Dental Care Is the 'Most Prevalent' Unmet Need

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Dental care is "the most prevalent unmet health need among children," according to a report by the Kaiser Commission on Medicaid and the Uninsured.

Kaiser estimates that 20 million children do not have dental insurance coverage, compared with 9 million who lack health insurance coverage. Even children who have dental coverage—through Medicaid or the State Children's Health Insurance Program (SCHIP)—don't always have access to a dentist, according to the Kaiser report.

The report, "Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP," found that a third of children living at or just above the federal poverty level in 2006 had untreated dental caries and an equal number had no dental visit in the past year.

The federal poverty level was $20,000 for a family of four in 2006.

When compared with children from higher-income families, low-income children had 12 times as many days in which they could not participate in their normal daily activities because of dental problems.

Black and Hispanic low-income children had slightly higher rates of untreated tooth decay than did white low-income children. They were also more likely to not have seen a dentist in the past year.

Medicaid and SCHIP offer some dental coverage to eligible children. Under Medicaid, states are required to offer comprehensive dental care through the Early and Periodic Screening, Diagnostic, and Treatment benefit. In states where the SCHIP program is essentially an expansion of Medicaid, SCHIP offers the same dental benefits as Medicaid. But states that created separate SCHIP programs often have different dental benefits, and those benefits can be dropped if it's a tight budget year.

That happened in Texas, for instance, which did not offer dental benefits for several years, William Prentice, senior vice president of government and public affairs for the American Dental Association, said in an interview. At this time, all 50 states offer dental coverage of some sort, he said.

But, in states with separate programs, the benefits can vary. Seven states cap annual dental expenditures or limit services, according to the Kaiser report. In Montana, for instance, benefits are capped at $350 a year.

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The separate SCHIP programs are also not required to offer dental benefits. A mandate for benefits was included in SCHIP expansion legislation that was vetoed earlier this year.

Even if benefits are added, that will not get to the crux of the problem: low reimbursement rates for dentists who accept Medicaid or SCHIP, said Mr. Prentice.

"The government loves to promise care and it hates to pay for it," he said, adding that the ADA has been lobbying for increased pay for dentists. In most states, dentists lose money if they accept Medicaid or SCHIP payment, he said.

A few states have increased pay, and taken other steps to make participation easier, including streamlining billing and allowing electronic submission of claims, according to Kaiser. In those states—Michigan, Alabama, and Illinois—the number of children visiting a dentist in the last year increased after the changes. In Illinois, only 23% of children on public health programs had seen a dentist in the year before payment reform was initiated; once reforms were in place, that number rose to 40%.

More low-income children would likely see a dentist if their parent or guardian had access to a dentist, said Mr. Prentice. According to another Kaiser study, "Access to Affordable Dental Care: Gaps for Low-Income Adults," 58% of low-income adults had no dental coverage in 2006; furthermore, 67% of low-income adults went without a dental visit in the past year, compared with 35% of higher-income adults.

The ADA has lobbied for Medicaid to offer adults a dental benefit, and will continue to do so in the next Congress, Mr. Prentice said. ■