

# The Impact of the Affordable Care Act on Oral Health Status

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# Learning Objectives

At the end of this session, participants will:

- Identify the major impacts of the ACA on coverage for oral health care services.
- Describe how the oral health status of U.S. children and adults has changed since the ACA was enacted.

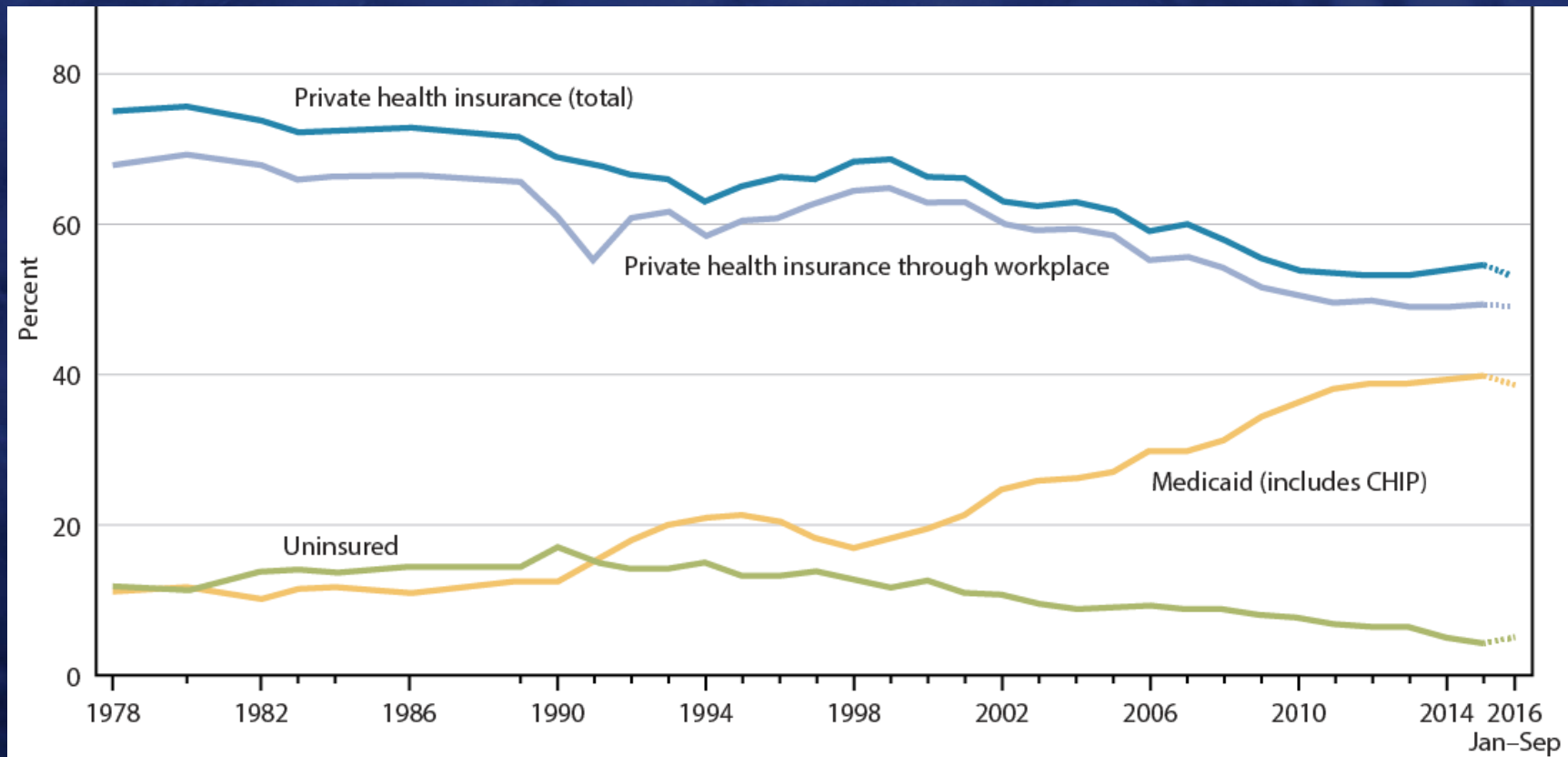
# Outcome

- Major provisions of ACA regarding oral health
- Trends in use of dental services
- Trends in major indicators of oral health status
- Some caveats
- Research gaps

