

People Living with HIV/AIDS Committee

Position Paper

July 2012

Oral Health Care, Quality of Life, and HIV

“While good oral health is important to the well-being of all population groups, it is especially critical for PLWH/A. Inadequate oral health care can undermine HIV treatment and diminish quality of life, yet many individuals living with HIV are not receiving the necessary oral health care that would optimize their treatment.” -- Regina M. Benjamin, Surgeon General

As a particularly vulnerable population, people living with HIV/AIDS (PLWH/A) continue to need access to high-quality, oral health care. PLWH/A have suppressed immune systems and are therefore more vulnerable to severe health problems associated with oral infections or complications. Oral health problems such as bone loss, gum erosion, tooth decay and pain from such conditions affect medication adherence and eating habits. Severe dental health complications undermine the quality of life of PLWH/A and may trigger depression and increased use of drugs to manage pain.

Although it is important for PLWH/As to have comprehensive oral health care, there are many barriers to its access. Because of this, many people only go to see a dentist when they are in pain and there may already be an effect on their immune system. In emergency situations, medication and palliative care are used instead of the actual removal of the problem. The effect of decreased access is worsened by the possibilities of health care reform. Although health care reform will move forward to help all Americans access health care, there is a significant lack of coverage for oral health for vulnerable populations. According to the Health Resources and Services Administration, oral health care is an essential service, but it will have limited or no coverage by medical assistance in Maryland. This leaves many PLWH/As in our community without this essential service, as many of the managed care organizations that provide Maryland medical assistance only cover oral health emergencies and basic tooth cleanings. Prescriptions for oral health care are also a grey area and are not always covered.

The Baltimore eligible metropolitan area enjoys comprehensive oral health care through the Ryan White Program, but this is not and should not be the only access point for such care. Ryan White is a payer of last resort and only covers PLWH/A who are uninsured and underinsured to a certain income level. Now, even these essential but limited services are at risk since the Ryan White Program is a discretionary program and is subject to congressional appropriations for yearly funding. With reauthorization of the Act coming up in 2013 and health care reform being implemented by 2014, now is the time to act and to ensure that the Ryan White Program continues to exist and provide comprehensive oral health and other essential health services to PLWH/As with the most need.

Ryan White needs to be extended beyond 2013 and funding increased for oral health care. The quality of life for thousands of HIV positive patients in the Greater Baltimore area and millions nation wide is at risk. Loss of funding for oral health can be a death sentence. The PLWH/A Committee will be working in partnership with community advocates to ensure we do not leave out this critical service.