Infopak

Access to Care

2005

American Dental Association
www.ada.org

Office of Student Affairs
studentaffairs@ada.org
800 621.8099 x7470

Access to Care

Due to the diligent advocacy of dental professionals reinforcing the importance of oral health care, the majority of Americans today are currently receiving the care that they need to maintain a healthy smile. Thanks to prevention and early detection, the nation's overall oral health is improving! But there still is much to be done in providing oral health care to those who are in need but can't afford, or don't have access to routine check-ups.

Unfortunately, access to preventive and restorative dental services is not a reality for many. Those who have difficulty accessing care can include children from low-income families, low income senior citizens, persons with disabilities and persons who live in remote areas. With help from law- and policymakers at the state and federal levels, members of the health community, and other stakeholders, the American Dental Association is striving to ensure the availability of accessible and affordable oral health care to anyone and everyone.

The American Dental Association offers programming and member support to enhance access to oral health care. Examples include:

> **Give Kids A Smile Day**

The Give Kids A Smile® name was first used by the Greater St. Louis Dental Society and a group of dentists who set up a temporary full-service clinic that treated nearly 400 children over two days in February 2002. Since then the program has grown, and in 2005 resulted in treatment of an estimated 501,200 children. Events took place at approximately 1,800 locations across the nation, with some 29,400 dental team volunteers, including over 10,900 dentists, providing cared valued at $32,600,000 to underserved children. The number may be even higher – many previous participants have continued the good work, but may not have registered for the most recent event.

> **Legislative support for state dental societies**

The ADA works with constituent dental societies at the state level to advocate for better Medicaid programs. The Division of Government Affairs equips dentists, dental advocates and policy makers with tools to help construct laws that reflect the highest standards of safe and effective dental services for all patients. The division is actively engaged at all levels of government both state and federal. A wide variety of products are available to help improve access to dental care for the underserved. For example, the 2004 white paper, *State and Community Models for Improving Access to Dental Care for the Underserved* details the unmet need for dental care among large groups of Americans and offers proven models to address the problem. *State Innovations to Improve Access to Oral Health Care for Low-Income Children: A Compendium* records the activities to improve access to oral health care for children in Medicaid and the State Children's Health Insurance Program. A series of *policy briefs* informs legislators of the necessity of market-based reimbursement methods for dental Medicaid services and offers ways to improve the administration of Medicaid, encourage patient compliance with dental appointments and improve public awareness about the importance of oral health. Assistance on a variety of issues is available upon request.

> **Support for Community Programs**

The ADA Council on Access, Prevention and Interprofessional Relations publishes helpful resources for members who wish to develop and sustain charitable access programs in their communities:

- "Manual on Dental Care Access Programs"
- "Obtaining Funding for Dental Access Programs: An Overview"
- "Dental Access Program Marketing: How to Build Public Image and Participation"

All three documents are available at a nominal charge by calling the Council at x2673.

> **The National Foundation of Dentistry for the Handicapped**
Sponsors national and state dental care programs for individuals who are disabled and low-income elderly. Volunteer dentists and dental laboratories donated their services to serve vulnerable individuals. Go to **www.nfdh.org** for more information.

> **Foundation grants**
The ADA Foundation, especially including the Samuel Harris Fund for Children's Dental Health, supports access to care. The Foundation has distributed $190,000 in grants up to $5,000 each during 2004 and is planning to repeat this level of support again in 2005. The programs receiving support are varied, but each place has a common core elements of heavy emphasis on preventive dental education.

> **Access to care for seniors**
A joint ADA/ADAF/GlaxoSmithKline grant program to improve access to care for semi-dependent older adults is providing $225,000 in grants in 2005. The six programs chosen to receive grants are attempting to address the issue of dental care for older adults who due to a variety of physical and/or mental complications related to older age are no longer able to live independently and no longer able to access dental care on their own.

> **Interprofessional partnerships** with numerous national organizations including the American Medical Association and the American Hospital Association.

> ***ADA News* publications** on access to care and other community advocacy programs.

The American Dental Association and its members will continue working with policy makers to establish programs and services that improve access to oral health care, while maintaining a single standard of oral care. The Association urges the nation to join in by:

– Rejecting programs and policies that marginalize oral health, and instead support those that recognize that oral health is integral to overall health and can affect a person's self-esteem, ability to learn and employability.

– Acknowledging that the degree of oral health disparities and the extent and severity of untreated dental disease – especially among underserved children – is unacceptable.

– Committing, through both advocacy and direct action, to identify and implement commonsense, market-based solutions that capitalize on the inherent strengths of the American dental care system.

