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Children's Oral Health

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Dental disease is the most common chronic illness for U.S. children.

Dental disease is the most common chronic illness for children in the United States. More than one-quarter of children have tooth decay in baby teeth before they enter kindergarten. By age 19, 68 percent of youth have decayed permanent teeth.

Dental disease is preventable, yet dental care is the most common unmet health treatment need in children. Nine million children lack health insurance, but more than twice that number lack access to oral health services. Untreated dental caries can lead to pain, weight loss, missed school days, poor appearance, decreased self-esteem and even death.

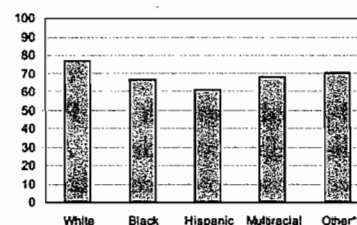
Childhood tooth decay disproportionately affects low-income and racial or ethnic minorities. The rate of untreated dental caries in children from families with incomes below the poverty level is double that of non-poor children. According to the *National Survey of Children's Health*, Hispanic and black children were the least likely by racial/ethnic group to have received preventive dental care in the last year.

States have several options to address dental disease.

State Water Fluoridation. According to the **Action** Centers for Disease Control and Prevention (CDC), water fluoridation to prevent tooth decay is one of the 10 greatest public health achievements of the 20th century. CDC data suggest that each \$1 invested in fluoridation saves \$38 in avoided dental treatment costs. The most recent census data show that 67 percent of the nation's population is served by fluoridated water systems. Eleven states, the District of Columbia and Puerto Rico mandate statewide water fluoridation.

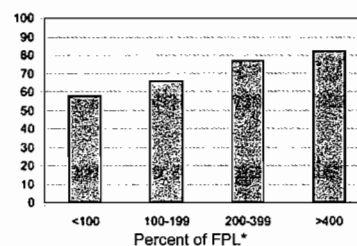
Medicaid and SCHIP. Federal law requires all states to include dental benefits for children in Medicaid programs. All states provide some level of dental benefits through their State Children's Health Insurance Programs (SCHIP), although coverage varies from state-to-state. Federal SCHIP provisions allow states to implement cost sharing or waiting period policies, which can make access

Percent of Children Receiving Preventive Dental Care in Past Year, By Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native Children

Percent of Children Receiving Preventive Dental Care in Past Year, By Family Income



*Federal Poverty Level (FPL) was equal to \$18,400 for a family of four in 2003.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children's Health 2003*. Rockville, Md.: U.S. Department of Health and Human Services, 2005.

more difficult for SCHIP enrollees than it is for their Medicaid counterparts. Both programs face challenges with low dentist participation rates. Dentists complain about low reimbursement rates and heavy administrative burdens.

Allied Professionals. Dental hygienists and other professionals offer preventive services when dentists are at a premium. Arizona allows hygienists to form "affiliated practices" with dentists to provide care in underserved counties without a dentist's direct supervision. The state also increased the number of dental hygienists by funding a community college program. Pennsylvania created a program to train dental assistants to perform additional services with oversight from dentists. Rhode Island involves community health centers, school-based health clinics and hospital dental centers in its network to reach additional low-income children.

Success in Virginia. Virginia's *Smiles for Children* program, which enrolls children in Medicaid and SCHIP, saw a 24 percent increase in the number of children receiving oral health care in its first year of operation. Dentist participation increased significantly, thanks to a 30 percent increase in reimbursement rates and a streamlined administrative process. A year after it began, one-quarter of dentists in Virginia participate. A single dental program administered by a single vendor simplifies the system for providers and patients.

In Virginia, 25 percent of dentists participate in Medicaid and SCHIP programs.

School-Based Outreach and Prevention. Dental sealants—plastic coatings on vulnerable posterior teeth—help prevent decay. As of 2005, 40 state or local health departments had developed community- and school-based sealant programs, typically in poor or underserved areas where children were unlikely to receive private oral health care. Programs vary, but often use school-based clinics or mobile vans to apply sealants or link schools to private dental practices where children can receive these services. A CDC review shows that school-based dental sealant programs effectively prevent and decrease decay for children and adolescents by 60 percent.

School Mandates. According to the American Academy of Pediatric Dentistry, four states and the District of Columbia require children to have a dental exam before they start school. The newest of these mandates passed in Iowa in 2007; HF 906 requires schools to verify that children have had a dental exam between the ages of 3 and 6 and requires proof of an exam again in high school.

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Federal Action Congress is expected to reauthorize SCHIP in the summer of 2007, during which time SCHIP coverage for dental services will be considered. In addition to the SCHIP discussion, several bills have been introduced in Congress to help states provide dental services to low-income children. Some other federal programs, including the Maternal and Child Health Services Block Grant (Title V), provide limited resources to states to improve access to comprehensive services and to reduce disparities in care.

Resources Ballard, Carolyn, and Nikki Highsmith. *Catalyzing Improvements in Oral Health Care: Best Practices from the State Action for Oral Health Access Initiative*. Hamilton, N.J.: Center for Health Care Strategies Inc., August 2006.
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