

COMMUNICATION BRIEF

# Why We (Still) Need to Add Dental to Medicare

**Medicare's lack of dental coverage is a key reason why many older adults lack access and endure untreated oral health conditions.**

***Note:** Soon before this communication brief was published, Congressional negotiators announced that their social spending proposal was being trimmed to allow hearing coverage in Medicare but not dental or vision benefits. Whatever direction this debate takes, oral health leaders and advocates for older adults can make a difference by talking with their elected officials and underscoring why oral health coverage is so crucial.*

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Many older adults are surprised when they retire to learn that standard Medicare does not cover routine dental coverage. This requires them to buy a Medicare Advantage plan or pay out of pocket.

The timing couldn't be worse. [According to AARP](#), many older Americans "lose their dental coverage precisely at the time when they need it most. Aging takes a toll on teeth. Gum tissue naturally recedes as you age, exposing roots to decay, and a lifetime of crunching and grinding wears away tooth enamel."

This lack of coverage helps explain why many Americans aged 65 and older have not received any dental care in recent years. It is not surprising that the COVID-19 crisis caused many Americans to delay dental care last year, but a recent national survey reveals that this access issue predates the pandemic. The survey, called the [State of Oral Health Equity in America 2021](#), is one of the first of its kind that employs a nationally representative panel, including older individuals, to provide insights into consumer experiences, behaviors, and attitudes related to oral health. Indeed, 1 in 4 adults aged 65 and older (25%) said they had not received dental care in over two years, well before the pandemic began.

In the survey, older adults were two and a half times more likely to cite the cost of care than COVID-19 as the primary reason why they did not receive oral health services over the past two years. In addition, older adults were slightly more likely (36%) to identify cost as their primary reason for delaying care than adults overall (33%).

Older adults of color are disproportionately going without dental care. This is a prime example of oral health inequity, and presents prime opportunities in Medicare and other programs to improve health while containing overall costs. Research suggests that prevention and early diagnosis of oral diseases [can reduce treatment costs](#) among older adults in outpatient and long-term care settings. Treating adults for periodontal (gum) disease [can reduce medical costs](#) in patients with diabetes, coronary artery disease, and cerebral vascular disease.

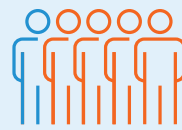
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# When Care Is Delayed

Postponing care can delay needed treatment to address tooth decay, periodontal disease, or other cost of care as a reason why they did not seek services conditions. Among older adults surveyed who said they had not seen a dentist in over two years, 52% said they had experienced at least one symptom — such as a toothache, bleeding gums, or pain when chewing — that is frequently linked to oral disease. Among those aged 65+ who hadn't received oral health care in over five years, 57% said they had experienced at least one of these symptoms.

It's equally disturbing that most of those who said they had one or more of these symptoms did not receive dental care thereafter. Most older adults (52%) who reported at least one potential symptom of poor oral health said they did not receive care for it from a dental provider. Almost 1 in 5 older adults (18%) cited the cost of care as a reason why they did not seek services to address the symptom.

The lack of access to regular dental care for older adults is also an equity issue. Why? Because the lack of access to oral health services [disproportionately affects](#) older adults of color and those living in rural areas. During the last year, 7 in 10 Black Medicare participants and 6 in 10 Hispanic enrollees did not see a dental provider. Roughly 1 in 5 rural seniors have not seen a dentist in over five years.



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# The Barrier of Affordability

This survey shows that cost is the leading factor prompting older adults to postpone oral health care. Without Medicare coverage, older adults are forced — if they can afford it — to purchase separate dental insurance or pay the costs entirely out of pocket.

Although some older adults have some dental benefits through Medicare Advantage plans, Medicaid, or private coverage, nearly 26 million Medicare beneficiaries lack any oral health benefits. For this reason, many adults aged 65+ are not receiving routine dental services. The dental benefits in many Medicare Advantage plans are very limited and cover little restorative care — for example, placing a filling or crown.

When older adults lack coverage, dental care can impose significant out-of-pocket costs on them. At least 75% of total dental costs among Medicare or Medicare Advantage participants were paid for out of pocket. Such costs can squeeze household budgets for older adults, particularly the 15 million adults aged 65+ whose incomes are below 200% of the federal poverty level.



