

Access to Dental Care

DEFINITION

Access to dental care is the percentage of children and youth under age 21 who were enrolled in RIte Smiles on June 30, 2022 and who had received dental services at any point during the previous State Fiscal Year.

SIGNIFICANCE

Dental caries (tooth decay) is the most common chronic disease among children. Poor oral health has immediate and significant negative impacts on children’s overall health, growth and development, school attendance, and academic achievement.^{1,2}

Insurance is a strong predictor of access to health and dental care. In Rhode Island, pediatric dental coverage is embedded in most private health insurance coverage, and RIte Smiles is Rhode Island’s dental insurance for Medicaid-eligible children. The cost of care is another strong predictor of access to services. In 2022 in the U.S., 35% of adults delayed or skipped dental care in the past year due to cost.^{3,4,5}

Children living in poverty are more likely to have untreated tooth decay than higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health insurance coverage have greater access to

dental and medical care than children who have no insurance.^{6,7,8}

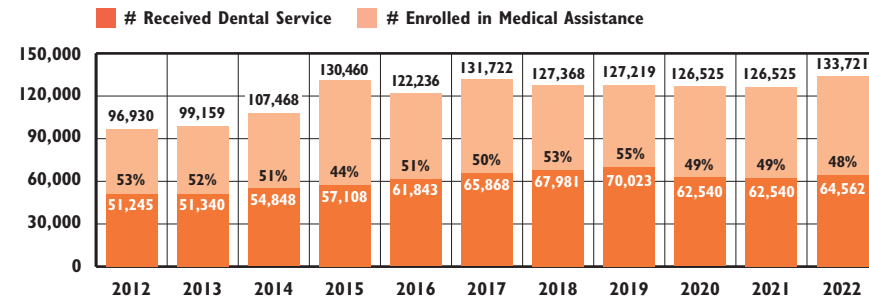
Children of Color have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., higher-income, Asian, and non-Hispanic white children are less likely to have untreated tooth decay than lower income, non-Hispanic Black, or Hispanic children.^{9,10,11}

Improving children’s dental health can begin with improving pregnant women’s oral health, as well as the oral health of caregivers. Good oral health during pregnancy may decrease cavity-causing bacteria passed on to their baby, and good oral health of caregivers can improve the oral health of young children in their care. Some evidence suggests that poor oral health during pregnancy is a risk factor for some pregnancy complications and poor birth outcomes. Dental care can be safely provided during pregnancy. Women without insurance and women with low incomes are less likely receive dental care.^{12,13,14}

A dental home can provide comprehensive, continuously accessible, coordinated, and family-centered dental care for all children, including those with special needs. It is important to note that children with special health care needs may have problems finding and accessing dental providers who are equipped and able to address their special dental, medical, behavioral, and mobility needs.^{15,16}



Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2012-2022



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2012-2022. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

- ◆ **Forty-eight percent (64,562) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2022 received a dental service during State Fiscal Year 2022. This is a slight decrease from last year.¹⁷**
- ◆ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard requires that states provide comprehensive dental benefits to children with Medicaid coverage, including preventive dental services.¹⁸ In Rhode Island, 33% of children under age 18 with Medicaid received a preventive dental visit in 2020, compared to 46% of children with private coverage.¹⁹**
- ◆ **RIte Smiles, Rhode Island’s managed care oral health program for children, has been credited with improving access to dental care for children. The program began in 2006, and covers low-income children and youth up to age 21.²⁰ As of December 31, 2022, there were 131,905 children and youth enrolled in RIte Smiles.²¹**
- ◆ **The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.²² In Rhode Island, most health coverage on HealthSource RI (Rhode Island’s state-based insurance marketplace) includes pediatric dental benefits as part of health coverage.²³**



Dental Provider Participation in Medicaid and RIte Smiles

- ◆ Nationally, children and adults with public insurance coverage face access problems because many private dentists do not accept Medicaid. Dental providers cite low reimbursement rates and cumbersome administrative requirements as obstacles to providing care. Additional access barriers for children and families with public insurance include difficulty with transportation, lack of child care, and issues with paperwork. Family education, case management, and streamlining administrative procedures can encourage provider enrollment and patient utilization.^{24,25}
- ◆ When RIte Smiles started in 2006, reimbursement rates were raised for RIte Smiles dental providers to encourage participation.²⁶ The number of dentists accepting children with Medicaid coverage increased from 27 before RIte Smiles began to 213 in 2022, however participating peak in 2019 with 312 providers.^{27,28}
- ◆ In 2022, the Rhode Island General Assembly authorized a rate increase for dentists who provide adult Medicaid dental services. This was the first provider rate increase since 1992.²⁹



Consequences of Untreated Dental Disease

- ◆ Delayed dental care causes dental issues to worsen. Due to the COVID-19 pandemic and subsequent lockdown, there were many disruptions in dental care. Emergency care was the only type available in the beginning of COVID-19, and school closures also disrupted access to school-based care. Nationally, children's oral health declined as a result of the pandemic.³⁰
- ◆ In Rhode Island in 2021, 288 children and youth under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments.³¹
- ◆ In Rhode Island in 2021, 58 children and youth under age 21 were hospitalized with a diagnosis that included an oral health condition. That same year, 11 children and youth under age 21 were hospitalized with an oral health condition as the primary reason for the hospitalization.³²



Importance of Early Dental Visits for Very Young Children

- ◆ Clinical recommendations are that children first visit the dentist before age one. However, nearly three-quarters (74%) of babies in the U.S. have not seen the dentist by their first birthday.³³
- ◆ Children can see general dentists, as well as pediatric dentists. Pediatric dentists are dentists with specialized training to work with only children.³⁴
- ◆ Between 2019-2022, 21% of Rhode Island kindergartners had untreated tooth decay. There are disparities by race/ethnicity and income, with Black and low income kindergartners having the highest rates.³⁵
- ◆ In 2015, the Rhode Island General Assembly passed legislation to increase access to oral health care for children by allowing dental hygienists to perform approved services in public health settings, including for young children.³⁶
- ◆ Primary care providers can conduct oral health risk assessments, provide anticipatory guidance, encourage establishing a dental home, and provide preventive services, all of which can improve oral health outcomes.³⁷
- ◆ All 50 state Medicaid programs reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment and fluoride varnish application.³⁸

References

- ^{1,6,9,15,22,24,33} *The state of little teeth: Second edition.* (2019). Chicago, IL: American Academy of Pediatric Dentistry.
- ^{4,23} HealthSource RI. (n.d.). *HealthSource RI dental coverage.* Retrieved February 13, 2023, from healthsourceri.com
- ^{2,16} *Oral health in America: Advances and challenges* (2021). Bethesda, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.
- ⁵ Rhode Island Executive Office of Health and Human Services. (n.d.). *Dental services for children and young adults.* Retrieved February 13, 2023, from eohhs.ri.gov
- ³ Kaiser Family Foundation. (2022). *Americans' challenges with health care costs.* Retrieved February 13, 2023, from kff.org
- ⁷ Ramos-Gomez, F. (2019). Understanding oral health disparities in the context of social justice, health equity, and children's human rights. *JADA, 150*(11), 898-900.

(continued on page 179)