

# Oral Health: Imperative in Maternal and Child Health

National Conference of State Legislatures  
Maternal and Child Health Fellows  
April 22, 2023

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# AAPD Research & Policy Center

The RPC aims to conduct impactful oral health services research and advance sound policies that improve the oral health and overall health of children.

We do this by:

- administering primary research
- monitoring existing reputable data sources
- synthesizing evidence for guideline development
- collaborating with other leaders in oral health and health policy
- generating discussion on contemporary issues in pediatric dentistry



# Impacts Beyond the Mouth

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

## High Blood Pressure

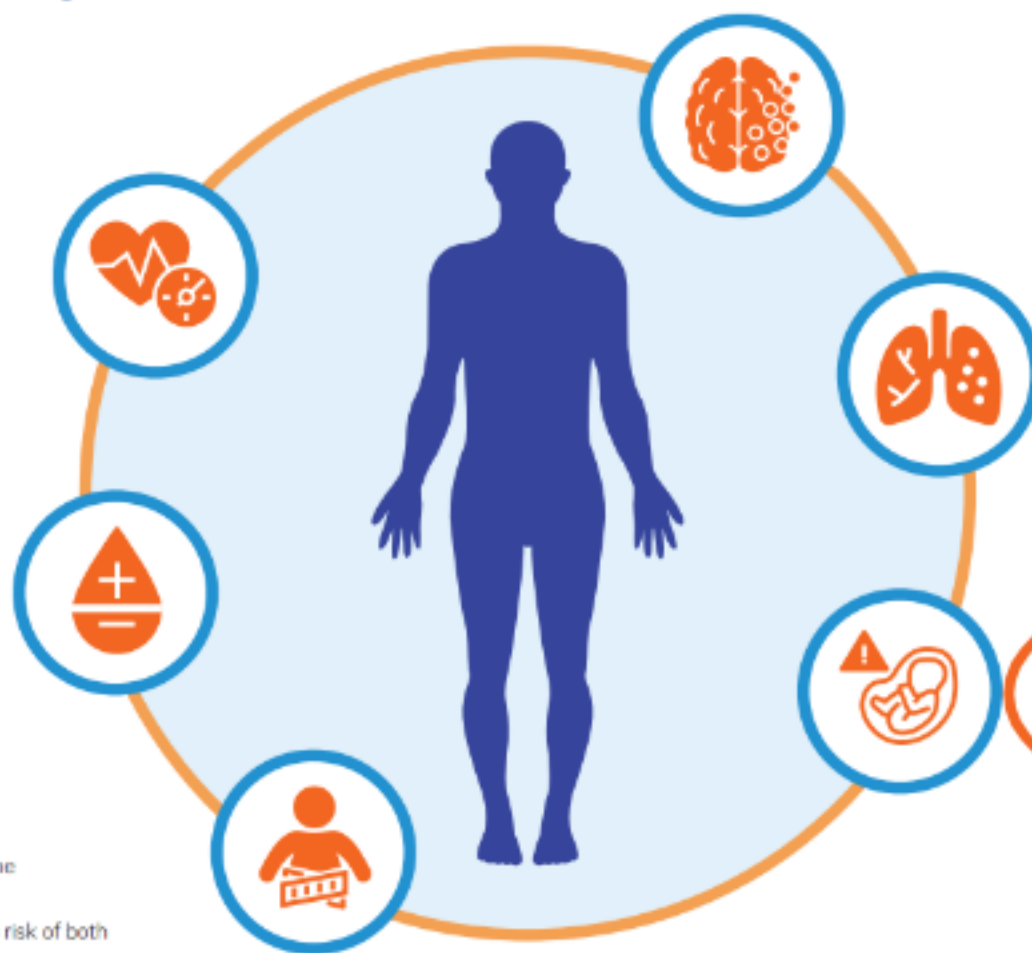
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.<sup>1</sup>
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.<sup>2</sup>

## Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.<sup>3</sup>
- Diabetes raises the risk of developing gum disease by 86%.<sup>4</sup>

## Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.<sup>5</sup>
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity<sup>6</sup> and tooth decay among children<sup>7</sup> and adults.<sup>8</sup>



## Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.<sup>9</sup>
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.<sup>10</sup>

## Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.<sup>11</sup>
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.<sup>12</sup>
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.<sup>13</sup>

## Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.<sup>14</sup>



# Oral Health is Vital to Overall Health & Well-Being

Released  
March 2023

## 2023 Medicaid & CHIP Beneficiaries at a Glance: Oral Health



### KEY FACTS

Oral health is vital to overall health and well-being. Dental caries is the most common chronic disease among children and adults in the United States. Oral diseases like tooth decay, gum disease, and oral cancer greatly impact daily life, including speaking, eating, and interacting with others.<sup>1</sup>

### Impact of Poor Oral Health Across the Lifespan<sup>1</sup>

#### Children and Adolescents

- Delayed growth and development
- Impaired school attendance and academic performance

#### Adults

- Increased risk of chronic health conditions
- Lower work productivity and employability

#### Pregnant Individuals

- Increased risk of health complications
- Preterm birth and low birth weight

#### Older Adults

- Nutritional deficiencies due to trouble eating
- Declining overall health and longevity

### Medicaid and CHIP Expenditures for Dental Services, 2018-2021<sup>2</sup>



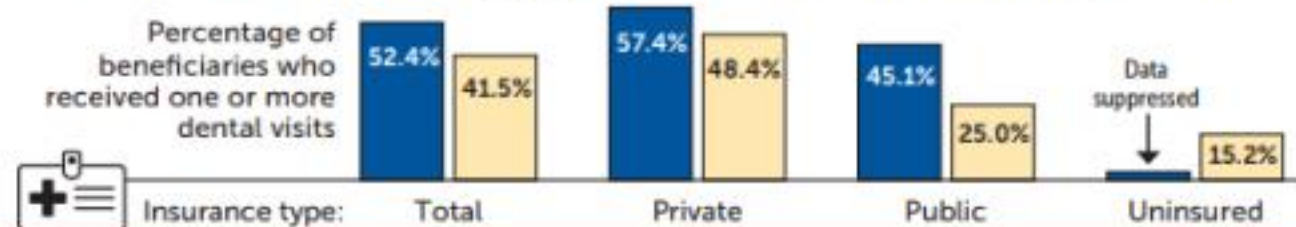
2018	2.4%	\$14.8 Billion
2019	2.4%	\$15.5 Billion
2020	2.2%	\$14.9 Billion
2021	2.4%	\$17.8 Billion

■ Dental service expenditures as a percentage of total expenditures

Note: Dental expenditures in this exhibit do not include spillover medical costs such as dental-related visits to hospital emergency departments, inpatient admissions, or exacerbation of conditions such as diabetes attributable to poor oral health.