## Major Oral Health Provisions in ACA

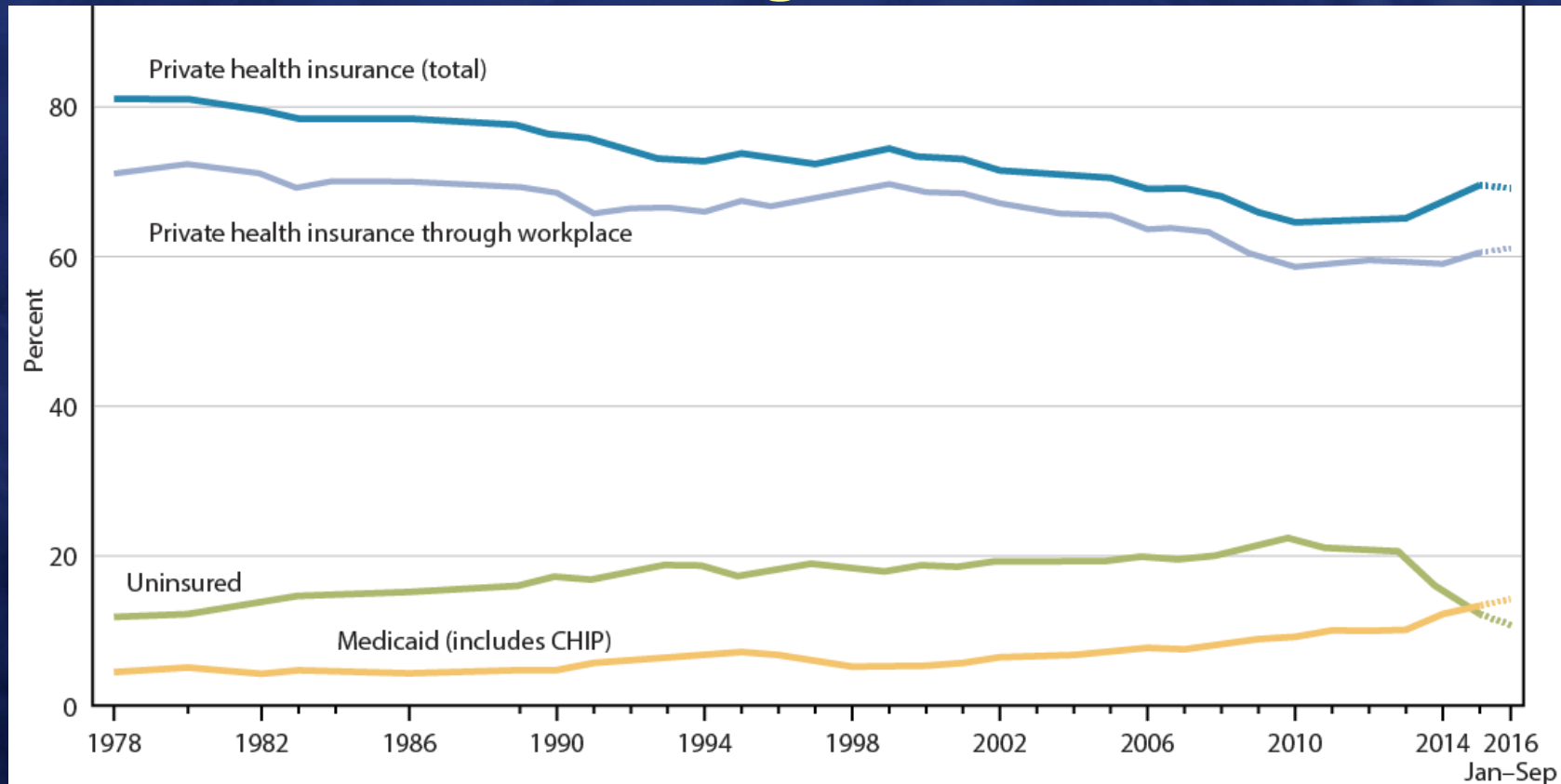
- Qualified Health Plans in individual and small group market plans must include all “essential health benefits”
  - includes pediatric oral health services (but not adult services)
- In exchanges, essential health benefits (including pediatric dentistry) must be available, but purchase is not mandatory
- Individuals age 19-26 can remain on parent’s medical insurance plan and many insurers extended coverage to dental
- ACA provides option to expand Medicaid for adults up to 138% FPL, but dental benefits for adults are optional for states
- Most provisions took effect Jan. 1, 2014

