

Slow Progress on Dental Reforms

Too Many Children Still Without Access; Some Reforms Stalled by Fiscal Constraints

Executive Summary

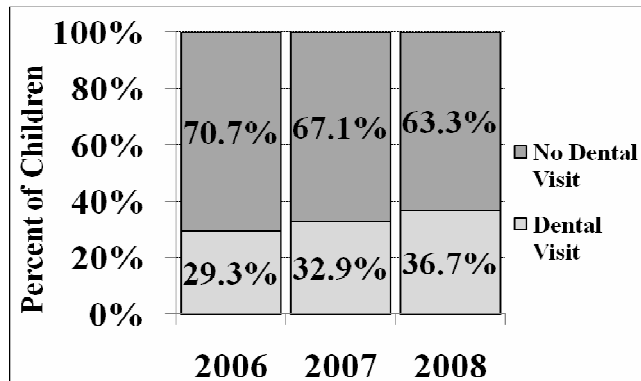
More dentists are participating in Maryland's Medicaid program for children, and there was a modest increase in the percentage of children receiving dental services in 2008, based on data recently released by the State and analyzed by Advocates for Children and Youth. However, 6 of every 10 children on Medicaid still did not have a dental visit during the year. To make more dramatic progress, Maryland needs to fully implement all of the proposed reform strategies, including providing dental screenings for children in school.

Background

About 500,000 children in Maryland are eligible for dental services through HealthChoice, the State's Medicaid program. In 2007, twelve-year-old Deamonte Driver died from complications resulting from an untreated dental abscess after his family could not find a dentist that would accept Medicaid. In response to this tragedy, the Maryland Dental Action Committee identified seven steps to increase children's access to dental services. Several of these reforms were implemented over the last two years. The State recently released data on dental access for 2008. While the full impact of the reforms will not occur until later, it is helpful to see how much progress is occurring.

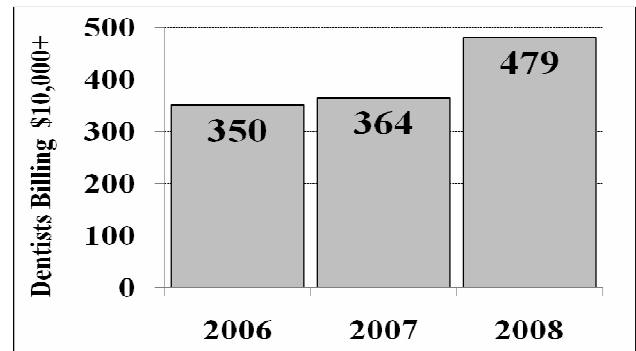
Findings

The percentage of children seeing a dentist in 2008 increased to almost 37 percent.¹ However, a large majority of children still go without dental care.



¹ Department of Health and Mental Hygiene, *Maryland's 2009 Annual Oral Health Legislative Report*, Table 5.

The number of dentists who provided at least \$10,000 worth of services to children increased by over 30 percent in 2008.² However, more dentists are needed to ensure every child has access to a dental home.



Discussion and Recommendations

While critical steps have been taken to improve children's access to care, more must be done:

1. The State must implement the second phase of the Medicaid reimbursement rate increase to bring Maryland rates in line with regional rates and help recruit more dentists.
2. The oral health safety net must be supported and expanded. By September, 2010, all Maryland counties will have access to at least one safety net provider; however, many residents will continue to travel great distances to access care.
3. Dental screenings in schools can help address dental problems early. Recently enacted public health dental hygienist legislation can and should be used to facilitate school and community based screening and referrals. Fiscal concerns should not delay essential screening programs.
4. Implementation of the single vendor program, Maryland Healthy Smiles, began in July 2009. The program must be monitored to ensure that adequate numbers of dentists participate across the State and that all eligible children are served.
5. Maryland must work with state and national partners to develop a unified and compelling oral health message that reaches all Maryland families.

² Id., Table 2.

