S. HRG. 117–110

EYES, EARS AND TEETH: EXPANDING MEDICARE TO COVER WHOLE PERSON CARE

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

WASHINGTON, DC

AUGUST 30, 2021

Serial No. 117–06

Printed for the use of the Special Committee on Aging

Available via the World Wide Web: http://www.govinfo.gov

U.S. GOVERNMENT PUBLISHING OFFICE

46–330 PDF WASHINGTON : 2021

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C O N T E N T S

EYES, EARS AND TEETH: EXPANDING MEDICARE TO COVER WHOLE PERSON CARE

MONDAY, AUGUST 30, 2021

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The committee met, pursuant to notice, at 10 a.m., in the Luzerne County Courthouse, Wilkes-Barre, Pennsylvania, Hon. Robert P. Casey, Jr., Chairman of the Committee, presiding.

Present: Senator Casey

OPENING STATEMENT OF SENATOR ROBERT P. CASEY, JR., CHAIRMAN

The CHAIRMAN. Good morning, everyone. We're gathered this morning here in Wilkes-Barre to convene a hearing of the U.S. Senate Special Committee on Aging, and I'm grateful to be with you this morning.

We've gathered here in Luzerne County to discuss a pressing need for seniors. That pressing need is to strengthen and expand the Medicare program. This field hearing has been a long time in coming, and it's a pleasure to be with our witnesses today in person, several of whom I've known for a long time.

This gathering, of course, is after a long and terrible 18 months for the country because of the ravages of COVID–19. This has been, without a doubt, the greatest public health crisis of our lifetime. I believe we must increase substantially the number of Americans who are vaccinated to help us get past this dark chapter in our Nation's history.

The pandemic brought into sharp focus the longstanding challenges that American families face, challenges that they confront each and every day of their lives. The American Rescue Plan—which was passed back in March with only Democratic votes, by the way—just a little side note, Luzerne County got $196 million from the American Rescue Plan, when you add up the dollars that went to the county itself and then the dollars that went to the municipalities.

That rescue plan did provide a measure of relief to families, sometimes directly and sometimes indirectly. That's true throughout not just Luzerne County but counties throughout northeastern Pennsylvania and throughout our Commonwealth. Many families got checks in their pockets, shots in their arms, and we had the opportunity, because of funding, to begin to reopen more schools safely. I hope we can get greater cooperation in this next round of legislating as we go back in the fall.

I think, overall, what we're trying to do, in addition to responding to a pandemic and responding in real time—that's why we called it the rescue plan. Next we're also trying to continue some of those investments in American families.

Basically, if you had to boil down what we're trying to do in the upcoming reconciliation bill, it's about one basic idea: lowering costs for families. That's what it's about. We did that in the rescue plan, but we've got more to do in the reconciliation bill.

How do we lower costs? Well, obviously, one of the ways to lower costs is to lower the cost of prescription drugs. That's true here in northeastern Pennsylvania and around the country as well. Second, we lower costs for families by making health care premiums more affordable. Third—and not exclusively, but at least these three—third, we need to invest in children. You do that by helping families raise their children. That's why the Child Tax Credit, the Child and Dependent Care Tax Credit, are so important.

In addition to investing in our children, we also need to invest in our caregivers, those heroic essential Americans who too often are left out of policymaking in Washington. We have a long way to go to get that legislation passed, but today we're going to focus more intensively on the opportunities that we have to strengthen and expand Medicare. That's another way, of course, to get costs down for families that are enrolled in Medicare or a loved one who's enrolled in Medicare.

Medicare, of course, is a promise. It's not just a program. It's a promise to Americans who have done so much for us: those who fought our wars, who worked in our factories, who raised all of us, who created the strongest middle class in world history, and who gave our country so much. It's a promise to them of guaranteed access to health care after a lifetime of hard work. It's also not just a program. It's an earned benefit in addition to a promise.

Despite this promise, we know that many seniors, as well as people with disabilities, still have trouble affording care and still have trouble accessing care. Medicare is not required, unfortunately—and that's the purpose of our hearing today—Medicare is not required to cover needed dental, hearing, and vision services. That's an outrage. There's no reason why that should be the case going forward. Poor access to this basic care poses serious health risks to older Americans. That's why I've introduced a bill to cover dental, vision, and hearing.

We know that 15 percent of older adults have lost all of their teeth due to untreated dental disease. Now, 15 percent may not seem like a high number until you apply that to the number of seniors. We've got roughly 54 million seniors in America. You can do the math. Millions and millions and millions of seniors are in that category of having lost all of their teeth due to an untreated disease. There's no excuse for that in the most powerful country in the world.

Vision loss as well is associated with an increased risk of falls and mobility limitations. Hearing loss can lead to both social isolation and cognitive decline. We know that. That's what the science and the studies tell us.

I received numerous letters in my office about this issue, letters like those from Dr. Nancy King from Monongahela, Pennsylvania,

southwestern Pennsylvania. Dr. King's letter urges support for Medicare coverage of hearing aids and related services. Hearing aids allow Dr. King to work, talk on the phone, dance, grocery shop, watch television, and even go fly fishing. Most importantly, Dr. King notes in her hearing—in her letter that her hearing aids keep her safe.

Here's what she says as she concludes her letter to me, and I'm quoting, "Without hearing aids, I can't even hear my water spigot running, and it has overflowed. Also, without hearing aids, I can't hear my phone ring. I cannot hear the cashier. I cannot hear my home burglar alarm," unquote. That's what one Pennsylvanian, Dr. Nancy King, tells us, but I think it's emblematic of what we've heard all across the state. It's for this reason that we introduced a bill, the Medicare and Medicaid Dental, Vision, and Hearing Benefits Act. It's Senate Bill 2618. It's why Congress must act to ensure that seniors and people with disabilities can access and afford these basic needs.

When I say "act," I'm not talking about acting a few years from now. I'm talking about right now. Now, we go back in September and October to legislate on a larger bill that, of course, goes by the bizarre name "reconciliation," which doesn't mean much to many people. It is the legislation, the vehicle that will allow us to move forward as a Nation. It may be the most important domestic legislation in the history of the Nation. One of those component parts should be benefits for Medicare and Medicaid recipients.

We know that we can find story after story about the need for dental, vision, and hearing care among our seniors, just as we hear story after story about families who can't afford care and can't afford prescription drug benefits as well. No person should have to choose between buying groceries and taking needed medications, but today too many seniors face this impossible choice. That's why I support allowing Medicare to use its purchasing power to negotiate to bring down the cost of prescription drugs. I've introduced legislation, separate legislation, to allow for the safe, FDA-inspected importation of medications from countries such as Canada.

This hearing is timely as we discuss these important issues. Democrats are working on a bill to enact these historic changes to Medicare and Medicaid. These bills, and all under the broad heading of "reconciliation," will help seniors and will lower costs for families. I look forward to this hearing today, and I look forward to learning more about these important issues from our great panel of witnesses.

Before we begin, I want to remind our witnesses to please keep their remarks to 5 minutes. In keeping with CDC guidelines, I've asked all witnesses to keep their mask on and remove them only when speaking. With these final logistical notes, we'll turn to the introduction of our witnesses.

I'll start with Joanne Grossi. Joanne has served as the president of AARP of Pennsylvania. She has years of experience in the health policy—in health policy and also senior issues. Joanne is a caregiver as well to her father. She brings personal experience not just by way of policy but by way of her work with her dad. Joanne, thank you for being here today and—and taking the time to be with us and to share your expertise.

I'll introduce all of the witnesses, and then we'll go to the testimony for each of them. Our next witness is Mr. Joe Hollander, who's a resident of my hometown and his, Scranton, Pennsylvania. He's the CEO of Scranton Primary Health Care Center, a federally qualified health center serving much of northeastern Pennsylvania. Joe, as well, has many years of experience providing quality health care and dental care to Pennsylvanians from throughout northeastern Pennsylvania. If you had to look at Lackawanna County itself, it would be from Carbondale to Moosic. We're so grateful Joe's with us. Joe, thanks for bringing your experience today to this hearing. I know personally of the work that you do and the work that gets done in your center.

Witness number three, Robin Stelly. Robin is the statewide organizer for Pennsylvania Health Access Network, known as PHAN, P-H-A-N. Robin's work has allowed her to listen to stories from Medicare consumers, particularly those that experience challenges with healthcare affordability. Her outreach gives her unique insight regarding how the lack of dental, vision, and hearing care benefits directly affects older Americans. Robin, I know personally, when we were battling back in 2017 to stop the repeal of the Affordable Care Act, how effective PHAN has been, and I'm grateful for your presence here today.

