

# It's hard to smile when you're in last place.

### **IMPROVE ACCESS TO DENTAL CARE – SUPPORT SF 1073 / HF 1340**

#### THE PROBLEM

Minnesota currently ranks last – 50th of the 50 states – when it comes to the Medicaid payment rate for pediatric dental services – with a rate of 26.7%.

Unfortunately, we're not doing much better when it comes to helping adults access dental care. Minnesota is near the bottom – fourth worst – in the payment rate for adult dental care services (27.1%).

Because of the low payment rate, many dental clinics – especially small clinics and clinics in Greater Minnesota – cannot afford to serve low-income patients, contributing to our state's access crisis where low-income patients with serious dental problems cannot get the treatment they need.

#### THE FISCALLY SMART THING TO DO

- Dental care in Emergency Rooms costs taxpayers millions and is less effective than preventive care
- From 2007-2010, the cost of dental-related ER visits in Minnesota was \$148 million
- More than 20% of dental-related ER visits in Minnesota were due to readmissions
- Three Northern Minnesota hospitals recently reported 981 dental-related ER visits in 2011, which is abnormally high given the population density in their area
- Average cost per visit was \$1,200-\$1,500 for exam, pain medication and local anesthetic
- No dental disease is being prevented or treated in the process with this model

## For more information please visit www.HelpMNSmile.org or email info@helpmnsmile.org

### THE RIGHT THING TO DO

Improving access to dental care will improve health outcomes for Minnesotans.

- Low income children have the highest oral disease burden in the state: 1½ times more likely to experience tooth decay and 3 times more likely to have it go untreated
- 55% of third graders assessed in 2010 had some form of oral disease
- More than 51 million school hours and 164 million work hours are lost each year due to dental disease, leading to increased educational disparities and decreased productivity
- In 2014, less than half of Minnesota children enrolled in MHCP programs received oral/dental health services
- Between 2003 and 2013, reimbursement rates for child dental services in Medicaid decreased 41.3% in Minnesota
- Adults in lower income group (\$15,000 or less) are 3 times less likely to visit a dentist than their more affluent peers

#### THE SOLUTION

Bipartisan bills Senate File 1073 and House File 1340 would move Minnesota from the bottom of the pack to average among the 50 states.

- This would cost approximately \$100-\$120 million over the upcoming two-year biennium
- The state's General Fund spending for FY 18-19 is projected to be approximately \$45 billion, making the funding request less than 0.3% of the state budget