

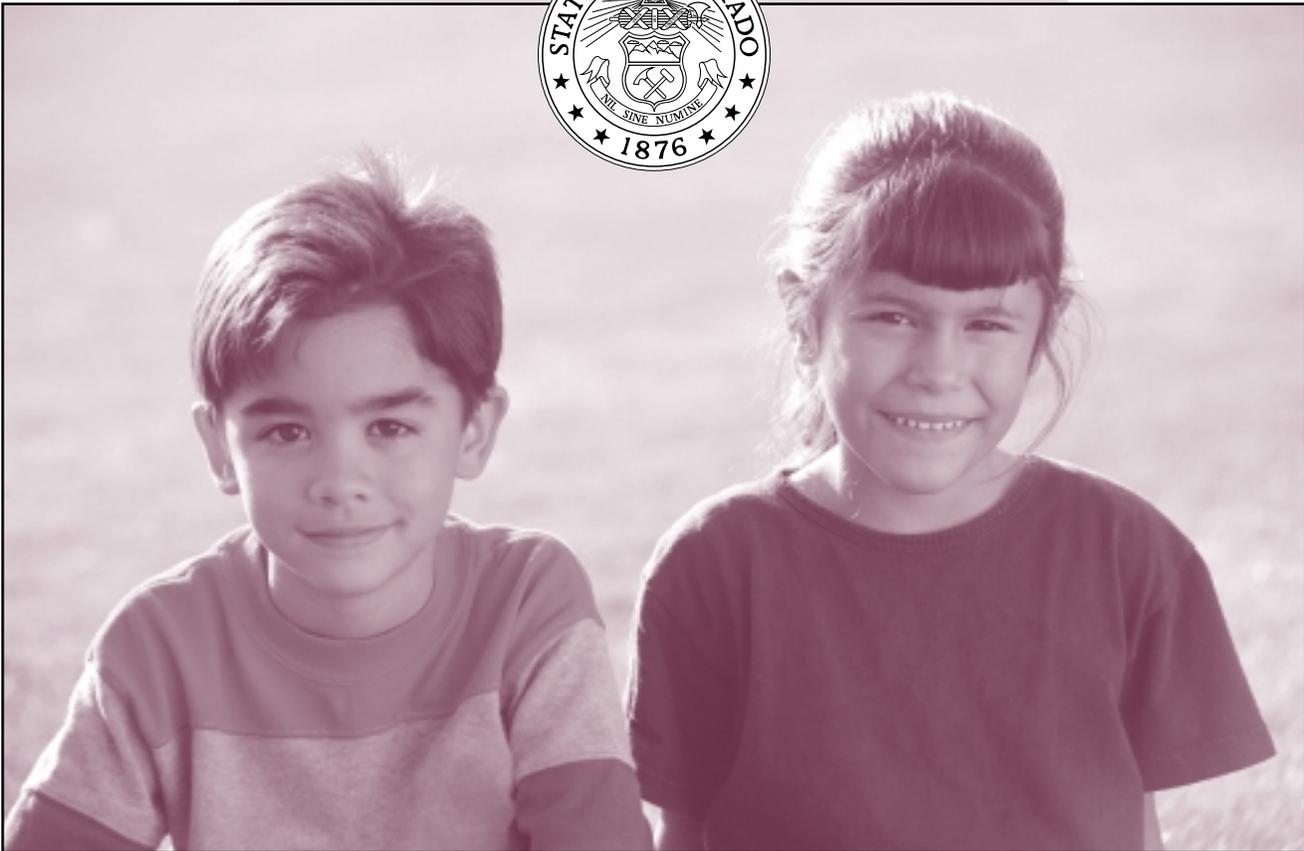
Addressing the Crisis of Oral Health Access For Colorado's Children

COLORADO COMMISSION ON CHILDREN'S DENTAL HEALTH

A Report to:

The Honorable Bill Owens
Governor, State of Colorado

The Colorado Sixty-Third General Assembly



D E C E M B E R 2 0 0 0

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The Commission gratefully acknowledges the Anthem BlueCross BlueShield Foundation for its financial support of this report.



Addressing the Crisis of Oral Health Access For Colorado's Children

COLORADO COMMISSION ON CHILDREN'S DENTAL HEALTH

EXECUTIVE SUMMARY

The Colorado Commission on Children's Dental Health was charged with studying a set of key public policy issues related to improving children's oral health and to provide recommendations on how to improve the current system of dental care for Colorado's children. The key issues to be addressed were:

- Outlining a dental benefit that meets the minimum oral health needs of children;
- Identifying what financial resources are needed to address the oral health needs of low-income children;
- Characterizing the systems needed to allow seamless access to oral care services;
- Defining ways to improve the delivery of dental care services, particularly related to the Medicaid program;
- Assuring optimal utilization of oral health professionals and publicly funded programs.

