

Statement of

The Hospital and Healthsystem Association of Pennsylvania

for the

Pennsylvania General Assembly, Majority Senate Policy Committee

submitted by

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Gaps in Oral and Dental Care for Rural Pennsylvanians and the Impact on **Hospitals and Health Systems**

On behalf of the Hospital and Healthsystem Association of Pennsylvania (HAP), thank you, Chairman Argall and members of the committee, for the opportunity to submit testimony regarding the critical and growing gap in oral and dental care for rural Pennsylvanians—and the profound impact this gap is having on hospitals and health systems across the commonwealth.

HAP represents more than 235 member hospitals and health systems that serve on the front lines of care in communities across Pennsylvania. Our rural hospitals, in particular, face unique challenges in ensuring access to comprehensive health services for geographically isolated and often economically vulnerable populations.

A persistent and often overlooked barrier to health in rural areas is the lack of access to basic oral and dental care. This problem is compounded by Pennsylvania's limited Medicaid dental benefit, which excludes coverage for many essential services. As a result, rural Pennsylvanians particularly those who are low-income, elderly, or living with disabilities—frequently forgo preventive dental care and only seek treatment once conditions become urgent or lifethreatening.

The separation of oral health from general health care in our delivery and payment systems is a false and costly distinction. Poor oral health is directly linked to a range of serious medical conditions that hospitals are tasked with treating, including cardiovascular disease, diabetes complications, adverse pregnancy outcomes, and infections that can rapidly spread if left untreated.

Yet for too many Pennsylvanians, the lack of a robust Medicaid dental benefit means they have no pathway to early intervention or routine care. Instead, hospitals—and their emergency













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departments (ED)—are increasingly serving as the de facto dental safety net. Patients arrive in pain, often with abscesses and worsening chronic illnesses exacerbated by untreated dental issues.

EDs are not equipped to provide definitive dental treatment at their current rate. While they can offer temporary relief, such as antibiotics or pain management, these visits do not address the underlying dental disease. In many cases, patients return days or weeks later, with worsened conditions and limited options for follow-up care. The cycle continues, burdening hospitals with preventable utilization and leaving patients without lasting solutions.

It is rural hospitals that are bearing a disproportionate share of this burden. Many are operating under tight financial constraints, with small staff, limited access to specialty care, and growing demands to address social determinants of health in addition to acute care needs. When patients present to the ED for preventable dental conditions, rural hospitals absorb the costs—clinically and financially.

These dental-related ED visits are often uncompensated or undercompensated, particularly when the patient is covered by Medicaid or uninsured. Hospitals are not reimbursed for definitive dental treatment they cannot provide, and the underlying dental problem frequently remains unresolved. This inefficiency drains resources from already strained rural hospitals and undermines their ability to meet broader community health needs.

The shortage of dental professionals in rural Pennsylvania only deepens the crisis. Even when patients have Medicaid coverage for some services, they often face long wait times or must travel great distances to find a provider who accepts their insurance—if one is available at all. Pediatric dental access is particularly limited, placing children at risk for lifelong oral health disparities.

Hospitals and health systems are attempting to fill the gap where they can—by partnering with federally qualified health centers or incorporating oral health into primary care. But these efforts are limited by the lack of sustainable reimbursement and oral care infrastructure to support integrated dental services.

HAP urges the General Assembly to take meaningful steps to improve access to dental care for rural Pennsylvanians including:

- Restoring and expanding Medicaid dental benefits
- Incentives to recruit and retain dental professionals in rural and underserved areas
- Support for tele-dentistry and mobile dental care models
- Integration of oral health into primary and community care settings













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> Enhanced reimbursement rates and the provision of comprehensive coverage for Medicaid dental services to increase provider participation

These investments would not only reduce preventable hospital utilization but also improve overall population health, reduce health disparities, and relieve pressure on rural health care systems.

The oral health crisis in rural Pennsylvania is real—and hospitals see its effects every day. Without timely intervention, untreated dental disease becomes a costly and dangerous public health problem. Hospitals are committed to caring for patients regardless of their oral health status, and they are working within a system that has become unsustainable to manage.

Thank you for your attention to this issue and commitment to the health of rural Pennsylvanians.







