California Leadership Education In Neurodevelopmental and Related Disabilities

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Expanding Medicaid Coverage for Sealant Placement on Primary Teeth

Executive Summary: Dental cavities remain a global issue that affects populations of all ages, including children and adolescents. Carious lesions occur most commonly on biting surfaces of teeth due to the anatomical inaccessibility of plaque control. Therefore, preventative measures including fluoride varnish, pit and fissure sealants, diet and nutritional counseling, and oral hygiene instructions have been implemented to increase protective factors against caries development. Pit and fissure sealants are a preventative, noninvasive method that provides early intervention for dental caries in high caries risk patients. Indications for sealants include deep retentive pit and fissures, non-cavitated carious lesions, high caries risk, poor plaque control, and patient cooperation for proper isolation. According to the American Academy of Pediatric Dentistry, the placement of sealants in all pits and fissures is within the standard of care. State Medicaid programs include reimbursement to dental providers for permanent molar sealants for children and teens under the age of 21. However, there is currently no reimbursement for primary molar sealants. As a result, most dental providers cannot provide primary molar sealants as a preventative care option without requiring out-of-pocket payments for this treatment. This creates a burden on low-income families and results in a higher risk for cavities on unprotected primary molars.

Context: Lack of reimbursement for primary molar sealants limits access to care for low and middle-income families. When the primary molars erupt and are present in a child's mouth, children lack the manual dexterity to maintain their oral health adequately. As a result, children are largely dependent on their parents and caregivers to help with care. These children are also at school where parents and caregivers are not easily able to comprehensively monitor or control the snacks and drinks that their children consume. These are all factors that increase caries risk in children. The placement of pit and fissure sealants in primary teeth provides a smooth surface that is easier to clean and less likely to cause plaque and food traps. Furthermore, parents and caregivers would be educated on early primary prevention and intervention tools that could improve their children's oral health. This is important to prevent traumatic dental experiences at a young age including dental pain, infection, and extensive treatment. All of these events can cause emotional distress that leads to dental fear and anxiety, creating potential lifelong problems with dental treatment.

Policy Alternatives: Some policy alternatives include dental education programs which can take place at schools, community centers, and healthcare facilities. The goal of these programs would be to provide awareness and education for proper oral hygiene, nutrition, the importance of primary teeth, and preventative measures in dentistry such as regular dental visits, fluoride varnish application, and sealants. Another possible alternative would be school-based sealant programs. These programs typically involve dental professionals partnering with schools to provide free or low-cost sealants to children from underserved communities. An additional policy alternative could include amending Medicaid policies to include sealant placement on primary teeth as a covered benefit and offering financial incentives to dental professionals who provide these services to children covered by Medicaid. These incentives can come in the form of increased reimbursement rates.

Policy Recommendations: This is a call to action to improve the oral health outcomes of children, particularly those of low-income and underserved communities. To do so, this requires advocacy for legislation mandating Medicaid coverage for sealant placement on primary teeth. This policy would be inclusive to all Medicaid-enrolled children, regardless of their state of residence, so that families may have access to these preventative services. This would also require lobbying for reimbursement for sealant placement on primary molars. This would help cover the cost of sealant materials as well as incentivize dental professionals to deliver dental health care to Medicaid communities, therefore increasing access to care for underserved populations. It would also be crucial to spread education and awareness to communities on the importance of sealants in preventing cavities and promoting overall oral health. Further collaboration with stakeholders to advocate for such policy changes would help with creating more forward movement in expanding Medicaid coverage for sealant placement on primary teeth.

Appendices: Although sealing primary molars is not the standard practice due to costs, this preventative measure can reduce the likelihood of future dental treatment as well as promote an oral environment with fewer risk factors for newly erupted permanent teeth. Some primary molars erupt as early as 11 months of age and remain in the mouth until age 13, or even later. This places a major responsibility on parents and children to protect these teeth for several years. Poor oral health leads to dental pain, lower school performance, missed school days, higher treatment costs, and emotional distress.

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