

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, 2021 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. Fourteen percent of uninsured children in the U.S. have delayed health care due to cost, compared with 1% of those with Medicaid and 1% of those with private health insurance.³ 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.^{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

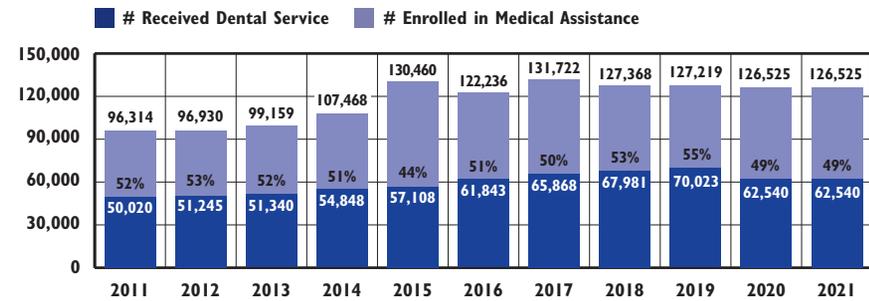
insurance coverage have greater access to dental and medical care than children who have no insurance.^{6,7,8}

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. Good oral health during pregnancy is important to maternal health and may decrease the amount of cavity-causing bacteria passed on to their baby. Some evidence suggests that poor oral health during pregnancy is a potential risk factor for some pregnancy complications and poor birth outcomes, including preterm birth and low birthweight infants. Dental care can be safely provided during pregnancy. Women without insurance and women with low incomes are less likely to 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 2011-2021



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2011-2021. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

- ◆ **Forty-nine percent (62,540) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2021 received a dental service during State Fiscal Year (SFY) 2021, the same rate as 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, 52% of children with Medicaid in Rhode Island received a preventive dental visit in FFY 2019.¹⁹**
- ◆ **RIte Smiles, Rhode Island's managed care oral health program for children has been credited with improving access to dental care for children. RIte Smiles is for low-income children born on or after May 1, 2000, and the cohort expands through an eligibility age-in process. The program began in 2006.^{20,21,22} As of December 31, 2021, there were 123,268 children enrolled in RIte Smiles.²³**
- ◆ **The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.²⁴ In Rhode Island, most commercial coverage in the individual market of HealthSource RI (Rhode Island's state-based insurance marketplace) includes pediatric dental benefits as part of health coverage.²⁵**



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.^{26,27}

◆ When RIte Smiles started in 2006, reimbursement rates were raised for RIte Smiles dental providers to encourage participation.²⁸ The number of dentists accepting children with Medicaid coverage increased from 27 before RIte Smiles began to 290 in FY 2021.^{29,30}

◆ In 2020, Medicaid reimbursement in Rhode Island was 38% of private insurance reimbursement for pediatric dental services and 36% of private reimbursement for adult dental services.³¹



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 of care available in the beginning of the COVID-19 pandemic. Once dental offices began to reopen, many families opted to delay visits, and others experienced difficulties booking routine care with the dental office's new schedule.³²

◆ In Rhode Island in 2020, 398 children under age 20 were treated for a primary dental-related condition in Rhode Island emergency departments.³³

◆ In Rhode Island in 2020, 79 children under age 20 were hospitalized with a diagnosis that included an oral health condition. That same year, eight children under age 21 were hospitalized with an oral health condition as the primary reason for the hospitalization.³⁴



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.³⁵

◆ Children can see general dentists, as well as pediatric dentists. Pediatric dentists are dentists with specialized training to work with only children.³⁶

◆ In 2019, 41% of Rhode Island children under age five with Medicaid coverage received any dental service. Among those who received any dental services, 95% received a preventative dental visit.³⁷

◆ 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.³⁸

◆ 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.³⁹

◆ 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.⁴⁰

References

^{1,6,9,15,24,26,35} *The state of little teeth: Second edition.* (2019). Chicago, IL: American Academy of Pediatric Dentistry.

² *Oral health in America: A report of the Surgeon General.* (2000). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

³ National Health Interview Survey. (2022). *Percentage of delayed health care due to cost in the past 12 months for children under age 18 years (95% confidence intervals), United States, 2019.*

^{4,25} HealthSource RI. (n.d.). *HealthSource RI dental coverage.* Retrieved February 28, 2022, from www.healthsourceri.com

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