Our fourth and final witness is Kelly Ranieli from here in Wilkes-Barre, Pennsylvania. She's currently the executive director for the Volunteers in Medicine clinic, which serves Luzerne County residents and families. This clinic aims to meet the needs of Pennsylvanians in the area of—who has no access to ongoing health care. I want to thank Kelly for her being with us today and for bringing her experience to this hearing today.

We'll start with you, Joanne. You'll be our first witness. Then, because I'll stop talking, I'll put my mask back on. Joanne, thanks for being with us.

STATEMENT OF JOANNE GROSSI, PRESIDENT OF AARP PENNSYLVANIA, PHILADELPHIA, PENNSYLVANIA

Ms. GROSSI. Well, thank you, Senator Casey. Good morning, everyone. My name is Joanne Grossi, and I am the volunteer State president of AARP Pennsylvania. AARP is a nonpartisan nonprofit nationwide organization with nearly 38 million members in all 50 states, D.C., and the U.S. territories, including 1.8 million members here in Pennsylvania.

For more than 30 years, I have been involved in public health, including serving for 7 years as the regional director of the United States Department of Health and Human Services during the administration of President Obama, and as Deputy Secretary of Health for the Commonwealth of Pennsylvania for 5 years during the Rendell administration. Thank you for the opportunity to participate in today's field hearing highlighting the importance of access and affordability of expanded Medicare coverage for dental, hearing, and vision benefits.

Fifty-six years ago, President Lyndon Johnson signed the Social Security Amendment Act of 1965 and thus created Medicare. Serving as a Federal health insurance program for people aged 65 and older regardless of income or medical history and for people under

age 65 with permanent disabilities, Medicare currently provides guaranteed affordable coverage for more than 60 million Americans, including 2.8 million Pennsylvanians. AARP's founder, Dr. Ethel Percy Andrus, played an active and important role in championing health insurance for older Americans. She helped craft Medicare into a successful program, and today AARP remains one of Medicare's strongest advocates.

AARP has a long support—has long supported closing the gaps in health coverage by including dental, hearing, and vision coverage in the Medicare program. The lack of coverage for these important health benefits leads to worse health outcomes for older Americans and can actually cause higher Medicare spending.

We know the majority of Medicare spending is on the fraction of beneficiaries with chronic conditions such as diabetes and heart disease. Meanwhile, Medicare does nothing to prevent infections originating in the mouth. It does nothing to help people retain or replace their teeth in order to eat and be properly nourished. It does little to help people speak, smile, or build relationships to fight off loneliness. It does little to help people hear and see obstacles, which, as you mentioned, Senator, can result in falls. In fact, 3 million people are treated each year in emergency rooms in America due to falls, costing the health care system $50 billion of which Medicare and Medicaid cover 75 percent of those costs.

In short, Medicare will cover the expensive aftermath but not the less expensive prevention. A recently released Kaiser Family Foundation report which analyzed dental coverage and costs for people with Medicare shows that many people enrolled in Medicare go without dental care, especially beneficiaries of color. Almost half of all Medicare beneficiaries did not have a dental visit within the past year, with higher rates among those who are Black or Hispanic. Rates were also higher among those who have low incomes or are in fair or poor health.

One reason Medicare beneficiaries do not seek care is a lack of insurance. Nearly half of all people with Medicare do not have dental coverage. The others get this coverage through Medicare Advantage, private insurance, and Medicaid. While these programs recognize the value of dental, hearing, and vision in keeping people healthier longer, their coverage is inconsistent and not nearly robust enough.

In order to achieve the best possible health outcomes and the greatest value, Medicare should cover the entire person from head to toe. I'd like to give a little more context about how the lack of a dental benefit stands in stark contrast to a positive development in health care: thinking and acting holistically to keep a person healthy and not just treating the symptom or disease.

The lack of the dental benefit worsens the problems of social isolation. As you mentioned, Senator, in your remarks, the lack of a dental benefit worsens the problem of social isolation. Helping older adults build stronger social connections is a top priority for AARP. One respective study has found that the impact of prolonged social isolation is equivalent to smoking 15 cigarettes a day. We have to ask: Why continue a policy that ignores oral health, that leaves so many older adults with tooth loss, that makes them embarrassed about their smile and makes it harder for them to com-

municate? We could help prevent the social isolation that comes with losing your self-confidence and ability to connect with family and loved ones.

Simply put, Medicare should cover dental care; vision care, including eyeglasses; and hearing care, including hearing aids. Medicare beneficiaries want, need, and deserve these services and are often surprised when they learn Medicare doesn't cover them. It is time for Congress to take action to add in these essential benefits. AARP is fighting hard to make sure this happens, and we appreciate your leadership in this phase. Thank you.

The CHAIRMAN. Joanne, thank you for your statement. We'll move now to Robin Stelly. You may begin.

STATEMENT OF ROBIN STELLY, STATEWIDE ORGANIZER, PENNSYLVANIA HEALTH ACCESS NETWORK, PHILADELPHIA, PENNSYLVANIA

Ms. STELLY. Good morning. Thank you. My name is Robin Stelly. Thank you, Senator Casey, for convening this hearing to discuss an important issue that's on the minds of seniors and disabled people, as you mentioned, across Pennsylvania and the country: expanding Medicare to include dental, vision, and hearing services. I'm an organizer with PHAN. We're the only statewide consumer-led organization focused on achieving quality accessible, equitable, and affordable health care for all Pennsylvanians.

Every year we talk to over 10,000 Pennsylvanians from 62 of 67 counties. We assist people in enrolling in health insurance coverage. We also help with problems of accessibility and affordability of health care including unaffordable medical bills, problems accessing providers, long travel or wait times for care, denials of medically necessary care, and other similar issues. All of these personal interactions shows how much Pennsylvania's families, seniors, disabled people, and small business owners struggle to access health care, as we have—and we have numbers to back that up.

Recently, PHAN was fortunate to partner with Altarum's health value—Healthcare Value Hub to do the first ever Pennsylvania-specific survey on health care affordability in the Commonwealth. Among other findings, and the findings were legion, but to talk about today, the results showed that 42 percent of residents involved in Medicare were concerned about being able to afford coverage in the near future. The premiums for Part D, Part B, and Medigap plans add up. Something we hear more—about more frequently is the struggle to pay for services that aren't covered by Medicaid—Medicare, and that's vision, hearing, and dental.

As I mentioned, through our work at PHAN, we're lucky to be able to hear firsthand from consumers. In addition to reaching out through the telephone and in person, we also engage consumers online via surveys. Last week we conducted an informal online survey on this topic. In fewer than 24 hours, we had over 200 comments, and we have almost 500 comments this—by this morning. People from all over the State responded to this question: What would expending Medicare to include vision, dental, and hearing services mean to you? I'm just going to share a few.

This is Joanne in Mechanicsburg: "I haven't been to the dentist in 5 years. I can't hear in my right ear, and unless people look

straight at me so I can make out what they're saying, I have no idea what they said. I'm 72 and on Social Security, which everyone knows is below the poverty level. This is horrific considering I worked for 42 years."

This is Rochelle from Philadelphia: "Over the past few years, I've had severe dental issues and my vision has deteriorated. My Social Security benefits barely cover my monthly mortgage, utility, groceries, and prescription drug pills. In order to cover the dental and vision bills, I need to dip into what little savings I had. I'm now dealing with new serious dental problems that will be—likely be very costly, along with needing new glasses immediately and the likelihood of eye surgery in the near future. Unlike many of my peers, I no longer have savings to pay for serious household or other emergencies. Expansion of Medicare to include vision, dental, and hearing services is vital to my well-being."

Catherine from Harwick: I would be able to get dentures and eyeglasses. I now stay home, avoid get-togethers because I'm embarrassed to see old friends and my family in current"—I'm sorry—"old friends and family in my current toothless State. I also would be able to eat healthier foods, which is a priority for me being diabetic. I could get an eye exam, which is critical when you have diabetes."

Last, Karen Anne, who's a nurse practitioner in Lewisburg: The importance of dental, vision, and hearing to the health of older adults is well noted in the medical literature. The lack of dental care and poor dentition is known to increase heart disease and frailty among older adults. Poor vision and hearing is highly correlated with loneliness, depression, and injuries such as falls. Few older adults can afford out-of-pocket costs for both glasses and hearing aids. I paid $6,000 for my hearing aids, and I dread coming up with the money for the next pair as I live on a meager retirement."

