

## Improving Access to Oral Health Care

**The Issue:** Oral health prevention traditionally has been seen by government officials as secondary health care. States, for example, are not required to provide oral health benefits under their State Children's Health Insurance Programs (SCHIP) and while most states do, oral health benefits are among the first services to be cut in times of a state budget crisis. Additionally, states will cut off children's SCHIP dental coverage if their parents acquire private health insurance -- even if that new insurance does not adequately cover oral health care.

Low reimbursement rates in Medicaid and SCHIP and high administrative costs of the programs further make it unappealing and even cost prohibitive for many dentists to treat these patients. A Congressional Budget Office report analyzing Medicaid's reimbursement rates found them to be lower than Medicare or private insurance rates.<sup>1</sup> This similarly was mentioned in a General Accounting Office study which also highlighted a number of administrative barriers for dental Medicaid providers<sup>2</sup>.

**The Impact:** Last year's death of Deamonte Driver, a 12 year old Maryland resident, from complications from an abscessed tooth has highlighted the need to expand basic oral health coverage to the nation's uninsured and underinsured children. Congress has held two hearings in response on access to oral care over the last 12 months and introduced varying legislative initiatives to combat the problem.

**What We Hope to Accomplish:** While the American Association of Oral and Maxillofacial Surgeons (AAOMS) supports most components of the other legislative proposals before Congress, we believe the single biggest factor to improving access to oral health care is to encourage dental provider participation in Medicaid and SCHIP programs and practice in underserved areas. An Urban Institute report indicates similar findings, noting "...the data suggest that improvements in access may be occurring under separate SCHIP programs that are paying dental providers at market rates when compared with Medicaid."<sup>3</sup> We ask Congress to support, in particular, *The Essential Oral Health Act of 2007 (H.R. 2472)* because it goes the furthest to accomplish and encourage provider participation by:

- 1) Allowing states the option to accept an increase in its Federal Medical Assistance Percentage (FMAP) rate for its dental Medicaid and SCHIP programs provided certain access to care provisions are met. States that increase the percentage of plan users and participating dentists will continue to receive the enhanced match.
- 2) Authorizing grants for volunteer dental programs by community-based organizations, state dental associations, dental schools and hospitals with postdoctoral dental education programs to provide free dental care to underserved populations.
- 3) Authorizing grants for pilot sites for the development of the Community Dental Health Coordinator as a new mid-level allied dental professional to work in underserved communities where residents have no or limited access to oral health care.
- 4) Encouraging dentists to provide additional donated dental services by providing a \$5,000 tax credit for free and discounted services provided.

---

<sup>1</sup> Congressional Budget Office, Medicaid Spending Growth and Options for Controlling Costs, Statement before the Special Committee on Aging, July 13, 2006, p.4.

<sup>2</sup> General Account Office, "Oral Health...Factors Contributing to Low Use of Dental Services by Low-Income Populations," September 2000, p.4.

<sup>3</sup> Urban Institute, "Does SCHIP Spell Better Dental Care Access for Children? An Early Look at New Initiatives," July 2001.