ADVOCATES FOR CHILDREN AND YOUTH

Issue Brief

September 2014

Increasing Oral Health Services for Low-Income Children: Update on Dental Action Committee Recommendations

Background:

Oral health is a critical part of overall health; however, access to dental services is often overlooked when discussing health care coverage. Good pediatric oral health requires regular dental screenings and cleanings as well as early identification and treatment of dental disease/cavities. In a 2011 national survey, 68 percent of low-income parents chose access to dental care as their top reason for enrolling their child in Medicaid or Children's Health Insurance Program (CHIP) coverage.[1] Studies consistently show that enrolling in dental insurance has a positive association with greater access to dental care for families and children.

Progress on the Dental Action Committee (DAC) Recommendations:

After the 2007 death of a 12 year-old Prince George's County boy from a brain infection caused by an untreated cavity, a committee of stakeholders was appointed to identify reforms necessary to address dental access issues for low-income children in Maryland. All seven recommendations made by the Dental Action Committee (DAC) were adopted by Governor O'Malley in the fall of 2007. Since that time, Maryland has made significant progress in moving forward with the recommendations and increasing access to oral health services for low-income children. Implementation efforts have included:

1. Establishing a single dental vendor to administer all Medicaid dental services. Maryland's Healthy Smiles Dental Program is administered by DentaQuest and serves all children enrolled in Medicaid and CHIP, as well as all pregnant women enrolled in Medicaid. The number of dentists in the program increased from 649 in 2009 to 1,865 in 2013.

2. Increasing Medicaid dental reimbursement rates. The first of a promised three-year rate increase went into effect in 2009 and was targeted at preventive services. A second, much smaller rate increase will go into effect in 2015. The State remains considerably below the average mid-Atlantic rates recommended by the DAC.

3. Enhancing and expanding the dental public health infrastructure. In 2007, only 12 jurisdictions provided an oral health safety net. Today residents in all 24 jurisdictions have access to dental services through local health departments or community based clinics. This year's budget allocated $1.5 million to continue support for new or expanded dental public health services.

4. Establishing a public health level dental hygienist. Legislation passed in 2008 established a public health dental hygienist position to increase capacity to provide preventive services in public health settings including schools.

5. Providing pediatric oral health training for dental and medical providers to increase capacity to care for Medicaid and CHIP

[1] Ketchum and Lake Research Partners, "Informed CHIP and Medicaid Outreach and Education: Key Findings from a National Survey of Low-Income Parents Conducted for Centers for Medicare & Medicaid Services. Washington, D.C: U.S. Department of Health and Human Services. (2011).

enrolled children. As of September 2013, 882 general dentists have received training through the Office of Oral and health and the University of Maryland School of Dentistry. And, as a result of the State's Mouths Matter Fluoride Varnish Program, dentists, hygienists, pediatricians, family practitioners and nurse practitioners have participated in 108,000 varnish applications for children between nine months and three years.

6. Developing a statewide, unified oral health message. The Healthy Teeth/Healthy Kids Oral Health Literacy Campaign was developed by the Office of Oral Health in partnership with the Maryland Dental Action Coalition to educate parents and caregivers of young children about the importance of oral health for children. The award winning campaign was first launched in March 2012; to date over 120,000 brochures have been distributed through local health departments, community health centers, Head Start and WIC programs.

The final DAC recommandation addressed expanding access to dental services through public schools. It called for: Incorporating dental screenings with vision and hearing screenings for public school children or requiring dental exams prior to school entry.

While school screening pilots involving Choptank Health Center, the Deamonte Driver Dental Van Project and a Kaiser funded school based health center initiative in Prince George's County all identified children with immediate and urgent dental care needs, funding has not been identified to implement a statewide school screening program that includes case management and referral services. A proposed interim solution involves requiring a dental examination prior to school entry in conjunction with assisting families without insurance [to] access dental services and/or coverage and providing case management for children in need of immediate services.

The synergy between implemented recommendations has made a difference. Dental visits for both preventive and restorative visits have increased. Of the 645,562 children enrolled in Medicaid during 2012, 52.3% received one or more dental services, as compared to 38.8% of the 526,970 enrolled children who received services in CY 2008.

Despite the improved access for low-income children in Maryland, there were 5,699 non-injury dental emergency room visits by 2,899 children enrolled in Medicaid in 2012.[2]

ACY's Recommendations:

- Fully Implement all seven DAC recommendations
- Implement a dental certificate requirement for school entry; assist families who need help accessing services
- Ensure that oral health is part of training curriculum for Community Health Workers and other community resource workers
- Ensure appropriate training of Navigators, Assisters and Call Center personnel regarding pediatric dental benefits available through the Maryland Health Connection
- Ensure that data is collected on pediatric dental take-up rate for the individual exchange

[2] This number includes ER visits with a dental diagnosis, not including accidents, injury or poison. Maryland Department of Health and Mental Hygiene. (2013). 2013 Annual oral health legislative report. Baltimore, MD: Office of Oral Health.