



OBJECTIVE

Improve access to critical dental procedures for millions of hard working Illinois families who are suffering due to severely underfunded state dental programs.

IDENTIFYING THE PROBLEM

Each year millions of hard working Illinoisans struggle because of underfunded state oral health programs and the problem is deteriorating at an alarming rate. Critical dental treatment for Illinois' hard working low-middle income families has been severely underfunded for more than 30 years, creating a serious access to dental care gap for millions of children and adults who desperately need treatment. More than sixty percent of Illinois counties are identified as Dental Health Professional Shortage Areas (HPSAs) by the federal government (see Chart 2) which means families who desperately need dental care often go without treatment. That's in large part because Illinois has among the lowest funding rates for oral health care in the nation. Less than four-tenths of a percent of the state's total operating budget, and only two and a half percent of the state budget for healthcare programs, administered by the Illinois Department of Healthcare and Family Services (IDHFS), is spent on oral health. While there are plenty of dentists to treat public aid patients, deplorable funding rates make it difficult for these patients to receive care.

"I have watched my son withdraw from playing with friends and fall behind in school because he is in pain and self conscious about his appearance. The state offers dental services but we are turned away because the programs are not funded. I feel let down and completely helpless."

*Christina Sims
Working Mom of Three*



PROVIDING CARE FOR ILLINOIS CHILDREN

Inadequate funding can have especially serious consequences for the 1.6 million children who depend on government healthcare programs. Poor oral health as a child can lead to long-term health implications and is proven to impact a child's self-esteem and ability to excel in school. There is just one dental clinic for every 8,400 children on public aid. In Illinois, 55 percent of third graders experienced cavities and 29 percent have untreated decay. A Surgeon General's report on oral health documented linkages between oral diseases and ear and sinus infections, weakened immune systems, diabetes, heart and lung disease as well as many other serious health conditions. Low-income children are at risk and oral health remains a critical health policy challenge.

QUICK FACTS

- **Having among the lowest funding rates in the nation for critical oral health care procedures leaves millions of hard working Illinois families caught in a painful, degrading and sometimes life threatening oral health care gap**
- **The number of children and adults forced to rely on government oral health care programs continues to increase while critical oral health care programs remain severely unfunded**
- **Raising funding levels to simply cover the cost of treatment has been proven to significantly increase patient access to care**

FUNDING NOT KEEPING PACE WITH DEMAND

More than 2.6 million people are enrolled in state sponsored health insurance. Two-thirds of those enrolled in government sponsored health care are children. While Illinois has experienced a steady increase in public aid enrollment, funding rates for the most critical procedures have not increased in

more than 30 years. In fact, funding has been cut and dental facilities eliminated in areas that have no other options for dental services. Current funding rates for the 5 most common specialty care procedures cover just 26% of the procedure cost, far below the national average.