Beginning its work in May 2000, the Colorado Commission on Children's Dental Health studied the extent and nature of the problem of children's oral health care in Colorado. Five broad themes were identified:

First, *low-income and at-risk children have severe and urgent oral health care needs.*

Second, *many children lack access to oral health care services.*

Third, *there are important differences between pediatric and adult dental services.*

Fourth, *there is a dental workforce shortage in Colorado.*

Fifth, *parents, guardians and other adults play a critical role in the oral health of children.*

It is in the spirit and context of the increasing attention to the oral health of children, and the recognition of the needs of Colorado's children, that the Colorado Commission on Children's Dental Health makes the following recommendations:

Increase the Investment in Prevention in order to Reduce Costly Acute Medical and Dental Care

- Expand primary dental prevention activities in perinatal clinics, school-based clinics, schools and nurse home visitation projects. Target population should include pregnant mothers and children from birth to age 21.

Sample strategy: Provide oral health education to parents and children by all health professionals.

- Expand secondary dental prevention activities.

Sample strategy: Increase early identification and treatment of dental disease.

- Increase parents', guardians', and caregivers' understanding of and investment in the importance of children's oral health.

Sample strategy: Provide public awareness messages regarding the relationship of oral health to general health.

Outline a Dental Benefit that Meets the Minimum Oral Health Needs of Children and Increases the Number of Dental Providers

- Design and implement the Child Health Plan Plus dental benefit package to be the same as the Medicaid dental benefit package.

Sample strategy: Increase the overall provider reimbursement rates for both programs from 68% to 80% of the American Dental Association mean.

Build and Expand a Network of Dental Professionals in order to Increase the Dental Safety Net for Colorado's At-Risk Children

- Increase, intensify, and strengthen the training for oral health professionals in providing care for children.
Sample strategy: Increase the number of trained pediatric dentists and general dentists/dental hygienists with pediatric training.
- Allow dental hygienists to bill Medicaid for educational and preventive services without requiring a dentist's authorization within the scope of the Colorado Dental Practice Act.
Sample strategy: Amend current Medicaid provider definition to include dental hygienists.
- Replicate and/or expand existing systems of care that serve underserved populations through matching infrastructure grants.
Sample strategy: Develop and expand options for portable dental equipment and mobile dental delivery systems in addition to fixed clinics.
- Offer loan repayment and credit-for-service programs and other incentives to recent dental, pediatric dental specialists, and dental hygiene graduates to serve Medicaid, Child Health Plan Plus, and other underserved populations.
Sample strategy: Add dental professionals to existing tax-credit legislation and increase opportunities for educational loan repayment.
- Increase the number of dentists and dental hygienists willing to serve Medicaid, Child Health Plan Plus, and other underserved populations.
Sample strategy: Increase the number of dental and dental hygiene graduates.

The issues and problems of Colorado children's access to oral health care are multifaceted and complex, requiring multiple strategies. There are significant roles for everyone, including the Colorado General Assembly, state agencies, dental professionals, communities, and families. Increasing Medicaid reimbursement rates is a necessary, but not sufficient, response to inadequate access to dental services. Colorado needs to simultaneously build and expand a network of dental professionals; increase the investment in prevention; and implement a dental benefit that meets the minimum oral health needs of children. The nine recommendations in this report, if acted upon, will ultimately assure optimal oral health for all of Colorado's children.

With the recent release of the Surgeon General's Report on Oral Health, the increased recognition of oral health disparities among underserved populations, and the realization by dental professionals and the Colorado General Assembly that Colorado children deserve access to oral health care, the time is NOW to take action.



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The Colorado Commission on Children's Dental Health was charged with studying a set of key public policy issues related to improving children's oral health and to provide recommendations on how to improve the current system of dental care for Colorado's children. The key issues to be addressed were:

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- Identifying what financial resources are needed to address the oral health needs of low-income children;
- Characterizing the systems needed to allow seamless access to oral care services;
- Defining ways to improve the delivery of dental care services, particularly related to the Medicaid program;
- Assuring optimal utilization of oral health professionals and publicly funded programs.