### DISPARITIES IN DENTAL CARE USE BY INSURANCE TYPE

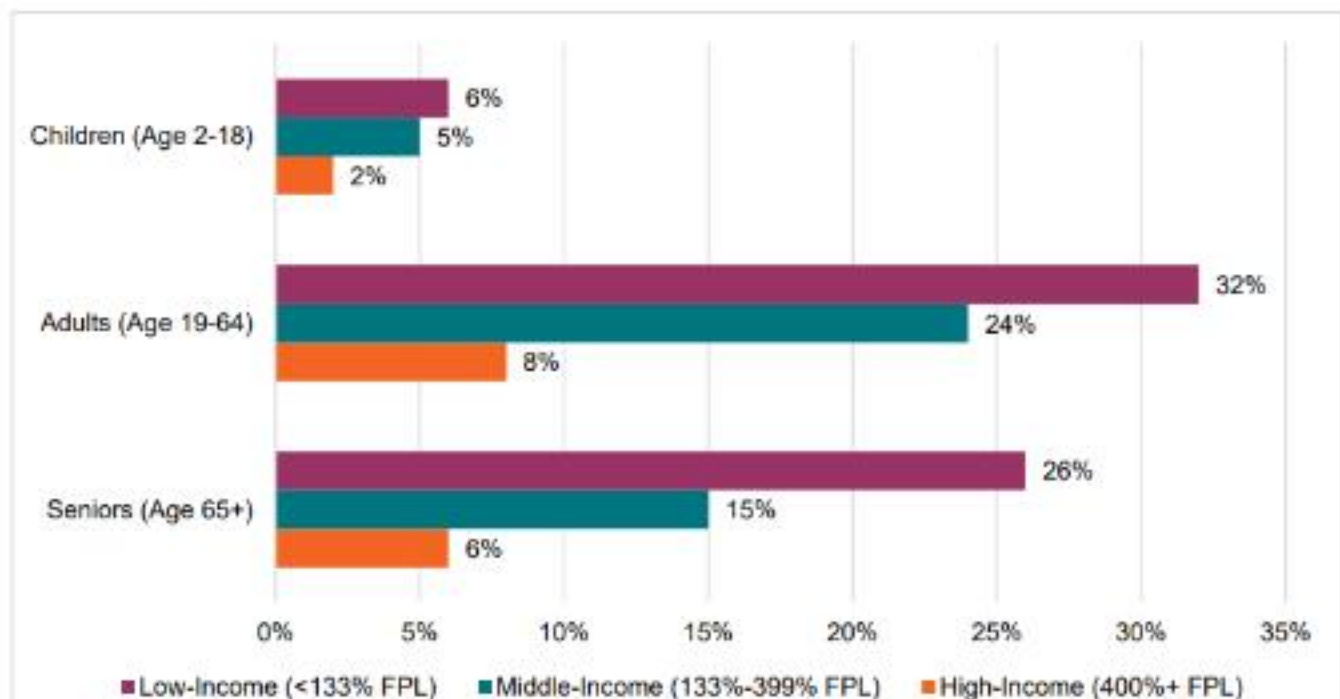
### Dental Visit Utilization by Type of Medical Insurance Coverage, 2019<sup>3</sup>



Notes: Data include survey respondents ages 0 to 18 for children and ages 19 to 64 for adults. Data were suppressed for uninsured children due to small sample sizes. Insurance coverage type is based on medical insurance coverage and is not dental-specific. Respondents with any private insurance coverage during the year were assigned to the private insurance category.

