

Episode: **Author Interview: “Why Don’t Medicare and Medicaid Cover Dental Health Services?”**

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. We’re back this episode with my colleague Jorie Braunold, archivist for the American Medical Association in Chicago, Illinois. She’s here to discuss her article, [Why Don’t Medicare and Medicaid Cover Dental Health Services?](#), in the January 2022 issue of *The Journal*, [Inequity Along The Medical/Dental Divide](#). Jorie, thank you so much for being on the show again. [music fades out]

JORIE BRAUNOLD: Thank you so much for having me.

HOFF: So, what is the main ethics point of the article that you’re contributing this month?

BRAUNOLD: So, just to start, I wanted to give a little, brief interlude on how the divide came to exist in the first place between medical and dental care and insurance. So, a large part of the reason dental care isn’t covered in the same way as health care comes down to what’s known as the historic rebuff, which occurred in 1840. So, the legend goes that two dentists approached the University of Maryland College of Medicine with a proposal to include dental instruction in the school curriculum. And apparently, the physicians told them dentistry just wasn’t that important, and they could go do their own thing. And so, they did. And they went on to found the first dental school, which was separate from medical schools in all ways, and the rest is basically history.

So, a key part of this story to understand, too, is that the culture of these two fields is very similar in that in the field, the dentist or doctor reigns supreme. They work alone. Everyone else is just there to assist. And anyone who has an opinion that isn’t a doctor or a dentist should essentially leave the ideas to the professionals and be there only in a supportive capacity. So, that’s why you get a lot of pushback against health care coverage in both fields. They just, they don’t want anyone interfering in their work.

Because oral diseases are more common and less fatal than general health crises, and seeking intervention for them is more easily delayed in many cases, the funding factors to consider are different than they are with traditional medicine. And so, it’s been easier for dentistry to stay in this lone warrior mindset free from government interference than it has been for doctors.

And general health care insurance is just more straightforward, which is why we’ve made strides in that field, but less so in dentistry. They’ve also made it very difficult to reintegrate the two. The codes they use for billing are different. The researchers who try to connect oral health and systemic diseases run up against all sorts of challenges. So, it’s also very difficult for patients, all of this divide, but especially for the uninsured, who tend to be

poorer, less white, and older than the general population, and it's hard for them to get the care they need. So, here's where that's left us.

Now, more than 50 million older and disabled Americans currently depend on Medicare for a whole host of essential health care services. But since its establishment, which was in 1965, it has never included routine dental services, largely due to the factors I described earlier. And while roughly half of Medicare recipients have access to some form of dental coverage, whether through Medicare Advantage or another public or private plan, the rest have no dental coverage at all. So, almost half of Medicare beneficiaries didn't get an annual dental visit last year, and one in five who sought dental services spent more than \$1,000 out of pocket for that care.

And deferring timely dental care can impact overall health. If it's left untreated, tooth decay progresses, causing pain and tooth loss, which in turn can contribute to poor nutrition, social isolation, other mental problems related to that. Gum disease and other chronic oral conditions can have systemic implications for the body, and undetected oral cancers obviously lead to unnecessary deaths. So, this go-it-alone attitude that dentists, and to some extent, doctors have held onto, there's a lot of real-world effects on the patients that they're trying to treat.

HOFF: And what do you see as the most important thing for health professions students and trainees to take away from your article?

BRAUNOLD: I think it would be helpful for them to think of medicine more holistically than we typically do in America. There's really no scientific or medical reason why dental health is covered and handled differently than other types of health, and it's not elsewhere. It's especially egregious because dental health has such obvious effects on systemic health. It's not a mystery how the two interact.

HOFF: Mmhmm.

BRAUNOLD: So, it might be worth advocating for the inclusion of at least basic dental training in medical schools so that they can at least refer their patients to dentists. Or if their patients don't have dental care, they can at least be warned ahead of time of warning signs. Because now that people have come to view dentistry as somehow less essential than other preventative medicine, they end up in the emergency room with dental issues. And so, this then puts a huge strain back on the medical system, and it's completely unnecessary.

It also compounds the problem in the first place, which is by placing the strain on the medical system, it makes talk of dental insurance seem less necessary. So, when the dental system isn't bearing the brunt of the ill effects of its promoted policies, it has no real incentive to change. So, doctors and hospitals are going to have to keep dealing with the effect of a lack of dental insurance if something doesn't change.

And I know that the average dental student cannot spend their time— They're busy. They're not going to go in there advocating for dental care under Medicare. But it might be worthwhile at least learning the basics of dental training so you can at least spot problems that you can point out to patients and encourage them to see a dentist, if they can.

HOFF: Mmhmm. And finally, to wrap up, if you could add a point to your article that you don't feel like you got to fully explore, or perhaps that wasn't available to you in the archival material that you have access to, what would that be?

BRAUNOLD: Yeah. So, this actually happened after I sent in the article, but there was a current effort to deny government health care for dental insurance. So, Biden's big bill in Congress that he's trying to pass includes language about adding dental insurance to Medicare Part B. And the ADA is, they blocked an all-out attack against the measure. And they use much of the same language I cite in the article. So, a direct quote from the press release asks dentists to write to their representatives, which is exactly what they had them do last time, and "urge them to consider alternative approaches that would not only reflect dentistry's unique delivery of care, but would actually provide oral health care to seniors who need it most." So, in that statement, I hear the same fear of protecting the integrity and culture of dentistry, as well as a fear that those who can afford to pay for dental care will be shirking their responsibility somehow, or they won't value it as much if they can access it as part of Medicare Part B.

And it's the same argument they've been making for decades, and it's the same argument that the AMA has made in the past for doctors as well. And it seems pretty clear that keeping government out of medicine is not the utopia that it's made out to be. And so, maybe we need to start rethinking whether this is the best thing for everyone, that we maintain this culture, and we continue to look at them separately, and we continue to say that government's interference in medical care, whether it's dentistry or not, is inherently unhelpful and a negative for practitioners. [theme music returns]

HOFF: Well, Jorie, thank you so much for your contribution to the Journal and for being on the podcast.

BRAUNOLD: Thank you so much for having me again.

HOFF: To read the full article and the rest of the January 2022 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.