That was a small sampling of the nearly 500 comments we've collected. The stories were all different, but the common themes definitely emerged. We repeatedly heard about the lack of economic security, living on a fixed income, going without or delaying care, digging into retirement to pay for care, isolation in the community and in the family, a reduced quality of life, seeking pain from pain—seeking relief from pain and embarrassment, feeling like a burden to one's family, and the fact that this problem is something that medical providers, family members, and business owners see around them.

It's not hidden or difficult to understand. People age. It's natural, and they deserve care for their entire body, not only selected parts. In closing, thanks again to Senator Casey for taking the time to have this hearing on this critical problem. I want to thank you for your commitment to affordable health care for seniors, disabled people, and all Pennsylvanians. I'm happy to answer any questions you have. Thank you.

The CHAIRMAN. Robin, thanks very much. We'll next turn to Joe Hollander.

STATEMENT OF JOSEPH HOLLANDER, CEO, SCRANTON PRIMARY HEALTH, SCRANTON, PENNSYLVANIA

Mr. HOLLANDER. Good morning, Chairman Casey. Thank you for the opportunity to testify this morning on the need to expand dental coverage for seniors.

My name is Joseph Hollander. I'm proud to say for the last seven and a half years I've been the CEO of Lackawanna County's only federally qualified health center, Scranton Primary Health Care. We have three offices located in Lackawanna County, and they have been providing care to the community for over 42 years.

Scranton Primary Health Care provides care to everyone regardless of their ability to pay. We offer pediatrics; family medicine; internal medicine; women's health; gynecology; perinatal care, with over 253 deliveries last year alone; infectious disease care; behavioral health care; and general dentistry, which includes diagnosis, treatment and management of overall oral health care needs, including preventive education, dental hygiene and cleanings, fluoride varnish, sealants, gum care, fillings, root canals, extractions, crowns, bridges, partials, full dentures, and mouth guards. All of our providers are board certified and employees of the health center.

We also assist members of the community in the navigating and making application to the insurance marketplace. Our patient base ranges from newborns to a senior who still lives alone and will be celebrating her 104th birthday in November. I think it is important to understand our patient demographics. Sixty–one percent of our patients are at or below 200 percent of the Federal poverty level. When we combine all of our services, 14 percent of our patients are uninsured. I'm certain, when it comes to dental, that number grows beyond 20 percent.

Sixty percent of our patients are covered by Medicare or Medicaid, 9 percent by Medicare, 2 percent by the Children's Health Insurance Program, and the balance have private insurance. We take our mission very seriously, and, as a result of that, never closed at any time during the pandemic. We literally spent hundreds of thousands of dollars installing HEPA filtration and UV-C filtration systems in an attempt to keep our staff and patients safe.

We also purchased special equipment to control aerosols generated during dental procedures in an effort to keep our dental clinic open and safely operating throughout the pandemic fully understanding the emergency departments in the area were overwhelmed and not in the position to see dental emergencies. We invested over a quarter of a million dollars in COVID–19 rapid-test equipment when the systems became overloaded and we were literally waiting 10 to 14 days for test results. We now have results in less than 14 minutes.

When vaccinations became available, we immediately pivoted and added vaccinations to our already taxed health care delivery system. Since December, we have delivered over 10,000 vaccinations and we were honored to vaccinate the Scranton fire and police departments and many of the area's first responders and health care workers as well as our own patients.

Now that you know a little bit about us, I would like to talk about the purpose of today's hearing: expanding Medicare to in-

clude dental coverage. I cannot stress to you how important it is, the link between good oral health and good physical health. Common sense tells us that if your diet is severely limited because you're unable to chew your food and eat a healthy diet, you can't get the nutrients and nourishment you need. For some reason, this is stressed to us over and over when we are young and ignored when it comes time to care for our seniors.

We've always been taught to do whatever is necessary to preserve your teeth. Extractions should be a last resort. Most individuals, by the time they qualify for Medicare, have had many of their teeth restored multiple times, leaving little choices but the expensive option of root canals and/or crowns, or the less costly and more common option of extractions.

As you can imagine, extractions cause their diet and nutrition to suffer. This can also affect their speech as well as their appearance, which can affect their mental health and cause anxiety and depression. Every one of these factors affects their physical health and well-being and ultimately drives up the cost of medical care.

In the recent report by the Kaiser Family Foundation mentioned earlier, it was disclosed that 40 percent—47 percent of Medicare beneficiaries do not purchase dental coverage. That same percentage did not have a dentist visit during the past year, with minorities and those with low incomes at a much higher rate. One in five Medicare beneficiaries who do visit the dentist spend in excess of a thousand dollars for out-of-pocket dental care.

In closing, please indulge me and allow me to read a social media post from a gentleman who received care from our dental clinic. In an effort to protect the individual's privacy, I will call him "George." "I am a 68-year-old veteran of the U.S. Navy and have been a patient of the dental clinic for the past several months. I have been dealing with dental problems almost my entire life, which finally culminated in the loss of most of my teeth, which made it almost impossible to chew most foods. Since my dental problems were not 100 percent service-related, the Navy would not cover the cost of treatment.

"I searched far and wide for help when I came across Scranton Primary. They were a godsend. Dr. DellAglio started my treatment, and now I am so excited. I am just a few months away from getting my dentures and being able to eat again. The greatest thing about the dental clinic was they worked hard to set up a payment—a payment plan I could afford and didn't make me pay in advance. After they learned more about my personal financial situation, they actually forgave my remaining debt and thanked me for my service to our country.

"I have never been so touched in my life. Thank you, thank you, thank you, thank you. I cannot recommend these guys enough. With today's news being filled with man's inhumanity to man, it's nice to know there's still people who care." George, U.S. Navy, 1970 to 1974.

Thank you very much for this morning and the opportunity to testify before you, Senator, and thank you, in general, for caring about our seniors.

The CHAIRMAN. Joe, thanks very much for your testimony. We're grateful you're here. Finally, Ms. Ranieli. Thank you very much, Kelly, for being here.

STATEMENT OF KELLY RANIELI, EXECUTIVE DIRECTOR, VOLUNTEERS IN MEDICINE, WILKES-BARRE, PENNSYLVANIA

Ms. RANIELI. Thank you for the opportunity to share my personal insight and experience as executive director of a nonprofit healthcare facility.

Volunteers in Medicine, VIM, is a 501(c)(3) community-based nonprofit organization established to provide free medical, dental, and behavioral health services to the working uninsured and underinsured populations in northeastern Pennsylvania. The clinic is not federally funded, and it does not charge for services, so it operates solely from donations, grants, and proceeds from special events. Individuals eligible for free services work with an income at or below 200 percent of the Federal poverty guidelines and has no access to affordable health insurance or medical care.

In March 2021, approximately 7 percent of the population in Pennsylvania was uninsured, and it's estimated that almost three times that amount have no dental insurance. VIM is experiencing an influx of new patients due to the pandemic. Due to the need in the community, with the help of over a hundred volunteers, the VIM in Wilkes-Barre began seeing patients in June 2008. We've accomplished many milestones, including the transition into a national certified patient medical home, which validates the quality care.

Free services include not only primary but many specialty services. VIM dispenses medications with a value of approximately $50,000 a month free to those that can't afford them. A hundred percent of patients are offered preventative services. Lab work and imaging testing is also provided free to the patient but a cost to the clinic to ensure continuity of care. Translation program is also available to our non-English-speaking patients. The behavioral health program at VIM includes psychiatric evaluations, counseling, case management, and resource navigation. The health equity program assists patients with resolving transportation, housing, jobs, and food disparities.

The VIM dental clinic was established in January 2011 and quickly became a high-demand community resource. Many patients' oral hygiene needs require a minimum of three appointments to relieve the pain. Our goal is to get them out of pain, educate on oral hygiene, and on a biannual cleaning schedule. Due to the complexity of treatments required, we have an extensive waiting list of those desperately needing dental services. We have found many patients and caregivers aren't educated on proper oral hygiene. If the adult isn't aware, then the children in the household most likely aren't learning at a young age.

We recently had a hardworking father of two have numerous visits in the dental clinic for cavities. After talking with him, he had no understanding that all the energy drinks, soda, and packets of sugar in his coffee throughout each and every day were causing tooth decay. In 2015, we created a healthy smile program to edu-

cate children on good oral hygiene as well as provide evaluations and program supplies.

