

The Dental Health Care System in Pennsylvania is Collapsing: *Recommendations to Ease the Burden and Improve Access for All Pennsylvanians*

Oral health, while inextricably linked to overall physical and emotional well-being, is often overlooked in association with larger public health initiatives, despite **oral diseases being among the most common chronic conditions facing Pennsylvanians.**¹

Dental caries (cavities) and periodontal (gum) disease are the two major oral diseases that impact all segments of society. Without oral health intervention, the ramifications compound, resulting in ongoing pain, absence from school and/or work, costly emergency room visits, the worsening of comorbidities like diabetes and heart disease, and even death.

The problem here is that **there are effective treatments and preventive strategies that minimize the impact of dental disease**, yet access to these benefits are not shared across the commonwealth. Fortunately, by targeting key areas and utilizing evidence-based solutions, Pennsylvania's oral health inequities can be addressed.

4 System-Based Solutions

1. Support oral health workforce initiatives
2. Address deficiencies associated with dental benefits in Medicaid coverage and network adequacy
3. Increase school-based dental interventions
4. Increase Pennsylvanians accessing optimally fluoridated water

Priority 1: Support oral health workforce initiatives

Pennsylvania's oral health workforce is composed of a variety of licensed and certified dental health providers including dentists, dental hygienists, expanded function dental assistants (EFDA), and public health dental hygiene practitioners (PHDHP). These professionals are able to provide diagnostic, preventive, education and restorative services to the public. The dilemma is that **providers are disproportionately concentrated in urban and suburban areas**, resulting in rural residents without adequate dental coverage. However, within all areas of the commonwealth, there are 149 federally-designated individual dental health professional shortage areas (HPSAs), representing **nearly 2 million individuals who are not having their oral health care needs met.**²

The shortage of dentists in Pennsylvania is expected to continue on a downward trend through 2030.³ Fewer providers means longer wait times to secure an appointment. According to a recent secret shopper project conducted by the PA Coalition for Oral Health (PCOH), **patients wait on average 54.6 days for a new patient dental visit.** This number nearly doubles for those relying on federally qualified health centers (FQHCs).⁴

Currently, there are twelve accredited dental hygiene programs and four dental schools in the state, but this alone is not enough to address workforce pipeline concerns.

RECOMMENDATIONS:

- Support increased incentive programs such as loan reimbursement for the oral health workforce.
- Promote pipeline programs for building dental providers from underserved areas
- Standardize and promote use of telehealth (teledentistry) services
- Increase the use of underutilized dental health professionals, including EFDAs and PHDHPs

Priority 2: Address deficiencies associated with dental benefits in Medicaid coverage and network adequacy

Over three million Pennsylvanians are enrolled in Medicaid. Unfortunately, dental Medicaid benefits are not meeting the needs of the individuals they are intended to support. In 2011, comprehensive dental benefits for adults were cut, eliminating reasonable access to covered emergency exams or services like gum disease treatment, crowns, root canals, and dentures.

Managed care organizations (MCOs) are contracted by and paid through the Department of Human Services to ensure adequate provider network access for Medicaid members under Act 68.⁵ **However, less than 1 in 4 general dentists in Pennsylvania accept Medicaid** and even less are actually billing for Medicaid services.

Without reasonable access to a provider, individuals in need of emergency dental care then become reliant on emergency departments for relief. **Emergency department intervention for dental issues is more costly** to MCOs, does not treat the underlying issues, and mostly focuses on relief measures including the **prescription of opiates**.

RECOMMENDATIONS:

- Increase MCO transparency and accountability in meeting network adequacy obligations
- Restore comprehensive benefits for adults to lessen costs in emergency department spending
- Expand resources to safety net clinics to continue treating families enrolled in Medicaid

Priority 3: Increase school-based dental interventions

For the first time in 2021-2022, Pennsylvania conducted a Basic Screening Survey (BSS) of third-graders to gather data on the occurrence of dental disease in our state. Data from the survey indicated that **1 in 4 children have untreated tooth decay** and **1 in 13 require urgent intervention** due to an active infection or abscess.

Dental sealants and fluoride varnish are cost-effective strategies that can prevent tooth decay in children, increasing their capacity to eat nutritious foods, sleep well, and learn. The decreasing availability and access to the few general or pediatric dentists that accept Medicaid compounds the need for these interventions.

RECOMMENDATIONS:

- Increase school-based health centers and school-based sealant programs
- Increase percentage of students that receive dental sealants in high-need schools
- Allow school districts to bill Medicaid for dental health services

Priority 4: Increase Pennsylvanians accessing optimally fluoridated water

Community water fluoridation (CWF) is the most effective public health measure to provide dental health benefits to all community members, especially those without access to regular dental care. **CWF works by reducing tooth decay by 25%**, all for a lifetime cost that is less than the price of one filling.⁶

Pennsylvania has more than 2,000 community water systems, and according to the Pennsylvania Department of Environmental Protection, only 193 of those systems adjust the natural fluoride in the water to optimal levels proven to prevent tooth decay. **Pennsylvania only ranks 42nd out of 50 states in the percentage of residents receiving optimally fluoridated water**, and this statistic will worsen as communities continue to roll back fluoridation.⁷

RECOMMENDATIONS:

- Improve state partnerships and funding to support water fluoridation
- Include water fluoridation as part of the commitment to safe drinking water initiatives and water infrastructure improvements

¹ Pennsylvania Department of Health. *The State of Our Health: A Statewide Health Assessment of Pennsylvania, March 2022*. <https://www.health.pa.gov/topics/Documents/Health%20Planning/SHAUpdateReport2022.pdf>

² Pennsylvania Department of Health. *Pennsylvania Oral Health Plan 2020-2030, August 2020*. <https://www.health.pa.gov/topics/Documents/Programs/Pennsylvania%20Oral%20Health%20Plan%202020-2030.pdf>

³ Pennsylvania Coalition for Oral Health. *Access to Oral Health Workforce Report Part I, 2022*. www.paoralhealth.org/wp-content/uploads/2022/05/PCOH-22-Workforce.pdf

⁴ Pennsylvania Coalition for Oral Health. *Access to Oral Health Workforce Report Part II, 2022*

⁵ Pennsylvania Bulletin, Vol. 31, No. 23, June 9, 2001. <https://www.insurance.pa.gov/Regulations/managed-care/Documents/default/Preamble%20to%20MCO%20Regulations.pdf>

⁶ American Dental Association. *Fluoridation Facts, 2018*.

⁷ Water Fluoridation Basics. (2020, January 24) Retrieved October 6, 2022, from <https://www.cdc.gov/fluoridation/basics/index.htm>

PA Coalition for Oral Health (PCOH) is committed to improving the oral health of all Pennsylvanians. Please reach out to Nicole Payonk, Policy and Advocacy Coordinator, at nicole@paoralhealth.org to discuss these topics further.

Learn more at www.paoralhealth.org