



The Access Project
89 South Street
Suite 202
Boston, MA 02111
www.accessproject.org

Issue Brief No. 4: The Costs of Dental Care and the Impact of Dental Insurance Coverage

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CONFERENCE CALL SPEAKER STATEMENTS

Carol Pryor, Report Co-Author
The Access Project

Researchers, policymakers, and the public have become increasingly aware that healthcare expenses place families in financial jeopardy, often saddling them with debt and serving as a barrier to care. However, little attention has been paid to the contribution of dental expenses to these financial burdens. In previous briefs, we have looked at the high percentages of income family farmers and ranchers in our Great Plains study states spend on health insurance and out-of-pocket healthcare costs. In this brief, we examine dental care cost and access to care.

There are two main findings in the report. First, dental costs constitute a greater percentage of out of pocket health care costs than has been previously recognized. Second, dental insurance appears to improve access to care and helps soften the blow of dental costs.

Looking at dental insurance coverage, we found overall that only 42 percent of our respondents had dental insurance. This is much lower than the national average of 60 percent. Respondents without dental insurance were much more likely to have obtained health insurance in the non-group market than those who had coverage through off-farm employment.

About three-quarters of respondents in our survey had dental out-of-pocket costs. The contribution of dental expenses to overall out-of-pocket costs was significant. We were surprised to learn that average annual dental out-of-pocket costs amounted to \$873 and that this constituted more than a quarter (27%) of overall out-of-pocket healthcare spending. Dental out-of-pocket costs exceeded those for prescription drugs, which averaged \$700 per year.

One consequence of cost is delayed care. Among respondents who delayed any type of health care, nearly half (45%) said dental care was one of the types of care they delayed.

We examined whether having dental insurance effected access to dental care or financial problems resulting from dental costs. Typically, dental insurance is less comprehensive than coverage provided by health insurance – policies often have high levels of cost sharing and low caps on coverage. After factoring in an estimated cost of dental premiums, we found that having dental insurance provided a measure of protection in a number of ways.

- When dental premiums were included, the amount spent on dental premiums and out of pocket costs was similar for those with and without dental insurance. However, those with dental insurance experienced greater predictability in their dental expenses and were less likely to face extremely high dental costs.
- Those with dental insurance were significantly less likely to delay dental care than those without dental insurance.
- Having dental insurance somewhat reduced the likelihood of people experiencing financial hardship because of healthcare costs.

In previous briefs, we showed that a key factor in determining how much people spent on insurance premiums and medical out-of-pocket costs was the market in which they obtained insurance. Those purchasing on the non-group market spent substantially more than those who obtained insurance through off-farm or ranch employment. As a disproportionately high percentage of farmers and ranchers, as well as other self-employed people, obtain insurance through the non-group market, the lack of dental coverage in policies purchased on this market adds to the already high financial burden people with these policies face because of healthcare costs.

Surprisingly little research has been done on the costs of dental care and access to care among adults. Additional research on the contribution of dental expenses to medical debt and forgone care would be welcome, as would further research on the degree to which dental insurance is a protective factor against these risks. Nonetheless, our data make clear that discussions of ways to expand health insurance coverage need to include adequate coverage for and access to dental care. Research has shown that overall physical health is closely related to oral health. Proposals for financing medical care need to include considerations of how to finance dental care. Both the financing and provision of oral health care must reflect the integral nature of oral health and overall physical health.

Kim Moore, President
United Methodist Health Ministry Fund

The analysis of dental care and dental insurance released today shines a new light on the problem of inadequate dental access due to financial constraints. Only 42% of the farmers and ranches in the seven studied states had dental insurance. The last statewide survey of dental insurance in Kansas found 63.6% of the total population with dental insurance. That percentage includes government plans such as Medicaid which covers children. Obviously the adult population under age 65 which has very little Medicaid dental coverage has much less dental insurance coverage than the overall 63.6%.

In the 2006 Kansas survey conducted by The Access Project of Kansas farm families, 51% of those reporting medical debt owed money to dentists and about 4 in 10 of those with medical debt had delayed a visit to a dentist. At the Kansas Mission of Mercy Clinic in Garden City, a free dental clinic, in early 2008, 78.2 percent of patients lacked dental insurance and that number was consistent with past Mission of Mercy events. Not surprisingly, this population had not accessed dental care to a large degree with 15.1 percent having never visited a dentist and 45.8 percent had not visited a dentist in over two years.

Whether looked at through the financial lens of medical debt or the health lens of access to effective treatment, we get the same picture. The costs of dental care are exceeding families' resources to pay for them and resulting in delayed care and financial burden.

Often, dental services are viewed by policymakers as some type of optional health care expenditure. "The mouth is part of the body" is a constant refrain we have to make. A growing number of scientific studies have found associations between oral health and heart disease, stroke, respiratory disease and diabetes. The pain and discomfort of oral disease interferes with the functions of daily living often resulting in lost school and work time.

We need oral health benefits to be included in any national health reform program and not left out as happened with the Medicare program. Families are simply not going to be able to manage their dental expenses without more comprehensive dental insurance and inclusion in public programs. The maintenance of good oral health requires access to dental care and that is obviously in question for many people in our Midwestern states.

Robert Hull, Consumer
Wichita, KS

Good morning. Thank you for the opportunity to speak with you today. My name is Robert Hull and I live in Wichita, Kansas, where I work full time for Park Lane Towers. Low wages and necessary living expenses, coupled with my inability to afford health insurance, have left me struggling to afford the dental care I need. The impact of these struggles in my life is not just financial. My quality of life has also been negatively affected.

I have made every effort to pay for the care I need and take proactive measures to protect my oral health. However, I experienced some health concerns at a young age that resulted in a weakened immune system and that aggravated my dental care needs. My health problems gradually weakened my tooth enamel. This led to my needing an upper partial. The cost of the partial (\$180) was way out of reach for my budget. Luckily, Grace Med in Wichita was able to provide me with a temporary partial. However, I still require a permanent partial, which, at a cost of \$2000, is not affordable.

It has not been easy to afford adequate oral health care. Organizations such as Grace Med have generously helped, but the struggle has been long, and made worse by my previous health problems. As a result of my needing extensive dental care, including the partial, I have avoided dedicating myself to higher education and my professional dreams. I keep my social interactions to a minimum, primarily maintaining contact with family and close friends. I avoid dating, singing, and even smiling. In addition, my communication suffers.

I have sought quotes for health insurance but simply cannot afford the coverage I locate. The costs of health insurance are consistently out of reach for me.

I understand that I am not the only one in this predicament. To level the playing field, we should consider a variety of solutions, including flat fees for health services. Why should the uninsured pay more than individuals with health insurance? The uninsured are already struggling to afford health care due to low wages and other financial obstacles. Why make their situation worse by charging them more for an extraction or cleaning?

I appreciate you providing me with this opportunity to speak.