# The #1 Barrier to Care? Cost.

Figure 1: Prevalence of Cost Barriers to Dental Care by Age and Income Level



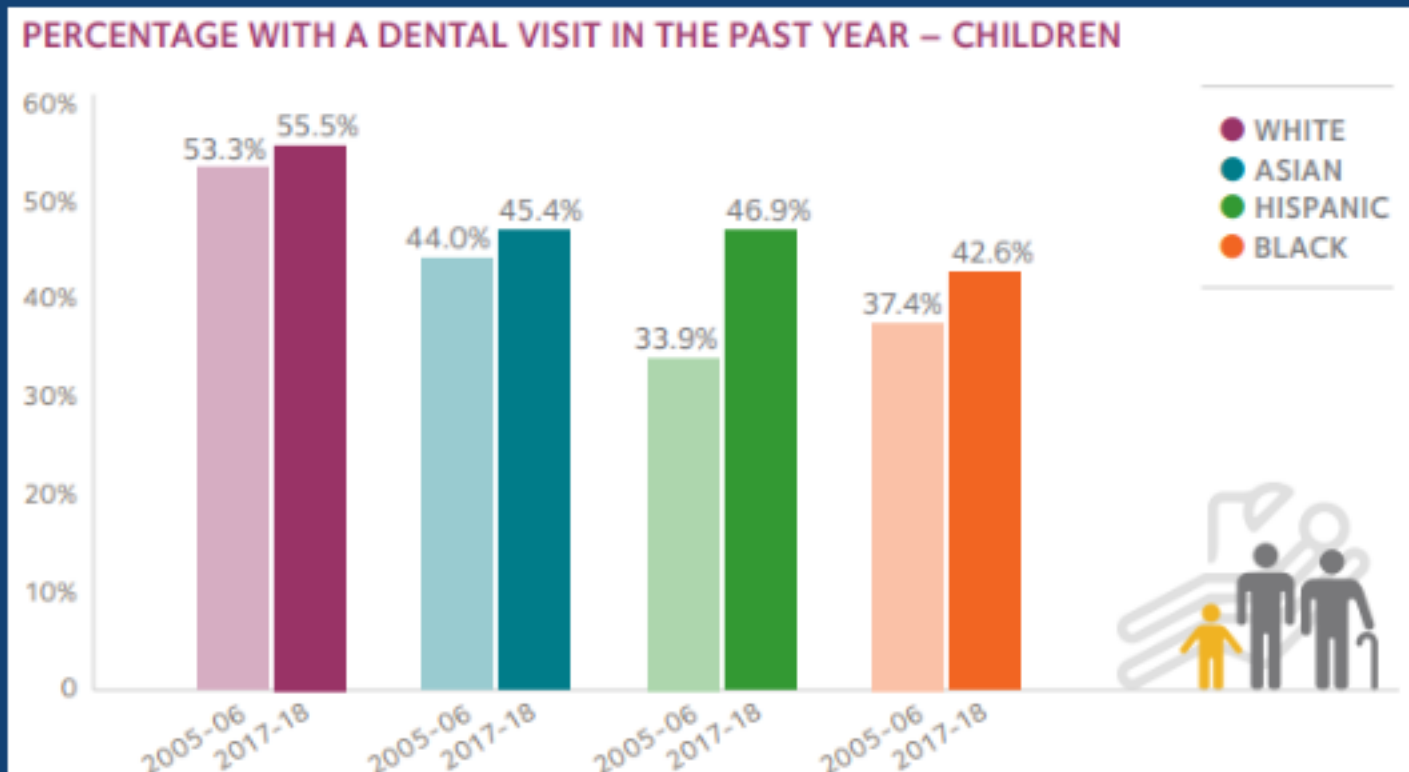
Source: Health Policy Institute analysis of National Health Interview Survey data for 2019. Note: Percentages indicate those who needed dental care but did not obtain it in the past 12 months due to cost. FPL: federal poverty level.

*The most commonly cited barriers to accessing needed dental care all relate to cost.*

*Cost barriers to dental care are higher than for any other type of health care service.*

*Of any age and income group, low-income adults face the most significant cost barriers to dental care.*

# Oral Health Disparities



*"Dental care use has increased over time for children and seniors, but not for adults."*

*"Racial disparities in dental care are smallest for children and largest for seniors."*



# The Impact of Coverage

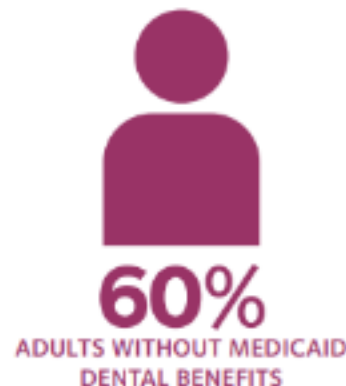
## ORAL HEALTH

By Brandy J. Lipton, Tracy L. Finlayson, Sandra L. Decker, Richard J. Manski, and Mingan Yang

### The Association Between Medicaid Adult Dental Coverage And Children's Oral Health

Children's dental service use reflects their parents' dental service experience and insurance

Burton L. Edelstein, DDS, MPH; Marcie S. Rubin, DrPH, MPH, MPA; Sean A.P. Clouston, PhD; Colin Reusch, MPA



# Pregnancy & Postpartum Coverage

FOR IMMEDIATE RELEASE

September 22, 2022

Contact: HHS Press Office

202-690-6343

[media@hhs.gov](mailto:media@hhs.gov)