Our main mission is to keep our community healthy, well, and working. We partner with our health care systems to keep uninsured patients out of the emergency rooms for non-emergent issues, annually saving the hospitals millions.

According to the United Healthcare, the average cost of an ER visit in the United States is $2,200. Research conducted by Texas A&M, patients that go to the ER to treat preventable dental conditions cost taxpayers, hospitals, and the government about 2 billion a year. Uninsured patients that visit both local emergency rooms with dental abscesses are immediately referred to VIM for care.

The clinic is a critical community resource. In the last 6 months, we provided free health care to employees at 136 businesses in Luzerne County, and students from ten local universities are hosted for their official internships. A patient is eligible for free dental services at VIM if they have Medicare and still are working, even if it's limited part-time, and meet our income guidelines. Our primary population is the working uninsured, but VIM currently has 275 registered patients over the age of 65 receiving dental services. Most older patients are in need of extractions and dentures. We have had patients come into VIM because they previously had removed—teeth removed and couldn't afford dentures. Many have extreme difficulty eating solid food.

One patient had numerous health issues, needing medications to combat her problems. After she finished her dental treatment plan to rid her mouth of numerous infections, her medical provider at VIM was amazed at the positive changes. Her appearance was healthier and basically cured from her medical symptoms, therefore able to stop taking some of her medications. We also provided dentures to a patient a couple days before her wedding. The patient said it was the first time she ever smiled.

VIM staff and volunteers hear on a daily basis the struggles from all ages and races, the challenges in finding affordable health insurance, medical care, behavioral health, and dental care. The services provided at—that—VIM are otherwise unattainable to the low income population. The VIM clinic offers a unique healthcare model that benefits the entire community. It's important to understand that in order to heal the entire well-being, medical, dental, and behavioral health care needs to be provided, especially to the low income underserved populations. Everyone benefits from a healthy community.

Thank you, Senator Casey.

The CHAIRMAN. Kelly, thanks so much. I'll stay with you for our first question, and then I'll go from Kelly to Robin and then go to this side of the room. Kelly, thanks very much for that testimony.

It's especially noteworthy and, I think, significant and helpful that each of you provided the—us with the benefit of your experience in the organization that you represent, but you also brought to bear on this conversation the voices of real people who have struggled without—without the kind of health care that they should—they should benefit from.

Let me start, though, Kelly, with you on the question of dental coverage. We know that the majority of people with Medicare don't

have dental coverage. It's still hard to comprehend that, but that's actually the case. We're told that as recently as the year 2016, 49 percent of people with Medicare did not go to the dentist. Many older adults report being embarrassed about their teeth. They, as you mentioned just a moment ago, avoid smiling, and even reduce social participation due to the condition of their mouth and their teeth. Additionally, people with disabilities often struggle to find dentists willing to treat them because of lack of training.

Kelly, I'd ask you, how can we make sure that seniors and people with disabilities are able to get access to the dental care that they need?

Ms. RANIELI. Well, in 2019, 4.9 million over 65 years of age fall at or under 200 percent of the Federal poverty guidelines. Dental benefits are not covered by traditional Medicare, as you mentioned. In 2021, it's reported that more than 26 million people are enrolled in a Medicare Advantage plan. The key to Medicare and these supplemental programs is it must be affordable. It must be affordable for the most vulnerable, which includes the elderly.

At VIM, we hear many seniors State they can never—they can't sign up for Medicare due to the costly penalty that would be incurred by not signing up at 65. Preventative dental coverage, including an oral exam, cleanings, dental, X-rays and even fluoride treatments, are critical. Restorative services, which would include fillings, are necessary to prevent complications such as oral infections. Dentures, of course, are a core service for the elderly population.

The CHAIRMAN. All right. Just, when you think about it in your own life, I just—just can't imagine not having access to a dentist when—if—especially if you have pain. All of us, I think, at one time or another, have experienced that.

Robin, I'll move to you next. I wanted to talk to you about the connection between hearing or hearing loss and cognition.

We know that nearly one in four people ages 65 to 74, and one in two people over the age of 75, have hearing loss. At a minimum, if you're not able to hear well, you can't participate in the conversations around you, obviously. In your testimony today, you shared stories from individuals who talked about this issue. We know that there's a direct connection or association between hearing loss and poor cognition. Many seniors with hearing loss will—would benefit from hearing aids, obviously. Yet at thousands of dollars per pair, they're far too costly for most people with Medicare.

Robin, I was going to ask you, could you share with us what you've heard from Pennsylvania consumers regarding the cost of hearing aids, No. 1, and why they would benefit from hearing coverage under Medicare?

Ms. STELLY. Sure. When we did our survey, we heard from, like I said, almost 500 seniors. They didn't all talk about the same things. We had people who talked about hearing issues, and they could be split up into a small group of people who could afford the hearing aids and then a larger group of people who could not afford hearing aids or even going to an audiologist. They just live with the problem.

I don't know. I mean, I'm in my 50's, so you just—it doesn't—it isn't like you wake up 1 day and you can't hear. It sort of stops,

right, and you kind of acclimate to it. They have hearing losses. From the people that are telling us that they have profound hearing losses, they are profound hearing losses. Other people are simply not knowing that they're losing their hearing and need to see an audiologist but just—that isn't something that they can afford to do.

The hearing aids are also a problem, and they're so expensive. You heard from Karen Anne, who said that she had $6,000 to pay for hearing aids, and already she's starting to worry about how am I going to afford to pay for them again. They're machines. They wear out, and they need to be replaced, so this cost is recurring. The people who can't afford care at all, they're impacted financially, emotionally, and physically. They do. They have the falling issues. They have the constant stress of the isolation, being left out of their family. This is the most heartbreaking to me personally, being left out of family interactions, falling by the wayside within one's own family because they can't hear what's going on.

I think you really have to—if you haven't had it happen to you, you have to kind of think hard about imagining what that would be like. I implore people who are thinking on the fence about this to try to go without this sense for 10 minutes. You're unable to hear what the cashier is saying, what your attorney is saying to you, what your doctor is saying to you.

Try it. Try it for 10 minutes, and then come back and let us know that these are not vital services that should be provided for, for our seniors and our disabled community, who have paid into this for all their lives.

The CHAIRMAN. That's a good point. Walking in their shoes, even for a few minutes, might be the best way to get the point across.

Joe, I wanted to ask you as well about dental coverage. Your testimony is full of references to all the work that you've done. I noted on the first—or second full paragraph of your testimony, where you outlined all of the ways that Scranton Primary has provided help on dental issues, whether it's hygiene and cleaning, sealants, fluoride, varnish, fillings, root canals. It goes on and on. I wanted to ask you about that.

You indicated, also, in your testimony, about the long wait that many seniors face when seeking dental services and that many clinics in northeastern Pennsylvania are booking 6 months to 1 year out for appointments. Obviously, that's too long for someone to wait, especially when they're in pain and in need of care. We know that both good oral health is important in and of itself, but it also has a direct connection, as you know better than I from your experience, has a direct connection to physical health. Could you share with us examples from your patients where their poor oral health negatively impacted their physical health and their mental health?

Mr. HOLLANDER. Thank you, Senator.

As you said, poor oral health does cause oral bacteria issues that can lead to several medical consequences, including but not limited to poorly controlled diabetes, increased risk of pneumonia, and endocarditis, which is an infection of the inner lining of the heart. This can further lead to cardiovascular disease and vascular plaque buildup.

Over the years, we have encountered several of our diabetic patients with poor dentition and difficult-to-control blood sugars. For example, we had a female patient, approximately 65 and a half years old who required high doses of insulin, who said she could not afford to see a dentist. We referred her to our dental clinic. After treatment by the dental clinic, which resulted in her ability to see—to eat an improved diet, we were able to correct her blood sugar levels and saw a 2 point drop in her HbA1c.

As I stated in my testimony earlier, poor dentition also affects personal well-being, mental health, and confidence. More importantly in the elderly, an inability to chew properly due to missing teeth or ill-fitting dentures can lead to malnutrition.

Recently we had a patient, one of our elderly patients, who had lost a significant amount of weight. Only after speaking with one of our behavioral health counselors did we find that he had diabetes and dentures that did not fit well. He would take them out to eat and therefore could not tolerate any solid foods. Once treated, his overall weight and health improved dramatically.

