

**DENTAL COVERAGE AND CARE FOR LOW-INCOME CHILDREN:
THE ROLE OF MEDICAID AND SCHIP**

Today, tooth decay is the most common chronic disease affecting our nation's children, yet dental care is their most prevalent unmet health care need. Problems obtaining dental care disproportionately affect low-income and minority children. Medicaid, and to a lesser extent the State Children's Health Insurance Program (SCHIP), are major sources of dental coverage for millions of low-income children, but barriers that leave many children without adequate dental care remain.

Importance of Dental Care

Oral health is an integral component of children's overall health and well-being. Tooth decay is the most common childhood chronic disease, affecting five times more children than asthma.¹ Statistics from the Centers for Disease Control and Prevention (CDC) reveal that over two-thirds (68%) of children have decay in their permanent teeth.² Oral diseases have been linked to ear and sinus infections and weakened immune systems, as well as diabetes, and heart and lung disease. Lack of treatment has the potential to affect speech, nutrition, social development, and quality of life, and in the worst cases, can lead to death. Studies have found that children with oral diseases are restricted in their daily activities and miss over 51 million hours of school each year.

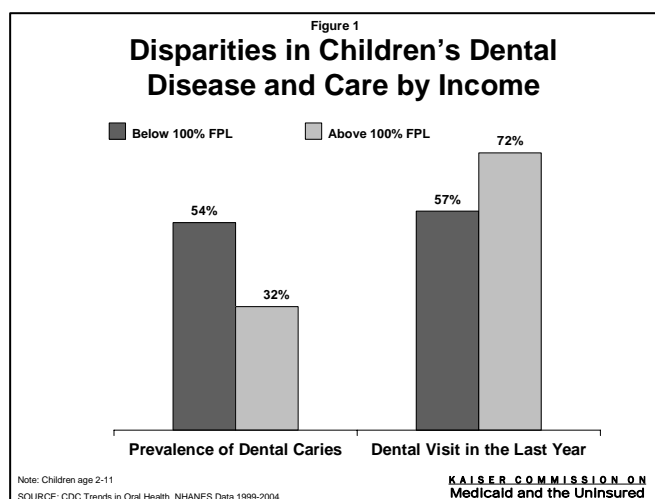
Preventive measures such as fluoridated water and sealants, as well as diagnostic dental services, are effective and efficient ways to prevent, detect and treat tooth decay and oral disease. Children who receive early preventive dental care have average dental costs that are 40% lower than those of children who do not receive early treatment. The CDC estimates that every dollar invested in fluoridation saves \$38 in dental treatment costs.³

Disparities in Children's Dental Care

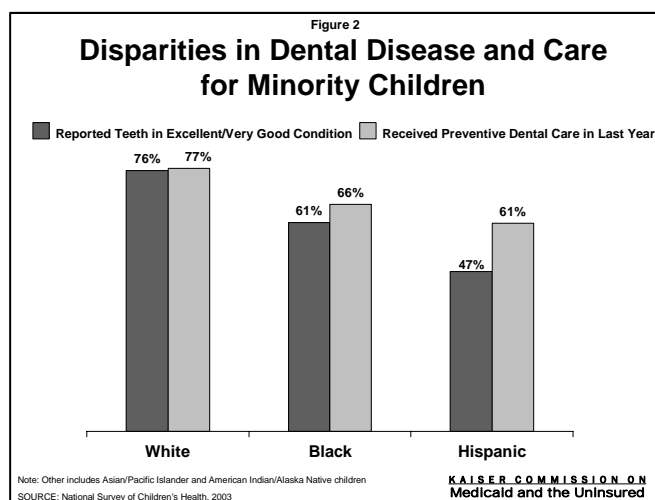
While nine million children lack health insurance coverage, more than 20 million children are not covered for dental services. Dental care is the most prevalent unmet health need among children, regardless of insurance status.

Poor children are both more likely to have oral disease and more likely to go without dental care than other children. Over half of children living below the poverty level have dental caries in their primary teeth compared

with one-third of other children. About half of poor children visited a dentist in the last year compared with almost three-fourths of children above poverty (Figure 1).⁴ Low-income children experience 12 times as many restricted activity days due to dental disease as children in higher-income families.



Racial/ethnic disparities in children's dental disease and care are also evident. Minority children are less likely than white children to report that their teeth are in excellent or very good condition and they are also less likely to receive preventive care (Figure 2).⁵



Coverage of Dental Care in Medicaid and SCHIP

Today, one-quarter of children in the U.S. and half of all low-income children receive their health coverage through the nation's public coverage programs. Medicaid covers 28 million poor and near poor children while SCHIP builds on this coverage to provide health insurance for an additional six million low-income children.