CHART 1: ILLINOIS SPECIALTY CARE FUNDING RATES VS AVERAGE OF TEN MOST POPULOUS STATES

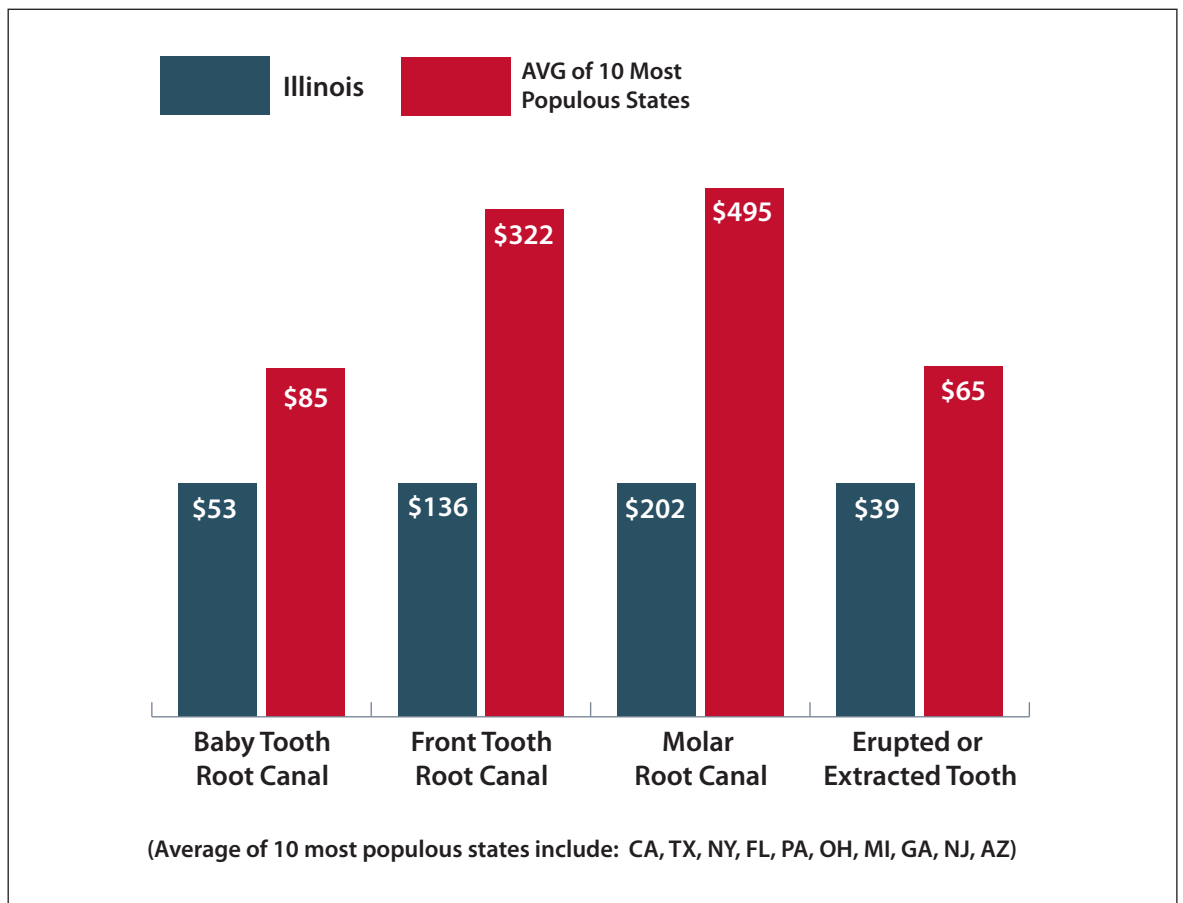


CHART 1: This illustrates how Illinois compares to the 10 most populous states in funding rates for four out of the five most common specialty care procedures. These four procedures account for more than 70% of all specialty care procedures performed in 2009. On average, Illinois funding rates are 86% below the average of similarly populated states.

“The number of people who rely on government health insurance is at a record high; for the third consecutive year in a row the number of Illinois counties designated as underserved by the federal government has increased and at the same time funding per person in Illinois has reached an historic low. This is a dangerous combination that has forced Illinois into an oral healthcare crisis.”

*Dr. Larry W. Osborne
President
Illinois State Dental Society*

DENTISTS PROVIDING CHARITABLE CARE

In 2009, Illinois dentists donated \$80 million in charitable treatment providing free care to thousands of patients. In every instance, the demand is overwhelming, forcing some patients to leave without treatment.

UNDERSERVED COMMUNITIES ON THE RISE

Illinois has 8,500 licensed dentists and specialists to meet the oral health care needs of all residents. However, low funding levels make it economically impossible for a dentist to rely on a patient base of public aid patients to maintain a practice in the numerous underserved areas of the state. The need for increased funding is reinforced by 2010 data from the federal government which shows that the number of counties designated as Dental Health Professional Shortage Areas has been growing since the late 1970s. These underserved areas are determined based on the number of dentists compared to the overall population, or the number of dentists enrolled in the Medicaid program compared to the Medicaid population.

LONG TERM HEALTH RISKS

There is an undeniable link between overall health and oral health. Studies show that poor oral health may be linked to heart disease, stroke, pre-term childbirth and oral cancer.

Oral cancer is the fourth most common cancer in the United States among African-American males and the seventh most common cancer among Caucasian males. More than 40 percent of persons diagnosed with oral cancer die within five years of diagnosis.

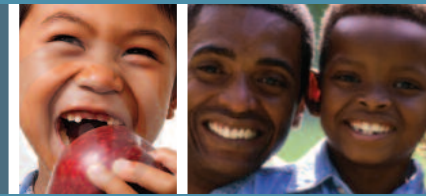




overview



underserved communities



specialty dental care



SPECIALTY DENTAL CARE

General dentists have advanced degrees, undergo extensive training and participate in continuing education courses. Dentists who perform specialty care procedures practice in a unique field requiring additional specialized skills and training. There are about 65 specialty care procedures ranging from the treatment for root canals and gum disease to the extraction of wisdom teeth and reconstructive surgeries.

In many cases, patients are unable to receive care until their problems become more severe, and they can no longer take the pain. Public aid patients often experience up to a six-month wait to see a dentist or specialist and often have to travel long distances (up to four hours) to finally see a dentist to treat their special needs. On average, funding levels for specialty dental care cover less than one-third of the cost of treatment.

