

EXPANDING ACCESSIBILITY AND AFFORDABILITY OF DENTAL CARE FOR PEOPLE WITH DISABILITIES IN TEXAS

ISSUE BRIEF BY VIVIAN TRAN
OCTOBER 2021

TABLE OF CONTENTS

- 3 Executive Summary**
- 4 Introduction**
- 6 Barriers to Dental Care for People with Disabilities**
 - 7 Lack of a Comprehensive Curriculum for Treating People with Disabilities
 - 8 Pediatric-to-Adult Transition
 - 9 Financial Barriers to Dental Care
 - Lack of Financing for Anesthesia
- 10 Barriers to Dental Care in Texas**
 - 11 Medicaid Coverage in Texas
- 14 Policy Recommendations**
 - 15 Expanding Dental Screening and Education Programs
 - 16 Expand Medicaid Dental Benefits
- 18 Conclusion**
- Appendix**
- 19 References**

EXECUTIVE SUMMARY

A longstanding lack of accessible oral care for individuals with disabilities has catalyzed recent calls for improvement by governmental agencies and disability advocacy organizations. Quality dental care plays a critical role in the lives and health of all people, but is especially crucial for individuals with disabilities, who often have a higher number of other conditions that need to be cared for and that can be compounded by poor dental health. However, several barriers exist that make it difficult for people with disabilities to access affordable and sufficient dental care. Texas has a high number of individuals with disabilities and therefore has an opportunity to implement changes to combat these barriers and increase access to dental care that can set an example across the United States.

One of the primary barriers people with disabilities face in trying to access dental care is cost. Over 400,000 adults enrolled in Medicaid in Texas have few or no preventive dental services available to them annually and must often instead turn to unnecessary and costly emergency services once conditions have worsened (Coalition of Texans with Disabilities n.d.). In particular, the cost of anesthesia—which is often more widely used for patients with disabilities and can be beneficial or even imperative to safely provide treatment—can often be prohibitively expensive. Medicaid often does not cover the cost of anesthesia for non-emergency work, sometimes leading individuals to skip critical, regular preventive dental check-ups.

Another challenge people with disabilities face in finding dental care is a lack of preventive and educational services. Investing in preventive care reduces the need for costly emergency care and is important for individuals with disabilities who may have other conditions that can be further complicated by poor oral health. Educational services are also critical for individuals transitioning to adult care, when insurance coverage and finding capable dentists often becomes a greater challenge.

To combat these barriers, Texas and Dallas health agencies should invest in increasing access to and affordability of preventive and educational services for individuals with disabilities. Agencies can achieve this through:

1. The implementation of expanded oral screening programs catered to reach those with disabilities in and out of the educational system; and
2. Providing additional Medicaid benefits to pay for anesthesia and prevent high out-of-pocket costs.



Through these policy interventions, Texas policymakers can create a health care system that better provides oral health services for individuals with disabilities and that saves public funding through the reduction of emergency room costs.

INTRODUCTION

The Disability Rights Movement has triggered monumental changes in a multitude of issue areas, including facilitating more inclusive education, increasing access to public services, and providing equal employment opportunities (Meldon 2019). However, barriers to receiving quality health care—and dental care, in particular—remain a prominent issue for people with disabilities. Oral care is often overlooked for people with intellectual and developmental disabilities relative to other medical concerns, leading to this population being “more likely to have poorer oral hygiene, increased decay, and increased periodontal disease than the general population” (NCD 2017).

Dental care is a critical component of an individual's overall health: According to the Office of Disease Prevention and Health Promotion, “A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke . . . These conditions may be prevented in part with regular visits to the dentist” (Office of Disease Prevention and Health Promotion 2021). Although accessible dental care is essential for the general population, it is particularly important for people with disabilities due to the additional health concerns they face, as certain health conditions may make it difficult to maintain good oral hygiene, yet poor oral health may make it harder for an individual to manage—or could exacerbate—other health conditions. For instance, individuals with epilepsy may suffer from increased tooth trauma occurring during a seizure (Burroughs, Edralin, and Fishman 2019), and many children with autism grind their teeth for self-stimulation or may take medications that worsen oral health. Oral problems such as gingivitis and periodontal disease have been shown to make it more difficult to manage blood glucose—critical for patients with diabetes—and problems such as muscular abnormalities or oral malformations can make it difficult to maintain a nutritional diet and good oral hygiene (National Institute of Dental and Craniofacial Research 2009).

Furthermore, in addition to impacting overall health, dental hygiene is often an indicator of socioeconomic status, particularly for those with chronic conditions and disabilities (Mejia et al. 2018). Many of the factors that lead to good dental hygiene are associated with higher socioeconomic status: For example, being able to afford dental care out-of-pocket or having proper insurance coverage, taking time off of work for appointments, living in areas with fluoridated water (water supply treated with fluoride to reduce tooth decay),



and having the transportation necessary to get to the dentist (Division of Oral Health 2021). This association has wider implications for the wellbeing of people with disabilities, particularly related to personal relationships and employment opportunities: In a survey of individuals with disabilities, 24 percent reported having a personal relationship affected by the state of their teeth, 19 percent had an employment opportunity affected by the state of their teeth, and 30 percent felt that they were treated differently due to state of their teeth (Coalition of Texans with Disabilities n.d.).

Quality oral care is therefore crucial for individuals to maintain good health conditions, access employment opportunities, and sustain quality social relationships. The body is an interconnected network, and so dental hygiene affects the health of rest of the body. In turn, an individual's health and self-confidence, which can be profoundly impacted by dental appearance (Kaur et al. 2017), have an impact on their ability to be successful in and out of the workforce. Affordable and accessible dental care is thus an important public good, necessary for individuals to be successful and healthy members of society.

However, despite the importance of receiving quality dental care, many people with disabilities have difficulty accessing it due to high costs. The current Medicaid system has many gaps in coverage for dental care, which can make it challenging for all patients—but especially those with disabilities—to afford routine preventive dental check-ups and procedures. These gaps in coverage also make it particularly difficult to access anesthesia—a common but pricey accommodation that people with disabilities often want or need as it allows for safer and more comfortable treatment.

Another barrier people with disabilities face when trying to access quality dental care is finding a dentist with the comprehensive training and resources necessary to treat them. This is especially difficult for adult patients, who lose the extensive benefits provided by childhood Medicaid Programs at the age of 21. As patients transition to adult dental coverage, they must find a new dental provider that is educated and equipped to give safe treatment, maneuver finances that oftentimes include reduced dental coverage by insurance, and, for some individuals with severe disabilities, must coordinate with multiple health providers to ensure treatment with all medical needs in mind. This process takes time, and ideally should begin during adolescence. Currently, however, most individuals, families, or caregivers start this process too late because they lack sufficient resources, often leading to gaps in care.