Financial Incentives to Provide Care to the Underserved

In many states, there are creative approaches to improving access to care, including financial incentives such as student loan forgiveness programs to encourage new dentists to practice in underserved areas. Here's a short description of loan forgiveness programs offer at each state. You may contact your state dental association for more details.

Arizona
In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months.

Arkansas
The state provides a forgivable loan program to assist Arkansas dental students attending specified out-of-state health and medical professional schools. The loans may be forgiven at the rate of one (1) year's loan for one (1) year's practice in Arkansas.

California
Provides loan repayment to recent dental school graduates who practice for three years in a community clinic or office in an underserved area. Loan repayments are limited to a total of ($105,000) per individual. After completing one year of service, $25,000 is awarded. After two consecutive years, $35,000 is awarded, for a total loan repayment of up to $60,000. After three consecutive years, $45,000 is awarded, for a total loan repayment of up to $105,000.

Colorado
The state dental loan repayment program pays all or part of the principal, interest, and related expenses of the educational loans of each eligible dental professional who agrees to provide care to underserved populations for at least 2 years.

Delaware
The State Loan Repayment Program for Dentists and Physicians is designed to recruit physicians and dentists to underserved areas of the state by repaying a portion of their educational debt in exchange for their commitment to practice in underserved area.

Idaho
The Rural Health Care Access Fund provides grants to improve access to primary care medical services in areas designated as primary care health professional shortage areas and medically underserved areas. Individual grant awards are limited to $35,000, direct and indirect costs, per year. Applicants may propose projects for funding for up to three years.

Illinois
Provides grants to Illinois students enrolled or accepted in Illinois dental schools, and who contract to practice dentistry in a designated shortage area in the state. Upon the Illinois licensure of the student to practice dentistry, the student shall serve as a general practice dentist in a designated shortage area in the state.

Indiana
The Indiana health care professional recruitment and retention fund provides loan repayment for student loans up to $40,000 ($20,000 per year) incurred by dentists agreeing to serve a two-year stint in a federally designated shortage area or an area approved by the state as underserved.

Maine

The Finance Authority of Maine awards up to 3 loans or loan repayment agreements annually up to an aggregate of 12. Under the program, loans may be awarded to Maine residents who have been accepted into dental school. If, upon completing dental education, the loan recipient elects to practice dentistry in an area determined to be underserved, the loan recipient may be forgiven a 25% portion of the loan per year after executing a loan repayment agreement.

Maryland

Maryland's new law provides up to $100,000 total loan assistance over a three-year period, during which a dentist accepts 30% of his/her caseload from the Medicaid-eligible population. Assistance is limited to 5 dentists per year for a total of 15 dentists over the three-year program.

Minnesota

Students accepted into the program serve at least three years during which at least 25 percent of the patient encounters are state public program enrollees or patients receiving sliding fee schedule discounts. The state pays $10,000 per year up to four years, not to exceed the lesser of $40,000 or the balance of the qualifying loans.

Missouri

Dentists and dental school students enrolled in their final year of course study may participate in the Health Professional Student Loan Repayment Program. The maximum amount of repayment assistance is not to exceed the maximum allowed under the National Health Services Corps Repayment Program. Program participants must agree to see all patients regardless of their ability to pay.

Nebraska

Pays educational expenses and repay loans for dental students who agree to practice in a designated health profession shortage area, within 3 months of graduation. The amount of financial assistance is limited $80,000 over the course of schooling. Each loan repayment recipient agrees to provide services for at least 3 years and accept Medicaid patients.

Nevada

Under the Western Regional Higher Education Compact (agreement among 13 western states & NV), a dentist receives a support fee, 25% of which is a loan to be repaid by the dental graduate. Practicing in a medically underserved area of this state for at least 2 years results in a forgiveness of the loan balance (25% of the support fee).

North Dakota

The state annually selects up to three dentists who enter a four-year nonrenewable contract where education loans are repaid in exchange for the dentist(s) agreeing to practice in underserved communities identified by the state health council. The council establishes a priority ranking for participation in the program for the selected communities. Dentists are eligible to receive funds for the repayment of their education loans, which may not exceed $80,000 per applicant over a four-year period.

Ohio

The dentist loan repayment program provides up to $20,000 per year in loan repayment assistance for new dentists who agree to practice at least 40 hours per week in a designated dental health professional shortage area and treat patients regardless of their ability to pay.

Rhode Island

Provides educational loan repayment for healthcare professionals committed to working in primary care health professional shortage areas or dental health professional shortage areas. Requires a two year commitment to provide full-time services at a site that has been approved for funding.

