societal Awareness?

- YES!!!
- The "Forehead-Slap" Syndrome

What Role Does Neglect Play?

- Neglect Starts With Loss Of Income, Insurance, Medical Health, Or Physical Function
- Promoted By:

– Lack Of National Funding and Provider Infrastructure For ABD Oral Health Services
–Lack Of An Oral Focus By Health Professionals

To What Extent Is Oral Health Covered By Insurance Versus Out Of Pocket Expenses For The Elderly?

- 12 Years Of Geriatric Practice:
  Only 4 Patients With Private Dental Insurance!

Aged, Blind, and Disabled Oral Health Access Proposal

Draft May 17, 2003

Rationale

- Vulnerable Medicaid eligible adults with special needs who are aged, blind or disabled have complex physical and medical conditions, more serious dental disease, more missing teeth, and more difficulty obtaining dental care than other segments of the population.
- These vulnerable Medicaid eligible adults with special needs are often dependent on others for oral disease prevention as well as access to oral health services. Neglecting their oral health needs can result in pain, infection, suffering, disfigurement and even death for these vulnerable individuals.
- Nationally, an oral health infrastructure through Medicaid does not exist to provide prevention and oral health service access for this needy population, allowing and promoting oral health neglect and abuse.
- In states where access to adult oral health services is available, the infrastructure is under constant threat of cuts or outright elimination due to the optional nature of adult Medicaid dental care and state budgetary problems.
- Every state already has a federally mandated Early and Periodic Screening, Diagnosis and Treatment (**EPSDT**) service that provides needy Medicaid children with access to critical oral health services.
- Vulnerable aged, blind or disabled adults must be assured access to critical oral health services.

Proposal

- Mandate that in every state adult Medicaid eligible individuals who are "Aged, Blind, and Disabled" (as defined in each state Medicaid Plan) be eligible for the oral health services through each state's EPSDT Medicaid program or through a program with benefits at least equal in scope to the EPSDT oral health benefits.
- Each state must include oral health services relevant to this vulnerable adult population such as adult preventive services, periodontal treatment, adult fluoride application, adult surgical services, replacement of teeth, denture care, house call visits, nursing facility visits, etc.

Eligible Population

- All Medicaid eligible adults at 100% poverty level who are defined by each Medicaid State Plan as "aged, blind, or disabled" would be eligible. Each Plan definition must include at least the same population of Aged, Blind and Disabled as defined by Social Security Law.

Cost

- There are data available in California on the use of Medicaid dental benefits by adult individuals who are designated as "Aged, Blind, or Disabled". These data can be extrapolated to provide a rough national estimate of the cost of the proposed program.
- Details of the calculations are included on the next page.
- Extrapolating the California data yields an estimated cost for this program of $1.28 billion nationally (federal and state combined) to provide dental benefits under state Medicaid programs for adult individuals who are "Aged, Blind, and Disabled."
- Some states, however, are already providing services to this population as part of their optional Medicaid dental programs; hence, the costs of services already provided must be subtracted from the 1.28 billion.
- Medicaid reimbursement rates are higher in California than in many other states, decreasing the relevant costs in those states and thus the national cost estimate.

Pros

- The program would include a guarantee that the most vulnerable of the adult population (i.e. those over 21 who are aged, blind, and disabled) would receive critical oral health services at a predictable cost.
- Additional governmental health care cost savings will likely come from decreased emergency room visits, decreased hospital stays, decreased ambulance and transportation usage, decreased orally induced complications of medical health, less restorative dental procedures needed as preventive services are provided, etc.
- This change would likely also reduce total health care costs by preventing or reducing the number of patients requiring expensive alterations to their diets, diseases caused by poor nutrition, hospitalizations resulting from aspiration pneumonia due to poor oral health, bacterial endocarditis, oral cancer, diabetic complications.
- A modest investment in effective prevention, early diagnosis, and early treatment will improve quality of life for America's most vulnerable adults.
- This change would add little to no additional costs in of states that already provide the level of coverage required.

Cons

- This change would add costs for dental programs in states that currently do not provide critical adult oral health services to vulnerable adults.
- Given the current efforts at cost curtailment in many states existing optional Medicaid adult dental programs could be cut. It should be noted, however, that over recent years many states have already cut or eliminated adult dental services without providing any safety net for the critical oral health needs of their most vulnerable adults.
- Although the need for this federal legislation is obvious, a state mandate will not be popular for some.

- **Estimated Cost of National Dental Coverage for Medicaid Recipients who are Aged, Blind, Disabled:**
  Cost Calculations

Population Estimates

California Population, July 2002 = 35,116,033
Reference: http://eire.census.gov/popest/data/counties/tables/CO-EST2002/CO-EST2002-01-06.php

National US Resident Population, July 2002 = 288,369,000
Reference: http://eire.census.gov/popest/data/national/tables/NA-EST2002-06.php

Therefore California Population = 12.18% of US population

Assume California has average rates of Medicaid eligible people and people who are aged, blind, and disabled. Note that California has a full service Medicaid program for adults.

California Medicaid utilization by "Aged Blind and Disabled" Medicaid recipients

From DHS Report MR-0-645 - Total for All Counties, Denti-Cal Users and Expenses 01/01/02 to 12/24/02
(Data compiled and analyzed by Paul Glassman DDS, MA, MBA, May 2003)

Adults (>18)	#	%	$	%
% of total users and payments >18 (estimate)		51.23		61.77
Disabled	235,672	8.97	$101,085,071	13.10
Blind and Disabled	241,651	9.20	$103,488,095	13.41
Aged, Blind Disabled	368,749	14.04	$156,286,488	20.25
Cost per individual - Aged, Blind, and Disabled			$423.83	

Estimate of National Cost based on California data

If California population = 12.18% of US population, then national cost (federal and state) would be $156,286,488/12.18%

Therefore the estimated cost of national dental coverage for adult Medicaid recipients who are "Aged, Blind, Disabled" based on California data is: **$1,283,140,291.56 ****

This projected cost is the upper limit – See the **Cost section on the pervious page.