# Health insurance coverage: Children under age 18



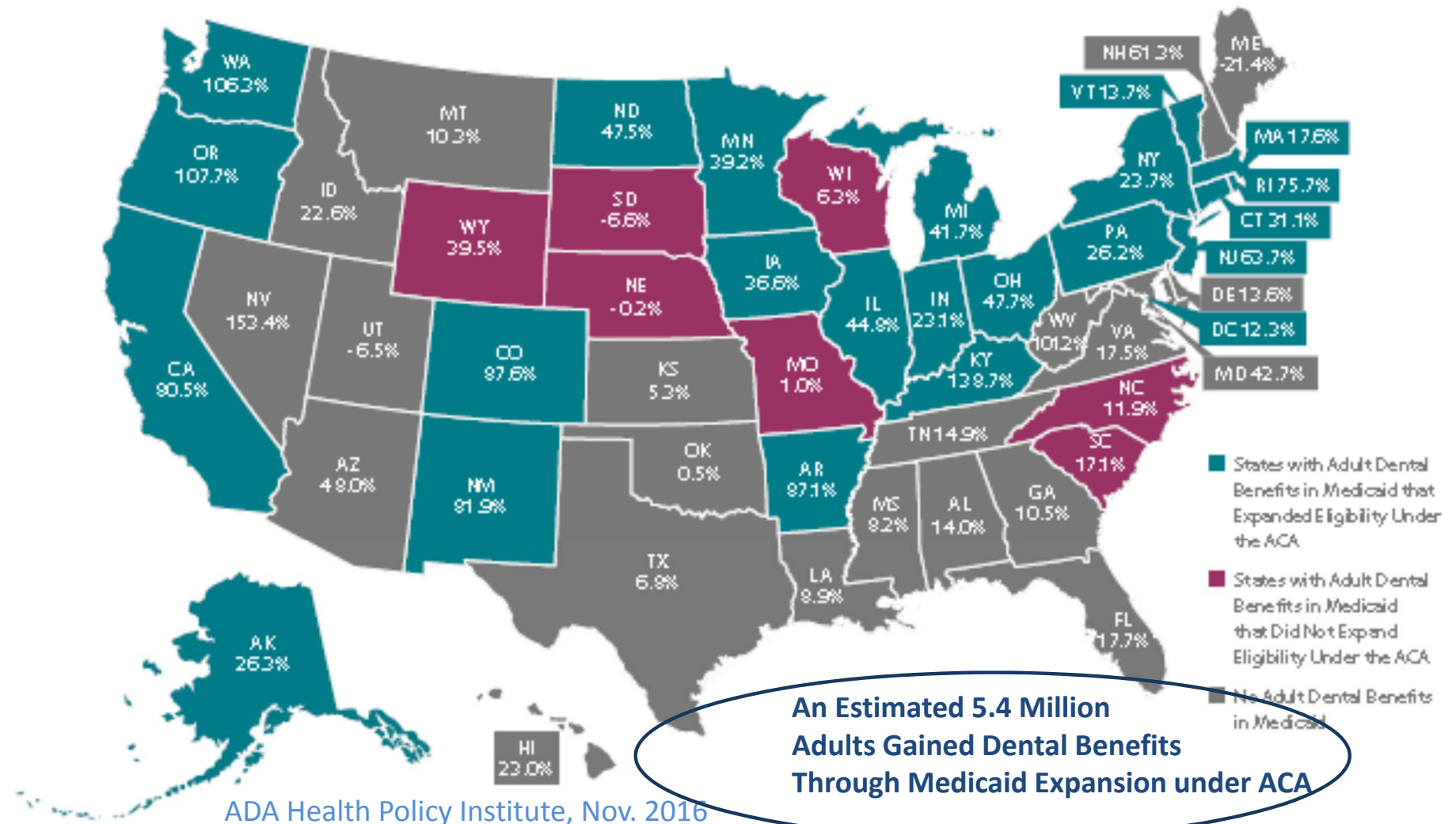
SOURCE: NCHS, *Health, United States, 2016*, Figure 26. Data from the National Health Interview Survey (NHIS).

