

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, 2023 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

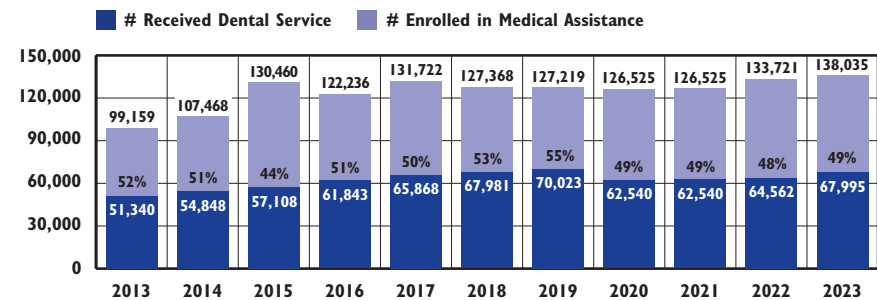
dental and medical care than children who have no insurance.^{6,7,8}

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 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 2013-2023



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2013-2023. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

★ Forty-nine percent (67,995) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for service on June 30, 2023 received a dental service during State Fiscal Year 2023.¹⁷

★ RIte Smiles, Rhode Island’s managed care oral health program for children in low-income families, has been credited with improving access to dental care for children. The program covers children and youth born on or after May 1, 2000.¹⁸

★ As of December 31, 2023, there were 127,088 children and youth enrolled in RIte Smiles (compared to 131,905 the year prior). Fifty-three percent (66,195) of the children who were enrolled in RIte Smiles on June 30, 2023 received a dental service during State Fiscal Year 2023.¹⁹

★ 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.²⁰ 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.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 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 and streamlining administrative procedures can encourage enrollment and utilization.^{24,25}

★ When RIte Smiles started, dental provider reimbursement rates were raised to encourage participation.²⁶ The number of Medicaid-participating dentists increased from 27 before RIte Smiles began to 471 in 2023.^{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, there were many disruptions in dental care. Nationally, children's oral health declined because of the pandemic.³⁰

★ In Rhode Island in 2022, 341 children and youth under age 21 were treated for dental issues in emergency departments. This is an increase from 2021, when 288 children and youth were treated for dental issues in emergency departments.³¹

★ In Rhode Island in 2022, 58 children and youth under age 21 were hospitalized with a diagnosis that *included* a dental problem. That same year, nine children and youth under age 21 were hospitalized with a dental problem as the *primary* reason for the hospitalization. This is about the same as the year prior.³²



Importance of Early Dental Visits

★ 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

★ 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.³⁵

★ 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.³⁶



Disparities in Dental Health

★ Between 2019-2022, 21% of Rhode Island kindergartners and 24% of Rhode Island third graders had untreated tooth decay. There are disparities by race/ethnicity and income, with Black, Hispanic, and low-income children having the highest rates.³⁷

★ Nationally, there are disparities in access to dental care and untreated tooth decay for children and adults. Those in low-income families, those in rural areas, as well as Black, Hispanic, Asian, and Native American populations are more likely to have dental issues and less likely to receive dental treatment.³⁸

References

^{1,6,9,15,22,24,33} *The state of little teeth: Second edition.* (2019). Chicago, IL: American Academy of Pediatric Dentistry.

^{2,16,38} *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.

(continued on page 179)