Historical Perspective

In 1997, Congress passed the State Children's Health Insurance Program (SCHIP) as part of that year's Budget Reconciliation Act. The SCHIP mandated specific medical benefits for children, but left other benefits up to individual state discretion. Dental benefits fell into this category, which has resulted in an uphill battle for many states. Colorado is no exception, deciding early on to exclude dental benefits from the Child Health Plan Plus (Colorado's SCHIP plan), despite approval for a limited dental benefit by the Benefits Design Committee for the Child Health Plan Plus in November 1997.

The Colorado Oral Health Coalition was formed in March 1998 to address strategies for amending the approved Colorado Plan and incorporating a dental benefit. "Dental caries is the single most common chronic disease of childhood," as recognized by the Anthem Blue Cross Blue Shield of Colorado Foundation, the Colorado Department of Public Health and Environment, and the Colorado Oral Health Coalition. Through support of the Foundation, the Coalition was able to contract with Towers Perrin for an actuarial study that estimated the cost of several "levels" of dental benefits from limited to comprehensive in scope.

Subsequently, the Child Health Plan Plus (CHP+) Policy Board voted unanimously to include a dental benefit for children at its May 4, 1999 meeting, directing the Colorado Department of Health Care Policy and Financing to draft a departmental budget decision item. During the Colorado 2000 General Assembly session, through tobacco settlement legislation, funds were designated for the improvement of the Child Health Plan Plus, including the addition of a dental benefit to begin January 1, 2001, providing an "adequate number of dentists are willing to provide services to eligible children."

With this opportunity for substantially increasing children's access to oral health services in Colorado, the Colorado Departments of Public Health and Environment and Health Care Policy and Financing, with support of the Office of the Governor, secured funding from the Anthem Blue Cross Blue Shield of Colorado Foundation for a Commission on Children's Dental Health.

Overview of the Problem

Beginning its work in May 2000, the Colorado Commission on Children's Dental Health studied the extent and nature of the problem of children's oral health care in Colorado. Five broad themes were identified.

First, *low-income and at-risk children have severe and urgent oral health care needs.*

Despite the fact that dental disease is preventable, dental caries is the most common chronic disease among children in the United States. In Colorado, approximately 31% of children age 6 to 8 have untreated dental caries; for children age 15, half (50%) have untreated dental caries. For children, failure to prevent dental disease can result in missed school days, dysfunctional speech, and compromised nutrition.

Second, many *children lack access to oral health care services.*

In fiscal year 1998-99, only 23% of Colorado's Medicaid-eligible children received dental services. In comparison, over half of children (55%) with commercial dental insurance received dental services. According to the research and testimony provided to the Commission, the primary reason for this low utilization of Medicaid dental services is a lack of dental providers throughout the state. In April 2000, nearly one-third of Colorado counties lacked access to dental services for low-income and at-risk populations; nine Colorado counties had no licensed dentists at all and an additional 10 counties had no dentists serving Medicaid-enrolled clients.

Currently, Colorado is one of only two states that does not provide dental benefits through its State Children's Health Insurance Plan (SCHIP). Consequently, the dental safety net for low-income children is limited to the Medicaid program and a patchwork quilt of public and private programs that serve a limited number of children. Often, children without dental insurance use the hospital emergency room as a regular source of health care.

Third, *there are important differences between pediatric and adult dental services.*

The American Dental Association recommends that a dentist should first see children at twelve months of age. However, care for a young child is often difficult. Pediatric dentists—those most able to provide dental treatment to at-risk children—constitute only three percent of the dentists in the United States, and their numbers are decreasing. In Colorado, only 2.6% of practicing dentists are pediatric specialists.

Fourth, *there is a dental workforce shortage in Colorado.* This includes geographic distribution, diversity of the providers, specialization, and the sheer number of practicing dentists and dental hygienists.

The dentist to population ratio is declining as fewer dentists graduate and as the population increases. Colorado has only one dental school at the University of Colorado Health Sciences Center in Denver, with an annual class size of 38 students. While $\frac{2}{3}$ of each entering class must be Colorado residents, they are not required to stay and practice in Colorado. There are four dental hygiene schools in Colorado graduating an average of 80 dental hygienists each year, but many areas of the state still do not have practicing hygienists.

Fifth, *parents, guardians and other adults play a critical role in the oral health of children* insofar as they recognize the importance of oral health, value prevention, and appreciate providers' time.

