

For Immediate Release: Nov. 11, 2011

Pregnant Women Could Lose Critical Dental Care

Budget Woes Put Dental Coverage at Risk

Seattle — Washington legislators could take Medicaid dental benefits away from more than 30,000 low-income pregnant women later this month as part of a plan to balance the state budget, a decision that could lead to even higher dental costs in the future and poorer health for mothers and their children.

The state Legislature will consider a long list of difficult cuts, including the elimination of all non-emergency dental care for low-income pregnant women. While policymakers will have few easy choices, this drastic cut would eventually make care even more expensive. Why? It would delay inexpensive preventive care along with restorative care for pregnant women on Medicaid, increasing the severity of their dental disease and the risk that their children will develop tooth decay.

Ali Vekich, a Seattle mom, desperately needed dental care. Early in her pregnancy her tooth became infected and she was miserable from the pain, but Vekich worried that treatment could be risky for her baby. Her caregivers explained that it is safe to get dental care while pregnant and that the bigger risk is that poor oral health could lead to pregnancy complications. Without the dental treatment Vekich received through Medicaid, her infection could have become a full-blown medical emergency. But, today her teeth are healthier. She now has health benefits with her job, but Medicaid was an important safety net at a critical juncture in her life.

When moms have good oral health their children also benefit. Even though dental decay is preventable, it is the number one chronic disease among children.ⁱ Prenatal care is emerging as a powerful, cost-effective weapon to fight this disease. When pregnant mothers receive regular dental care, including preventive care, they pass less cavity-causing bacteria to their babies through saliva when they share food or utensils. This lowers the chances their children will struggle with dental disease, which in turn reduces Medicaid treatment costs.

In 2009, Medicaid spent more than \$55 million treating Washington children for dental disease.ⁱⁱ Today, nearly 40 percent of the state's children start kindergarten with tooth decay, and nearly 14 percent of all kindergarten children have untreated tooth decay.ⁱⁱⁱ

Painful dental disease can have long-lasting and damaging impacts on children's development. It can keep children out of school, disrupt their sleep, erode their self-esteem, and make it harder for them to pay attention and learn in the classroom. It also can lead to a lifetime of unhealthy adult teeth and expensive dental treatments.^{iv}

(more)

Pregnant Women – page 2

Pregnancy is one of the best times to address oral health because it is when mothers are most receptive to health messages that benefit themselves and their families. It's also an important period because research suggests that poor oral health may affect blood pressure during pregnancy and birth outcomes^v, which can also increase Medicaid costs. Medicaid pays for nearly half of all births in Washington.

“Low-income pregnant women are more susceptible to dental disease and eliminating their care only means spending more public money in the coming years, when small problems these women couldn't get treated become emergencies, and their children develop cavities that could have been easily prevented,” said Dr. Martin Lieberman, Dental Director for Neighborcare Health, a provider of medical and dental care for low-income people in Seattle. “If they eliminate this cost-effective care, legislators will be penny wise and pound foolish.”

Investing in prenatal dental care helps control Medicaid costs among low-income families, who are at a higher risk for dental problems, in other ways including:

- Pregnant women with coverage and access to dental care are less likely to need costly emergency room care. Dental problems are the number one reason uninsured patients visit hospital emergency rooms for a health issue not generally classified as an emergency. Hospitals, taxpayers and consumers often have to cover the costs.^{vi}
- Children who receive early preventive care are less likely to need subsequent costly restorative or emergency visits. Research shows that dental costs are nearly half for Medicaid-insured children who visit the dentist by the time they turn a year old, than for children who have their first visit between ages four and five (\$263 compared to \$546).^{vii}

“Taking care of women's oral health during pregnancy results in healthier moms and children. Prevention improves health and saves money. That is why dental care for low-income pregnant women must not be eliminated,” said Russell Maier, MD, Clinical Professor in the Department of Family Medicine at the University of Washington and Chair of the Washington Dental Service Foundation Board of Trustees.

###

About the Washington Dental Service Foundation

Washington Dental Service (WDS) Foundation, a non-profit funded by Washington Dental Service, the leading dental benefits company in Washington State, is dedicated to significant, long-lasting improvements in the oral health and overall health of Washington's young children and seniors. WDS Foundation works to prevent oral diseases such as tooth decay and gum disease with a focus on children and seniors. For more information, visit: www.OralHealthWatch.org.

ⁱ Dye BA and al. Trends in oral health status: U.S. 1988-94 and 1999-2004. *Vital Health Stat* 11, 2007, 248: 1-92.

ⁱⁱ Washington State Department of Social and Health Services, Health and Recovery Services Administration. (Fiscal Year 2009).

ⁱⁱⁱ Smile Survey 2010: The Oral Health of Washington's Children. Washington State Department of Health. Olympia, WA. 2011.

^{iv} National Maternal and Child Oral Health Resource Center. *Oral Health and Learning: When children's oral health suffers, so does their ability to learn.* 2nd ed. 2003.

^v California Dental Association Foundation. *Oral Health During Pregnancy and Early Childhood: Evidence-Based Guidelines for Health Professionals Guidelines*, February 2010.

^{vi} Washington State Hospital Association, *Emergency Room Use*, October 2010.

^{vii} Lee JY, et al. Examining the Cost-effectiveness of Early Dental Visits. *American Academy of Pediatric Dentistry.* 2006;28(2):102-5.