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Opportunities in Health Care Reform: Addressing the Oral Health of Children with Special Health Care Needs

Introduction

There are approximately 10.2 million children under age 18 who are considered to have a special health care need. These children account for 42 percent of all pediatric medical expenditures in the United States.¹ Over 10 percent or three-quarters of a million children with special health care needs^a continue to experience critical gaps in their access to continuous health care coverage and services in the U.S., with dental care being one of the largest gaps they face.²

Families of children with special health care needs face significant issues gaining access to preventive^b and restorative^c dental services.^{3,4} Children with special health care needs are nearly three times more likely to have unmet dental care needs than medical care needs.⁵ Family income and severity of medical condition are significant predictors of unmet dental need. Low-income children with special health care needs with severe conditions are over 13 times more likely to have unmet dental needs.⁶

The Patient Protection and Affordable Care Act (ACA) [P.L. 111-148] enacts a number of reforms to the health care system, including several that directly relate to oral health. The National Maternal and Child Oral Health Policy Center provided a complete overview of the oral health provisions of ACA in the August 2010 TrendNotes, *Opportunities for Prevention Childhood Dental Caries through Implementation of Health Care Reform*, which is available at: <http://nmcohpc.org/2010/trendnotes-august-2010>. This policy brief provides a closer look at the implications of those ACA dental provisions and the specific opportunities to address the oral health of children with special health care needs.

Quick Facts

- ▶ 1 in 7 children have a special health care need
- ▶ 750,000 children experience gaps in access to care
- ▶ Children with special health care needs are 3 times more likely to have unmet dental needs.

^a The federal Maternal and Child Health Bureau (MCHB) defines children with special health care needs as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that typically required by children.

^b Preventive dental services include but are not limited to cleanings, topical fluoride treatments, fluoride varnish, sealants, nutritional and tobacco counseling, and oral hygiene instruction.

^c Restorative dental services include but are not limited fillings, stainless steel crowns, and services that may require local anesthesia.

Background

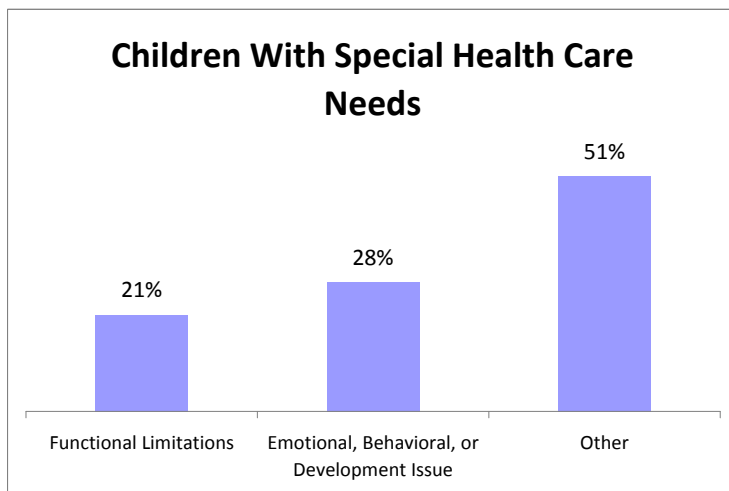
The primary oral health issue facing children with special health care needs is access to care. Children with special health care needs have a high unmet need for dental care relative to other healthcare services. They also have a relatively low rate of insurance coverage for dental care relative to medical care.⁷ Access issues exist because there is inadequate practitioner training and confidence to treat special needs patients and because of the lack of adequate dental insurance coverage.

Barriers to dental care

Access barriers for children with special health care needs result from numerous factors, including:

- limited preparation of dentists to serve this population;⁸
- inadequate reimbursement relative to the length of time required for treatment;
- limited number and geographic distribution of pediatric dentists;
- high cost of dental treatment in the hospital operating room;
- and low rate dental insurance coverage.

