Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

During this crisis, we must pay heed to Roberts and colleagues' study, which shows that, when direct emergency dental care is inaccessible, clinicians frequently resort to antibiotics and opioids. Prescribing both have consequences, but opioids have been identified as a gateway drug for heroin[2] and fentanyl[3] and are associated with persistent use and abuse.[4] 2018 was the first in several years that opioid-related mortality actually fell in the United States.[5,6] Dentists and physicians must be very cautious to prevent a trend reversal and consequent worsening of the opioid crisis in 2020 and beyond. ■

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PREVENTIVE ORAL HEALTH SERVICES

In an article published in the April issue of JADA titled "Impact of a Medicaid Policy on Preventive Oral Health Services for Children With Intellectual Disabilities, Developmental Disabilities, or Both" (Kranz AM, Ross R, Sorbero M, Kofner A, Stein BD, Dick AW. *JADA*. 2020;151[4]:255-264.e3), the authors analyze the use of preventive oral health services (POHS) in medical offices for children with intellectual disabilities, developmental disabilities, or both (IDD).[1] This study concluded that children younger than 3 years with IDD in states with Medicaid policies that allowed for administration of POHS in medical offices were more likely to receive those services than children in states without these types of policies for POHS. This study emphasizes the importance of state Medicaid policies including accommodations for the administration of POHS in medical offices for children with IDD. It is imperative that state Medicaid policies also accommodate for adults with IDD, especially in states without Medicaid dental benefits for adults.

Poor oral health can be easily prevented through simple oral hygiene practices, such as brushing, flossing, and consistent dental follow-ups.[2] Despite the ease in poor oral health prevention, there is still a high rate of poor oral health seen in adults with intellectual disabilities.[1] Many adults with special health care needs (SHCN) are unable to afford private dental insurance and are often enrolled in Medicaid; however, in states like Alabama where dental coverage is not included for adults on Medicaid, these patients are often left without a dental home to provide these important POHS.[2] Low Medicaid reimbursement rates also often deter dentists from seeing patients enrolled in Medicaid in states with Medicaid policies that do provide dental coverage for adults.

These obstacles emphasize the need for creating alternative routes for administration of POHS in medical offices for adults with IDD during regular visits. With advances in medical care, many children with SHCN are able to live longer, contributing to a rise in adults with SHCN, so this expansion of POHS for adults is an important endeavor.[2] This article by Kranz and colleagues calling for improvements in minimizing barriers for Medicaid-insured children with IDD in receiving POHS is timely and should be followed by a call for mimicking these same improvements for adults with IDD, especially in the wake of the COVID-19 pandemic and the decrease in discretionary spending available for most of the US population. Now, more than ever, the cost efficiency of providing preventive services is paramount. ■

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