

## STRONG DENTAL BENEFITS FOR CHILDREN: COST-EFFECTIVE AND CRITICAL TO OVERALL HEALTH AND SUCCESS

Tooth decay is the most prevalent chronic health problem in children, ahead of asthma, hay fever, and diabetes.<sup>1</sup> Caries and other dental diseases can lead to pain, nutritional problems, sleep deprivation, attention deficit, and slower physical and social development – impeding children’s success in school and in life. Without treatment, relatively minor dental issues can lead to severe damage, resulting in more costly problems, such as abscesses and the need for orthodontic correction.

California’s policymakers have severely cut children’s oral health services over the past few years, worsening a system that already fails to meet the needs of too many California children. Ironically, preventive children’s oral health services are incredibly cost-effective and should instead be strengthened in the state budget.

### Costly Cuts Already Made in the Prior (2009-2010) Budget Cycle

- Indefinite suspension of the California Children’s Dental Disease Prevention Program, which provided preventive dental services to 300,000 preschool and elementary school children annually.
- Elimination of most dental benefits for adults in Medi-Cal, hindering children’s access to services because many providers rely on income from treating adults to remain viable. Also, children of parents who receive dental services themselves are more likely to receive appropriate care.<sup>2</sup>
- Imposition of an arbitrary \$1,500 yearly limit on dental services for children enrolled in the Healthy Families Program. Even at low dental reimbursement rates, this benefits ceiling can quickly be exceeded if treatment requires restorative care (such as fillings).<sup>3</sup>
- Requiring new enrollees in the Healthy Families Program to join a dental managed care plan instead of a preferred provider plan for their first two years of coverage. A formal impact report is not yet available, but access problems have reportedly worsened (especially in certain counties such as Marin, Napa, San Luis Obispo, Santa Barbara, and Sonoma).

### Low Utilization of Medi-Cal and Healthy Families Dental Services

Twice-yearly preventive dental visits, including interventions like fluoride varnish and dental sealants, are effective and low-cost. Unfortunately, children in Medi-Cal and Healthy Families access services too rarely due to barriers such as a lack of available dentists and insufficient outreach to families.

- Only 56% of Healthy Families enrollees went to the dentist for any reason in calendar year 2008, compared to 59% in 2007 and 62% in 2006.<sup>4</sup>
- Just 31% of children enrolled in Medi-Cal had a dental visit in calendar year 2007.<sup>5</sup>

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### We urge the Legislature to protect children’s oral health in the budget by:

#### • ***Maintaining and promoting appropriate use of current dental services.***

Barriers such as unnecessary paperwork and co-payments further restrict children’s access to preventive oral health care. Such short-term budget strategies are purported to save state funds, but actually jeopardize children’s health without genuine state savings because preventive care is quickly cost-effective.<sup>6</sup>

#### • ***Leveraging enhanced federal match to improve children’s oral health.***

- ✓ California has not yet confirmed that the Healthy Families dental benefit meets the minimum actuarial requirements in the Children’s Health Insurance Program Reauthorization Act of 2009. When the state does obtain a federal response, dental benefit improvements may be necessary.
- ✓ The recently-enacted Patient Protection and Affordable Care Act mandates dental benefits in both Medi-Cal and Healthy Families, and includes several opportunities for improvement, such as a review of the adequacy of provider reimbursement, grants to all states for school-based dental sealant programs, and requirements for improved collection of oral health data.<sup>7</sup>

## Other Facts about California Children's Oral Health

- Approximately two-thirds, or 6.3 million, of California children suffer needlessly from poor oral health by the time they reach third grade.<sup>8</sup>
- California ranks second to last in the nation on children's oral health status, besting only Texas. In a recent *National Survey of Children's Health*, California children's oral health ranked among the lowest of all the states. Only 63.5% of California parents rate their children's teeth in "excellent" or "very good" condition compared to the national average of 70.7%.<sup>9</sup>
- Low-income children are at higher risk of suffering from dental disease. California children who participate in the Free and Reduced Lunch Program have a higher prevalence of decay than those who do not participate in the program (72% vs. 52%). They also experience higher incidents of untreated decay (33% vs. 22%) and urgent dental care needs (5.5% vs. 2.5%).<sup>10</sup>
- Over 500,000 California children missed one or more school days as a result of oral health problems (not routine check-ups) in 2007, costing school districts approximately \$29.7 million in funding.<sup>11</sup>
- For every dollar spent on preventive dental services for children, \$8 to \$50 is saved in restorative and emergency treatments later in life.<sup>12</sup>
- Poor oral health is linked to other health problems, such as cardiovascular disease, diabetes and, for women, premature births. The foundations for adult oral health are laid early in life.<sup>13</sup>
- Treating oral health problems is far more difficult and costly in emergency rooms. For example, a comprehensive oral exam averages \$60 in a dentist's office compared to an emergency room visit, which averages \$172 or \$5,044, if hospitalization is needed.<sup>14</sup>
- Death from untreated dental disease is rare, but not unheard of. In 2007, 12-year-old Deamonte Driver of Maryland and 6-year-old Alexander Callender of Mississippi died due to the spread of bacteria from untreated dental infections.<sup>15</sup>

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<sup>1</sup> U.S. Department of Health and Human Services, *Oral Health in America: Report of the Surgeon General*, 2000.

<sup>2</sup> A study of Medicaid families showed that when parents do not have at least one dental visit annually, their children are 13 times less likely to visit a dentist that same year. See Bonito & Gooch, "Modeling the Oral Health Needs of 12-13 Year Olds in the Baltimore MSA: Results from One ICS-II Study Site," *American Public Health Association Annual Meeting*, 1992.

<sup>3</sup> Ramos-Gomez, et al, "Prevalence and treatment costs of infant caries in Northern California," *Journal of Dentistry for Children*, vol 63(2), 1996.

<sup>4</sup> California Managed Risk Medical Insurance Board, Benefits and Quality Monitoring Division, *2008 Dental Quality Report - Healthy Families Program*, April 2010.

<sup>5</sup> The Pew Center on the States, *The Cost of Delay: State Dental Policies Fail One in Five Children: California*, February 2010.

<sup>6</sup> For example, SB 377 (Ortiz, 2005) ensured dental benefits for all pregnant women in Medi-Cal due to department calculations of state savings of \$1.11 to \$1.35 on neonatal intensive care services for every \$1 spent on dental services for pregnant women.

<sup>7</sup> For more detail, please see the Children's Dental Health Project website at [www.cdhp.org](http://www.cdhp.org).

<sup>8</sup> Dental Health Foundation, *Mommy, It Hurts to Chew: The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children*, 2006.

<sup>9</sup> 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*, 2007.

<sup>10</sup> Dental Health Foundation, *Mommy, It Hurts to Chew: The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children*, 2006.

<sup>11</sup> UCLA Center for Health Policy Research, *Unaffordable Dental Care Is Linked to Frequent School Absences*, November 2009.

<sup>12</sup> Dolatowski, "Buying Dental Benefits," *Compensation & Benefits Review*, vol 34, 2002.

<sup>13</sup> California Healthline, "Oral Health Advocates Call for More Emphasis on Dental Coverage in Health Care Reform," July 2009.

<sup>14</sup> California HealthCare Foundation, *Emergency Department Visits for Preventable Dental Conditions in California*, 2009.

<sup>15</sup> American Dental Association, "Maryland Youth's Death Focuses Attention on Access to Dental Care," 2007.

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