Finally, we had a third senior who had been treating for years who suddenly, when he came in for his physical health appointment, seemed different and didn't appear to be himself. No abnormalities were found on the physical side. During a conversation with one of our licensed clinical social workers, we discovered he was experiencing malaise and a lack of energy with night sweats. When we learned he had not been to a dentist in years, we scheduled him for a cleaning and exam. Our dentist discovered the gentleman had a fluid connection—fluid collection with a low-grade infection under a cracked molar. Upon repair of the molar, the nightsweats and the mood changes went away, and he's now once again a happy and functioning senior.

The CHAIRMAN. Well, that—that tells it all when you just recite those conditions, one after another, from diabetes to pneumonia to malnutrition to weight loss and infection. It makes the point of how important this change in policy could be for people.

Joanne, I'll move to you on the question of disparity. One thing that became plainly evident to most Americans in this pandemic is not only our healthcare system but so many other aspects of our lives, even structures within society, have different application depending on who you are. We—if we knew about racial disparities before, we knew a lot more after the pandemic was upon us. Those significant disparities among people reporting trouble with vision problems or hearing problems or dental problems become even more—become even more apparent when we examine them from the question of—from the vantage point of racial disparities.

We know that a greater share of both Black and Hispanic seniors and people with disabilities on Medicare went without a dental visit in the last year, that number is a lot higher than those Americans who happen to be white beneficiaries of Medicare. As we've heard today about forging—or, I'm sorry, foregoing this type of care can result in poorer health outcomes more broadly.

Can you tell us, from the vantage point of what you know from the work that AARP does and the initiatives that you've undertaken to reduce these disparities, how would including dental, hearing, and vision benefits under Medicare help to advance not

only the health issues that we talked about today but to advance health equity goals?

Ms. GROSSI. Yes, well, thank you, Senator. I appreciate that question. You're right. AARP cares a great deal about health equity. In fact, recently AARP Pennsylvania partnered with the Drexel University College of Nursing and Health Professionals, and we both conducted a study and released a study on health disparities. It showed, not surprisingly, that ethnic, economic, and geographic location played a significant role in your access to health care.

As you mentioned a moment ago and as you heard in my testimony and Joe's testimony, you know, about half the Medicare—only about half the Medicare beneficiaries had a dental visit last year. Well, but if you—but that number was 61 percent, though, if you're Hispanic; 68 percent if you're African American; or 73 percent for people with low income, so you can see, you know, as you were mentioning in your comments and your question a moment ago, it made a big difference about health disparities. That's actually why, you know, AARP cares so much about this issue, about, you know, hearing, vision, and dental access. We know that if we can—we can improve health equity and decrease health disparities if those benefits are included in Medicare. Other—obviously, that will—you know, evens the playing field. It gives everyone more access to care and improves health outcomes, as Joe was talking about a moment ago. We actually believe it reduces the costs to the Medicare program in the long run. We're very committed to including these benefits for all of those reasons.

The CHAIRMAN. We appreciate that. I think those—when you consider those numbers that you've cited, as high as they are for the population overall, they get even higher for those Americans who happen to be Black or Hispanic. I think it makes a—it puts an emphasis on how grave this problem is across the board.

I wanted to ask—it may be a question for our whole panel, and each of you, if you can, just take a moment to add your response. We know that with hearing loss or loss of vision or lack of dental care, that each of them, in some way or another, have been considered part of the aging process. They also greatly affect people's contributions to society and their ability to engage socially.

I believe we've got to do a lot better for our seniors, for people with disabilities, and for their families. The way we do better is by passing legislation, not just talking about it. We've got to ensure that people with Medicare are able to take on more active roles in their communities, and they could do that only with this kind of help.

I'd ask each of you to share, based on your experience and expertise, how would coverage of dental, hearing, and vision in Medicare impact the quality of life for seniors and people with disabilities. I know you've all spoken to this in one way or another, but maybe as kind of a wrap-up. Kelly, maybe we'll start with you.

Ms. GROSSI. Senator, I was going to volunteer to start, but to start, but

The CHAIRMAN. Oh, go ahead. Go ahead.

Ms. GROSSI. Well, if you don't mind, actually

The CHAIRMAN. Yes.

Ms. GROSSI [continuing]. Senator, I would like

The CHAIRMAN. Sure.

Ms. GROSSI [continuing]. to tell you my own personal story.

The CHAIRMAN. Sure.

Ms. GROSSI. As you mentioned in your introduction of me, I'm a caregiver for my 90-year-old father, who actually turns 91 this week. He has experienced everything everyone has talked about today. A number of years ago, he had significant hearing loss. As you heard about from some of your opening comments, he couldn't hear the telephone. He couldn't have a conversation with his family. He couldn't go to church. He couldn't watch TV. All the things you heard mentioned, you know, were really lost to him until we went and got him hearing aids.

Of course, he had to pay out of pocket for those hearing aids. At the time, it cost him $5,000 out of pocket. Subsequently for, you know, visits since then to the audiologist and, you know, additional batteries and things like that, he's had additional expenses. Just the initial expense was $5,000, which, fortunately, my father could afford. That's with hearing.

Then last year my father was having significant teeth problems and, in fact, in consultation with the dentist, it was determined that he had to have all of his bottom teeth removed and to get dental implants. This was a 9-month process of pulling out teeth at, you know, a number of visits, and then having the gums heal, and then finally getting the implants and finally getting the teeth. By the way, that cost him $15,000 out of pocket. In those ensuing 9 months, it's what you heard people talk about today.

I was worried about his nutrition. He couldn't eat properly. He was embarrassed. You know, he didn't want to go out. Obviously, it was the pandemic, but he didn't want to be with people. He didn't want to have a conversation. He was embarrassed. He was hard to hear.

You know, if it weren't for, you know, close family members around, I think he would have been very isolated. Again, as I mentioned already, really worried about his nutrition because he just couldn't eat hardly anything except something like Ensure or soup. Again, you know, my father had the means to pay those $15,000. He's in the minority because in fact we know that 75 percent of Medicare beneficiaries who need a hearing aid haven't been able to get one because of the cost.

Seventy, you know, percent of the people who have had problems with their teeth and eating also, you know, haven't done anything about it because, again, of the cost. You know, my dad's in the minority of those being lucky enough to afford it, but just those two issues were over $20,000.

Like you were saying, my dad, you know, devoted a lifetime to this country in service and raising a good family, and it's not fair that people like him have to pay that kind of money. It should be one of the services we include in Medicare. Again, lucky my dad's fortunate enough to pay for it, but I appreciate that you're taking on this case for the Americans and Pennsylvanians who can't afford to pay this out of pocket.

The CHAIRMAN. Well, Joanne, thanks for bringing your story to this discussion, because sometimes that's the only way for a lot of us to relate to an issue is what's our own personal experience.

As you were—as you were talking, I was reminded that as much as a problem—a dental problem or a hearing problem or a vision problem is about something physical and related to your physical health, it's also about your dignity as well.

Ms. RANIELI. Mm-hmm.

The CHAIRMAN. It's your ability to participate, to be engaged.

I think it was your testimony that had a number I've seen before about the connection between if someone doesn't—isn't able to engage and is isolated, prolonged isolation can lead to terrible health problems. The one number—and I'll find in here in your testimony, but it can be the equivalent of 15 cigarettes a day are the adverse impact, that social isolation can have a physical impact that's equivalent to smoking 15 cigarettes a day, or whatever that number is in that study. That just shows you the gravity of this problem for people. Your father's circumstance is, unfortunately, all too—all too emblematic of that.

I want to open it up for anyone else. Kelly or Robin or Joe?

Ms. RANIELI. At Volunteers in Medicine, we witness how important it is for comprehensive or holistic care. It's necessary for the well-being and overall health of the patient.

The low income population, which is who we serve, especially those that are uninsured or underinsured, are historically sicker than those with insurance because those that are uninsured have no access to preventative services.

According to Harvard Medical School, one in five adults ages 65 or older have untreated tooth decay. Tooth decay and gum disease leads to serious health problems, as Joe mentioned. Lack of dental care can exasperate chronic medical conditions such as diabetes and cardiovascular disease.

We at the clinic have potential new clients walking in with swelled faces due to abscesses. This is at any age. The elderly population who have multiple teeth extracted come to VIM malnutritioned because they haven't been able to afford, you know, dentures. We witness this on a regular basis. Of course, increasing dental, hearing, and vision coverage would be, you know, critical for older adults, absolutely critical.