## HHS Approves 12-month Extension of Postpartum Medicaid and CHIP Coverage in North Carolina

*Announcement comes as CMS also celebrates all 50 states and D.C. providing dental coverage in Medicaid/CHIP for pregnant and postpartum individuals, part of the Biden-Harris Administration's push for more comprehensive health care to support families, children, and communities in need.*

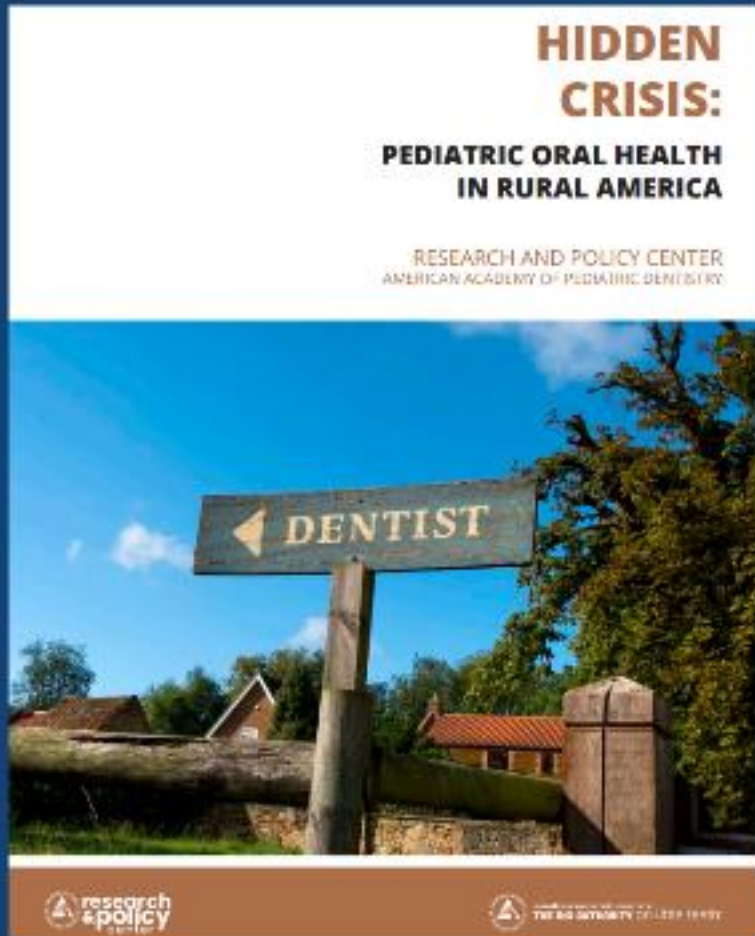
In addition to today's postpartum extension in North Carolina, the Biden-Harris Administration is also highlighting that, beginning in October 2022, all 50 states and D.C. will offer dental coverage for Medicaid enrollees who are pregnant and postpartum through at least 60 days after pregnancy. This change means that an even broader array of critical Medicaid benefits will be available during and after pregnancy.

*All states now have at least 60 days of postpartum dental coverage.*

*Some states extend coverage much longer, and others are considering those changes.*



# Considerations for Rural Communities



**Recruit from Rural:** Build a robust dentist and dental team workforce in rural areas by **recruiting from rural communities** to the profession.

**Recruit to Rural:** Introduce dentists – including pediatric dentists and other specialists – to the rewards of working in rural areas by offering **enhanced loan repayment programs** and tax benefits.

**Reach Out, Refer, and Collaborate:** Facilitate partnerships between **medical providers, schools, community organizations**, county agencies, oral health coalitions, faith-based organizations, advocates for children, and pediatric dentists to implement programs that promote optimal oral health.

**Enhance Digital Capability:** Extend **internet access** in rural areas to broaden the reach and benefits of teledentistry while expanding coverage and payment parity for services delivered via telehealth.