# Health insurance coverage: Adults aged 18–64



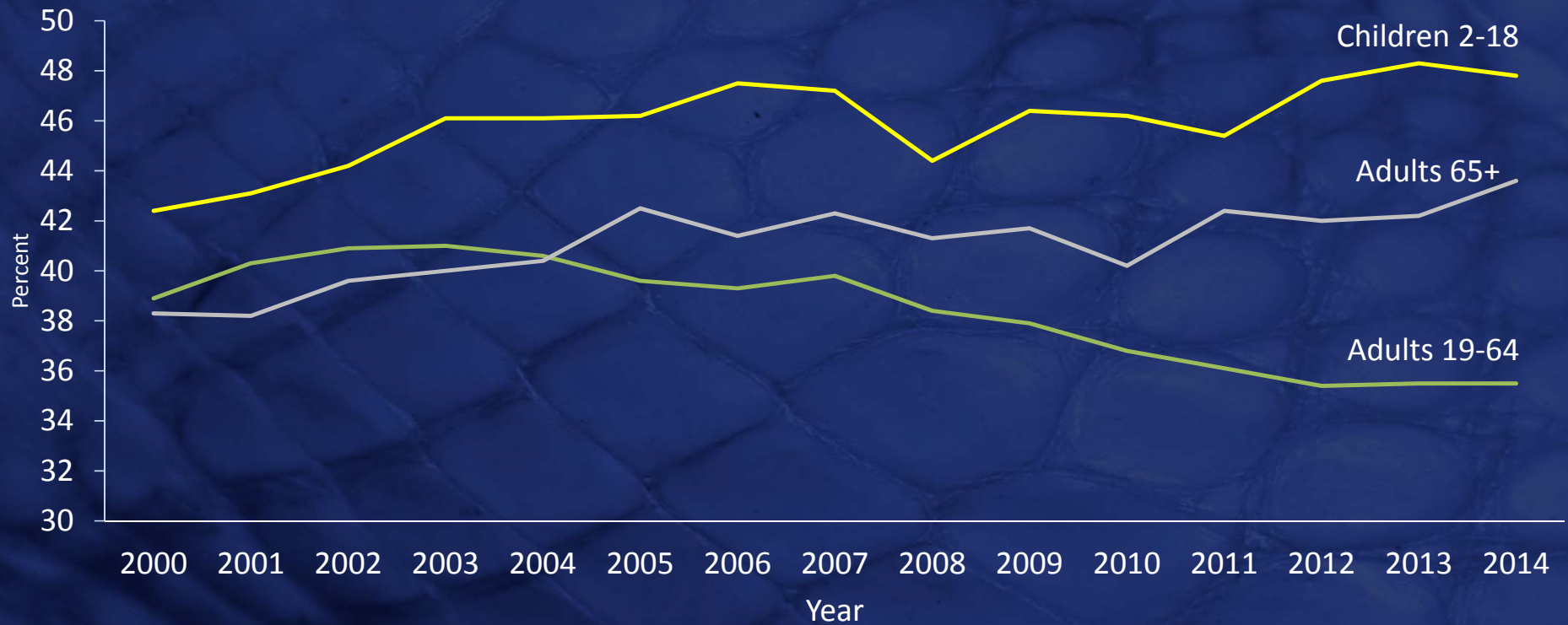
SOURCE: NCHS, *Health, United States, 2016*, Figure 26. Data from the National Health Interview Survey (NHIS).