South Carolina

Each loan or scholarship lasts for a period of one year only. However, recipients who successfully complete the related year of study have first priority on unobligated funds for renewal of the loan or scholarship for the succeeding year. For each year an applicant benefits from a loan or scholarship s/he is required to practice in the underserved county. Applicants who receive a scholarship or loan for four years are only required to practice in a county for three years, at the end of which time the loan is considered paid in full.

South Dakota

Provides that up to 3 dentists are eligible to receive tuition reimbursement payments if the licensed to practice dentistry and (s)he agrees to practice general dentistry in an eligible community for a minimum period of three years.

Texas

Texas makes annual repayment(s) within a time frame determined by the Board upon the dentist's completion of each twelve-month service period. Dentists must complete at least one year of dental practice in an area of the state that is underserved with respect to dental care. A dentist may receive up to $10,000 repayment assistance grants for each of not more than five years.

Utah

Creates a new Utah Health Care Workforce offering loan repayment & scholarship grants for dentists, who locate or continue to practice in underserved areas. The Program will have an advisory committee one member of which will be a member of the Utah Dental Association.

Virginia

The dental loan repayment program provides incentives to dental students agreeing to practice in underserved areas designated by the State Board of Health through criteria derived by comparing population data, dentist population and dental health professional shortage areas determined by the federal HHS department. Preference will be given to graduates of Virginia Commonwealth University's School of Dentistry. Scholarship recipients may receive a maximum of five scholarships. The award(s) equal one-year in-state tuition at Virginia Commonwealth University School of Dentistry for the year in which the loan was acquired.

Wisconsin

To benefit from loan assistance, the dentist must agree to provide dental services to at least 50 unduplicated medical assistance or badger care recipients, not to fall below a minimum of $8,000 in claims paid. In year two of the dentist's agreement, the dentist must see at least 70 unduplicated medical assistance or badger care recipients, not falling below $11,000 in claims paid. Year three, the dentist must provide dental services to at least 90 recipients, with a minimum claim amount of $15,000.

For more information about each program, you can contact the state dental association or the social & human services department at your state.

What Can I Do?

ADA members are encouraged to get involved on a personal level! Some suggestions for action include:

- Expanding cultural diversity in dentistry and reducing oral health disparities by serving as mentors to individuals from underrepresented ethnic groups and fostering their interests in dentistry as a career.
- Seeking out and participating in oral health coalitions that develop solutions on state access concerns.
- Volunteer for Give Kids A Smile Day and other altruistic dental initiatives that expand care to underserved individuals.
- Work with a Head Start or other community programs to educate staff, parents and children as well as to connect low-income high-risk children with dentists who can care for them.
- Become involved in coalition efforts to initiate and maintain water fluoridation.

Plan Ahead to Support Charitable Programs

The National Foundation of Dentistry for the Handicapped (NFDH) has been a charitable affiliate of the ADA since 1988. **(www.nfdh.org)** The NFDH develops and implements three major programs providing care for low-income and uninsured persons who are disabled, elderly, and medically compromised. Before the end of 2001, the cumulative value of dental care provided to individuals via the DDS program will reach $50 million. That represents humanitarian efforts of over 8,000 dentists and 1,800 dental laboratories on behalf of over 30,000 vulnerable individuals since DDS began as a small pilot program in Colorado in 1986.

In addition, the ADA Health Foundation, the charitable arm of the ADA, funded more than 57 programs in 2000 to increase access to and quality of dental care for all populations and to improve dentistry's understanding of oral diseases.

Established Programs Related to Access to Care

For information regarding programs that are available to assist the underserved, please see the attached fact sheet on Medicaid, State Children's Health Insurance Program, the Indian Health Service, and donated dentistry. Also, be sure to visit ADA.org for the most up-to-date information on access to care initiatives. In addition to the resources for dental professionals, the site also outlines information to assist those who need to find charitable dental care and/or financial assistance for dental work.

MEDICAID

Fact Sheet

Medicaid is a joint and voluntary program between the federal government and the states, with the mission to provide health insurance coverage to the nation's poor, disabled and the impoverished elderly people. The federal government sets minimum eligibility standards and coverage requirements for Medicaid. Because Medicaid is an entitlement program, states choosing to participate must provide specified care to everyone who is eligible under guidelines developed by the federal government.

Currently, a matching program is in place with the federal government using a formula measuring per capita income in each state relative to a national average. By law, matches must be at least 50 percent for medical assistance payments and normally cannot exceed 83 percent. Match rates for administrative costs run from 50 percent to 100 percent.