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# The Impact of Not Getting Care

All Americans should receive regular dental care, but there are several reasons why older adults especially need oral health services at least once (and often multiple times) each year. First, most older Americans take medications that can cause xerostomia (dry mouth), and a [reduced flow of saliva](#) raises the risk of tooth decay. Second, the risk of periodontal disease [rises with age](#), which makes it important for older adults to receive care at least once annually — more often if their oral health professional advises it. Third, the median age for diagnosing [cancers of the mouth](#) (oral and pharyngeal cancers) is 62.

Postponing care means all of these oral conditions are likely to worsen, making them more difficult and costly to treat. Because of delays in care, cancers of the mouth and throat might not be diagnosed until these conditions become more dangerous.

Left untreated, oral health problems can [negatively affect nutrition](#). Teeth that are cracked, loose, or missing make it difficult for older adults to chew nutritious foods like vegetables, meat, and nuts. Avoiding these foods removes key nutrients from a diet and means older adults turn instead to easier-to-chew foods that are often high in sugar and salt.

In addition, poor oral health is associated with poor overall health, increased risk for catastrophic health events, and advancing disease progression. People with periodontal disease have a [28% higher risk](#) of suffering a first-time heart attack than those without this condition. [Researchers report](#) that treating periodontal disease in people with diabetes is “particularly important” because managing periodontal disease helps patients with diabetes manage their blood sugar levels. People’s [risk for stroke](#) rises with age, and people with periodontal disease have [more than double the risk of a stroke](#) due to posterior circulation disease.

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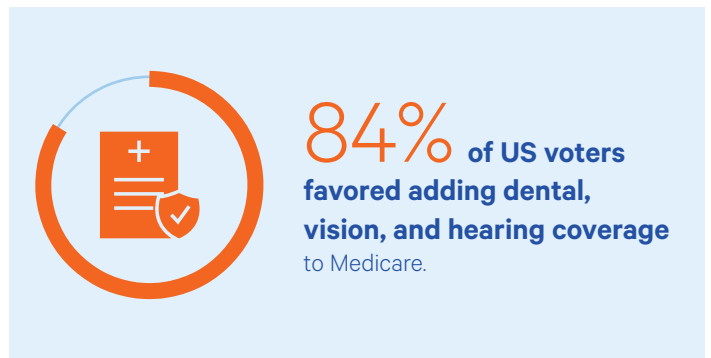
People with periodontal disease have **more than 2x** higher risk of a stroke due to posterior circulation disease.



# Putting the D(ental) in Medicare

A recent national poll found that 84% of US voters [favored adding dental](#), vision, and hearing coverage to Medicare. Moreover, this support was bipartisan: 89% of Democrats and 79% of Republicans voiced support in the poll.

Given the recent conversation among Congress and policymakers on expansion of Medicare benefits, including routine dental care, and ongoing evaluation of Medicaid expansion in many states, it is important to exercise your voice and our collective voices. Numerous organizations, including CareQuest Institute for Oral Health, have called on Congress to add routine dental coverage to Medicare. This coalition has produced [communication tools and other resources](#) that older adults and their advocates can use to raise awareness of what Medicare is missing.



## Methodology:

This communications brief cites data from the *State of Oral Health Equity in America 2021*, which is a nationally representative survey of consumer and patient attitudes, experiences, and behaviors related to oral health. It was designed by CareQuest Institute for Oral Health. The survey was collected in January and February 2021 on adults 18 and older by NORC at the University of Chicago on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, non zero probability of selection from NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. A sampling unit of 16,986 was used, with a final sample size of 5,320 and a final weighted cumulative response rate of 5.2%. The sample of people aged 65 and older was 1,306. All data presented account for appropriate sample weights. The margin of error for the survey is 1.86%.

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## CareQuest Institute for Oral Health

CareQuest Institute for Oral Health is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy, and education as well as our leadership in dental benefits, care delivery, and innovation advancements. We collaborate with thought leaders, health care providers, patients, and local, state, and federal stakeholders to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit [carequest.org](https://carequest.org).

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