PERCENTAGE CHANGE IN THE NUMBER OF ADULTS WITH MEDICAID DUE TO THE AFFORDABLE CARE ACT



# Percentage of U.S. with a Dental Visit in the Year, by Age Group

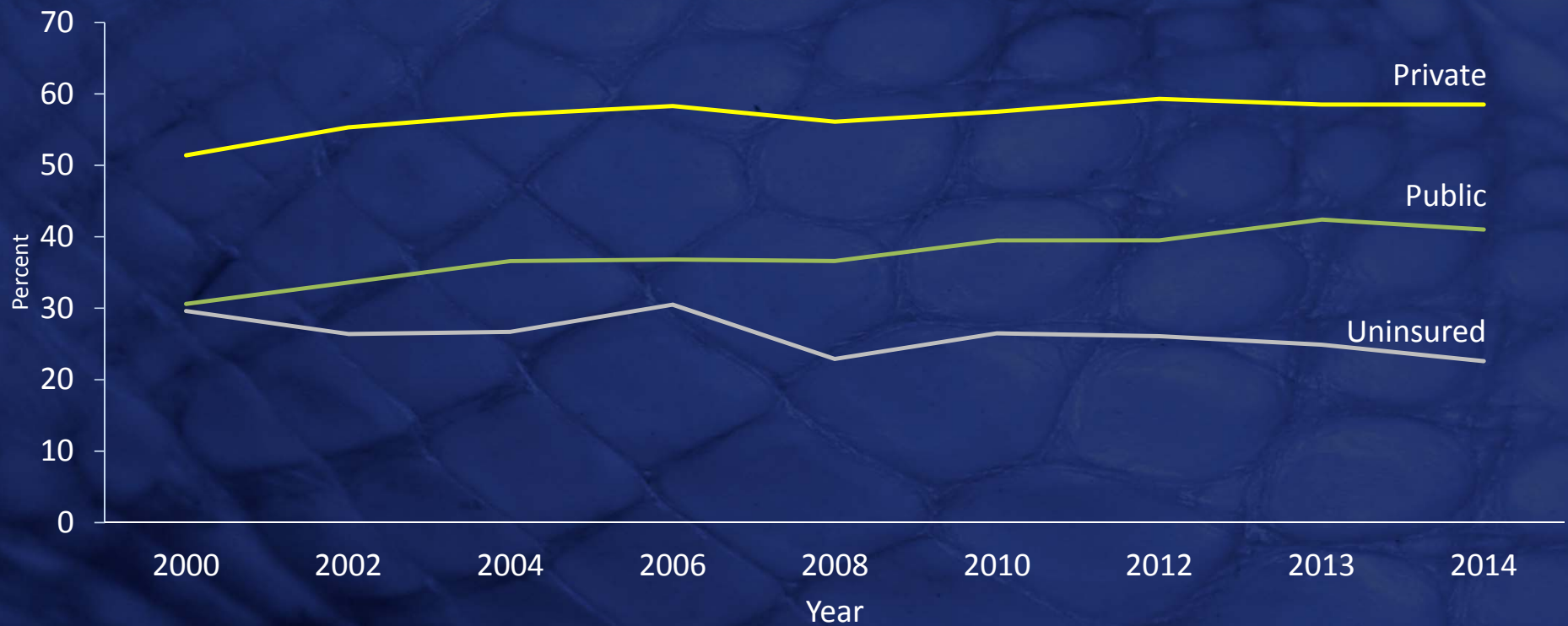
## United States, 2000-2014



Medical Expenditure Panel Survey, 2000-2014