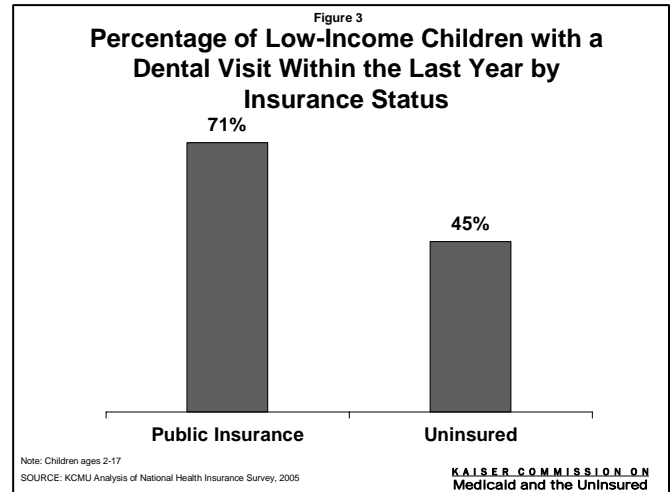
Medicaid provides comprehensive dental care as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which all states must offer to children. A distinctive focus of EPSDT is prevention-oriented care to maximize children's health and development, and avert the health and financial costs of long-term disability. Under EPSDT, states must cover all dental services for children, including diagnostic care, as well as all necessary treatment and follow-up care, with no limits on services or costs.

States may also cover dental care for low-income children through SCHIP. Unlike Medicaid, SCHIP allows states the option to choose whether to include dental services as part of their benefit package. Currently, every state except Tennessee has opted to cover dental services under SCHIP. However, since dental benefits are optional, benefits can be cut when budgets are tight. Several states have cut and then reintroduced dental benefits for children (Texas and Utah). The specific dental benefits covered under SCHIP vary widely across states. Fourteen states with separate SCHIP programs offer benefits identical to those offered to children in Medicaid. Other states with separate SCHIP programs provide more limited benefits, with seven capping annual dental expenditures or limiting the number of services that are allowed per year. For example, Montana has a \$350 annual benefit cap, which treatment for one abscessed primary tooth could exhaust.⁶

Access to Dental Care

Children enrolled in Medicaid and SCHIP have better access to dental care than uninsured children.

Seventy-one percent of children with public coverage have had a dental visit in the past year, compared to 45% of uninsured children (Figure 3).⁷ Publicly covered children are also more likely to have a usual source of dental care and to receive preventive dental care, and less likely to have unmet dental needs relative to uninsured children.⁸ In focus groups and other studies, dental care for children emerges as one of the benefits of Medicaid and SCHIP that parents value most.⁹



However, children covered by Medicaid and SCHIP still face problems obtaining access to dental care.

In 2005, one-quarter of publicly insured children had not had a dental visit in the past year.¹⁰ The American Academy of Pediatric Dentistry's recommends that all children visit the dentist at least once before the age of 1 and bi-annually every year thereafter. Given these low access rates, it is not surprising that in parental assessments of unmet health needs for children in SCHIP, dental care exceeds all other unmet needs combined -- including specialist, hospital, physician and prescription drug services. Whereas two percent of publicly insured low-income children have unmet medical needs due to cost, eight percent have trouble affording dental care.¹¹ State data also reveal that access to dental care in Medicaid is uneven across the country.¹²

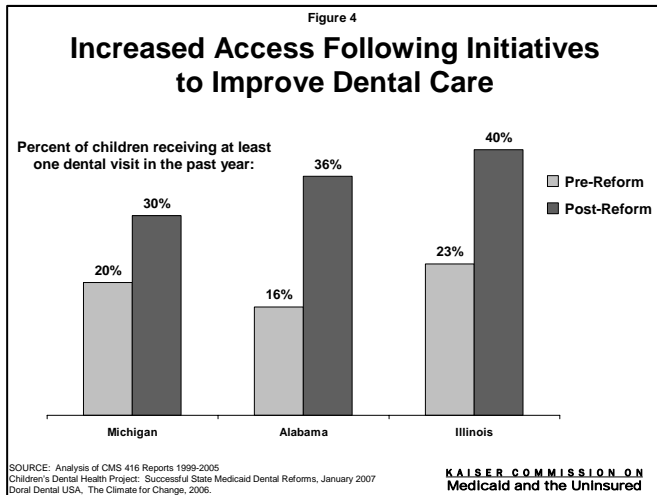
Inadequate supply and limited participation of dentists in Medicaid/SCHIP contribute to dental access problems for enrollees.

The supply of dentists, especially pediatric dentists, is inadequate in our health care system overall. Moreover, current data show that there are ten times more practicing pediatricians than pediatric dentists.¹³ In 2000, only 10% of dentists in the country accepted Medicaid patients, and those who did often limited the number they served. The principal reason dentists cite for not accepting Medicaid patients is low reimbursement rates, with administrative burdens also noted as a barrier. In many states, Medicaid reimburses dentists for less than half of their charges.¹⁴

Low access to dental care in certain areas is attributed to the uneven geographic distribution of dentists. With the majority of dentists choosing to practice in urban areas, 38% of rural counties have been designated as having a dental health professional shortage. Children who live in rural areas must travel further and are less likely to have access to dental care than children who live in urban areas.