Texas has the second highest number of individuals with intellectual and developmental disabilities in the country (Texas Workforce Investment Council 2016). However, it also has four renowned dental schools and has seen growing momentum when it comes to making concrete changes that address insufficient oral care for individuals with



disabilities—momentum that has already led to significant improvements in dental education over the past three years. This combination of need and knowledge means that Texas has a prime opportunity and is an optimal location for policymakers to collaborate with advocacy organizations, individuals with disabilities, families, and caregivers to spearhead greater access to quality care.

This issue brief suggests improvements to solidify access to dental care for individuals with disabilities in Texas, with the goal of providing them with a solid foundation to better manage the other fluctuating parts of their daily lives. This brief first analyzes several barriers to oral care for people with disabilities, especially those caused by the financial burdens of accessing care and insufficient resources available to facilitate the pediatric-to-adult dental care transition process. Next, it delves into the prevalence and specific characteristics of barriers to quality dental care in Texas, largely due to funding specifically for emergency services and a limiting annual cost cap. And finally, it recommends public policy changes for Texas through the expansion of Medicaid funding and the creation of community preventive care programs that aim to lessen barriers to dental care for people with disabilities.

BARRIERS TO DENTAL CARE FOR PEOPLE WITH DISABILITIES

The Americans with Disabilities Act (ADA) passed in 1990, and to this day serves as the landmark legislation prohibiting discrimination against people with disabilities. It provides accommodations for people with disabilities in numerous areas, including employment, transportation, and government services. Although far reaching in its impact, the inclusive premise of the ADA has yet to be fully realized in all domains—even more than 30 years after its passage—especially in the realm of equitable dental care.

A 2017 publication by the National Council on Disability (NCD) highlighted gaps in the ADA relating to health care, in particular detailing the lack of accessible and affordable oral care for individuals with intellectual and developmental disabilities (I/DD). The report found that adults with disabilities were four times more likely than those without disabilities to rate their oral health as “fair or poor” (NCD 2017). The NCD publication identified two primary barriers the disabled community faces when it comes to accessing dental care: Difficulty finding dentists who know how to proficiently treat individuals with intellectual and developmental disabilities due to a non-comprehensive curriculum for students at dental institutions, and insufficient dental care coverage for patients provided by Medicaid (NCD 2017).



Michael Milano, a pediatric dentist and Clinical Associate Professor at the University of North Carolina School of Dentistry, has also written about how patient anxiety can be an additional barrier to receiving dental care, writing that, “Studies have shown that the anxiety experienced by an individual with [intellectual and developmental disabilities] may impact the desire to avoid dental care more than external factors such as transportation and cost” (Milano 2017). Because of this, dentists must have adequate training to know how to treat individuals with disabilities and must be fully confident in their skills to convey a safe space for patients that are dealing with anxiety. Patient anxiety may also lead to more frequent need for anesthesia in dental care, which can be costly and may necessitate additional dentist training or resources.

LACK OF A COMPREHENSIVE CURRICULUM FOR TREATING PEOPLE WITH DISABILITIES

Since the publication of the NCD report, the Commission on Dental Accreditation (CODA) addressed the first barrier the NCD identified by modifying the accreditation requirements for dental schools to include “more robust training” in treating individuals with disabilities (Garvin 2019). According to Dr. John Valenza, dean at the University of Texas School of Dentistry at Houston, prior to this change, education in treating patients with disabilities was not a requirement for most dental students and was restricted to residency students—particularly general practice, pediatric, and oral maxillofacial residencies (Binder 2021). The new curriculum additions to dental education include learning how to identify and use necessary accommodations, such as wheelchair lifts, to increase patient comfort and communication with caregivers. CODA officially revised the accreditation requirements on August 2, 2019 and implemented them July 1, 2020 for predoctoral dental, dental hygiene, and dental assistant programs. Orthodontic program implementation began later, on January 1, 2021 (NCD 2019; Nasca 2021).

Dental schools across the country supported the increased need for curriculum regarding treating individuals with disabilities through their own initiatives: For example, UT Health San Antonio School of Dentistry announced the construction of a new clinic dedicated to serving individuals with intellectual and developmental disabilities (UT Health San Antonio School of Dentistry 2019) and UCSF School of Dentistry hosted a Special Needs Dentistry Summit with dental providers, patients, and public policymakers to move the conversation on expanding the state’s ability to provide dental care to people with disabilities forward (Bai 2020).

While more comprehensive dental education is a good start, many barriers remain in finding dentists with the knowledge and resources to treat individuals with disabilities—particularly in rural areas where the density of practicing dentists is lower.



Pediatric-to-Adult Transition

Until recently, only dental providers who pursued advanced residencies received a thorough education on treating patients with disabilities. Pediatric dentists are one specialty who received this additional training, and so provide a reliable source of treatment for those under the age of 21 (though some patients with disabilities have reported staying with their pediatric dentist beyond the age of 21 because they were unable to find a competent provider of adult care). Though the recent changes to dental school curricula mentioned above aim to decrease the reliance on pediatric dentists and ease the process of finding a qualified adult dentist for patients when they age out of pediatric dental benefits at 21, many patients with disabilities are still left with the daunting task of finding a new dentist who can provide proper accommodations and treatment at affordable costs.

A review by Dr. Sydnee Chavis and Dr. Glenn Canares (2020) stresses the difficulties of this transition from pediatric to adult care. One issue is the lack of capable providers of care for adults to which pediatric dentists can refer patients due to a lack of willingness or a lack of education. Another problem they find is timing—conversations between families, current providers, and future providers should begin in early adolescence, but oftentimes occur too late, resulting in a break in care. In the same review, 59 percent of parents with children requiring special health care needs stated that the services for the transition to adult-centered care were inadequate, reporting a scarcity of available literature and a lack of access to transition coordinators to aid caregivers (Chavis and Canares 2020). In their review, Chavis and Canares recommend increasing educational and administrative services available to patients and families to facilitate smoother transition periods and increased knowledge of necessary accommodations. The services needed for this transition focus around four main action items: (1) Identifying that a transition needs to take place, (2) advocacy by a primary provider, (3) coordination by allocated staff to ensure delivery of all health information, and (4) collaboration with pediatric and dental providers (Kennedy et al. 2007). Primary care providers often must be the ones to begin the conversation and oversee that the transition process is completed and conducted in a thorough manner (McManus et al. 2013). Earlier education for families to prepare for the transition and for providers to be ready to facilitate the process can therefore lead to immense progress.



