



## California's Proposed Oral Health Cuts Would Cost the State Billions, Further Harm Those Hardest Hit by COVID-19

Cutting Medi-Cal adult dental services is a fiscal misstep and an assault on the communities that the COVID-19 pandemic has hit hardest. It would give up the state's access to millions of dollars in federal Medicaid funding, and it would have long-term consequences for millions of families. Communities of color, older adults, and people with disabilities face drastic health and economic disparities that these cuts would make worse.

Oral health care can be a key to economic stability, employment opportunities, and improved overall health. The governor's proposal to roll back dental care to 2014 levels<sup>1</sup> is a move in the wrong direction if the state intends to move toward recovery from the health and economic crisis caused by the pandemic.

**Cutting dental coverage would exacerbate the state's budget shortfall.** California could lose up to \$7.7 billion in federal funding between January 2020 and July 2021 by reducing adult dental coverage.<sup>2</sup> Under the maintenance of effort provisions in current law, states cannot receive certain federal Medicaid funds if they cut their existing benefit offerings. Moreover, cutting oral health coverage would likely increase other costs to Medi-Cal, such as increasing

ER use for oral health problems or putting enrollees' at a higher risk of needing testing and treatment for COVID-19. California is projected to save only about \$22.9 million from reducing dental coverage, which would not come close to offsetting the enormous loss of federal dollars and increased medical costs.<sup>3</sup>

## Rolling back dental coverage would further harm the populations that COVID-19 has hit the hardest.

Communities of color, older adults, and people with disabilities have been most likely to get sick and to lose jobs during the pandemic, and they are the same communities who will suffer most from reduced Medicaid oral health coverage. Of the adults who would lose coverage, 73% are from communities of color. Of those, 48% are Latinx, 8% are black, and

Communities of color, older adults, and people with disabilities will suffer most from reduced Medicaid oral health coverage.

May 2020 Fact Sheet

## Oral health care can be a key to economic stability, employment opportunities, and improved overall health.

15% are Asian American/Pacific Islander American.<sup>4</sup> Similarly, over 18% of Medi-Cal enrollees are older adults and people with disabilities who would lose oral health coverage at a time when the need it most.<sup>5</sup>

Comprehensive oral health coverage is a critical piece of health and economic recovery. Without it. millions of Californians will not be able to afford the dental care they need to eat, work, regain employment, and stay healthy. For example, studies have repeatedly shown that bad teeth affect a person's ability to get a job. The proposed coverage reductions would mean that a potential hire could not afford the roughly \$2,250 for a partial lower denture to fix their missing teeth. 7 Similarly, it would be difficult for a person to keep a job while working through searing dental pain because that person cannot afford a root canal that costs around \$2,275 or a restorative crown that costs about \$1,555.8 Finally, it would be nearly impossible for a person managing diabetes, or another chronic condition, to

afford the frequent scraping and planing they need to stay healthy when those procedures cost up to \$275 per tooth. Being unable to get oral health treatment exacerbates diabetes and numerous other health conditions, putting millions of people at a higher risk of contracting or dying from COVID-19.

Californians will face long-term consequences if the state cuts dental coverage, even if it is restored in future years. Most importantly, the budget shortfall triggered by the loss of federal funds would be devastating to the states' long-term ability to care for its residents. In addition, previous rollbacks to California's dental coverage show that cuts can destroy access to care for years. It has been over six years since the state restored coverage, and access is just starting come close to where it was before the cuts. Yet, in 2019, almost 800,000 additional people would have gotten the oral health care they need if access had continued at the same levels as before the cuts.<sup>10</sup>

## **Endnotes**

- <sup>1</sup> Reducing dental coverage to 2014 levels would eliminate coverage for many important services, including partial dentures, gum treatment (scaling/root planing), lab-processed crowns, and rear root canals.
- <sup>2</sup> However, if Congress passes the Federal Matching Assistance Percentage increase that is proposed in the House-passed Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, California stands to lose up to \$14 billion in this same time frame. Matt Broaddus, "Pelosi Bill Includes Much-Needed Medicaid Funding for States," Center on Budget and Policy Priorities, updated May 15, 2020, <a href="https://www.cbpp.org/blog/pelosi-bill-includes-much-needed-medicaid-funding-for-states">https://www.cbpp.org/blog/pelosi-bill-includes-much-needed-medicaid-funding-for-states</a>.
- <sup>3</sup> California Department of Health Care Services, "2020-21 May Revision Highlights Department of Health Care Services," May 14, 2020, <a href="https://www.dhcs.ca.gov/Documents/Budget\_Highlights/DHCS-FY-2020-21-MR-Highlights-051320.pdf">https://www.dhcs.ca.gov/Documents/Budget\_Highlights/DHCS-FY-2020-21-MR-Highlights-051320.pdf</a>.
- <sup>4</sup> Families USA analysis of American Community Survey (ACS) data for 2018. IPUMS USA, Minnesota Population Center, University of Minnesota, <a href="https://usa.ipums.org/usa/www.ipums.org">https://usa.ipums.org/usa/www.ipums.org</a>. Note: The U.S. Census Bureau uses the term "Hispanic" for people described in this report as "Latinx." All other racial and ethnic classifications in this report are non-Hispanic.
- <sup>5</sup> California Department of Health Care Services, "Medi-Cal Monthly Eligible Fast Facts." April, 2020. <a href="https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast\_Facts\_Dec\_2019.pdf">https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast\_Facts\_Dec\_2019.pdf</a>.
- <sup>6</sup> Hannah MacDougall, "Dental Disparities among Low-Income American Adults: A Social Work Perspective," *Health & Social Work* 41, no. 3 (August 2016): 208–210, <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4985883/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4985883/</a>.
- FAIR Health, "Dental Results: San Francisco, 94102- Denture (Partial)," accessed May 20, 2020, https://www.fairhealthconsumer.org/.
- <sup>8</sup> FAIR Health, "Dental Results: San Francisco, 94102- Root Canal (Molar), Restorative Crown," accessed May 20, 2020, <a href="https://www.fairhealthconsumer.org/">https://www.fairhealthconsumer.org/</a>.
- 9 FAIR Health, "Dental Results: San Francisco, 94102- Code D4342," accessed May 20, 2020, https://www.fairhealthconsumer.org/.
- <sup>10</sup> Families USA, "The Long Term Consequences of Cutting Adult Dental: California's Access Problems Persist," January 29, 2020, <a href="https://familiesusa.org/resources/the-long-term-consequences-of-cutting-adult-dental-californias-access-problems-persist/">https://familiesusa.org/resources/the-long-term-consequences-of-cutting-adult-dental-californias-access-problems-persist/</a>.

This publication was written by:

Melissa Burroughs, Senior Oral Health Campaign Manager, Families USA

The following Families USA staff contributed to the preparation of this material (listed alphabetically): Kimberly Alleyne, Senior Director, Communications

Justin Charles, Digital Media Associate

 $Stan\ Dorn,\ Director\ of\ the\ National\ Center\ for\ Coverage\ Innovation\ and\ Senior\ Fellow$ 

Nichole Edralin, Senior Manager, Design and Publications

Cheryl Fish-Parcham, Director of Access Initiatives

Frederick Isasi. Executive Director

Adina Marx, Communications Associate





1225 New York Avenue NW, Suite 800 Washington, DC 20005 202-628-3030 info@familiesusa.org FamiliesUSA.org facebook / FamiliesUSA twitter / @FamiliesUSA