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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE RESOLUTION

No. 799 Session of  
2020

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INTRODUCED BY INNAMORATO, GAYDOS, RABB, WEBSTER, MURT, KINSEY,  
LONGIETTI, DIGIROLAMO, SCHLOSSBERG, FREEMAN, OTTEN, CIRESI,  
READSHAW, VITALI, HILL-EVANS, DEASY, NEILSON, YOUNGBLOOD,  
PICKETT, FRANKEL, BERNSTINE, RAVENSTAHL, HOHENSTEIN, BURGOS,  
O'MARA, ULLMAN, T. DAVIS, ROEBUCK, LEE, SAMUELSON, SOLOMON,  
HARRIS, ROTHMAN, DONATUCCI, WARREN, KORTZ, KRUEGER, DRISCOLL,  
HERSHEY AND JAMES, MARCH 4, 2020

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REFERRED TO COMMITTEE ON HEALTH, MARCH 4, 2020

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A RESOLUTION

1 Directing the Legislative Budget and Finance Committee to  
2 conduct a study and issue a report on the fiscal and human  
3 effects resulting from the Department of Public Welfare, now  
4 the Department of Human Services, changes in 2011 to adult  
5 dental coverage under medical assistance.

6 WHEREAS, Medical and social research demonstrate that dental  
7 care is clinically and vitally important for everyone and  
8 significantly affects overall health status, employability and  
9 social inclusion; and

10 WHEREAS, Dental diseases are caused by bacterial infections  
11 spread through contact with saliva and, without treatment, are  
12 progressive in nature and pose a serious threat to public  
13 health; and

14 WHEREAS, Lack of dental care is a recognized indicator of  
15 greater likelihood of chronic illnesses and poor health  
16 outcomes; and

17 WHEREAS, Preventive dental care and treatment to maintain

1 health are more financially efficient forms of care that reduce  
2 expenditures to treat other chronic and serious conditions; and

3 WHEREAS, Under the authorization of the amendments to the  
4 Public Welfare Code in Act 22 of 2011 and the Department of  
5 Public Welfare Bulletin relating to medical assistance dental  
6 benefit changes, dated September 26, 2011, dental coverage for  
7 some forms of early treatment of adult dental disease offered  
8 under medical assistance were discontinued; and

9 WHEREAS, The Department of Public Welfare was redesignated as  
10 the Department of Human Services by Act 132 of 2014; and

11 WHEREAS, Many Pennsylvanians, including those residents  
12 enrolled in medical assistance, living in rural areas or  
13 experiencing a disability are frequently unable to find or see a  
14 dentist or pay for dental care; and

15 WHEREAS, Pennsylvanians with disabilities have been  
16 disparately impacted by the coverage shift; and

17 WHEREAS, Dental patients now struggle to have complete health  
18 care, and providers are less likely to participate in medical  
19 assistance when denied the ability to resolve the disease; and

20 WHEREAS, Similarly situated states that also reduced adult  
21 dental coverage under Medicaid reported increases in dental-  
22 related emergency department visits and costs for adults; and

23 WHEREAS, Limiting adult dental coverage through Medicaid can  
24 cause patients to seek emergency care in hospital emergency  
25 departments and urgent care centers; and

26 WHEREAS, Hospital emergency departments are not trained or  
27 equipped to definitively resolve dental diseases and often  
28 provide only palliative care or antibiotics for temporary relief  
29 of chronic and acute bacterial infections; and

30 WHEREAS, Health care providers in hospital emergency

1 departments are much more likely to prescribe opioids to  
2 patients with dental conditions, with research indicating that  
3 38% of Medicaid patients who received care in the emergency  
4 department filled an opioid prescription, compared to 11% who  
5 went to a dentist; and

6 WHEREAS, This data suggests that emergency health care  
7 providers and dentists diagnose oral health problems  
8 differently, which can lead to unnecessary opioid use; and

9 WHEREAS, Although the objective of cutting adult dental  
10 coverage through medical assistance was to limit program costs  
11 for the Commonwealth, repeated emergency department visits, lack  
12 of employability and poorer health outcomes caused by untreated  
13 dental disease have impacted overall health care costs in this  
14 Commonwealth; therefore be it

15 RESOLVED, That the House of Representatives direct the  
16 Legislative Budget and Finance Committee to conduct a study and  
17 issue a report on the fiscal and human effects resulting from  
18 the Department of Public Welfare, now the Department of Human  
19 Services, changes in 2011 to adult dental coverage under medical  
20 assistance; and be it further

21 RESOLVED, That the Legislative Budget and Finance Committee  
22 conduct an economic cost-benefit analysis of the 2011 cuts to  
23 dental benefits under Medicaid; and be it further

24 RESOLVED, That the Legislative Budget and Finance Committee  
25 examine county-level costs of dental and dental-related  
26 conditions presented in local emergency departments and  
27 associated inpatient admissions and ambulatory surgeries; and be  
28 it further

29 RESOLVED, That the Legislative Budget and Finance Committee  
30 examine costs of dental and dental-related conditions that are

1 related to reduced access to comprehensive dental care; and be  
2 it further

3 RESOLVED, That the Legislative Budget and Finance Committee  
4 examine the number and increased costs of opioid prescriptions  
5 associated with acute dental pain and subsequent potential for  
6 addiction and overdoses; and be it further

7 RESOLVED, That the Legislative Budget and Finance Committee  
8 study its findings and make recommendations as to what will  
9 preserve the quality dental services already in place, the  
10 feasibility of expanding Medicaid dental care coverage and the  
11 potential for savings realized from integrating dental care into  
12 medical settings; and be it further

13 RESOLVED, That the Legislative Budget and Finance Committee  
14 compile a report based on its findings and recommendations and  
15 submit its report to the House of Representatives within 18  
16 months of the adoption of this resolution.