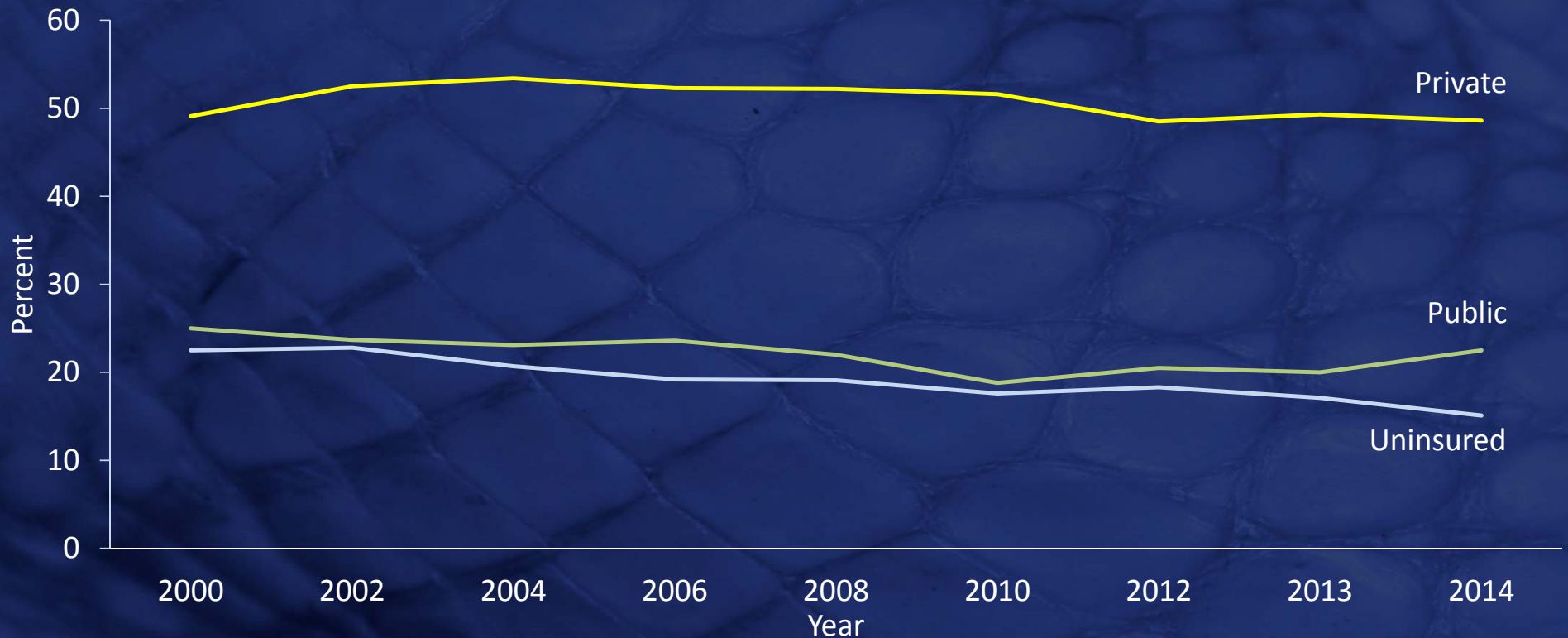


# Percentage of Children Ages 2-18 with a Dental Visit in the Year, by Dental Benefits Status United States, 2000-2014



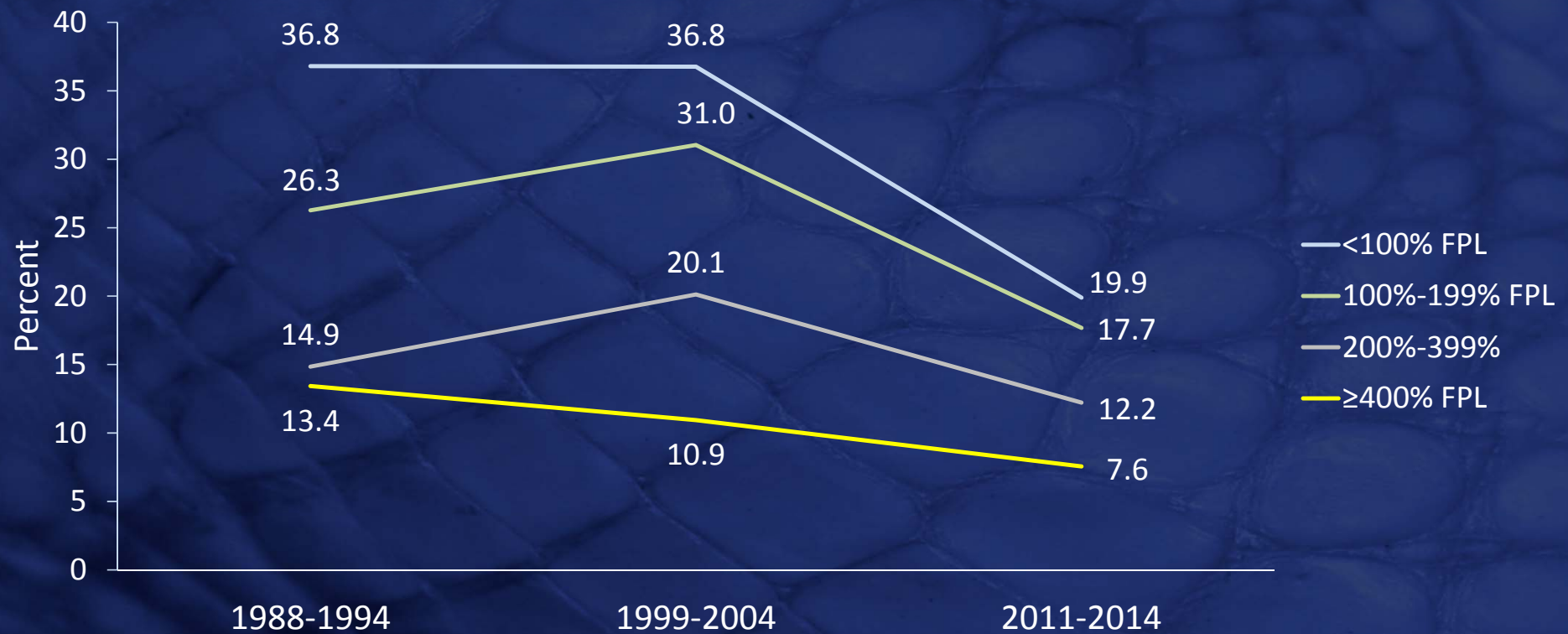
Medical Expenditure Panel Survey, 2000-2014

# Percentage of Adults 19-64 with a Dental Visit in