FINANCIAL BARRIERS TO DENTAL CARE

As people with disabilities are more likely to lack insurance from another source—either from an employer or private insurance—and to have more severe medical needs, Medicaid is the primary source of health insurance for individuals with disabilities. Nearly 60 percent of individuals with disabilities use Medicaid for their health insurance (NCD 2017), and Medicaid covers the cost of over 75 percent of services for this population (The Arc n.d.). The amount of funding for dental coverage and level of coverage varies by state, ranging from providing no dental benefits, to only providing emergency services, to more extensive dental services in certain states.¹

Numerous states across the country have insufficient dental care coverage. Three states have no dental benefits and nine states, including most Texas Medicaid programs, cover only emergency services (Medicaid and CHIP Payment and Access Commission 2021), making it difficult for patients in these areas to finance routine visits to the dentist.

The difficulty in financing dental treatment costs leads to an increase in the use of emergency services rather than preventive services, which are often not covered by insurance. However, emergency services are far more costly—nine times the cost of a normal preventive check-up, on average, and even more expensive for overnight hospital care. According to the Texas Health Institute, “For every dollar in [preventive dental] program expenditures, there are \$3.58 in potential cost savings that could be realized by avoiding hospitalizations and ED visits from non-traumatic dental conditions (NTDCs) while preventing and better managing chronic conditions” (Texas Health Institute 2021). Investing resources in providing more accessible preventive care, particularly for individuals using Medicaid, therefore leads to both improved patient health as well as the reduced costs of emergency care.

Lack of Financing for Anesthesia

Patients with disabilities typically require anesthesia² more often than the general population for a variety of reasons, including lack of cooperation, overstimulation (particularly in pediatric patients with autism), motor dysfunctions such as uncontrolled

¹ The breakdown of coverage provided by different kinds of benefits is as follows. Emergency Only: Relief of pain under defined emergency situations. Limited: Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure for care is \$1,000 or less. Extensive: A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA; per-person annual expenditure cap is at least \$1,000 (Center for Health Care Strategies Inc. 2019).

² The term “anesthesia” refers to both general anesthesia and sedation. During general anesthesia, the patient is fully unconscious and has no awareness or sensations. Anesthetic can be delivered through a gas or an IV. During sedation, the patient is conscious but is in a sleepy, relaxed state. The level of sedation can be controlled, with deep sedation resembling general anesthesia. Patients maintain reflexes and are able to breathe on their own (UCLA Anesthesiology & Perioperative Medicine n.d.).



tremors, or patient anxiety (Wang, Lin, Huang, and Fan 2012). Access to anesthesia should therefore be a right accounted for under the ADA due to its role in ensuring a safe and comfortable environment for people with intellectual and developmental disabilities to receive dental care.

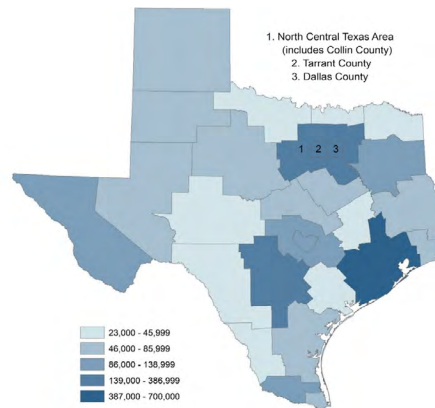
However, the added cost of anesthesia on top of the cost of a given procedure itself can often be prohibitive. Patients with disabilities are typically put under deep IV sedation or general anesthesia, which are billed based on the duration of the procedure and whether it is necessary to have a dental anesthetics specialist (Adams 2014).³ Medicaid coverage of anesthesia is dependent on whether anesthesia use is qualified as a “medical necessity” for the specified procedure. Because of this requirement, patients must often pay the high cost of anesthesia out-of-pocket, which can put patients with disabilities, especially low-income patients, in a difficult position. For example, the average cost of a crown ranges from \$328 to \$821, depending on the type of material used (State Bar of Texas 2015). However, if a patient were to need IV sedation for this procedure (which costs an average cost of \$600), the cost of the entire procedure would be between \$928 to \$1,421 (see the Appendix for more details on the costs of different types of anesthetics). The cost of anesthesia alone can be a significant portion of the budget provided by Medicaid, if a procedure even qualifies at all for coverage, meaning that patients must often choose between affordable cost and optimal care conditions.

BARRIERS TO DENTAL CARE IN TEXAS

A report by the Texas Workforce Investment Council in 2019 found that Texas had the second highest number of individuals with intellectual and developmental disabilities in the United States. Over half of these individuals resided in 10 of the 254 Texas counties (Texas Workforce Investment Council 2019), three of which—Tarrant, Collin, and Dallas—are in the Dallas area. Figure 1 shows the distribution of individuals with intellectual and developmental disabilities in Texas.

³ Those administering anesthesia for people with disabilities must take multiple factors into account, such as lack of cooperation, multiple morbidities that require specific operating conditions, cognitive impairment that can make it difficult for patients to follow directions especially in lengthy procedures, overstimulation in pediatric patients with autism, motor dysfunctions such as uncontrolled tremors, age, and patient anxiety. It can therefore be difficult for patients with disabilities to find health care professionals who are fluent in treatments with regard to the unique characteristics of their disability.

Figure 1: Population of Individuals with Intellectual and Developmental Disabilities in Texas



Source: U.S. Census Bureau, 2017

Despite its large population of residents with disabilities, Texas has been ranked very low—in 2019 ranking 49th out of 50 states plus Washington, DC—in its ability to serve individuals with intellectual and developmental disabilities. This ranking was based on factors such as how much a state promotes independent living, health, and involvement in the workforce (United Cerebral Palsy 2019). Patients in rural areas of Texas in particular struggle to find local dental providers, as most providers are centralized in urban regions (JDC Content Committee 2020). Patients are thus faced with the options of traveling long distances to find a dentist or skipping routine check-ups. For patients in rural areas, the lack of local providers is one of the main challenges adults with disabilities face in looking for adequate dental services, along with finding a provider that is willing to treat Medicaid patients who require special accommodations (Health and Human Services Commission 2018).

The ability to afford dental care also remains a major issue for Texans with disabilities due to Medicaid restrictions. Preventive care is only covered for individuals enrolled in Medicaid waiver programs, so those on a waitlist for waiver programs or enrolled in a non-waiver program (90 percent of individuals) are limited to only emergency dental care (Coalition of Texans with Disabilities n.d.).