Raising specialty care rates to a level that will simply cover expenses will increase dentist participation and enable more patients to access to critical dental treatment. Special treatment is not a luxury; it is a medical necessity.

INCREASED ORAL HEALTHCARE FUNDING IS PROVEN TO IMPROVE ACCESS TO CARE

A study conducted by the National Academy for State Health Policy looked at six states where funding levels were raised to simply cover a dentist's expenses and found access to dental services for patients increased significantly. The number of dentists enrolled in public aid programs to treat low income patients increased by at least one-third and in some cases doubled. In its own 40 state study, the U.S. Government Accountability Office (GAO), an independent Congressional agency, found that "dentists cite the primary reason for not treating more Medicaid patients is that payment rates are too low." The study further shows, "most states that reported improved utilization paid rates that were at least two-thirds of the average regional fee, while most states without improvement had lower payment rates."

QUICK FACTS

- Illinois has among the lowest funding rates in the nation for critical dental procedures

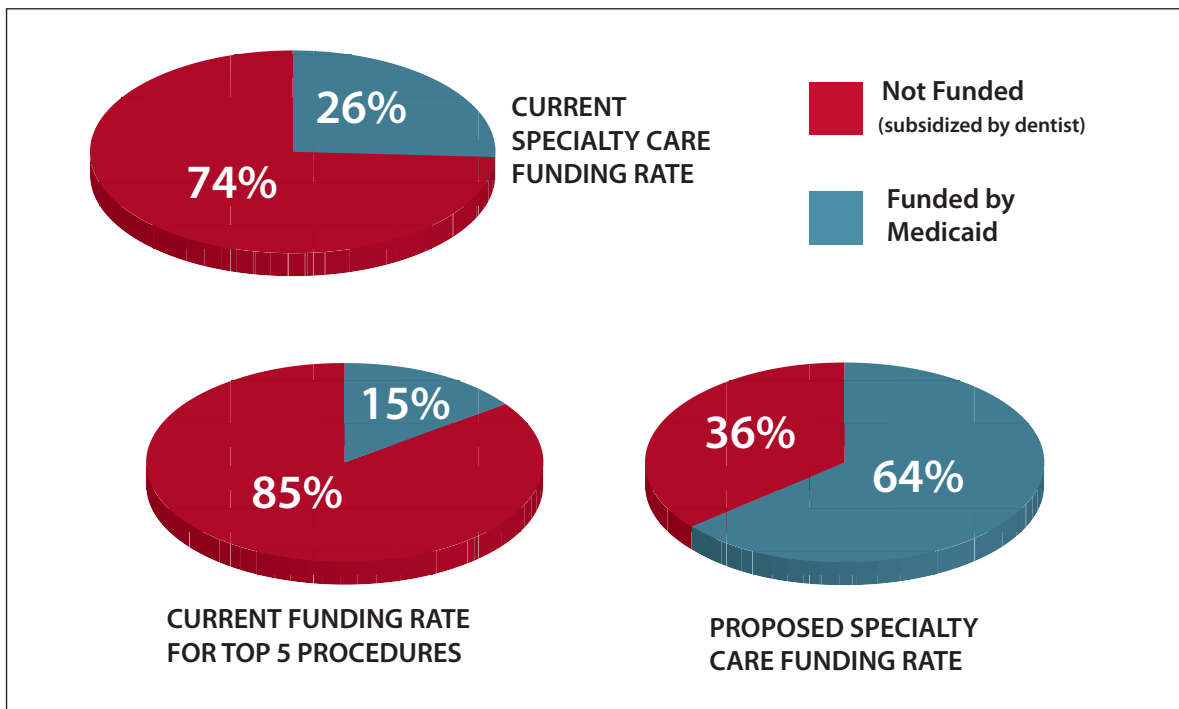


In 2005, federal law required states to provide children with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. It was mandated that Medicaid cover comprehensive preventive dental care for children. As a result, funding levels were increased to enable providers to treat more patients, which has translated into

improved access and better care for children. A study of low-income children showed that parents who received preventive dental care were five times more likely to take their children for a dental visit, compared with parents who received no dental care or visited a dentist only in an emergency situation.

CHART 3: FUNDING RATES FAIL TO COVER COSTS

CHART 3:
This chart illustrates that Illinois' average funding rate for the five most common specialty care procedures (90% of all specialty care procedures) covers just 16% of the procedure cost. Studies show a direct relationship between reasonable funding rates and improved utilization.



The Bridge to Healthy Smiles campaign is led by a diverse coalition of oral healthcare advocates and community groups committed to bridging the access to care gap for dental coverage in Illinois.

For more information or to become involved visit: www.bridgetohealthysmiles.com