



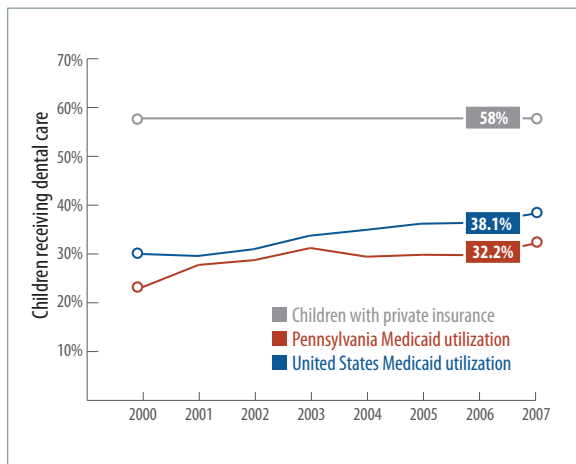
The Cost of Delay: State Dental Policies Fail One in Five Children Pennsylvania



PENNSYLVANIA meets just two of eight policy benchmarks aimed at addressing children's dental health needs. Although they make efficient use of hygienists, the state's school-based sealant programs reach less than a quarter of high-risk schools, and just under a third of Medicaid-enrolled children in Pennsylvania received dental services in 2007, the latest year for which data are available. As a result, the state was one of 13 identified for investigation in 2008 by the federal Centers for Medicare and Medicaid Services, which found that it needs to do more to ensure adequate access to dental providers.¹ Pennsylvania recently created a Medicaid pay-for-performance program to award bonuses to dentists providing continuous care to children (and other vulnerable populations, such as pregnant women), but it does not reimburse primary care physicians for providing basic dental preventive services.² The Keystone State provides fluoridated water to just over half of its population, well short of the national goal.

HOW BAD IS THE PROBLEM?

TOO MANY CHILDREN LACK ACCESS TO DENTAL CARE, WITH SEVERE OUTCOMES. One measure of the problem: more than half of the children on Medicaid received no dental service in 2007.



SOURCES FOR NATIONAL BENCHMARKS: 1) Association of State and Territorial Dental Directors; 2) American Dental Hygienists' Association; 3) Centers for Medicare and Medicaid Services, CMS-416; 4) American Dental Association; 5) Pew Center on the States, National Academy for State Health Policy and American Academy of Pediatrics; 6) National Oral Health Surveillance System.

¹ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Region III, "Final Report: Pennsylvania EPSDT Review Report April 2008 Site Visit," December 31, 2008, <http://www.cms.hhs.gov/MedicaidDentalCoverage/> (accessed November 30, 2009).

² A. Snyder, "Increasing Access to Dental Care in Medicaid: Targeted Programs for Four Populations." *National Academy for State Health Policy* (2009): 17-20.

HOW WELL IS PENNSYLVANIA RESPONDING?

MEASURED AGAINST THE NATIONAL BENCHMARK FOR EIGHT POLICY APPROACHES

	STATE	NATIONAL	MEETS OR EXCEEDS
Share of high-risk schools with sealant programs, 2009	<25%	25%	
Hygienists can place sealants without dentist's prior exam, 2009	Y	Y	✓
Share of residents on fluoridated community water supplies, 2006	54%	75%	
Share of Medicaid-enrolled children getting dental care, 2007	32.2%	38.1%	
Share of dentists' median retail fees reimbursed by Medicaid, 2008	53.2%	60.5%	
Pays medical providers for early preventive dental health care, 2009	N	Y	
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	Y	Y	✓
Total score	F		2 of 8

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points

Download the full report and explanatory notes by visiting www.pewcenteronthestates.org/costofdelay.



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