MEDICAID COVERAGE IN TEXAS

In Texas, pediatric dental insurance provided by Medicaid for individuals with disabilities extends until the age of 21 (pediatric coverage stops at the age of 18 for those without disabilities). Pediatric dental coverage for all Medicaid-eligible children

is more comprehensive than coverage for adults due to Texas Health Steps (THSteps), also called the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits program, which is a program that begins coverage at six months old and covers all medically necessary services including preventive, emergency, restorative, periodontal, and prosthodontic care (Parkland Community Health Plan Inc. 2013). Through Medicaid, children with disabilities have access to additional support such as home care and transportation services to medical appointments (Texas Health and Human Services n.d.).

All adults 21 and over with physical or intellectual and developmental disabilities are still eligible for Medicaid coverage, but it is much less comprehensive. Enrollment in Medicaid includes emergency dental services for all members, but additional services are dependent on the type of program. In Texas, the programs provided for people with disabilities include Medicaid Managed Care Programs, IDD 1915 (c) Adult Waiver Programs, and Community-Based Programs. Only 10 percent of Medicaid-covered adults in Texas are in a program that provides a dental benefit (the IDD 1915 (c) Adult Waiver Programs) (Coalition of Texans with Disabilities n.d.).

A majority of Texans enrolled in Medicaid are in Managed Care Programs, all of which provide emergency services. Only individuals that meet a nursing facility level of care are eligible for the Home and Community Based Services (HCBS) waiver program, which allows them to receive routine dental services in addition to emergency services. Managed Care organizations may offer additional dental benefits, such as preventive or restorative care, as an incentive for enrollees to choose their plan. Community-Based programs provide no dental benefit and are primarily used to “sustain and enhance quality of life in the community.” Therefore, there is a large population of Medicaid adults that either have no coverage for dental services or are limited to only emergency services. Preventive care, which is defined by the Texas Health Institute as “aspects of dentistry concerned with promoting good oral health and function by preventing or reducing the onset and/or development of oral diseases or deformities and the occurrence of orofacial injuries,” is a critical component of maintaining oral health that is not currently covered in multiple Medicaid programs.

IDD 1915 (c) Waiver programs are for individuals with intellectual or developmental disabilities and are the most expansive, covering preventive and emergency dental services with a cost cap per year ranging from \$1,000—\$10,000 (see Table 1 for a breakdown of the specific eligibility and benefits under the four IDD Adult Waiver Programs). The four waiver programs differ based on the type of disability an individual has—such as whether it is intellectual or non-intellectual— and the type of support necessary to care for the individual. As shown in Figure 2 below, nearly three-quarters of individuals in IDD 1915 (c) Adult Waiver Programs are in the Home and Community-based Services (HCS)



program, which provides \$2,000 annually toward dental care. In its 2018 report, however, the Texas Health and Human Services Commission concluded that the annual cost cap for the Home and Community-based Services sector was not sufficient for the cost of services utilized, and that many members still needed to pay costs out-of-pocket (Health and Human Services Commission 2018). For instance, The Washington Post found that a routine exam with the use of anesthesia costed \$912 out-of-pocket after insurance (Tuller 2019). A root canal with general anesthesia cost \$2,400 out-of-pocket, as the use of anesthesia for the procedure was not covered by insurance.

Patients without the proper financial resources attend dental check-ups fewer than the recommended two times per year. These check-ups are critical in catching conditions while they are still preventable, so by skipping preventive, routine appointments, patients end up utilizing dental services only once it's an emergency.

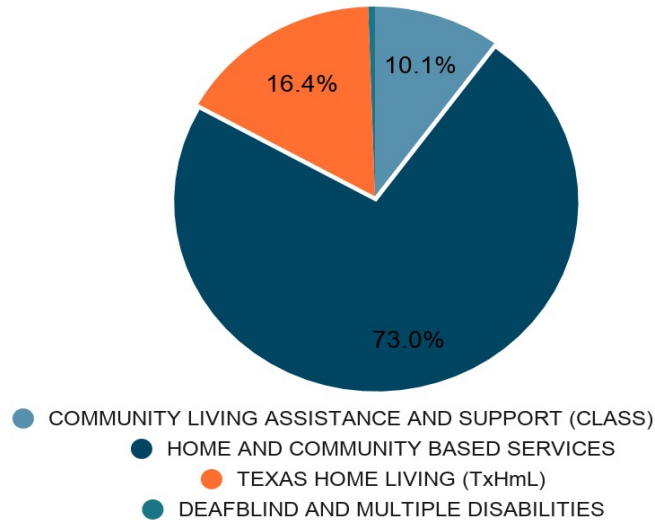
Table 1: IDD 1915 (c) Waiver Programs

Program	Characteristics	Funding SFY 2016	Number of Patients Enrolled (SFY 2016)	Percent receiving dental care
Community Living Assistance and Support Services (CLASS)	Provides home and community services for individuals with a related condition rather than an intermediate care facility. A related condition is a non-intellectual disability originating before the age of 22 and affecting daily life.	\$10,000 per year Routine & Emergency dental services	3,379	18.4%
Home and Community-based Services (HCS)	Provides services and support for individuals with intellectual disabilities living with family, independently, or in community settings.	\$2,000 per year Routine & Emergency dental services	24,537	71.1%
Texas Home Living (TxHmL)	Provides essential services up to \$17,000 for individuals with intellectual and/or developmental disabilities living with family or independently.	\$1,000 per year Routine & Emergency dental services	5,509	50.0%
Deafblind and Multiple Disabilities (DBMB)	Provides home and community-based services for people who are deaf-blind with multiple disabilities or have a condition that will result in deaf-blindness and have an additional disability.	\$2,500 per year Routine & Emergency dental services Additional \$2000 for sedation other than routine anesthesia	181	33.1%

Note: Emergency services are classified as “inpatient and outpatient services needed to evaluate or stabilize an emergency medical condition furnished by a provider qualified to furnish these services. Medicaid medical benefits provide coverage for some dental related services including but not [limit] to dislocated jaw, traumatic damage to teeth and supporting structures, removal of cysts, treatment or oral abscess of tooth or gum origin, treatment and devices for correction of craniofacial anomalies” (Source: Health and Human Services Commission 2018).



Figure 2: Breakdown of IDD 1915 (c) Waiver Program User Population



POLICY RECOMMENDATIONS

State officials in Texas can play a critical role in expanding oral care affordability and accessibility for people with disabilities. Texas is home to both a high population of individuals with disabilities and four dental schools, giving policymakers the opportunity to work alongside schools, patients, and families to create systems that increase access to preventive treatment and reduce the use of expensive emergency services. In particular, this issue brief recommends ways for policymakers to address barriers to care stemming from the difficulty many adults with disabilities face in finding a qualified dentist and the limits of Medicaid coverage.

