

New Research from the American Dental Association's Healthy Policy Institute

[Dental Care Utilization Rate Highest Ever among Children, Continues to Decline among Working-Age Adults](#)

In this Research Brief we update dental care utilization trends using newly released data. We find that from 2011 to 2012 dental care utilization increased among children and decreased among working-age adults. These changes represent the continuation of multi-year trends. Dental care utilization in 2012 was at its highest level among children and at its lowest level among working-age adults since the Medical Expenditure Panel Survey, our data source, began tracking dental care use in 1996.

[Dental Benefits Expanded for Children, Young Adults in 2012](#)

In this Research Brief we update dental benefits trends using newly released data. We find that more children had dental benefits in 2012 than in 2011. The increase represents a continuation of more than a decade-long trend. The percentage of children lacking dental benefits is at its lowest rate since the Medical Expenditure Panel Survey, our data source, began tracking dental insurance coverage in 1999. Among adults, 2012 did not bring any major changes in dental benefits patterns except for a noticeable increase in private dental benefits coverage for adults ages 19-25, which resulted from the expanded dependent coverage provision of the Affordable Care Act.

[Fewer Americans Forgoing Dental Care Due to Cost](#)

In this Research Brief we find that the percentage of the population reporting cost as a barrier to receiving needed dental care fell in 2013. This decline is now in its third year, reversing the increase that occurred from 2000 to 2010. The largest decrease in cost barriers to dental care was among adults ages 21-34. Despite improvements in affordability over the last few years, cost still remains the most critical barrier to obtaining needed dental care. Reasons for the decline in cost barriers include slower growth in dental care prices and the early impact of the Affordable Care Act.

[Supply of Dentists in the United States is Likely to Grow](#)

In this Research Brief we project the supply of dentists in the U.S. by modeling various sources of outflows from and inflows to the dentist workforce. The model, while conceptually straightforward, takes advantage of unique data on dentist labor supply. The model is also flexible in its assumption and has the potential to generate numerous alternative scenarios. Under what we consider to be the most probable scenario, the per capita supply of dentists in the United States is projected to increase through 2033. Total inflows to the dentist workforce are expected to exceed total outflows, and the net gain is expected to exceed the growth in the U.S. population. Understanding the future evolution of the total

supply of dentists contributes only partially to the central policy question of whether the future supply of dentists is sufficient. The issue of provider adequacy is far more complex and further research is needed.

Most Important Barriers to Dental Care are Financial, not Supply Related

In this Research Brief we find that between 2004 and 2012, fewer Americans reported needing dental care but not getting it. In both periods, among a group of eleven types of barriers to receiving needed dental care, financial barriers were mentioned most often. The level of financial barriers was highest among low-income non-elderly adults. Barriers related to the availability of a dentist were reported by only a very small percentage of the population and fell between 2004 and 2012. Looking forward, due to the large numbers of children and adults expected to gain dental coverage under the Affordable Care Act, it is important to continue monitoring access to dental care among vulnerable groups.

A Ten-Year, State-by-State, Analysis of Medicaid Fee-for-Service Reimbursement Rates for Dental Care Services

In this Research Brief we analyze unique data obtained by the ADA Health Policy Institute on Medicaid and ‘market’ dental care reimbursement rates. We find that the average Medicaid fee-for-service reimbursement rate was 48.8 percent of commercial dental insurance reimbursement for pediatric dental care services and 40.7 percent for adult dental care services. Over the past decade, Medicaid reimbursement for pediatric dental care services relative to ‘market’ rates fell in 39 states. The available evidence strongly suggests that enhanced Medicaid reimbursement, in conjunction with other reforms, increases provider participation and access to dental care for Medicaid enrollees.

Big Picture Takeaway....

Taken together, these and other recent analyses HPI has done demonstrate quite a success story for access to care for kids for pretty much a solid decade. Yes, there are gaps, but things are all going in the right direction. This was driven in part by good policy in many Medicaid programs, expansion of dental benefits for kids (the fewest kids ever lack coverage!) and a continued commitment to children’s oral health in the ACA. For adults it’s really the opposite – the latest data show no reversal of the decline in dental care use, for all income levels of adults, and all dental insurance statuses. This is a result, in part, of bad policy in terms of both Medicaid programs deprioritizing adult dental care and the ACA omitting adult dental as an essential benefit. As a result, we have a major ER dental problem for adults, and a considerable share of adults saying they cannot afford dental care. Rising ER use is merely a symptom of worsening access to care for adults. The only real positive news with adults is that for young adults under 26 we are seeing improvements in access to dental care, reduced financial barriers, and more

dental insurance coverage. This has been driven mainly due to the ACA dependent coverage policy, as well as the increased take up of dental insurance in the exchanges which I expect to translate to more dental visits but it is too early to tell. Turning to the supply side, there is lots of capacity in the dental care system already – at least in aggregate – and our modeling shows that the supply of dentists will increase in the coming years, contrary to the storyline of a ‘greying’ dentist population.

In my view, this information underscores the immediate need to get Medicaid programs working for adults when it comes to dental and to get more states to consider expanding adult dental benefits in Medicaid. Like it or not, this is a rapidly growing market in an overall stagnant sector. We have huge Medicaid expansions coming in 20 states. Many programs are broken and there is a need for major reform, including to help beneficiaries navigate a very complicated, patient-unfriendly system. Many states are reimbursing very low levels when it comes to adult dental services (e.g. 9 states pay less than 30% of market fees). On the supply side, our analysis indicates the supply of dentists will grow. In my view, we need to examine whether we need more dental schools, particularly if those dental schools are more likely to churn out dentists for posh main street practices versus inner cities, rural, or high Medicaid areas. Long term, we need to study more and then consider ways to influence the value proposition of dental care to the population, particularly to young adults. This might stimulate demand. We need to consider rethinking dentists role in health care (e.g. can I get wellness screenings and chronic disease management at my dentist?). Immediate term, if we can make the growing Medicaid sector more attractive to members and to the patients, that will go a long way. Just my thoughts.

About the ADA Health Policy Institute

The *Health Policy Institute*, formerly the Health Policy Resources Center (HPRC), is a nationally recognized thought leader and trusted source for critical policy knowledge related to the U.S. dental care system. Some of the key focus areas of the Institute include health reform, access to dental care, dental practice economics, dental care service delivery and financing, and dental education economics. The Institute’s work has been widely cited, including in the *New York Times*, *Kaiser Health News*, *Wall Street Journal*, and *USA Today*.

For more information on the *Health Policy Institute* please visit <http://www.ada.org/hpi>