

Join the fight to improve Pennsylvania's Medicaid program!

Talking Points:

- A 2020 study from the ADA's Health Policy Institute found that reimbursement for children's dental services is 58.5 percent of commercial insurance. Reimbursement for adult dental services is 56.1 percent of commercial insurance. Dentists' fees, which reflect the true cost of doing business, are *already reduced* by commercial insurers.
- Dentists are usually small business owners with significant overhead costs, and they often do not "break-even" when treating Medicaid patients. Accepting such low Medicaid rates is not financially feasible, resulting in many choosing not to enroll or dropping out of the system altogether. The state must find a way to fairly reimburse dentists in individual or small group practices so that they can stay financially solvent and so that federally qualified health centers and other clinics do not become overburdened.
- All but one neighboring state has higher Medicaid reimbursement rates, ranging from 63.7 percent to 82.5 percent of commercial insurer rates. The same holds true when just comparing commercial insurer rates with neighboring states. Recent dental school graduates often leave Pennsylvania for more favorable practice environments, which ultimately impacts the number of dentists available to treat the Medicaid population.
- In 2011, cuts were made to the adult Medicaid program so that it no longer includes coverage for periodontal and endodontic services, crowns and caps. It also limits dentures to one per lifetime. A restoration of adult services will:
 - Reduce out-of-pocket expenses for the poor. A study from CareQuest found that 93 percent of individuals living in poverty have unmet dental needs. Those who do seek care spend 10 times more of their annual family income compared to other families.
 - Improve job prospects for adults who suffer from missing or unsightly teeth.
 - Reduce costly emergency room visits. Pennsylvania is spending \$35 million annually for non-traumatic dental care provided in ERs.
 - Save money in the health care system when periodontal services are provided to patients with chronic conditions like diabetes.
- Dentists are often forced into untenable positions when faced with the reality of having to pull teeth that they would rather restore, simply because Medicaid does not cover restorative services for adults.

- Less than one percent of Benefit Limit Exception (BLE) requests are approved, denying coverage to patients who need more comprehensive dental services before treatment for other health conditions like diabetes, cardiovascular disease, stroke, and Alzheimer's disease. There is no need for the BLE process if Pennsylvania restored more comprehensive benefits for adults.