Substance Use Disorders and Oral Health: *Intersections and Advocacy Opportunities*

Coalition for Whole Health Meeting November 4, 2025



ABOUT US



We're a national organization dedicated to building the power of people to create a health system rooted in race equity and health justice and a society where health is a right for all. Together with partners, we're building a powerful, united movement with a shared vision of and strategy for a health system accountable to all people.

300+

Partner organizations at the local and state level

45+

States where we do our work

9

States where we've incubated health advocacy organizations

Welcome to our speakers:

Kasey Wilson, Senior Policy Analyst Community Catalyst kwilson@communitycatalyst.org

Kata Kertesz, Managing Policy Attorney
Center for Medicare Advocacy
KKertesz@medicareadvocacy.org

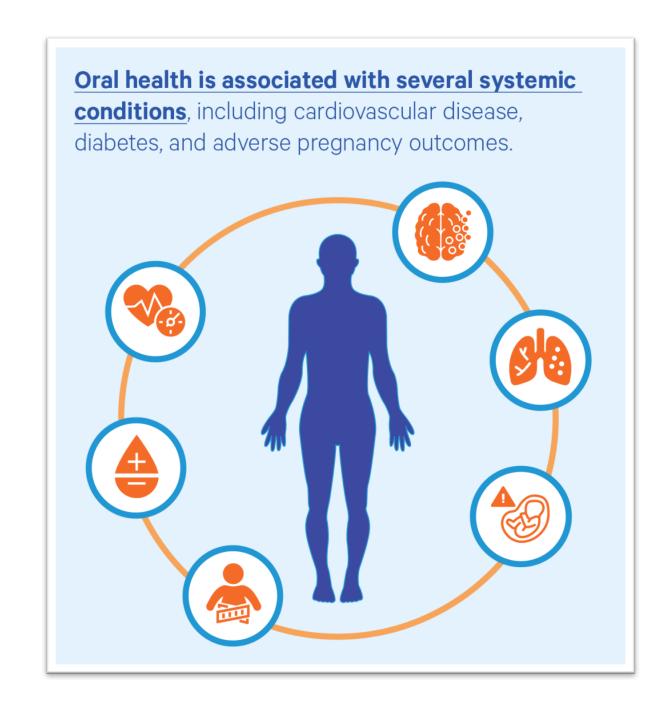
Wey-Wey Kwok, Senior Attorney
Center for Medicare Advocacy
WKwok@medicareadvocacy.org



Connections Between
Oral Health &
Substance Use
Disorders

Oral Health IS Health

- The health of your mouth impacts the health of the rest of your body (and vice versa)
- Poor oral health is connected to:
 - ODifficulty eating and malnutrition
 - Diabetes
 - High blood pressure
 - Poor vision
 - Heart & lung disease
 - Dementia
 - Adverse birth outcomes
 - **OSubstance use disorders**





Bi-Directional Connections Between Oral Health & SUD

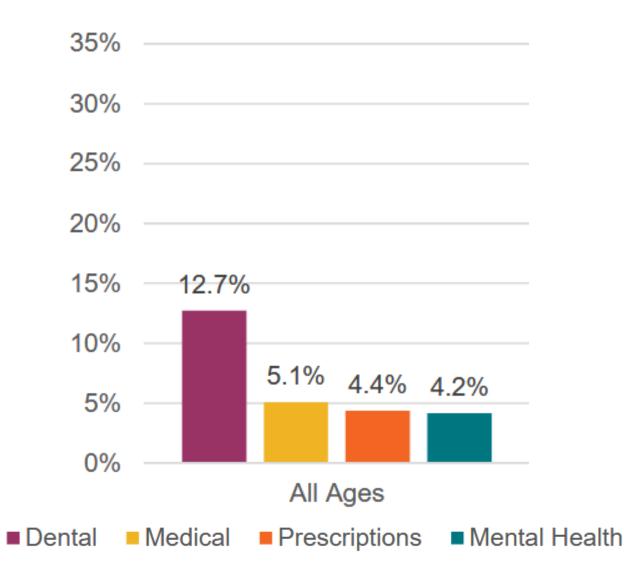
- Substance use can have a direct impact on oral health
 - O Use of some substances (e.g., alcohol, opioids, cocaine) are linked to tooth decay, gum disease, tooth loss
 - O Some substances can cause dry mouth (e.g., opioids, stimulants) and/or tooth grinding (e.g., stimulants)
 - O Some medications used to treat SUDs (e.g., methadone, buprenorphine) can affect oral health
- Substance use can indirectly affect oral health through interruptions to care and treatment
 - o People with SUD have more oral health problems, but are less likely to receive dental care
 - o Loss of support systems can reduce access to dental care, contributing to worsening SUD and oral health outcomes
 - O Stigma & criminalization may interrupt patient/provider communication
- Oral health problems can impact substance use
 - ~2 million ER visits for dental pain every year
 - Dental problems can be extremely painful
- Without access to coverage, dental care is pushed out of reach, exacerbating these connections



Dental (Un)Affordability

- Dental care presents the <u>highest financial</u> <u>burden</u> of any health care service
- Care is often inaccessible for even people with dental benefits
- Over a quarter of U.S. adults have put off dental care due to cost

Percentage Who Did Not Obtain Needed Health Care Services During the Past 12 Months Due to Cost, 2022