# Access to operating rooms for those with greatest need

WASHINGTON – **U.S. Senators Ben Cardin (D-Md.) and Marsha Blackburn (R-Tenn.)** are urging the Centers for Medicare and Medicaid (CMS) to increase access to dental surgical facilities for Medicare recipients, especially those with disabilities. The senators were joined by **Senators Debbie Stabenow, Bill Cassidy, Steve Daines, Lisa Murkowski, Mike Braun and J.D. Vance (R-Ohio)** in writing to **CMS Administrator Chaquita Brooks-LaSure**. In their letter, the senators urge the agency to include a recently established code for dental surgical services on the list of ambulatory surgical center (ASC) covered procedures during the calendar year 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) and ASC Payment System rulemaking. The American Academy of Pediatric Dentistry and the Ambulatory Surgical Center Association have endorsed these changes.

- *Bipartisan support to improve access to oral health care for children and people with disabilities served by the Medicaid program*
- *ASC access: Legislators' recommendation to CMS*
- *OR access: State-level opportunity*

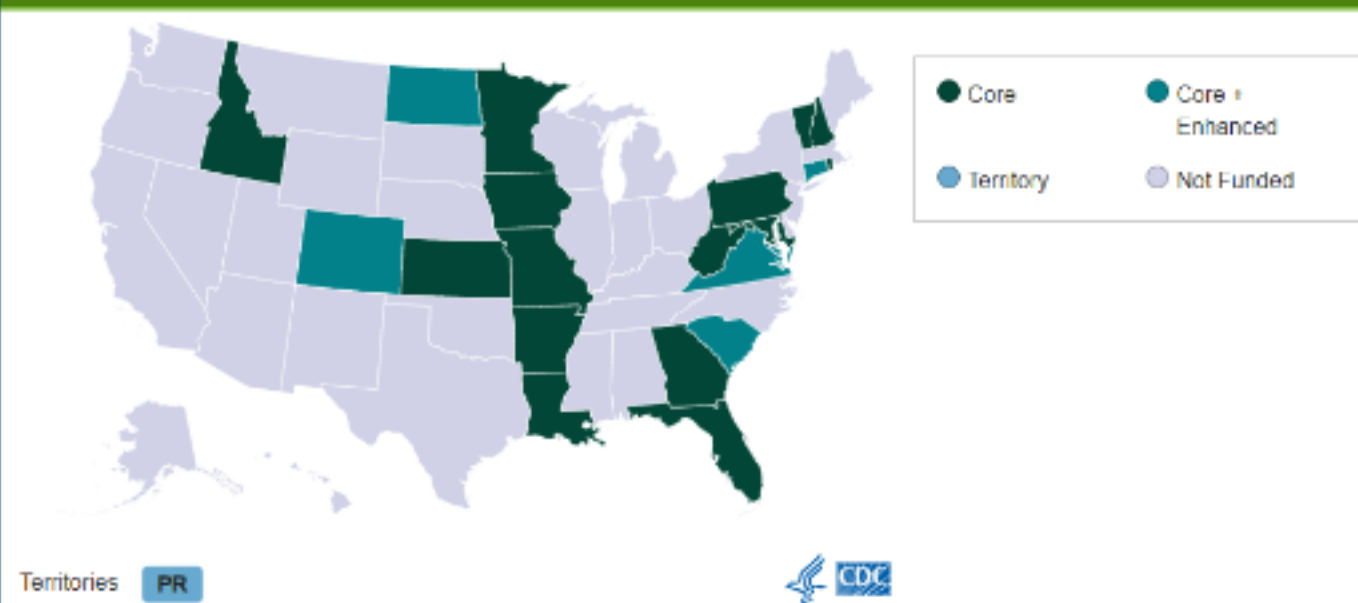


# State Funding Opportunities for Prevention of Oral Disease

## Preventing Dental Caries Through School-Based Sealant Programs

Updated Recommendations and Reviews of Evidence

### Cooperative Agreements



*"School-based sealant programs increase sealant use and reduce caries..."*

*The [programs are] important and effective public health approach that complement clinical care."*