To address these issues, Texas state legislators should:

- Expand oral screening and educational programs to include centers and schools for individuals with disabilities (headed by the Texas Department of State Health Services); and
- Cover preventive and emergency dental services for all Medicaid programs and provide \$2,000 annually in funding for anesthesia covering routine and non-routine services for all four Medicaid IDD Waiver Programs.

While there are costs associated with implementing these recommendations, the benefits of increasing funding for screening programs and Medicaid outweigh the costs of not doing so, as people who do not receive adequate preventive care often must seek

expensive emergency care instead. The Texas Health Institute found that the cost of an emergency room visit for a non-traumatic dental condition was nine times greater on average than a preventive dental check-up (Texas Health Institute 2021). Needing to stay at the hospital for in-patient care increased the cost to 230 times greater (Coalition of Texans with Disabilities n.d.). It is important to note that a majority of dental conditions that brought patients to the ER were classified as preventable with proper dental care and treatment at a clinic (Texas Health Institute 2018). In an analysis of the implementation of one Medicaid program that covered non-traumatic dental conditions, the Health Policy Institute projected annual savings of \$5,489,814 in reduced emergency department visits and \$5,504,109 in reduced inpatient hospital admissions (Coalition of Texans with Disabilities n.d.). By investing governmental resources in preventive care, millions of dollars can be saved through the reduction of emergency department services. Access to additional preventive programs will thus have both cost-saving benefits and increase the health status for patients.

The following sections provide starting points to aid local and state government officials in determining how to best improve access to quality dental care for people with disabilities.

EXPANDING DENTAL SCREENINGS AND EDUCATIONAL PROGRAMS

The Texas Department of State Health Services has a school-based screening program for dental care called Smiles in Schools, which focuses on pre-school and elementary school students. School-based screening programs send dental providers to conduct screenings in school settings—oftentimes in vulnerable communities that are at higher risk for tooth decay. Programs can include education, sealant application, fluoride application, and referrals to local dentists. Through these kinds of programs, students who may not normally have access to typical biannual dentist appointments—whether that is due to finances, transportation, or lack of knowledge—are provided the resources to begin maintaining their oral care.

In the Smiles in Schools program, five Regional Dental Teams go to Head Starts, pre-schools, and elementary schools around the state of Texas, where they provide preventive services such as oral education, dental sealants, and fluoride varnish treatments (Texas Department of State Health Services 2020). Dental providers then inform parents of the results of the screenings and any recommendations for further treatment. The Smiles in Schools program has proved to be successful. From the 2012–2013 school year to the



2017–2018 school year, there was a roughly 10 percent decrease in the percentage of third-grade children across Texas with untreated tooth decay (DSHS Maternal and Child Health Epidemiology Unit 2018). This improvement allowed Texas to exceed the national target of 25.9 percent of children having untreated decay, with Texas dropping to 17.5 percent.

Using the Smiles in Schools program as a model, the Texas Department of Health Services should spearhead a similar program catered towards people with disabilities in order to ensure consistent access to oral care and provide a platform for education about the transition to adult care. In such a program, dental providers with the training to treat individuals with disabilities would go to locations such as disability day centers, therapy centers, special needs summer camps, and family support programs to provide oral screenings in a similar manner to the existing Smiles in Schools program. A guide created by Children at Risk found 30 organizations like those listed above dedicated to supporting individuals with disabilities just in the Dallas-Fort Worth metroplex (Children at Risk 2017).

The proposed program would give patients of all age ranges, not only school-aged children, access to quality dental care and could include the resources to maintain long-term quality oral care in addition to screenings. In locations serving younger populations, such as schools or summer camps, the program could be a venue for providing information to help families initiate the process of transitioning to adult dental care, connecting families to adult dental providers and helping them learn more about the new coverage options provided by insurance. For older populations, the program could connect individuals to the closest dentist with the proper education to treat them.

Through the creation and implementation of an expanded screening program, individuals with disabilities in and out of the traditional educational system and of all ages would have access to quality oral care and educational programs.

EXPAND MEDICAID DENTAL BENEFITS

Texas Medicaid should expand so that all programs for individuals with disabilities provide preventive and emergency dental services. Texas is currently one of 28 states that does not provide expansive dental coverage through Medicaid. House Bill 4533, sponsored by State Reps. Stephanie Klick and Richard Raymond as well as state Sen. Lois Kolkhorst, which passed in 2019 and is set for implementation September 2023, called for a dental pilot program that provides coverage for preventive dental services for individuals not enrolled in waiver programs (Coalition of Texans with Disabilities n.d.; Texas Health and Human Services 2020).



However, in addition to the proposed expansion to Medicaid, the four IDD 1915 (c) Adult Waiver Programs that provide preventive and emergency services to people with disabilities should expand even further. The price of anesthesia on top of standard dental procedure costs can be a hindrance for individuals in current Medicaid waiver programs, as anesthesia is not always covered (and especially in preventive dental care). Only the Deaf Blind with Multiple Disabilities (DBMD) Program provides an additional \$2,000 funding for necessary routine local anesthesia.

Other states have recently addressed the necessity of covering the cost of anesthesia. Illinois Senate Bill 2493, which passed in July of 2021 and is set to be effective at the beginning of 2022 (Illinois Senate Democrats 2020), provides coverage for the cost of anesthetics for dental care in hospitals and surgical treatment centers for individuals with autism or a developmental disability. One of the co-sponsors of the bill, state Sen. Julie Morrison, described its importance: “Going to the dentist can be uncomfortable for anyone, but the stress is amplified for children and adults with autism and other developmental disabilities. Some patients with developmental disabilities are unable to endure regular dental exams or cleanings without general anesthesia. This measure will help more people be able to afford the treatment they need” (Illinois Senate Democrats 2020).