Medicaid is facing a funding crisis for the following reasons:

- Costs associated with the program (particularly prescription drug costs) continue to rise
- During more lucrative years, some states looked to Medicaid as a way to expand health coverage for the working poor and others without access to health insurance, expanding eligibility criteria.
- During economic downturns more individuals become eligible thereby increasing demands for funding and services.
- The growing population of people in need of long-term care.

As a result of the funding crisis, several critical health programs are being reduced or eliminated, provider reimbursement rates are being frozen, and program eligibility is also being adjusted. Dental benefits have been a target, 17 states are reducing or eliminating adult dental benefits in 2002-2003 (as of February 2003).

Who is covered?

To qualify for Medicaid, an individual must meet financial criteria or may be a member of a group that is "categorically eligible" for the program, such as low-income children, pregnant women, the elderly, people with disabilities and parents. Federal law mandates coverage of some groups below specified minimum income levels, but also gives states broad optional authority to extend Medicaid eligibility beyond these minimum standards. The flexibility that states have to establish their own eligibility rules has produced wide state-to-state variation in who and how many are covered by Medicaid.

What does Medicaid pay for?

Medicaid covers a broad range of services to meet the complex needs of the populations it serves, particularly the elderly and people with disabilities. Because Medicaid beneficiaries have limited financial resources, cost-sharing is limited and not permitted for children and pregnant women.

State Medicaid programs must cover the following:

- Inpatient and outpatient hospital services
- Physician, midwife & certified nurse practitioner services
- Laboratory and x-ray fees
- Nursing home and home health care
- Early and periodic screening, diagnosis, and treatment (EPSDT) for children under 21
- Family planning
- Rural health clinics/federally qualified health centers
- States have the authority to cover additional, optional services and receive federal matching funds.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Information

EPSDT services are required for the categorically qualified under age 21, but optional for medically needy (those who qualify as a result of high medical expenses that reduce income below a state's AFDC limit).

Required EPSDT Dental Services

Screening	Screening services provided at intervals meeting reasonable dental standards, and at such other intervals to determine illness and which shall, at a minimum, include dental services that are provided at intervals meeting reasonable dental standards and at other intervals as medically necessary to determine the existence of illness, and which shall, at a minimum, include relief of pain and infections; restoration of teeth; and maintenance of dental health. Although an oral screening may be a part of a physical examination, it does not substitute for examination through direct referral to a dentist. A direct oral referral is required for every child in accordance with a state's periodicity schedule and at other intervals as medically necessary.
General care	Dental care, at as early an age as necessary, needed for relief of pain, infections, restoration of teeth, and maintenance of dental health.
Emergency services	Services necessary to control bleeding, relieve pain, eliminate acute infection; operative procedures which are required to prevent pulpal death and the imminent loss of teeth; treatment of injuries to the teeth or supporting structures; palliative therapy for pericoronitis associated with impacted teeth.
Preventive Services	Instruction in self-care oral hygiene procedures; cleanings; sealants when appropriate to prevent pit and fissure caries.
Therapeutic Services	Pulp therapy for permanent and primary teeth; restoration of carious permanent and primary teeth with silver amalgam, silicate cement, plastic materials and stainless steel crowns; scalings and curettage; maintenance of space for posterior primary teeth lost permanently; and provision of removable prosthesis when masticatory function is impaired or when existing prosthesis is unserviceable; and orthodontic treatment when medically necessary to correct handicapping malocclusion.
Nursing Facilities	Nursing facilities must provide routine dental services (to the extent they are covered under the state plan) and emergency dental services to meet the needs of each resident.

Additional Services

Any additional services provided are at the convenience of the state. To qualify as a state plan for medical assistance, the state plan must:

- Be uniformly applied to all political subdivisions of the state
- Provide for financial participation by the state equal to not less than 40 percent
- Provide a fair hearing for any individual whose claim is denied or not timely processed
- Provide for proper administration of the plan
- Designate a single state agency to administer the plan
- Submit reports to the Secretary of HHS as required
- Provide privacy safeguards for applicants
- Provide a fair opportunity for all individuals to apply
- Provide certain statutorily defined medical services, etc.
- States may apply (and many have) for a federal waiver to make state-specific adjustments to many of these requirements. Check with your state for specific details.

DONATED DENTISTRY

Fact Sheet

Although many dentists are disillusioned with the failure of government programs to provide even minimal care to needy Americans, the dental profession has an exemplary record of helping those in need. In recent ADA surveys, dentists have reported providing more than $1 billion each year in free and discounted care to needy patients.