the Year, by Dental Benefits Status United States, 2000-2014



Medical Expenditure Panel Survey, 2000-2014

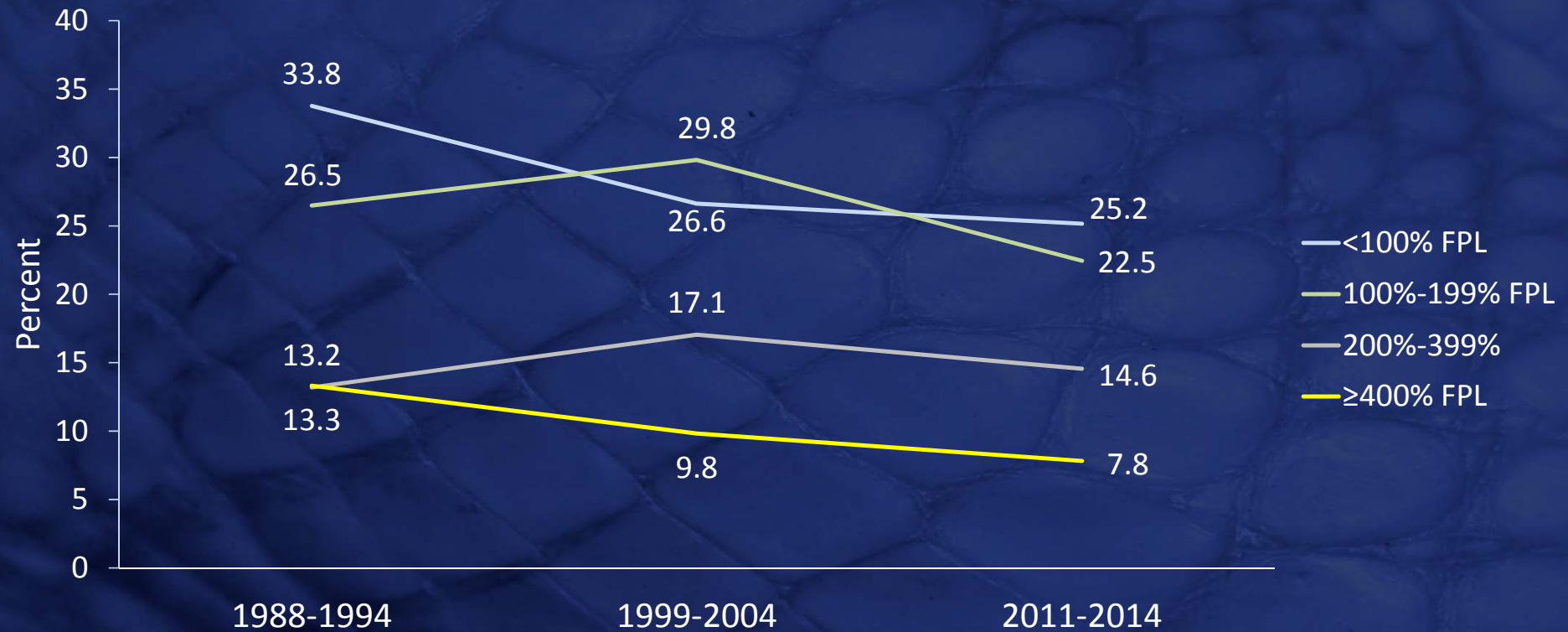
# Prevalence of untreated tooth decay in primary teeth, children age 2–11 years, by poverty status. United States, 1988-94 to 2011-14