Most children with special health care needs are able to fully cooperate during treatment. These children with special health care needs utilize dental care in the same settings as their peers, that is, through private dental offices or through public settings such as community health centers, health departments, or dental schools. However, there is a considerable subset of children with special health care needs with more severe conditions that make it more challenging to provide their care in dental offices. This subset includes some who have extensive functional limitations (e.g., because of cerebral palsy) and/or intellectual, emotional, behavioral, or developmental issues.⁹



These individuals often must seek care from pediatric dentists with additional experience and/or training in patient management or other care modifications. Some cannot be seen in traditional dental offices and may need to be treated in the hospital operating room. A recent study found that 20 percent of severely affected children with special health care needs and 5 percent of non-severely affected children had unmet dental care needs.¹⁰

Dental Coverage and Benefits

The level of and access to dental insurance coverage is an important issue facing children with special health care needs and their families. Currently, dental insurance coverage for these children is inadequate. The ACA includes provisions that increase the opportunity for all children to obtain private dental insurance coverage.

Traditional commercial dental coverage, regardless of health status, is provided by employers to employees and usually their dependents as a benefit and is often referred to as such (instead of “insurance”). To ensure affordability for employers while covering a wide range of dental services, they feature a discrete list of dental services with high out-of-pocket expenses for individuals. The out-of-pocket expenses are the result of copayments, annual and lifetime caps, exclusions, and substitutions.

The most common dental benefit structures¹¹

| Plan Type | Benefits | Annual Caps |
|--------------------|--|-------------------|
| Straight Indemnity | Set deductible and fee schedule for all services. | \$1,000 - \$2,000 |
| “100-80-50” | Pays 100% of insurer-determined fees for diagnostic and preventive services, 80% for “basic” reparative services, and 50% for more complex rehabilitative services | \$1,000 - \$2,000 |

For children with special health care needs, these benefits may not cover the services they need to maintain good oral health, which is key to overall health. By definition, children with special health care needs are relatively high users of health care services and are more likely than other children to exceed annual or lifetime benefit caps. As a result, their families of children with special health care needs must often spend more out-of-pocket than families of children without a disability.

Opportunities in Health Care Reform

Reflecting on the overview provided in the TrendNote: *Opportunities for Preventing Childhood Dental Caries through Implementation of Health Care Reform*, it is evident that numerous opportunities are available to improve the access and coverage of dental care for children with special needs. Most of the opportunities fall within one of two categories: 1) insurance reforms or 2) infrastructure enhancements. Each sphere provides states with unique opportunities to make a meaningful impact on the oral health of children with special health care needs.

Dental Coverage in the ACA

The essential benefits package outlined in the federal law requires the provision of oral health services as a component of pediatric services. While further clarification is anticipated from the U.S. Department of Health and Human Services (HHS), the opportunity to address dental coverage for children with special health care needs is significant. States can implement an essential benefits package that is responsive to the individual health and dental needs of patients with disabilities, which can significantly improve access for children with special health care needs. As this population often has difficulty with basic preventive activities (e.g., tooth brushing, flossing) due to physical and mental conditions, they may benefit from more frequent dental checkups and preventive services than those recommended for other children without such limitations. Individualized schedules for dental visits and services based on risk assessment of each child is consistent with policies of the American Academy of Pediatric Dentistry (AAPD) and the American Dental Association (ADA).^{12,13} In addition, the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) [P.L. 111-3] requires states to include a pediatric dental benefit. This requirement and federal funding were extended until 2015.

New or Additional Points of Access

The ACA includes a number of provisions aimed at bolstering where and how children access dental care. These reforms are an attempt to improve the health and wellness of American's most at-risk populations, which includes children with special health care needs. There is latitude for policymakers to make these children and their oral health a priority within numerous policies and programs.

- ▶ **School-based health centers:** An important component of health care reform is its attempt to increase access to care for underserved populations in settings that coordinate with traditional dental offices. The ACA provides grant support to school-based health centers (SBHCs) to help expand their services and infrastructure, which may include oral health services.¹⁴ According to the most recent national census of school-based health centers, 84 percent of SBHCs provide oral health education, 57 percent provide oral health screenings, 25 percent place dental sealants and 10 percent provide general dental services on-site. Additionally, SBHCs serve as a consistent source of referral and coordination of oral health care for students – with more than 75 percent of SBHC providing referrals for general dental care.¹⁴ The infusion of grant funds for school-based health centers in conjunction with the potential funding included in the ACA for school-based/school-linked dental sealant programs provides a safety-net for children with special health care needs who may need additional assistance in accessing dental care.
- ▶ **Home visitation programs:** Home visitation programs offer a wide range of family-focused services to pregnant mothers and families of young children. The ACA provides grants to establish home visiting program models for at-risk pregnant women and children from birth to age 5, a critical time for developing health behaviors for all families. The goal of home visiting programs is to develop positive parent practices; some programs include components of child health and school readiness. Integrating oral health information with nutrition and personal hygiene discussions is an important component for all children and a critical opportunity to focus on prevention of dental caries for families that are also learning to cope with a child's special health care need.