The CHAIRMAN. Thanks.

Robin?

Ms. STELLY. I think you hit the nail on the head. You said that word. That word has escaped me from the beginning of when I was putting testimony together and doing research. It's dignity. That was it. That's it. For the consumers. Right? It's a loss of dignity.

For their families, it's increased stress that they don't need to go through. When is the next hearing aid? Got Mom's hearing aid but, you know, it's—you know, I got another one coming up. It's only going to be three to 5 years. That's expected. Start saving now. I also need a car, but I've got a kid in college. Maybe she can make her hearing aid stretch.

This is not a conversation that people should have to have around their—talking about their families. You can tell the stress. Just imagining this is stressful. For society, it's just lost capacity.

Why are we throwing these people away? 65 is not old. It's old, but it's not done. We're throwing them away.

A lot of the people that completed our survey and people that we know in our own experience work. They can't work as well if they're not fully functioning. You know, they work and they have Medicare, so—and then, of course, there's people who don't work—who want to retire and find out that all of this is now lost to them and that they are lost to us. It's just not acceptable.

Thank you.

The CHAIRMAN. No, I appreciate that. You're right. It's that stress and that—that loss to all of us. It really does diminish all of us in one way or another. I appreciate you making that point.

Joe, you'll have the final word.

Mr. HOLLANDER. Thank you, Senator.

While Medicare recipients generally have a higher risk for medical problems simply because of age, most of their daily quality of life and well-being revolves around dental, hearing, and vision. When you think about it, these affect every one of us. Seniors are no different. Not addressing these issues adequately can lead to a number of problems. Poor communication due to a loss of hearing can result in misdiagnosis or poor understanding of instructions. We also see an increase in falls due to poor vision. Of course, we've spoken earlier about poor dental outcomes leading to or causing physical disease, all of which can be linked to the higher cost of medical care.

During a meeting earlier this week with my medical director, I learned we just lost a patient at the health center last week who had severe hearing loss and an inability to afford hearing aids. When he described her, I remembered her well because she had been dropped off by county transportation last week, and I happened to be walking by at the time and saw her struggling in her wheelchair.

I assisted her and helped her get to the waiting room and distinctly remember, no matter how loud I spoke to her, she couldn't understand me. This is generally not a problem I have. Most of the time, people are asking me to speak softer. She would simply put her head down out of frustration as I tried to speak with her. My medical director told me while she had a number of serious health issues, he had seen her in the office 2 days before she passed away and, in retrospect, is convinced if he had been able to communicate with her more effectively, he may have been able to help her and present—and prevent her demise.

Avoiding these coverages as preventive measures has the potential of saving Medicare money in the long run much more than the initial cost to the system. Senator, thank you very much for sponsoring this Senate bill.

Thank you very much for taking the time to hold this very important hearing and inviting us to participate.

The CHAIRMAN. Well, Joe, thanks for sharing that hearing—or sharing that story. That's as good an example as any of what can happen in one instance where someone can't communicate, that you have a medical professional saying they might have been able to save her life if she was able to communicate.

I know we have to wrap up, but I just want to thank each of our witnesses. Joe, I want to thank you and Joanne for being with us today as well as Kelly and Robin for taking the time to be with us in bringing, as I said, both your experience and expertise as advocates and as experts, but also to inject into this conversation the voices of—of Pennsylvanians all across the board. Couldn't be more important as we try to pass this bill, the Medicare and Medicaid Dental, Vision, and Hearing Benefits Act, Senate Bill 2618.

We all believe, I think, as Americans, that no one should be forced to choose between affording their medication and keeping the lights on. No one should be asked to deplete their life savings in order to receive the dental care—the dental care they need to be able to eat and share a meal with their family.

No senior and no person with a disability should have to miss out on a gathering with friends or loved ones, family members, because they can't afford to purchase a hearing aid that will let them participate in those conversations. As our witnesses told us today, this is all too often the case. As Americans, we can and we must do better. Now Congress can do better by passing this legislation, Senate Bill 2618, to provide these kinds of benefits to ensure this kind of care is provided to so many millions of Americans who are not receiving it today.

To our witnesses, I want to say thanks for being here with us today. Your experiences and your testimony will be top of mind as we continue to fight for these policies in the next—especially the next 2 months. I'll continue to fight to protect Medicare from cuts, and I'm working with Democrats in the house and the Senate to make these benefits possible. Thanks for being with us today, and thanks for being such strong advocates for these benefits. Thank you.

With that, our hearing is adjourned.

[Whereupon, at 11:10 a.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements

U.S. Senator Bob Casey
Field Hearing
on
Medicare: Access, Affordability and Coverage

Testimony of AARP Pennsylvania
Joanne Grossi
State President

August 30, 2021

Good Morning, Senator Casey. My name is Joanne Grossi. I am the Volunteer State President for AARP Pennsylvania. AARP is a nonpartisan, nonprofit, nationwide organization with nearly 38 million members in all 50 states, D.C., and the U.S. Territories - including 1.8 million members in Pennsylvania. For more than 30 years, I have been involved in public health, public policy and legislative affairs, working with federal, state and local officials in Pennsylvania, Delaware, Maryland, Virginia, West Virginia and the District of Columbia on a wide range of health and social services issues. Thank you for the opportunity to participate in today's Field Hearing highlighting the importance of access and affordability of expanded Medicare coverage for dental, hearing and vision benefits.

Fifty-six years ago, President Lyndon Johnson signed the Social Security Amendments Act of 1965 and thus, created Medicare. Serving as a federal health insurance program for people age 65 and older, regardless of income or medical history, and for people under age 65 with permanent disabilities, Medicare currently provides guaranteed, affordable coverage that for more than 60 million Americans, including nearly 2.8 million Pennsylvanians.

AARP's founder, Dr. Ethel Percy Andrus, played an active and important role in championing health insurance for older Americans. She helped craft Medicare into a successful program, and today AARP remains one of Medicare's strongest advocates. AARP has long supported closing the gaps in health coverage by including dental, hearing, and vision coverage in the Medicare program. The lack of coverage for these important health benefits leads to worse health outcomes for older Americans and could actually cause higher Medicare spending.

We know the majority of Medicare spending is on the fraction of beneficiaries with chronic conditions, such as diabetes and heart failure. We also know that social isolation can hasten the onset of dementia, and an AARP study shows it costs Medicare

an additional $6.7 billion a year. And, we know that falls resulting from imbalance, weakness, or poor sight can lead to costly hospitalizations and long-term care.

Meanwhile, Medicare does nothing to prevent infections originating in the mouth. It does nothing to help people retain or replace their teeth in order to eat and be properly nourished. It does little to help people speak, smile, or build relationships to fight off loneliness. And, it does little to help people hear and see obstacles. In short, Medicare will cover the expensive aftermath, but not the less expensive prevention.

A recently released Kaiser Family Foundation report, which analyzed dental coverage and costs for people with Medicare, shows that many people enrolled in Medicare go without dental care, especially beneficiaries of color. Almost half of all Medicare beneficiaries (47%) did not have a dental visit within the past year (47%), with higher rates among those who are Black (68%) or Hispanic (61%). Rates were also higher among those who have low incomes (73%) or who are in fair or poor health (63%).

One reason Medicare beneficiaries do not seek care is a lack of insurance. Nearly half of all people with Medicare (47%) do not have dental coverage. The others get this coverage though Medicare Advantage (29%), private insurance (16%) and Medicaid (8%). While these programs recognize the value of dental, hearing, and vision in keeping people healthier longer, their coverage is inconsistent, and not nearly robust enough. In order to achieve the best possible health outcomes, and the greatest value, Medicare should cover the entire person – from head to toe.

I'd like to give a little more context about how the lack of a dental benefit, for example, stands in stark contrast to a positive development in health care – thinking and acting holistically to keep a person healthy, and not just treating the symptom or disease. The lack of a dental benefit worsens the problem of social isolation. Helping older adults build strong social connections is a top priority for AARP. One respected study has found that the impact of prolonged social isolation is equivalent to smoking 15 cigarettes a day. So we have to ask, why continue a policy that ignores oral health, that leaves so

many older adults with tooth loss, that makes them embarrassed about their smile, and makes it harder for them to communicate? We can help prevent the social isolation that comes with losing your self-confidence and ability to connect with family and loved ones.

