

Key Facts in Rural Health

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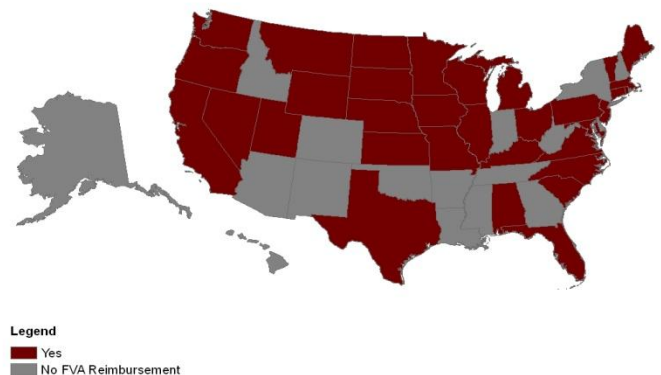
State Policy Levers for Addressing Preventive Dental Care Disparities for Rural Children: Medicaid Reimbursement to Non-Dental Clinicians for Fluoride Varnish and Dental Hygiene Supervision in Primary Care Safety Net Settings

Availability of dental professionals continues to be a challenge for rural communities. Practical, short-term solutions can include providing preventive services through primary care providers or in primary care safety net settings. Our study examined the degree to which states use two specific policy levers which can serve to ameliorate disparities in access to preventive dental services among rural children: Medicaid reimbursement of non-dental clinicians for fluoride varnish application (FVA) and authorization for dental hygienists to provide certain services in primary care safety net settings either under general, indirect, public health, or no supervision.

Among the study's findings:

- Two thirds of states (n=33) reported their Medicaid programs reimburse non-dental clinicians for FVA on children's teeth.
- Most Medicaid programs imposed restrictions on reimbursement to non-dental clinicians, such as providing FVA to only children of certain ages (n=25) or requiring it be provided during an Early Periodic Screening, Diagnosis and Treatment visit (n=18).
- 22 states identified primary care safety net settings in their dental practice acts but did not authorize dental hygiene practice beyond what is allowable in other settings.
- 8 states offer special licenses for dental hygienists who provide care in primary care safety net settings.

Figure 1. States Where Non-Dental Clinicians Receive Medicaid Reimbursement for FVA (2009)



A full copy of this report can be obtained from the SCRHC at <http://rhr.sph.sc.edu>