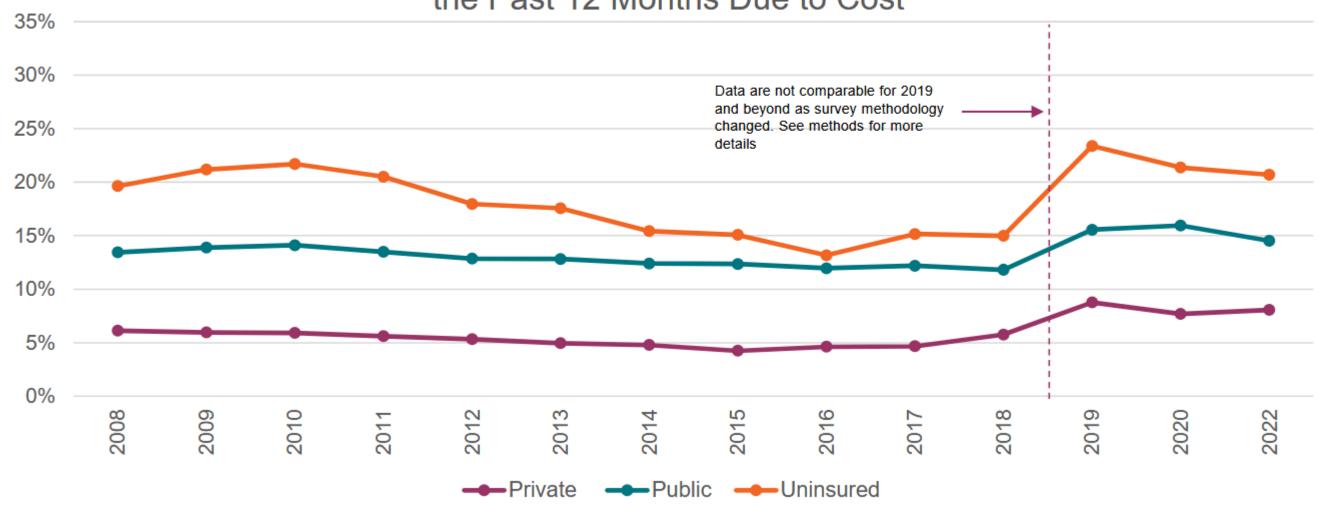


American Dental Association, National Trends in Dental Care Use, Dental Insurance Coverage, and Cost Barriers (2024)



Cost Barriers to Dental Care

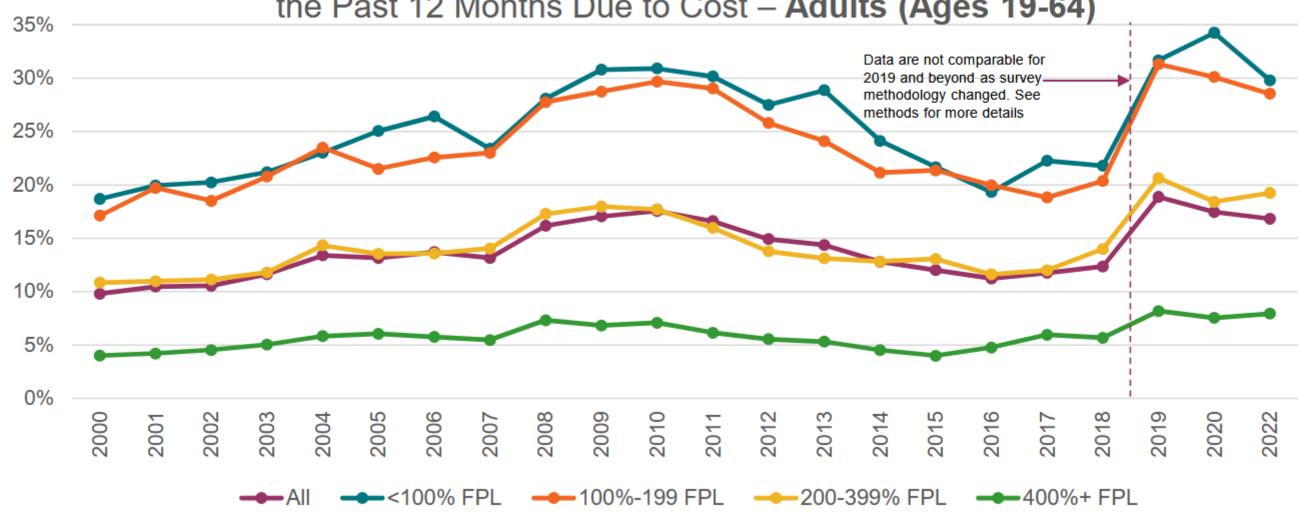
Percentage Who Did Not Obtain Needed Dental Care Services During the Past 12 Months Due to Cost





Cost Barriers to Dental Care

Percentage Who Did Not Obtain Needed Dental Care Services During the Past 12 Months Due to Cost – Adults (Ages 19-64)



American Dental Association, National Trends in Dental Care Use, Dental Insurance Coverage, and Cost Barriers (2024)



Oral Health Coverage in Medicaid

"Optional" Adult Dental Coverage

- Coverage for dental care for adults is treated as optional in the US
 - Medicare doesn't include dental benefits
 - Most private health insurance doesn't cover routine dental care for adults
 - Medicaid isn't required to cover routine dental care for adults
 - Wide state-by-state variability in covered benefits (also true for SUD services)
 - 12 states <u>offer "extensive" Medicaid adult dental benefits</u> (2024)
 - Dental benefits can be cut any time
- More than 20% of people with Medicaid have a SUD
 - Two-thirds of dentists don't accept Medicaid
- 27% of American adults lack dental coverage (3x the number who lack health insurance)