In addition to its research and education agenda, the ADA Health Foundation is the profession's central agency for charitable support of national and regional access programs that help strengthen public awareness of oral health and make dental care available to those in need. The foundation launched the Samuel Harris Fund for Children's Dental Health Grants Program in 1999 to support programs that serve those children whose economic status places them at the greatest risk for dental caries and other oral diseases. Last year, the Foundation awarded cash grants totaling nearly $140,000 to 30 such programs across the country.

The National Foundation of Dentistry for the Handicapped, a not-for-profit charitable affiliate of the ADA, has helped almost 30,000 low-income disabled and elderly people receive more than $34.1 million in services from more than 8,000 volunteer dentists and 1,864 participating dental laboratories through its Donated Dental Services program.

State and local dental associations, other groups and individual dentists will continue working to deliver care to those with the greatest needs. But in the end, charity alone will not eliminate the disparities in access to care. State and federal governments must join organized dentistry in attempting to make good oral health and oral health care a reality for all Americans.

INDIAN HEALTH SERVICE (IHS)

Fact Sheet

American Indians and Alaskan Natives remain among the nation's most dentally underserved people. The Indian Health Service (IHS), an agency of the U.S. Department of Health and Human Services responsible for delivering the full range of health services to these populations, has historically suffered from chronic underfunding that weakens its ability to fulfill its mission. Despite the obvious dedication, enthusiasm and professionalism of the agency's dental staff, the lack of funds, coupled with bureaucratic red tape, has limited the delivery of care to a minority of the eligible population. Unfortunately, that trend is worsening—the percentage of American Indians and Alaskan Natives receiving dental care annually has declined from 33 percent 10 years ago to about 25 percent today.

The challenges facing the IHS go beyond money to include administration, culture, education, technology and geography. The ADA is committed to helping the IHS meet these challenges by assisting in recruiting both paid and volunteer dental staff, breaking down administrative barriers that hamper efficiency and expanding the agency's use of technology, especially information technology.

CHILDREN'S HEALTH INSURANCE PROGRAM

Fact Sheet

The Children's Health Insurance Program, enacted as part of the 1997 Balanced Budget Act, seeks to extend medical and dental services to as many as 10 million so-called gap children—those whose family incomes exceed Medicaid eligibility but who cannot afford private health insurance. As in Medicaid, the law leaves the states great latitude in setting eligibility and reimbursing providers, causing concern that the new program will replicate old problems. And many states' CHIP programs simply extend their existing Medicaid programs, with all of the attending weaknesses. With ADA support, state dental associations are working with their legislatures and health departments to ensure that CHIP and Medicaid dental programs provide adequate care with the ancillary services needed to deliver that care to the maximum number of eligible people.

American Academy of Pediatric Dentistry	**www.aapd.org**	312-337-2169
Children's Defense Fund	**www.childrensdefense.org**	202-662-3544 212-535-9400
Children First (The National PTA)	**www.pta.org**	312-670-6782
Center for Medicare & Medicaid Services	**www.cms.hhs.gov**	877-267-2323
Health Resources & Services Administration	**www.hrsa.gov**	301-443-3376
Institute for Child Health Policy	**www.ichp.edu**	352-265-7220
Maternal and Child Health Bureau	**www.mchb.hrsa.gov**	301-443-0205
National Conference of State Legislatures	**www.ncsl.org**	303-364-7700 (Denver) 202-624-5400 (Washington, DC)
National Governors Association	**www.nga.org**	202-624-5300

CHILD ADVOCATE CONTACTS

American Academy of Pediatrics	www.aap.org	847-434-4000
American Public Human Services Association	www.aphsa.org	202-682-0100
Association of Maternal & Child Health Programs	www.amchp.org	202-775-0436
Child Welfare League of America	www.cwla.org	202-638-2952
Center for Budget and Policy Priorities	www.cbpp.org	202-408-1080
National Health Law Program	www.healthlaw.org	202-289-7661
Children's Defense Fund	www.childrendefense.org	202-662-3544 212-535-9400
Children's Health Fund	www.childrenshealthfund.org	
Connect for Kids	www.usakids.org	
Families USA	www.familiesusa.org	202-628-3030
National Healthy Mothers, Healthy Babies Coalition	www.hmhb.org	703-837-4792
Kids Count (Annie E. Casey Foundation)	www.aecf.org	410-547-6600
National Network for Youth	www.nn4youth.org	202-783-7949
Zero to Three (National Center for Infants, Toddlers & Families)	www.zerotothree.org	202-638-1144