National Health and Nutrition Examination Surveys

# Prevalence of untreated tooth decay in permanent teeth, adolescents age 12–19 years, by poverty status.

United States, 1988-94 to 2011-14



National Health and Nutrition Examination Surveys

# Effects of ACA's Adult Medicaid Expansion on Use of Dental Care: ADA Study\*

- Based on 2010–2014 Gallup-Healthways Wellbeing Index survey, a nationally representative daily telephone survey of adults age 18+ (n ≈ 30,000 per quarter)
- Relative to pre-ACA conditions, in Medicaid expansion states with adult benefits use of dental increased 2-6 percentage points (though not statistically significant)
- ACA either is not having substantial impact on use of dental care or it's too early to tell

\*Nasseh & Vujcic. *Health Serv Res* 2016 (epub ahead of print)

## New Findings from Minnesota\*:

### Reduced use of Hospital ER for Dental Conditions

- Minnesota was early expander of Medicaid under ACA (2011)
- MN Medicaid covers most basic diagnostic, preventive, and restorative dental services; endodontics; extractions
- Between 2008 and 2014:
  - Total rate for all ER visits in Minnesota increased by 13.6%
  - Rate for ER visits for dental problems decreased by 13.1%
  - Biggest decline was in ages 19-26
- Authors concluded that increase in Medicaid dental benefits and extension of dependents' insurance coverage to age 26 through ACA reduced dental-related ER visits

## Another New Study\*: Medicaid Expansion under ACA Had Mixed Impact on Use of Dental Services

- Compared use of dental services in 2010 and 2014 by low-income adults, using data from BRFSS
- Dental use higher in states with Medicaid adult dental benefits than in states that only covered emergency dental care
- In Medicaid-expansion states, dental visits increased among childless adults from 48.6% in 2010 to 50.4% in 2014 ( $p < .0001$ )
- But dental visits declined among low-income parents in expansion states and in non-expansion states
- Authors suggested there may have been limited dental provider capacity to meet needs of expanded enrollment

\*Singhal et al. *Health Affairs* 2017; 36(4): 723-32

# Summary of Impact of ACA on Oral Health

- Lowest uninsured rate ever among children
- Increased private and public insurance for working-age adults
- ~5.4 M adults gained Medicaid dental benefits
- Decreased ER use for dental problems by young adults
- Increased use of dental care by children
- Prevalence of untreated caries in children dropped, income disparities remain but narrowed dramatically
- Declining adult use of dental care has leveled off, slight uptick among publicly-insured adults
- Probably too soon to see major changes



*Thank You!*

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