# Oral Health in Primary Care



**Smiles for Life**  
A national oral health curriculum

*Nationally-recognized programs are available for free for non-dental providers on child oral health, oral health during pregnancy, caries risk assessment, and fluoride varnish.*



# Opportunities

1. **MEDICAID:** Consider enhancing Medicaid dental programs for adults, potentially starting with the pregnant and postpartum populations. Assess and improve upon Medicaid dental programs for children (e.g., [benefits enhancements \[AAPD\]](#), etc.)
2. **RURAL:** Recruit from rural (pathway, pipeline). Recruit to rural (loan repayment). Foster community collaborations. Enhance digital access.
3. **COMMUNITY INTERVENTIONS:** Integrate oral health into primary care, bring care to where people are (i.e., schools), scale cost-effective disease prevention programs (e.g., community water fluoridation, sealants, etc.)



Feedback? Please share!



[tinyurl.com/CFfeedback23](https://tinyurl.com/CFfeedback23)

# Thank you!

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**THE BIG AUTHORITY** on little teeth®

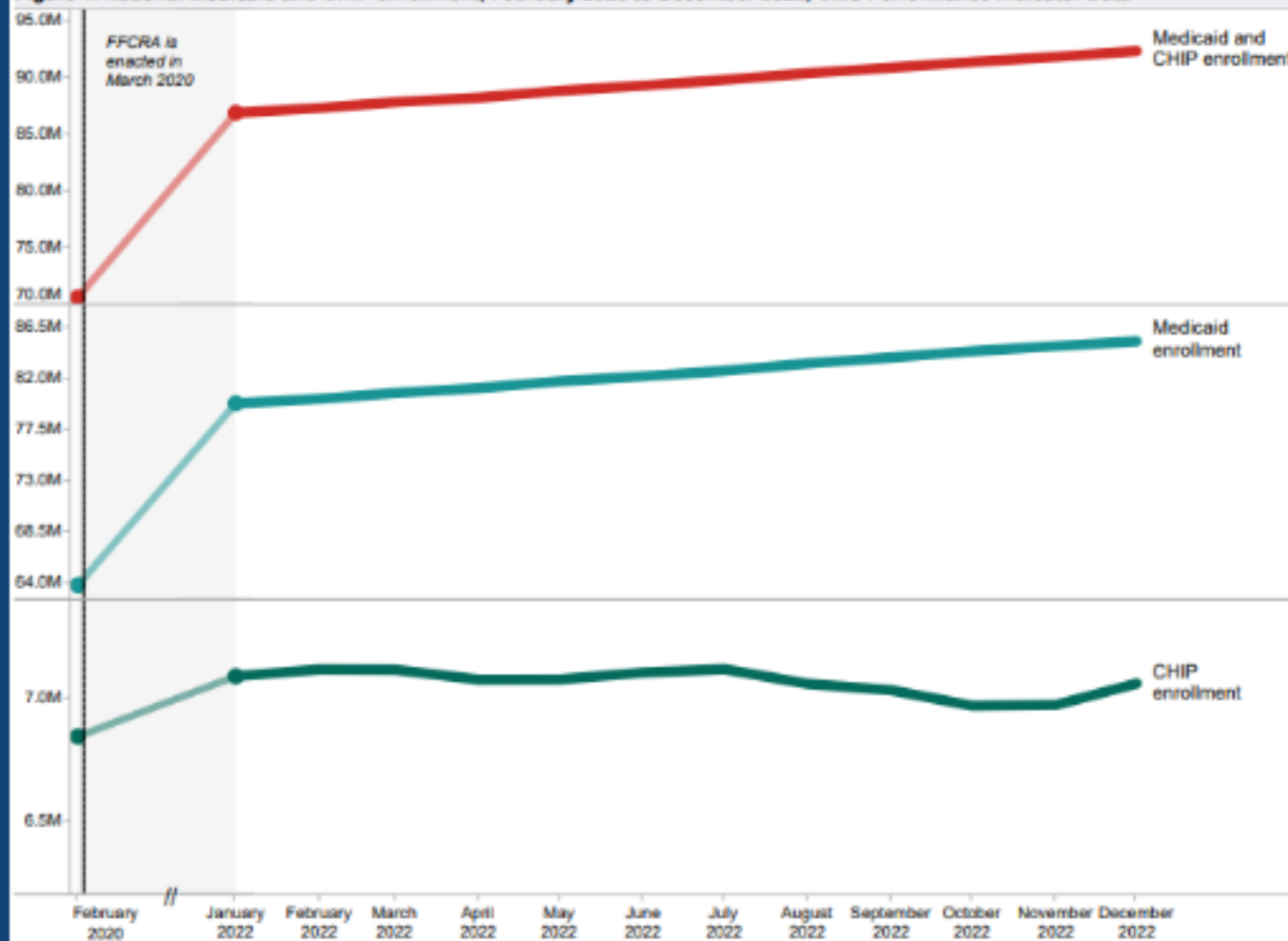
# Recommended Resources

- [American Academy of Pediatric Dentistry \(AAPD\) Research & Policy Center \(RPC\), AAPD Oral Health Policies & Recommendations](#)
- [American Dental Association \(ADA\) Health Policy Institute \(HPI\)](#)
- [CareQuest Coverage Checker](#)
- [NASHP State Medicaid Dental Services Tracker](#)
- [National Maternal and Child Oral Health Resource Center](#)
- [American Academy of Pediatrics \(AAP\) Section on Oral Health \(SOOH\)](#)
- [American College of Obstetrics and Gynecology](#)
- [Oral Health in America \(NIH/NIDCR\), December 2021](#)

# 92 Million Covered Lives...

*for now*

Figure 1. National Medicaid and CHIP enrollment, February 2020 to December 2022, CMS Performance Indicator Data



Date	Medicaid and CHIP enrollment	Medicaid enrollment	CHIP enrollment