“Most States are in early discussions regarding benefit packages and can take advantage of these opportunities.”

- ▶ **Dental professional training:** The ACA supports numerous programs for training new and established dental practitioners in addition to a loan repayment program for the faculty that educate these professionals. The faculty loan repayment program gives priority to eight categories, one of which is training programs for special needs populations.¹⁶ Dental education institutions have the opportunity to structure the loan repayment program to offer special compensation or other benefits to attract candidates who can provide specialized training for services provided to children with special health care needs. If successful, the recruitment of qualified faculty in substantial numbers could help to break the cycle of dental professionals who do not feel confident in their ability to treat patients with special needs.
- ▶ **Access to dental diagnostic equipment:** The ACA also directs HHS to adopt new dental and medical diagnostic equipment standards for accessibility of persons with disabilities. Children with physical limitations often encounter physical barriers both outside and inside dental offices. While the Americans with Disabilities Act (ADA) governs accessibility to public accommodations such as medical and dental offices, the ACA now ensures that children with special health care needs should be able to access dental diagnostic equipment (e.g.x-ray machines) critical to the maintenance of their oral health.
- ▶ **Dental public health education campaign:** The ACA authorized (although has not yet funded) the HHS to establish a five-year, evidence-based oral health public education campaign that includes targeting at-risk populations such as individuals with disabilities.¹⁷ This campaign, while not yet defined, has the potential to speak to prevention strategies specifically addressing the oral health of children with special health care needs. Targeted messages to educate parents on the importance of a healthy diet, oral hygiene care, and how to access dental care are important for families of special needs children.

State Policy Options

The ACA provides state policymakers the opportunity and flexibility to address the unique challenges faced by families of children with special health care needs in managing their oral health needs. While some options are long-term investments in the health of children others should provide immediate access education and dental care. The following is a list of immediate opportunities focused on improving the oral health of children with special health care needs that will yield both short and long-term success:

1. **Educate families of children with special health care needs about the importance of oral health and dental benefits:** states should target outreach efforts to families of children with special health care needs. These efforts should emphasize the importance of early and on-going attention to oral health, specific behaviors and skills for maintaining oral health, and the opportunities available to obtain dental benefits for their children.
2. **Integrate oral health across new programs for families of children with special health care needs:** states should ensure that investments in school-based health centers and home visiting programs address the unique oral health needs of children with special health care needs.
3. **Support partnerships:** states should develop and strengthen partnerships with parent organizations, service agencies and dental/medical providers to ensure that the oral health of children with special health care needs is addressed during implementation of the ACA.
4. **Strengthen state oral health agencies:** states should empower and support state dental directors to coordinate, integrate, and promote oral health for children with special health care needs as opportunities become available through ACA.

Citations

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¹⁴Affordable Care Act (P.L. 111-148), Sec. 4101.

¹⁵Strozer J, Juszczak L, Ammerman A. 2007-2008 National School-Based Health Care Census. Washington, DC: National Assembly on School-Based Health Care, 2010.

¹⁶Affordable Care Act (P.L. 111-148), Sec. 5508.

¹⁷Affordable Care Act (P.L. 111-148), Sec. 4102.

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About the Policy Center

The National Maternal and Child Oral Health Policy Center was created in 2008 as a collaborative effort of the Association of Maternal and Child Health Programs (AMCHP), the Association of State and Territorial Dental Directors (ASTDD), the Medicaid/SCHIP Dental Association (MSDA), and the National Academy for State Health Policy (NASHP) with funding from the federal Maternal and Child Health Bureau of the Department of Health and Human Services, Health Resources and Services Administration, Department of Health and Human Services. The Policy Center promotes the understanding of effective policy options to address ongoing disparities in children's oral health.

The three-year initiative has set out to map a course for improving family oral health by building knowledge and skills of professionals with the ability to steer systems changes.

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