

The State of Children's Dental Health: Making Coverage Matter

Massachusetts

A

2011 GRADE

Massachusetts fulfills six of the eight policy benchmarks aimed at addressing children's dental health needs. The increase can be attributed to sealant programs now reaching more than one-quarter of high-risk schools. Additionally, a new law allows hygienists in school-based programs to place sealants on children's teeth without a dentist's prior exam.

In early 2011, the U.S. District Court ended five years of oversight of Massachusetts' Medicaid program, citing improvements that the state has made.¹ The court recognized that in 2009, over half of the state's Medicaid-enrolled children received a dental service. However, in 2010, fiscal pressures prompted the state to eliminate most adult dental coverage.² Research shows that when parents who go without care, their children are also less likely to see a dentist.³

HOW WELL IS MASSACHUSETTS RESPONDING?

2011: **A**

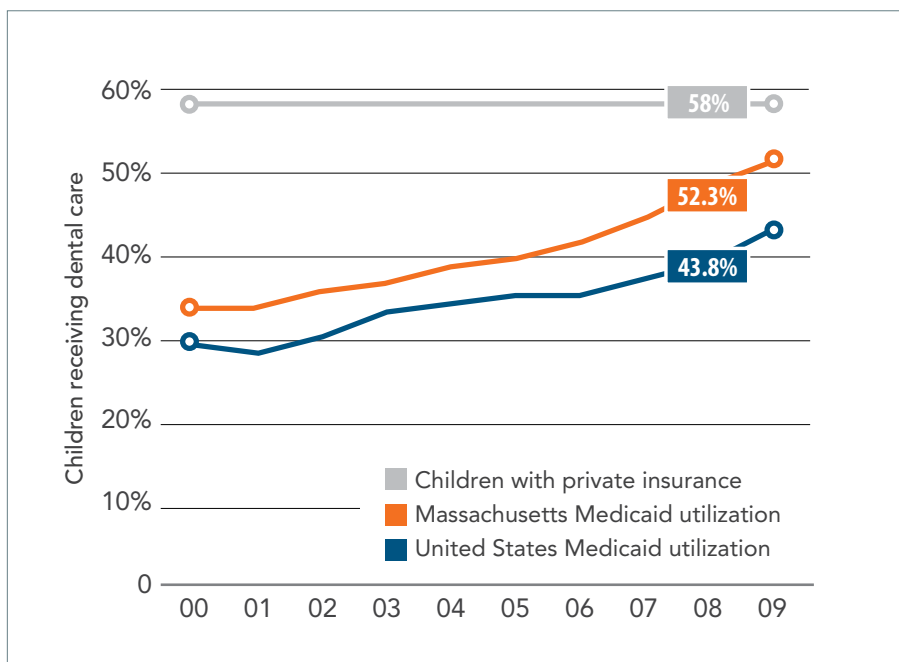
2010: **C**

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	MEETS OR EXCEEDS	MET OR EXCEEDED
2010	Share of high-risk schools with sealant programs	25-49%	25%	✓	
2010	Hygienists can place sealants without dentist's prior exam	YES	YES	✓	
2008	Share of residents on fluoridated community water supplies	65.4%	75%		
2009	Share of Medicaid-enrolled children getting dental care	52.3%	38.1%	✓	✓
2010	Share of dentists' median retail fees reimbursed by Medicaid	68.6%	60.5%	✓	✓
2010	Pays medical providers for early preventive dental health care	YES	YES	✓	✓
2010	Authorizes new primary care dental providers	NO	YES		
2010	Tracks data on children's dental health	YES	YES	✓	✓
Total score				6 of 8	4 of 8

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

HOW BAD IS THE PROBLEM?

Too many children lack access to dental care. While more than half of the state’s children on Medicaid received care in 2009, they were less likely to be treated than kids with private insurance.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416.

SOURCES FOR BENCHMARKS: (1, 2, 7) Pew Center on the States survey of states; (3) Centers for Disease Control and Prevention; (4) Centers for Medicare and Medicaid Services, CMS-416; (5, 6) Medicaid/SCHIP Dental Association and American Academy of Pediatrics; (8) National Oral Health Surveillance System.

1. K. Lazar, “Court bows out of dental program for low-income children,” Boston Globe (February 3, 2011). http://www.boston.com/news/health/blog/2011/02/court_bows_out.html (accessed February 15, 2011).
2. MassHealth Fact Sheet – FY11 H.2, “Adult Dental Coverage Restructuring,” <http://www.mass.gov/Eeohhs2/docs/masshealth/research/fy11h2-dental-factsheet.pdf> (accessed December 10, 2010).
3. “Children More Likely to Visit the Dentist If Their Parents Do, Too,” ScienceDaily, (February 16, 2010). <http://www.sciencedaily.com/releases/2010/02/100201091634.htm> (accessed April 2011).