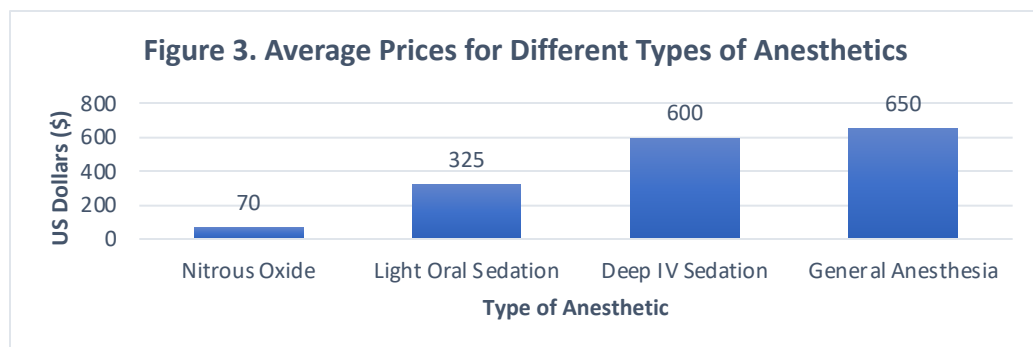
Texas Medicaid should provide an additional \$2,000 per year, similarly to the DBMD program, to the other three Medicaid IDD waiver programs, which lack anesthesia coverage for nonroutine services. In the Community Living Assistance and Support Services (CLASS) waiver program, the second highest populated waiver program, the average cost spent on sedation for SFY 2016 was \$1,060.38, a cost that could be fully covered with the added benefit. The cost of anesthesia varies widely on the type used and duration of use, in some situations amounting to thousands of dollars for one sitting. However, a \$2,000 benefit would be largely beneficial in helping patients pay for dental services by reducing or eliminating the out-of-pocket burden.



CONCLUSION

People with disabilities deserve accessible and affordable dental care—a fundamental component of health care that is crucial for preventing additional problems on top of an already complex medical history. The policy recommendations in this paper aim to improve dental care access in Texas, a state that is home to a large disabled population and that also contains numerous resource centers and dental schools. Texas has an opportunity to be a leader in the long overdue expansion of equitable access to dental care for people with disabilities. Through expanding a joint screening and educational program, the state can provide oral health care to a wider population—such as the care provided through existing general screening programs—while also taking steps to fill the knowledge gap many patients with disabilities face in transitioning to adult care. Additionally, allocating money for expansive dental coverage for Medicaid adults and anesthesia usage for individuals in IDD Waiver Programs, who typically have more severe disabilities, will help these patients eliminate the cost difficulties of preventive treatment. Dentistry plays a foundational role in health care and Texas has the opportunity to provide the necessary funding, accommodations, and education to help millions of individuals better access this critical public good and improve the overall health of the entire disability community.

APPENDIX



Source: (Downtown Dental Excellence n.d.)

REFERENCES

- Adams, Gary. 2014. "How Much Money Does Sedation Dentistry Cost in 2020." Maryland Sedation Dentist in Burtonsville Silver Spring. October 16, 2014. <https://marylandsedationdentist.com/how-much-does-sedation-dentistry-cost/>.
- American Society of Anesthesiologists (ASA). 2020. "ASA Physical Status Classification System." Guidelines, Statements, Clinical Resources. Last updated December 13, 2020. <https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>.
- Arris, Monika, Teresa Moore, Jessica Shaw, Javier Arreola, Taylor Francis-Sloan, and Cynthia Silva. 2019. "Collin County FY 2020 Adopted Budget Numbers Only Version." Collin County. <https://www.collincountytx.gov/budget/Documents/budgets/FY2020AdoptedBudget-NumbersOnly.pdf>.
- Bai, Nina. 2020. "For Patients With Special Needs, Any Dentist Is Hard to Find." UC San Francisco, February 24, 2020. <https://www.ucsf.edu/news/2020/02/416726/patients-special-needs-any-dentist-hard-find>.
- Binder, Jeannie. n.d. "Contour June/July 2020." Accessed August 20, 2021. http://digitaleditions.walsworthprintgroup.com/publication/frame.php?i=660386&p=&pn=&ver=html5&view=articleBrowser&article_id=3675799.
- Borel, Dennis. 2021. "Being Right Is Not Enough. How Advocates Brought Dental Access to Medicaid Adults with Disabilities." *Texas Health Institute* (blog). June 30, 2021. <http://www.texashealthinstitute.org/2/post/2021/06/being-right-is-not-enough-how-advocates-brought-dental-access-to-medicaid-adults-with-disabilities.html>.
- Burroughs, Melissa, Nichole Edralin, and Eliot Fishman. 2019. "Improving Access to Oral Health Care for Adults with Disabilities Can Improve Their Health and Well-Being." https://familiesusa.org/wp-content/uploads/2019/10/OH_Oral-Health-and-People-with-Disabilities_IssueBrief.pdf.
- California Dental Association (CDA). 2019. "'Life-Changing' Grants Awarded to 38 Dentists Committed to Medi-Cal." CDA, August 19, 2019. <https://www.cda.org/Home/News-and-Events/Newsroom/Article-Details/Life-changing-grants-awarded-to-38-dentists-committed-to-Medi-Cal>.
- Caputo, Anthony Charles. 2009. "Providing Deep Sedation and General Anesthesia for Patients with Special Needs in the Dental Office-Based Setting." *Special Care in Dentistry* 29, no. 1 (January): 26–30. <https://doi.org/10.1111/j.1754-4505.2008.00059.x>.
- Center for Health Care Strategies, Inc. 2019. "Medicaid Adult Dental Benefits: An Overview." https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf.
- Chavis, Sydnee, and Glenn Canares. 2020. "The Transition of Patients with Special Health Care Needs From Pediatric to Adult-Based Dental Care: A Scoping Review." *Pediatric Dentistry* 42, no. 2 (March/April): 101–9. <https://www.aapd.org/globalassets/media/publications/open-access/101-9.pdf>.
- Children at Risk. 2017. "North Texas Organizations That Support Students with Special Needs." <https://texasschoolguide.org/content/uploads/2017/08/NTX-SP-Orgs.pdf>.
- Children's Health Alliance of Wisconsin. 2017. *Alliance Annual Report 2017*. Madison, WI: CHAWisconsin. <https://www.chawisconsin.org/download/2017-annual-report/?wpdmdl=3715&refresh=607bccafa27e51618726063>.
- Children's Health Alliance of Wisconsin. 2019. "Wisconsin Seal-A-Smile Announces Grant Recipients." *Children's Health Alliance of Wisconsin* (blog). August 1, 2019. <https://www.chawisconsin.org/wisconsin-seal-a-smile-announces-grant-recipients/>.



