



The Oral Health Safety Net in California

BACKGROUND

The Oral Health Safety-net is a broad term used to describe various public and private entities that provide oral health care to vulnerable populations. The entities that comprise the oral health safety net are, by and large, not coordinated among each other, but rather, composed “of an array of providers, including (but not limited to) Federally Qualified Health Centers (FQHCs), FQHC look-alikes, Indian Health Services, non-FQHC community health centers, dental schools, school-based clinics, state and local health departments, and not-for-profit and public hospitals.” Additionally, in California for profit dental clinics also serve beneficiaries of public insurance programs (Denti-Cal, Health Families and Healthy Kids).

Vulnerable populations that have difficulty accessing oral health care through the mainstream delivery system include:

- Low income individuals without dental insurance coverage;
- Beneficiaries of public insurance programs;
- Recent immigrants and non-English speakers;
- Rural communities;
- Very young children and pregnant women;
- People with special health care needs and older adults.

FACTS & FIGURES

According to the 2009 California Health Interview Survey there are 5.4 million Californians without health insurance. Studies show that for every person without medical insurance, there are approximately 2.8 people without dental insurance, which means about 15.1 million Californians have no dental insurance. While it is difficult to precisely quantify the current capacity of the oral health safety net relative to the need, there is data that describes the challenges of accessing care within current capacity.

- With respect to Health Resources and Services Administration (HRSA) federally funded FQHC’s, the chart below compares the number of unduplicated medical users to dental users at the 118 California HRSA grantees for 2010, showing that Health Centers in California only have dental capacity to serve about 20% of their medical users.

Medical Services	2,549,643
Dental Services	494,129

- The California Maternal Infant Health Assessment (MIHA) survey showed that 65% of pregnant women did not have a dental visit while pregnant. Only one in five pregnant Medi-Cal beneficiaries had a dental visit.
- A 2009 CHCF study revealed that over 83,000 California adults and children used the emergency room to see care for a dental related issue in 2007. People living in rural areas and people ages 18 to 34 were significantly more likely than other age groups under age 65 to utilize the ED for a dental issue.
- In 2007 just 25 percent of Medi-Cal beneficiaries reported a dental visit. There were no dentists on Denti-Cal’s referral list database in 13 Northern and Sierra counties.

CHALLENGES & OPPORTUNITIES

The primary barriers to the effectiveness of the oral health safety net in California is, not surprisingly, lack of infrastructure and resources. The combined capacity of the existing providers is far outnumbered by the number of current and potential users.

There are opportunities to expand capital infrastructure.

LEGISLATIVE AND EXECUTIVE RESOURCE HANDBOOK



As bleak as the current situation is at the state level, the federal Affordable Care Act of 2010 included \$11 billion for a Community Health Center Trust fund that will allow FQHCs to expand access and make capital improvements, and \$1.5 billion for a new National Health Services Corps Trust Fund. Together, these national policies should have significant impact on the ability of federally funded health care programs to expand services to more low-income Californians.

However, there are a number of current and looming threats which impact current and future funding and reimbursement for safety net oral health services in California.

- Since the July 1, 2009 elimination of comprehensive dental services for most adults in California, many safety-net providers that had previously welcomed Medicaid patients can no longer sustain these services at previous levels due to financial constraints.
- Concurrently, fee for service reimbursements to private practice Medicaid providers have been reduced 10%, further reducing access.
- The 2012-13 California budget contains a proposed change in the way FQHC's are reimbursed for services to Medicaid beneficiaries that will reduce FQHC revenues by 10% and result in further cuts to services and access.
- While statutory changes in the Children's Health Insurance Program Reauthorization Act now allow FQHCs to expand their reach outside of their

physical facilities, meaning for example that FQHCs may now contract with private dentists to provide oral health services to FQHC patients in the dentist's office, and provide services in collaboration with school-based health centers, the state has been slow to implement the appropriate regulations to implement these "beyond the four-wall's" activities, hindering many potential access points.

- Pilot projects utilizing tele-dentistry to increase access to oral health care services are ahead of California laws and regulations assuring reimbursement for services.

Going forward, the future holds possibilities for improvement for providing vital oral health care for underserved populations. While a number of challenges have been listed above, future improvements in the economy, increased tax revenue at the state level, along with sustained investment from the federal government could allow for increased oral health access should policy makers choose to pursue this goal. At this juncture, the primary barrier to lowering the rates of disease of the oral cavity are policy decisions at the local, state and federal levels that dictate the availability of oral health access to low-income populations.

REFERENCES

Government Action & Communication Institute (GACI) has partnered with the University of the Pacific, Arthur A. Dugoni School of Dentistry to distribute this brief as part of their legislative and executive education and training efforts. For more information contact GACI at 916 966-6643.

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