Simply put: Medicare should cover dental care, vision care – including eyeglasses – and hearing care – including hearing aids. Medicare beneficiaries want, need and deserve these services and are often surprised when they learn Medicare doesn't cover them. It is time for Congress to take action to add in these essential benefits. AARP is fighting hard to make sure this happens and we appreciate your leadership in this space. Thank you for listening. I am happy to answer any questions.

Pennsylvania Health Access Network
Stronger Voices for Better Health

Robin Stelly Testimony on the Impact of the Costs of Vision, Dental, and Hearing Services on Medicare Consumers in Pennsylvania

August 30, 2021

Good morning. My name is Robin Stelly. Thank you, Senator Casey for convening this hearing to discuss an important issue that is on the minds of seniors across Pennsylvania and the country: expanding Medicare to include dental, vision, and hearing services.

I am an organizer for the Pennsylvania Health Access Network. PHAN is Pennsylvania's only statewide, consumer-led organization, focused on achieving quality, accessible, equitable, and affordable healthcare for all Pennsylvanians. Every year, we talk to over 10,000 Pennsylvanians from 62 of 67 counties. We assist people in enrolling in health insurance coverage. We also help with problems of accessibility and affordability of healthcare, including unaffordable medical bills, problems accessing providers, long travel or wait times for care, denials of medically necessary care, and many other similar issues. All of these personal interactions show us just how much Pennsylvania's families, seniors, and small business owners struggle to access healthcare. And we have numbers to back that up. Recently, PHAN was fortunate to partner with Altarum's Healthcare Value Hub to do the first-ever Pennsylvania specific survey on healthcare affordability in the Commonwealth. Among other findings, the results showed that 42% of residents enrolled in Medicare were concerned about being able to afford coverage in the near future. The premiums for Part B, Part D, and medigap plans add up. But something we hear about more frequently is the struggle to pay for services that are not covered by traditional Medicare: vision, hearing, and dental.

As I mentioned, through our work at PHAN we are lucky to be able to hear firsthand from consumers. In addition to reaching out through the telephone and in-person, we also engage consumers online via surveys. Last week, we conducted an informal online survey on the topic of expanding Medicare to include vision, hearing, and dental coverage. In fewer than 24 hours, we had over 200 comments. The comments come from people all over the state in response to the question, "What would expanding Medicare to include vision, dental, and hearing services mean to you?". I'm going to share just a few.

JoAnn, Mechanicsburg
I haven't been to the dentist in five years. I can't hear in my right ear and unless people look straight at me so I can make out what they are saying I have no idea what they said. I am 72

and on Social Security which everyone knows is … below the poverty level. This is horrific considering I worked for 42 years.

Rochelle, Philadelphia
Over the past few years I've had severe dental issues and my vision has deteriorated. … My Social Security benefits barely cover my monthly mortgage payment, utility bills, groceries, and prescription drugs. In order to cover the dental and vision bills I've needed to dip into what little savings I had. I'm now dealing with new serious dental problems that will be very costly, along with needing new glasses lenses immediately and the likelihood of eye surgery in the near future. Unlike many of my peers, I no longer have savings to pay for serious household or other emergencies. Expansion of Medicare to include vision, dental, and hearing services is vital to my well being.

Catherine, Harwick
I would be able to get dentures and eyeglasses! I now stay home, avoid get-togethers because I'm embarrassed to see old friends and family in my current toothless state! I also would be able to eat healthier foods which is a priority with me being diabetic. I could get an eye exam which is critical when you have diabetes.

Karen Anne (nurse practitioner) Lewisburg
The importance of dental, vision and hearing to the health of older adults is well noted in the medical literature. The lack of dental care and poor dentition is known to increase heart disease and frailty of older adults. Poor vision and hearing is highly correlated with loneliness, depression and injuries such as falls. Few older adults can afford the out of pocket costs for both glasses and hearing aids. I paid some $6000 for my hearing aids and dread coming up with [the money for the] next pair as I live on my meager retirement.

That was a small sampling of the comments we've collected. The stories were all different, but common themes emerged. We repeatedly heard about the lack of economic security; living on a fixed income; going without or delaying care; digging into retirement to pay for care; isolation in the community and in the family; a reduced quality of life; seeking relief from pain and embarrassment; feeling like a burden to one's family; and the fact that this problem is something that medical providers, family members, and business owners see around them. It's not hidden or difficult to understand. People age. It's natural, and they deserve care for their entire body, not only selected parts.

In closing, I would like to again thank Senator Casey for taking on this problem at this critical time. I want to thank him for his commitment to affordable healthcare for seniors, and for all Pennsylvanians. I'm happy to answer any questions you may have. Thank you.

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Testimony of Joseph H. Hollander
Chief Executive Officer
Scranton Primary Health Care Center

Submitted for the record at a field hearing on:
Access & Affordability of expanded Medicare Coverage for Dental

Before the
United States Senate Special Committee on Aging
August 30, 2021

Chairman Casey, thank you for the opportunity to testify this morning on the need to expand Dental Coverage for Seniors.

My name is Joseph Hollander, I am proud to say for the last 7 – ½ years I have been the Chief Executive Officer of Lackawanna County's only Federally Qualified Health Center, Scranton Primary Health Care Center. We have three offices located in Lackawanna County, and have been providing care to the community for over forty-two (42) years.

Scranton Primary Health Care provides care to everyone regardless of their ability to pay. We offer pediatrics, family medicine, internal medicine, women's health, gynecology, perinatal care, (we had 253 deliveries last year), infectious disease care, behavioral health care and general dentistry which includes diagnosis, treatment and management of your overall oral health care needs including preventive education, dental hygiene and cleanings, sealants, fluoride varnish, gum care, fillings, root canals, extractions, crowns, bridges, partials, full dentures, and mouth guards.

All of our providers are board certified and employees of the health center. We also assist members of the community in navigating and making application to the insurance marketplace. Our patient base ranges from newborns to a senior who still lives alone and will be celebrating her 104th birthday in November.

I think it is important to understand our patient demographics, 61% of Scranton Primary Health Care's patients are at or below 200% of the Federal Poverty Level. When we combine all of our services, 14% of our patients are uninsured, I am certain when it comes to Dental that number is at least 20%. 60% of our patients are covered by Medicaid, 9% by Medicare, 2% CHIP and the balance have private insurance.

We take our mission very seriously and as a result of that, never closed at any time during the pandemic. We literally spent hundreds of thousands of dollars installing HEPA filtration systems and UV-C filtration systems in an attempt to keep our staff and patients safe. We also purchased special equipment to control aerosol generation during dental procedures in an effort to keep our dental clinic

open and operating throughout the pandemic, fully understanding the emergency departments in the area were overwhelmed and not in a position to see dental emergencies.

I cannot stress to you how important the link is between good oral health and good physical health. Common sense tells us if your diet is severely limited because you are unable to chew your food and eat a healthy diet, you can't get the nutrients and nourishment you need. For some reason this is stressed to us, over and over when we are young, but ignored when it comes time to care for our Seniors.

We have always been taught, "do what ever is necessary to preserve your teeth, extractions should be a last resort". Most individuals by the time they qualify for Medicare have had many of their teeth restored, some teeth multiple times, leaving two choices: the expensive option of root canals and / or crowns, or the less costly and more common option of extractions. As you can imagine, extractions cause their diet and nutrition to suffer. This can also affect their speech as well as their appearance, which can affect their mental health and cause anxiety and depression. Every one of these factors affects their physical health and well-being, drives up the cost of medical care.

In a recent report by the Kaiser Family Foundation[1], it was disclosed that 47% of Medicare beneficiaries do not purchase dental coverage. In 2018, that same percentage, 47%, did not have a dental visit during the past year, with minorities and those with low incomes at a much higher rate. One in five Medicare beneficiaries who did visit a dentist, spent in excess of $1,000.00 for out of pocket dental care.

A great many Seniors do not understand that standard Medicare does not include dental care until it is too late. We believe rather than trying to educate seniors, dental care should be included to help them preserve their health and their dignity.