Increasing Access to Dental Care for Children

Some states have taken steps to increase access to care for children in Medicaid and SCHIP. Recent state initiatives include increasing provider payment rates, partnering with a dental benefits manager to administer benefits, streamlining the billing processes, and allowing dentists to submit claims via internet/fax. States that have adopted these methods have demonstrated increased provider participation and improved access to dental care services for their children (Figure 4).¹⁵



New federal efforts to improve access to care have been prompted by the recent death of Deamonte Driver, a young Maryland boy with Medicaid, who died from an infection arising from an untreated abscessed tooth. Legislative initiatives introduced in Congress include proposals to increase children's access to dental care by expanding community health centers in medically underserved areas, providing grants to increase the number of pediatric dentists, developing prevention programs for high-risk populations, and improving efforts to track children's dental health.¹⁶

Other means of increasing access to dental care for children include improving parent education about the importance of oral health and increasing parents' own access to dental care. As parent education about oral health increases, the likelihood of their children receiving preventive dental care also rises.¹⁷ Further, research and focus group studies consistently show that family coverage leads to improved access to care for children. A study of low-income children showed that parents of children who received preventive dental care were five times more likely to take their children for a dental visit as compared to parents who had received no dental care or had visited the dentist only in an emergency situation.¹⁸

Although Medicaid and SCHIP play an important role in providing dental coverage for children, the high

prevalence of dental disease, disparities in dental health and barriers to obtaining care point to the need to improve access to dental services for low-income children.

For additional copies of this publication (#7681), please visit www.kff.org/kcmu.

- ¹ *Oral Health in America: A Report of the Surgeon General*. 2000. Surgeon General Report, National Institute of Dental and Craniofacial Research, National Institutes of Health, U.S. Dept. of Health and Human Services.
- ² *Children's Oral Health*. 2007. CDC Oral Health Resources.
- ³ *National Center for Chronic Disease Prevention and Health Promotion. Cost Effectiveness of Chronic Disease Prevention*, 2005. CDC.
- ⁴ Trends in Oral Health Status: United States. 2007. National Center for Health Statistics, CDC, USDHHS. Data from the NHANES Survey.
- ⁵ *The Oral Health of Children: A Portrait of States and the Nation 2005*. Health Resources and Services Administration, USDHHS. Data from The National Survey of Children's Health, 2003.
- ⁶ Gehshan S and M Wyatt. 2007. *Improving Oral Health Care for Young Children*., National Academy for State Health Policy.
- Booth M and B Edelstein. 2006. *SCHIP: A Decade of Optional Dental Coverage for Kids*. Issue Brief: Children's Dental Health Project.
- ⁷ Medicaid Expenditure Panel Survey, 2004.
- ⁸ Wang H, E Norton and R Rozier. 2007. *Effects of the State Children's Health Insurance Program on Access to Dental Care and Use of Dental Services*. [Health Services Research](#).
- ⁹ Kenney, et al. 2003. *Children's Insurance Coverage and Service Use Improve*. Urban Institute Series, Snapshots of America's Families III. Data from National Survey of America's Families.
- Isong U and J Weintraub. 2006. *Dental check-up of California's State Children's Health Insurance Program*. [Pediatric Dentistry](#).
- ¹⁰ Bloom B, AN Dey and G Freeman. 2006. *Summary Health Statistics for U.S. Children: National Health Interview Survey, 2005*. National Center for Health Statistics, CDC, USDHHS.
- ¹¹ KCMU Analysis of 2005 NHIS Survey.
- ¹² Testimony of Burton Edelstein, Children's Dental Health Project, in 3/27/07 Hearing before U.S. House Committee on Energy and Commerce, Health Subcommittee. Based on CMS data.
- ¹³ Edelstein B, Children's Oral Health and Dental Care, in 4/20/2007 presentation for National Health Policy Forum.
- ¹⁴ *Oral Health: Factors Contributing to Low Use of Dental Services by Low-Income Populations*. 2000. GAO.
- ¹⁵ *Successful State Medicaid Dental Programs*. 2007. Issue Brief: Children's Dental Health Project.
- ¹⁶ House Bill introduced by Cummings, Waxman and Kucinich, H.R. 2371 and Senate Bill introduced by Bingaman S.739.
- ¹⁷ Liu J, J Probst et al. 2007. *Disparities in Dental Insurance Coverage and Dental Care Among US Children: The National Survey of Children's Health*. [Pediatrics](#).
- ¹⁸ Sohn, W, A Ismail et al. 2007. *Determinants of Dental Care Visits Among Low-Income African-American Children*. [JADA](#).