December 2022	92,340,585	85,280,085	7,060,500
November 2022	91,828,179	84,854,975	6,973,204
October 2022	91,376,584	84,406,997	6,969,587
September 2022	90,879,934	83,847,157	7,032,777
August 2022	90,383,069	83,324,133	7,058,936
July 2022	89,796,134	82,677,643	7,118,491
June 2022	89,296,882	82,192,003	7,104,879
May 2022	88,835,646	81,758,857	7,076,789
April 2022	88,229,999	81,153,925	7,076,074
March 2022	87,836,115	80,722,072	7,114,043
February 2022	87,322,985	80,205,575	7,117,410
January 2022	86,890,258	79,809,118	7,080,140
February 2020	70,650,240	63,805,090	6,845,150

## Annual trend, January 2022 to December 2022

From January 2022 to December 2022, national Medicaid and CHIP enrollment increased by 5,441,327 individuals (6.3%).

## Monthly trend, November 2022 to December 2022

### Total enrollment

Increased by  
512,406  
(+0.6%)



### Medicaid enrollment

Increased by  
425,110  
(+0.5%)



### CHIP enrollment

Increased by  
87,296  
(+1.3%)



## Cumulative change, February 2020 to December 2022\*

### Total enrollment

Increased by  
21,690,345  
(+30.7%)



### Medicaid enrollment

Increased by  
21,474,995  
(+33.7%)



### CHIP enrollment

Increased by  
215,350  
(+3.1%)





# Medicaid Unwinding

## Medicaid Alert

Inform your patients that state agencies will **restart** full eligibility reviews.

**DON'T RISK A GAP IN YOUR PATIENTS' MEDICAID OR CHIP COVERAGE. HELP THEM TO TAKE ACTION.**

Your patients can follow these steps to help determine if they still qualify:



Visit [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals) or call your state Medicaid Office for help or to update your contact information today.



Make sure their contact information is up to date.



Check their mail for a letter.



Complete their renewal form (if they get one).



Visit

[Medicaid.gov/Renewals](https://www.Medicaid.gov/Renewals)

for your state's unwinding timeline and process.