The percentage of Emergency Department visits as a result of dental issues has been rising every year. The latest studies estimate that in excess of two (2) billion dollars annually is spent on dental emergency room visits. The average visit results in a prescription for antibiotics, pain medication or both. We have been unable to find studies linking the prescribing of pain meds to subsequent opioid abuse, but are certain there is a link. This leads me to believe, one way or another, we are all paying for dental care, why not make it preventive dentistry instead of reactive dentistry beginning with a very expensive ER visit. To further complicate matters, many dental offices don't take Medicare Advantage plans because the reimbursements are so low. There is one large provider in the area,

[1] Medicare and Dental Coverage: A Closer Look: Meredith Freed, Nancy Ochieng, Nolan Sroczynski, Anthony Damico, & Krutika Amin. Published: July 28, 2021 Kaiser Family Foundation

you would be shocked if I named them, who will see Medicare Advantage patients, but are currently scheduling them thirteen, yes 13 months from now for oral surgery. Yet patients with private insurance can make an appointment and be seen in less than three (3) weeks. I would suggest our Seniors deserve better than this.

When I began at Scranton Primary Health Care approximately 7-1/2 years ago, I told our employees, while I did not have a medical or dental degree, I knew in my mind what constitutes good medical / dental care, and that was to treat all patients with dignity and respect. Understanding the patient base we primarily serve, I made it a point to stress that this applied to all regardless of their means or status in the community. Whether it be a homeless individual living on the street to people with insurance or the ability to pay cash, everyone receives the same care and are treated the same way. In reflecting on this vision of how I wanted Scranton Primary to operate, our management team decided we needed to practice what we preached. How could we work hard to promote our dental clinic and good oral health if we weren't going to offer this option to all patients. We know we are one of the few FQHC's in the state that offers comprehensive dental services like root canals, crowns, partials, bridges and dentures for all, regardless of their ability to pay. We have patients who drive from over three hours away to obtain care, because they are unable to find anyone closer. We take our mission very seriously and work hard to take care of our patients – we strongly believe they deserve to be treated with dignity and compassion.

In closing, please indulge me and allow me to read a copy of a note we received from a gentleman who received care from our Dental Clinic. In an effort to protect the individual's privacy, I will call him George. George wrote; I am a 66 year old veteran of the US Navy and have been a patient of the Ed Dulworth Dental Center for the past several months. I have been dealing with dental problems almost my entire life, which finally culminated in the loss of most of my teeth, which made it almost impossible to chew most foods. Since my dental problems were not 100% service related, the Navy would not cover the cost of treatment. I searched far and wide for help when I came across SPHCC. They were a Godsend!! Dr. Dellaglio started my treatment and now I am so excited, I am just a few weeks away from getting my dentures and being able to eat again! The greatest thing about the Dental Clinic was they worked hard to set up a payment plan I could afford and didn't make me pay in advance. After they learned more about my personal financial situation, they actually forgave my remaining debt and thanked ME for my service to our Country!! I have NEVER been so touched in my life! THANK YOU, THANK YOU, THANK YOU, THANK YOU! I CAN NOT RECOMMEND THESE GUYS ENOUGH! With today's news being filled with man's inhumanity to man, it's nice to know there are still people who care! George - U.S.N., 1970-74

Thank you for your time this morning.

Kelly L. Ranieli
Executive Director
Volunteers in Medicine of Luzerne County, PA

Thank you for the opportunity to share my personal incite and experience as Executive Director of a nonprofit Healthcare facility.

VIM History and Information
Volunteers in Medicine (VIM) is a 501 c 3 community-based nonprofit organization established to provide primary & preventative medical, dental and behavioral health services to the working uninsured and underinsured populations in Northeastern Pennsylvania. Individuals eligible for free services, work with an income at or below 200% of the Federal Poverty Guidelines and have no access to affordable health insurance or medical care. In March of 2021, there were 703,300 uninsured adults or approximately 7% in Pennsylvania. It is estimated that almost three times that amount have no dental insurance. Higher uninsured rates reported were more among people of color, small business workers, people with low income and young adults.

The VIM in Wilkes-Barre began seeing patients in June of 2008 and has accomplished many milestones including the transition into a national certified Patient Medical Home. There are only 6 free clinics out of 1800 in the nation that has received this accreditation which validates our quality care.

Free services include not only primary but many specialty services including women's health, chiropractic services, physical therapy, chronic disease and medicine management, and nutritional education by a registered dietician. VIM dispenses medications with a value of $50,000/month free to those that can't afford them. 100% of patients are offered preventative services at VIM which include colon cancer screenings, mammograms, cervical cancer screenings, dental cleanings and eye exams.

Lab work and imaging testing is also provided FREE to the patient (but a cost to VIM) to ensure continuity of care. A translation program is available to non-English speaking patients to guarantee understanding of their treatment plan.

The Behavioral Health Program at VIM includes a Social Worker, Psychiatric Nurse Practitioner and Trained Screeners. Psychiatric evaluations, counseling, case management, and resource navigation are provided on a daily basis. The Health Equity Program assists patients with resolving transportation, housing, jobs and food disparities.

These services are provided FREE to the low income patient.

Dental Clinic
The VIM Dental Clinic was established in January of 2011 and quickly became a high demand community resource. Many patient's oral hygiene needs require a minimum of three appointments to relieve the pain. Our goal is to get them out of pain, educate on oral hygiene and on a bi-annual cleaning schedule. Due to the complexity of treatments required, we have a waiting list of those desperately needing services in the dental clinic that exceed 350 people. In 2021, we received a grant to hire a paid part time dentist which has helped with scheduling immediate appointments for emergency treatment. We currently also have 8 volunteer dentists that close their busy private practices to come to VIM and provide care to the uninsured patients.

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We have found many parents and caregivers aren't educated on proper oral hygiene. If the adult isn't aware of how many times to brush their teeth, the importance of visiting the dentist or healthy eating, then the children in the household most likely aren't learning at a young age. We recently had a hardworking 35 year old father of two, have numerous visits in the dental clinic for cavities. After talking with him, he had no understanding that the energy drinks, soda and packets of sugar in his coffee throughout each and every day were causing the tooth decay.

In 2015, we created a Healthy Smile program to educate children on good oral hygiene as well as provide evaluations and program supplies. Our dental staff visits daycares, schools and agencies that host children and provides a fun and informative presentation on the importance of healthy teeth.

The Need
VIM in Wilkes-Barre is currently seeing an increase in new patients. Many have lost their full time job due to the pandemic and now have two or three part-time jobs with many losing health insurance. The clinic experienced a 50% increase in new patients needing services from January to August, 2021 compared to last year at this time.

Impact of VIM
Our main mission is to keep our community healthy, well and working. We work closely with our healthcare systems to keep patients out of the emergency rooms. Many uninsured individuals use the ER for non-emergent issues because they do not have a primary care provider. According to United Healthcare, the average cost of an ER visit in the United States is $2200. Research conducted by the Texas A & M University School of Public Health, patients that go to the emergency room to treat preventable dental condition cost tax payers, hospitals and the government about $2 billion a year. Both regional healthcare systems refer patients to VIM. Uninsured patients that visit the ER with dental abscesses are immediately referred to VIM for care.

As the **only full time, full service FREE clinic** in Northeastern Pennsylvania, VIM impacts the community by saving the local Emergency Departments over a million dollars per hospital in uncompensated care by the uninsured population.

The clinic is a critical community resource. In the last six months, provided **free healthcare** to employees at 136 businesses in Luzerne County. Students from 10 local universities/colleges are hosted at VIM for their official internships.

Medicare
A patient is eligible for free dental services at VIM if they have Medicare and still working even if it is limited part time and the household income is 200% of the Federal Poverty Guidelines. Our primary population is working uninsured, but VIM currently has 272 registered patients over 65 years of age receiving dental services.

Most older patients are in need of extractions and dentures. We have had patients come to VIM because they previously had teeth removed and can't afford dentures. Many have extreme difficulty eating solid food. One patient had numerous health issues needing medications to combat the problems. After she finished her dental treatment plan to rid her mouth of numerous infections, the medical provider was amazed at the positive changes. Her appearance was healthier and basically "cured" from her medical symptoms therefore able to stop some of her medications. We also provided dentures to a patient a couple days before her wedding. The patient said it was the first time that she smiled.

VIM receives constant calls from individuals that have Medicaid and can't find a healthcare provider and/or a dentist to see them. Our resource guide has only two local dentists accepting Medicaid. VIM staff and volunteers hear on a daily basis the struggles from all ages and races, the challenges in finding affordable health insurance, medical care, behavioral health and dental care. The services provided at VIM are otherwise unattainable to the low income population.

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Conclusion

The Volunteers in Medicine Clinic offers a unique health care model that benefits the entire community. It is important to understand that in order to heal the entire wellbeing; medical, dental and behavioral health care needs to be provided especially to the low income, underserved populations. Everyone benefits from a healthy community.

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