September 29, 2015

Chairman Jason M. Lewis  
Joint Committee on Public Health  
State House Room 511B  
Boston, MA 02133

Chairwoman Kate Hogan  
Joint Committee on Public Health  
State House Room 130  
Boston, MA 02133

Dear Chairman Lewis, Chairwoman Hogan, and Honorable Members of the Committee:

Re: H2062: An Act Relative to the Restoration of MassHealth Adult Dental Benefits and H1955: An Act Relative to Pupil Dental Health

We are writing to express support for H2062, An Act Relative to the Restoration of MassHealth Adult Dental Benefits, sponsored by Representative Scibak. As an active member organization of the Oral Health Advocacy Taskforce and the Better Oral Health for Massachusetts Coalition, the Boston Public Health Commission (BPHC) understands the value of keeping Massachusetts communities healthy. Despite the number of dental providers in Boston, many of our residents lack dental coverage, face access barriers, and forego needed care. This cut to essential dental benefits is making this situation more acute, particularly for medically vulnerable populations such as people living with HIV/AIDS, those who are physically disabled, or those who suffer from one or more chronic illnesses.

While we recognize the fiscal pressures that the state faces, we are concerned that this elimination of benefits not only negatively impacts the health of over 86,000 adult MassHealth recipients in Boston, but also results in a net increase in health care costs to the state. Studies have shown that the long-term cost of eliminating adult dental care is 2.5 times higher than the cost of providing care.
Research shows that oral health cannot be separated from overall health. Dental decay is a bacterial infection that, if left untreated, will progress and may result in serious systemic and psychosocial effects. Poor oral health has been associated with an increased risk for heart disease and stroke, complications of diabetes and HIV disease, low birth weight, and premature infant births, which ultimately lead to more costly medical interventions. Nationally, oral disease leads to 164 million lost work hours each year.

Knowing this, we believe that the state should recognize that health insurance is not complete without comprehensive dental benefits. When individuals lack comprehensive health insurance coverage, opportunities are missed for identifying and treating illness early. This is also true of dental insurance. No dental coverage, or insufficient coverage, often results in missed opportunities for prevention and costly treatment down the road.

The lack of full dental benefits for adult MassHealth beneficiaries could also be negatively impacting the oral health of our state’s children. Research shows that parents’ oral health-seeking behavior is associated with their children’s behavior. One study using the National Health Interview Survey found that children whose parents had a dental visit in the previous 12 months were over 3 times more likely to visit the dentist than children whose parents did not, regardless of the child’s insurance status.

H1955—An Act Relative to Pupil Dental Health sponsored by Representative Garballey—would increase the number of children accessing dental care by adding a simple oral health examination to the medical examination requirements already in place for children upon enrolling in school. This is a cost-effective measure because it would ensure that children receive preventive care and reduce the likelihood that children will access care only after they start experiencing tooth pain, which could result in the need for expensive treatment.

Aside from the cost-effectiveness of preventive care, this type of care is also more likely to be easily provided in a general dentist setting (e.g. a private practice or a community health center), as opposed to more complex care that may result in a referral to a pediatric specialist. Such a process could lead to further delays in care and even missed days of work/school for the parent and child. There is a clear need for preventive care for children in our state: in 2010, only 40% of Medicaid eligible children in Massachusetts accessed preventive dental services and only 25% received any dental treatment services.

Taken together, H2062 and H1955 have the potential to greatly improve the oral health of some of our state’s most vulnerable populations. Massachusetts is recognized as a national leader in health reform, and we urge you to take a stand in acknowledging that access to dental care is just as vital to one’s overall well-being as access to medical care.
We commend you for your efforts to maintain limited adult dental coverage through these difficult economic times, but hope that you will consider restoring the additional services in the next fiscal year. We also hope you will report favorably on H1955 to make sure our state’s children access the preventive dental care they need. If you have any questions, please do not hesitate to contact Maria Rios at (617) 534-7781 or mrios@bphc.org. Thank you in advance for your consideration and your support.

Sincerely,

Huy Q. Nguyen, MD
Interim Executive Director & Medical Director