**Minnesotans Can’t Smile Without Proper Dental Care**

Minnesota’s adult dental benefit set was cut in half during the 2009 legislative session during a very difficult budget year. As a result, Minnesota Health Care Programs (MHCP) is limited in what it covers and leaves out many essential benefits. For example, the adult dental benefit set today only covers one of the two major diseases of the mouth – tooth decay. The second disease is a bacterial infection of teeth and soft tissues in the mouth, called periodontal disease (gum disease). Left untreated, dental diseases negatively impact overall health and wellbeing. An unhealthy mouth may increase the risk of serious and costly health problems including heart disease, stroke, diabetes and even preterm labor.

The Help Minnesota Smile coalition was initially formed in 2014 to promote essential oral health benefits for people enrolled in Minnesota’s health care programs. Recently, the Minnesota Dental Association and Dental Access Partners (Apple Tree Dental, Community Dental Care, and Hennepin Healthcare) have joined forces to spearhead the Help Minnesota Smile coalition to advocate for the reinstatement of essential adult dental benefits.

“For ethical reasons, we don’t want dentists to have to tell patients, ‘sorry, your insurance doesn’t cover treatment for gum disease,” said Dr. Stephen McDonnell, president of the Minnesota Dental Association. “We want to protect the health of our patients and reduce the wasteful use of State and Federal funds that results when untreated disease harms overall health and even drives people to emergency rooms with life-threatening infections.”

By restoring adult dental coverage, including gum disease, Minnesota will once again support the health and wellness of those who are most at risk. Reinstating these benefits also would ensure the improved use of health care dollars. For instance, a report from DHS from 2014 showed Minnesota was spending nearly $50 million per year on oral health visits in ERs across the state. These dollars are doing nothing to treat the oral health issues of these patients but rather handing out antibiotics for infections and providing temporary relief for health issues. Minnesota’s MCHP dental programs are broken, but fixable. The first step to fix the broken system is to restore the essential dental benefits that were cut in 2009.