DENTAL BENEFITS

Cost of Medicaid caps too high

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Nearly one-third of low-income adults in the United States report that the condition of their teeth and mouth makes it harder to interview for jobs. That's not just a statistic — it's a barrier to economic mobility hiding in plain sight.

Oral health is inseparable from overall health, dignity and the ability to participate fully in society. When policymakers consider placing caps on Medicaid dental benefits, they are not simply trimming a budget line, they are limiting the opportunity for thousands of Virginians.

Proponents of benefit caps often argue that they will reduce spending. But evidence from other states tells a different story. In Oregon, for example, when the state eliminated adult Medicaid dental benefits during budget shortfalls, access to routine dental care dropped sharply, and per-person spending on emergency department dental visits increased, undercutting the anticipated savings and shifting costs to more expensive settings.

When dental benefits are capped, care doesn't disappear — needs simply go unmet until they become emergencies.

In Virginia, most adults on Medicaid already require more dental care than proposed limits would allow. A cap would force about 35,000 Virginians to delay or forgo necessary treatment, leaving them unable to receive the care they need when they need it. The predictable result is worsening oral health, greater pain and more complex and costly conditions down the line.

We have seen this cycle before. When access to routine dental care is restricted, patients turn to hospital emergency departments for relief. But emergency rooms are not equipped to treat underlying dental disease. They can offer temporary pain management or antibiotics, but not definitive care.

This is not only ineffective but also expensive.

According to the American Dental Association's Health Policy Institute, a dental-related visit to the emergency department costs, on average, $749, roughly three times the cost of a dental visit. If these changes move forward and emergency dental visits continue to rise, the difference will ultimately be paid by Virginians through higher taxpayer-funded Medicaid costs. Nationwide, these visits total $1.6 billion annually, with Medicaid covering about one-third of the cost. Most of these visits (nearly 80%) are for preventable conditions like cavities and infections. In the most severe cases, untreated dental disease can lead to hospitalizations costing hundreds of thousands of dollars and, tragically, even death. These are outcomes that are both avoidable and unacceptable.

Capping dental benefits does not reduce costs; it shifts them. It moves expenses from preventive, cost-effective care to crisis-driven, high-cost interventions. It burdens hospitals, strains the Medicaid system, and leaves patients sicker with more out-of-pocket costs.

It also undermines workforce participation. Good oral health supports employability, productivity and long-term financial stability. Limiting access to care does the opposite, keeping people out of work and deepening cycles of poverty. A healthy smile is often a prerequisite for making a good first impression. Pain, visible decay or missing teeth can undermine confidence and, in many cases, cost someone a job before they even have a chance to speak.

Virginia has made important progress in expanding access to adult dental benefits under Medicaid. Now is not the time to reverse course.

Dentists, oral health professionals and health care advocates across the commonwealth are urging Gov. Spanberger and the General Assembly to protect this critical benefit by removing the proposed annual cap. Maintaining comprehensive dental coverage is not just a health decision; it is an economic one. It supports a stronger workforce, reduces unnecessary health care spending, and ensures that vulnerable Virginians are not left behind.

A cap on dental benefits may appear fiscally prudent on paper. In reality, it is a costly mistake — one that Virginia cannot afford to make.

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