- Coalition of Texans with Disabilities (CTD). n.d. "Access to Oral and Dental Care." Last accessed August 19, 2021. <https://www.txdisabilities.org/access-to-oral-and-dental-care>.
- Collin County Health Care Foundation. n.d. "FY 2021 Services Agreement Guidelines and Instructions." https://www.collincountytx.gov/public_information/features/Documents/2021%20Service%20Agreement%20Guidelines%20Application.pdf.
- Division of Oral Health. 2021. "Disparities in Oral Health | Division of Oral Health | CDC." February 5, 2021. https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm.
- Downtown Dental Excellence. n.d. "How Much Does Sedation Dentistry Cost?" Accessed July 26, 2021. <https://drsikes.com/sedation-dentist-cost/>.
- DSHS Maternal and Child Health Epidemiology Unit. 2018. "Third Grade Oral Health Screening Survey 2017-2018." Texas Department of State Health Services. <https://www.dshs.texas.gov/dental/pdf/Third-Grade-Oral-Health-Screening-Survey-Findings.pdf>.
- Elderbrook, Megan, Mai Ka Hang, and Melissa Olson. 2018. *2018 Healthy Smiles Healthy Growth: Wisconsin's Third Grade Children*. Madison, WI: Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/publications/p0/p00589.pdf>.
- Garvin, Jennifer. 2019. "Predoctoral Programs Now Required to Educate Students on Managing Patients with Disabilities." American Dental Association (ADA), October 16, 2019. <https://www.ada.org/en/publications/ada-news/2019-archive/october/predoctoral-programs-now-required-to-educate-students-on-managing-patients-with-disabilities>.
- Health and Human Services Commission. 2018. "Dental Services for Adults with Disabilities Report." Texas Health and Human Services. <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/hb-3295-sb-1-dental-services-adults-disabilities-dec-2018.pdf>.
- Huertas, Tiffany. 2019. "Local Dental School Taking Steps to Serve People with Special Needs." *KSAT*, October 29, 2019. <https://www.ksat.com/news/2019/10/29/local-dental-school-taking-steps-to-serve-people-with-special-needs/>.
- Illinois Senate Democrats. 2020. "Morrison Measure Expands Dental Care for People with Developmental Disabilities." ISDC. February 19, 2020. <https://www.illinoisenedemocrats.com/caucus-news/39-senator-julie-a-morrison-news/471-morrison-measure-expands-dental-care-for-people-with-developmental-disabilities>.
- Jakovčev, Mirjana, Andrea Gaspar, and Jasna Ostojic. 2017. "Stress During Dental Treatment in People with Intellectual Disabilities." *Hrvatska Revija Za Rehabilitacijska Istraživanja* 53, 88–97. <https://www.proquest.com/openview/53185ba0b5cd9709a9721611be662835/1?pq-origsite=gscholar&cbl=2027548>.
- JDC Content Committee. 2020. "Dental & Oral Health Statistics in Texas." *Jefferson Dental & Orthodontics* (blog). November 16, 2020. <https://www.jeffersondentalclinics.com/blog/dental-oral-health-statistics-in-texas>.
- Jones, Lindsay. 2018. "Advocates Focus on Inclusion to Improve Public Policy Affecting Individuals with Disabilities." *Insight Into Diversity*, February 8, 2018. <https://www.insightintodiversity.com/advocates-focus-on-inclusion-to-improve-public-policy-affecting-individuals-with-disabilities/>.
- Kaur, Puneet, Simarpreet Singh, Anmol Mathur, Diljot Kaur Makkar, Vikram Pal Aggarwal, Manu Batra, Anshika Sharma, and Nikita Goyal. 2017. "Impact of Dental Disorders and its Influence on Self Esteem Levels among Adolescents." *Journal of Clinical and Diagnostic Research* 11, no. 4 (April): ZC05–8. <https://doi.org/10.7860/JCDR/2017/23362.9515>.



- Kennedy, A., F. Sloman, J. A. Douglass, and S. M. Sawyer. 2007. "Young People with Chronic Illness: The Approach to Transition." *Internal Medicine Journal* 37, no. 8 (July): 555–60. <https://doi.org/10.1111/j.1445-5994.2007.01440.x>.
- Medicaid and CHIP Payment and Access Commission. 2021. "Medicaid Coverage of Adult Dental Services," January. <https://www.macpac.gov/wp-content/uploads/2021/01/Medicaid-Coverage-of-Adult-Dental-Services.pdf>.
- McManus, M. A., L. R. Pollack, W. C. Cooley, J. W. McAllister, D. Lotstein, B. Strickland, and M. Y. Mann. 2013. "Current Status of Transition Preparation Among Youth With Special Needs in the United States." *Pediatrics: Official Journal of the American Academy of Pediatrics* 131, no. 6 (June): 1090–97. <https://doi.org/10.1542/peds.2012-3050>.
- Mejia, Gloria C., Hawazin W. Elani, Sam Harper, W. Murray Thomson, Xiangqun Ju, Ichiro Kawachi, Jay S. Kaufman, and Lisa M. Jamieson. 2018. "Socioeconomic Status, Oral Health and Dental Disease in Australia, Canada, New Zealand and the United States." *BMC Oral Health* 18, no. 1 (October): 176. <https://doi.org/10.1186/s12903-018-0630-3>.
- Meldon, Perri. 2019. "Disability History: The Disability Rights Movement." US National Park Service, December 19, 2019. <https://www.nps.gov/articles/disabilityhistoryrightsmovement.htm>.
- Milano, Michael. 2017. "Oral Healthcare for Persons With Intellectual or Developmental Disabilities: Why Is There a Disparity?" *Compendium of Continuing Education in Dentistry* 38, no. 11 (November/December). <https://www.aegisdentalnetwork.com/cced/2017/11/oral-healthcare-for-persons-with-intellectual-or-developmental-disabilities-why-is-there-a-disparity>.
- Nasca, Thomas. 2021. "NCD Letter to the ACGME Regarding Disability Competency Training of Medical Professionals." July 16, 2021. <https://ncd.gov/publications/2021/ncd-letter-acgme-regarding-disability-competency-training-medical-professionals>.
- National Council on Disability (NCD). 2017. *Neglected for Too Long: Dental Care for People with Intellectual and Developmental Disabilities*. Washington, DC: NCD. <https://ncd.gov/publications/2017/dental-issue-brief>.
- National Council on Disability (NCD). 2019. "At NCD's Recommendation, All U.S. Dental Schools Will Train Students to Manage Treatment of People with Intellectual, Developmental Disabilities." August 14, 2019. <https://ncd.gov/newsroom/2019/dental-schools-IDDD>.
- National Institute of Dental and Craniofacial Research. 2009. "Practical Oral Care for People With Developmental Disabilities." <https://www.nidcr.nih.gov/sites/default/files/2017-09/practical-oral-care-development-disabilities.pdf>.
- Office of Disease Prevention and Health Promotion (ODPHP). 2021. "Oral Health." Leading Health Indicators. Last updated August 18, 2021. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>.
- Office of the Governor, State of Wisconsin. 2019. "Gov. Evers' Budget Gives Wisconsin Reason to Smile, \$2 Million Will Expand Dental Services and \$1 Million for Free and Charitable Health Centers." Press Release, August 8, 2019. <https://content.govdelivery.com/accounts/WIGOV/bulletins/2574f73>.
- Parkland Community Health Plan, Inc. 2013. "Parkland Community Health Plan: Medicaid and CHIP/CHIP Perinate Provider Manual." <http://dev.gibagroup.com/parklandhmo/wp-content/uploads/2014/02/PCHP-Medicaid-Prov-Manual.pdf>.
- Paying for Senior Care. 2021. "2021 Federal Poverty Guidelines / Federal Poverty Levels." Updated July 16, 2021. <https://www.payingforseniorcare.com/federal-poverty-level>.



