

SCHIP REAUTHORIZATION RECOMMENDED DENTAL PROGRAM MODIFICATIONS

Establish a Federal Guarantee for Dental Coverage in SCHIP

Stabilizing dental benefits reinforces states’ commitment to address preventable chronic diseases. Dental caries (tooth decay) remains the most prevalent chronic disease of U.S. children. The disease is infectious and preventable and left untreated it can impede a child’s ability to eat, speak, smile and learn. Minority, low-income, and geographically isolated children suffer disproportionately from dental caries – in fact, 80 percent of all tooth decay is found in 25 percent of children. Despite the magnitude of need, dental coverage remains an optional benefit in SCHIP. All states have recognized that poor oral health affects children’s general health and have opted to provide dental coverage. *However, dental coverage is often the first benefit cut when states seek budgetary savings. Congress can stabilize access to dental care for children by establishing a federal guarantee for dental coverage in SCHIP.*

Develop a Dental Wrap-Around Benefit in SCHIP

Providing supplemental dental coverage would support families with moderate-incomes covered in the private market. Children who receive medical benefits through their parent’s employer-sponsored plan are not eligible for dental coverage through SCHIP, even if they meet the income and other eligibility standards. Although SCHIP funds can be used to help pay for employer-based coverage, SCHIP cannot provide supplemental dental coverage. *To narrow the gap of children without dental coverage, children with private medical coverage who meet SCHIP eligibility requirements should not be denied equivalent dental benefits that are available to other children enrolled in SCHIP.*

Support Ongoing Outreach Efforts to Enroll All Eligible Children in SCHIP

Outreach and enrollment of all eligible children is essential for children’s oral health. More than nine million children remain uninsured and nearly two-thirds of those children are currently eligible but not enrolled in Medicaid or SCHIP. Many states have made significant steps to eliminating barriers to enrolling and staying enrolled in SCHIP, including but not limited to 12-month continuous eligibility. Eliminating barriers, such as allowing continuous eligibility, have been critical in providing access to dental care. A recent study found that 12-month continuous coverage in Medicaid and SCHIP substantially improved access to dental care compared to children with either no coverage or partial year coverage. *Dental outreach initiatives in SCHIP should focus on providing every eligible child with a designated “dental home” for appropriate diagnostic, preventive and restorative care by age one.*

Enact Mechanisms to Ensure Reliable Data Reporting on Dental Care in SCHIP

Creating a national SCHIP dental performance measure(s) would provide data necessary to evaluate dental benefits. A recent CMS-sponsored evaluation of SCHIP dental benefits revealed difficulties comparing programs across states because states can elect whether to measure, decide what measures to use, identify beneficiaries to consider, and choose how frequently to report data. As a result, *only eight states provide any information on their SCHIP dental program and little is known about dental programs performance nationally. Without sufficient and consistent data it is unfeasible to evaluate the impact or effectiveness of SCHIP dental benefits for the intended population.*

**Academy of General Dentistry
American Academy of Pediatric Dentistry
American Association for Dental Research
American Dental Association
American Dental Education Association
American Dental Hygienists’ Association**

**American Student Dental Association
Association of State and Territorial Dental Directors
Children’s Dental Health Project
Hispanic Dental Association
Medicaid/SCHIP Dental Association
National Dental Association**