- State Bar of Texas. 2015. "Dental Costs With and Without Insurance." *Texas Bar Private Insurance Exchange* (blog). April 6, 2015. <https://texasbar.memberbenefits.com/2015/04/06/dental-costs-with-and-without-insurance/>.
- Texas Department of State Health Services. 2020. "Public Health Region 6 & 5S Oral Health Services." Texas Health and Human Services. Updated June 16, 2020. <https://www.dshs.texas.gov/region6-5/dental6.shtm>.
- Texas Health and Human Services. 2021. "Smiles in Schools." Texas Department of State Health Services. February 22, 2021. <https://www.dshs.texas.gov/dental/School-based-clinics.aspx>.
- Texas Health Institute. 2018. *Oral Health in Texas: Bridging Gaps and Filling Needs*. Austin, TX: Texas Health Institute. https://www.texashealthinstitute.org/uploads/1/3/5/3/13535548/thi_report_final.pdf.
- Texas Health Institute. 2021. *Implementing a Medicaid Dental Benefit for Adults with Disabilities Can Yield Significant Cost Savings*. Austin, TX: Texas Health Institute. https://www.texashealthinstitute.org/uploads/3/9/5/2/39521365/oral_health_brief_Implementing_a_Medicaid_dental_benefit_for_adults_with_disabilities_digital.pdf.
- Texas Workforce Investment Council. 2016. *People with Disabilities: A Texas Profile*. Austin, TX: Texas Workforce Investment Council. https://gov.texas.gov/uploads/files/organization/twic/Disabilities_Profile.pdf.
- Texas Workforce Investment Council. 2019. *People with Disabilities: A Texas Profile, 2019 Update*. Austin, TX: Texas Workforce Investment Council. <https://gov.texas.gov/uploads/files/organization/twic/Disabilities-Summary.pdf>.
- The Arc. n.d. "Medicaid & People With Disabilities." Policy & Advocacy—Medicaid. Accessed July 31, 2021. <https://thearc.org/policy-advocacy/medicaid/>.
- Tuller, David. 2019. "Dental Care Is Tough to Find for People with Autism, Other Developmental Disorders." *Washington Post*, April 22, 2019. https://www.washingtonpost.com/national/health-science/dental-care-is-tough-to-find-for-people-with-autism-other-developmental-disorders/2019/04/19/80238a38-54a5-11e9-814f-e2f46684196e_story.html.
- UCLA Health. n.d. "Types of Anesthesia." UCLA Anesthesiology & Perioperative Medicine. Accessed August 20, 2021. <https://www.uclahealth.org/anes/types-of-anesthesia>.
- United Cerebral Palsy (UCP), and the Ancor Foundation. 2019. *The Case For Inclusion Report*. Washington, DC: UCP. http://mediad.publicbroadcasting.net/p/wusf/files/201901/UCP_Case_for_Inclusion_Report_2019_Final_Single_Page.pdf.
- US Department of Education. 2007. "Archived: A 25 Year History of the IDEA." Reference Materials. Last modified July 19, 2007. <https://www2.ed.gov/policy/speced/leg/idea/history.html>.
- UT Health San Antonio School of Dentistry. 2019. "Creating a Clinic for People with Special Needs." *Magazines of the Schools at UT Health San Antonio*, October 29, 2019. <https://magazines.uthscsa.edu/schools/2019/10/29/creating-a-clinic-for-people-with-special-needs/>.
- Wang, Yi-Chia, I-Hua Lin, Chi-Hsiang Huang, and Shou-Zen Fan. 2012. "Dental Anesthesia for Patients with Special Needs." *Acta Anaesthesiologica Taiwanica* 50, no. 3 (September): 122–25. <https://doi.org/10.1016/j.aat.2012.08.009>.
- Yarbrough, Cassandra. n.d. "Estimating the Cost of Introducing a Medicaid Adult Dental Benefit in Texas STAR Plus Program." Health Policy Institute, American Dental Association. https://www.txdisabilities.org/public/upload/files/general/Texas_Estimate_-_4.22.pdf.
- Zamani, A. Rahman. 2006. "Oral Health for Children with Disabilities and Special Needs." Health and Safety Notes, California Childcare Health Program. https://cchp.ucsf.edu/sites/g/files/tkssra181/f/OralHlthSpNeedsEN103006_adr.pdf.



ABOUT THE AUTHOR

Vivian Tran is an undergraduate student at the University of Texas at Dallas majoring in biology and minoring in speech pathology and audiology. She is passionate about the intersection of health care and human rights and aspires to become a dentist who focuses on treating individuals with special needs. Tran is part of UTD's Roosevelt Chapter, where she serves on the Executive Board and co-authored a proposal on asylum policy in Texas in Roosevelt's 10 Ideas 2020 publication.

ACKNOWLEDGMENTS

The author thanks Dr. Shawn Seifikar and Dr. David Murchison for their insights and guidance. She would also like to thank Alyssa Beauchamp and Fernanda Nogueira for their mentorship and assistance in helping this project turn from an idea into a full policy proposal. Roosevelt staff Sonya Gurwitt and Tayra Lucero also contributed to this project.



ABOUT THE ROOSEVELT NETWORK

The **Roosevelt Network** trains, develops, and supports emerging progressive policymakers, researchers, and advocates, focusing on communities historically denied political power. With locations on campuses and in cities in nearly 40 US states, the network is founded on the principle that changing who writes the rules can help fulfill the promise of American democracy and build true public power. The network supports student-led, scalable policy campaigns that fight for the equitable provision, distribution, and accessibility of public goods at the campus, local, and state levels. In addition to its student-led activities, the organization leverages the power of its alumni network—which includes public officials, lawyers, teachers, nonprofit executives, and researchers—to expand opportunities for the next generation of policy leaders. A program of the Roosevelt Institute, the network operates alongside leading economists and political scientists to bring the ideals of Franklin and Eleanor Roosevelt into the 21st century.