Because oral health diseases are rarely life threatening, people may perceive dental care as elective and may underestimate the importance of regular oral health care. On one hand, parents may not model good oral hygiene and nutrition practices at home; but on the other hand, parents cite a multitude of barriers to overcome in order for their children to receive adequate and appropriate dental care. Barriers include the perceived 'stigma' attached to the receipt of public services; inability to keep appointments due to transportation problems, lack of child care, and missed work. A September 2000 survey conducted by the Colorado Dental Association revealed that many dentists do not care for Medicaid patients because a "significant number of Medicaid patients do not keep scheduled appointments."

Critical Timing

The work of this Commission comes at an important time. With increased attention to the burden of oral disease among Colorado's children, the statutory authority and funding to provide dental benefits to an increased number of children, and with growing collaboration among the public and private sectors, the opportunity to significantly improve the health of children is certainly at hand.

Due, in part, to national efforts to improve access to Medicaid dental services, Colorado's Medicaid program has recently made significant changes in program operations to simplify and streamline the program for dentists. Colorado now uses the standardized American Dental Association claim form and procedure codes, accepts electronic submission of claims, and issues payments electronically to dentists. Despite these improvements, the Commission was concerned about continued lack of access to dental care for children enrolled in Medicaid and the potential for replicating an inadequate program for children enrolled in the Colorado Child Health Plan Plus.

Surgeon General David Satcher issued an urgent nationwide call to action in July 2000 as he released "Oral Health in America: A Report of the Surgeon General." The report reveals profound and consequential disparities in the oral health of Americans and declares a "silent epidemic" of dental and oral disease afflicting many population groups. Acknowledging that oral diseases affect health and well being throughout life, the report outlines a framework for action:

- Change perceptions (public, policy makers, and health providers) regarding oral health and disease so that oral health becomes an accepted component of general health.
- Accelerate the building of the science and evidence based and apply science effectively to improve oral health.

- Build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services.
- Use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.

It is in the spirit and context of the increasing attention to the oral health of children that the Colorado Commission on Children's Dental Health makes the following recommendations:

Goal: Increase the Investment in Prevention in order to Reduce Costly Acute Medical and Dental Care.

Recommendation 1

Expand primary dental prevention activities in perinatal clinics, school-based clinics, schools and nurse home visitation projects. Target population should include pregnant mothers and children from birth to age 21.

Why: Because dental disease is largely preventable, and is less expensive when prevented than when treated, prevention strategies are critical to a cost-efficient, effective system of dental care delivery. Targeting children at an early age with education, lifestyle changes and early intervention reduces future demand for dental services and health care system costs. There are already a number of systems serving young children and their families who could become a more integral part of oral health awareness and access. Such organizations include, but are not limited to: Head Start, child care, school nursing, home visitation, and the preventive and primary care services for children provided by Title V (Maternal and Child Health/Children with Special Health Care Needs).

How:

- Provide oral health education to parents and children by all health related professionals.
- Implement and provide education about topical fluorides.
- Implement and provide education about fluoridation of community water supplies with the goal of increasing the number of communities with public water fluoridation.
- Provide radiographs, examinations, individual oral hygiene education, oral prophylaxis and topical fluoride treatments to all children.
- Place dental sealants on six and twelve-year molars of all children.
- Provide school-based oral assessments and referrals by dental professionals.
- Mandate oral health examinations for all children prior to school entry.
- Implement oral hygiene and nutrition education in pre-Kindergarten through 12th grades in the school systems as part of standard curriculum.

Who: University of Colorado School of Dentistry, The Children's Hospital, Colorado Community Colleges, community clinics, Colorado Department of Public Health and Environment, Colorado Department of Health Care Policy and Financing, Colorado Department of Education, local school boards, physicians, educators, nurses, Head Start, Early Head Start, Early Childhood Summit, Colorado Academy of Pediatrics, home visitation programs, public health nurses.

Lead: Dentists, Dental Hygienists, Dental and Dental Hygiene School Faculty

Timeline: In the short-term, target schools with 75% of children that qualify for the free and reduced school lunch program.

Status: Sporadic models exist that need to be systemized. Models to date have been primarily based on opportunity and convenience.

Recommendation 2
Expand secondary dental prevention activities.

Why: Timely restorative care can also be considered a preventive measure because early treatment can prevent conditions from becoming emergency dental problems requiring extensive care, often with operating room and general anesthesia costs.

- How:**
- Increase early identification and treatment of early dental disease by utilizing restorations, stainless steel crowns, extractions of primary teeth, and space maintenance to assure children maintain ability to eat, speak, and be free from pain.

Who: Dental professionals in collaboration with University of Colorado School of Dentistry, Colorado Community Colleges, The Children’s Hospital, community clinics, Colorado Department of Public Health and Environment, Colorado Department of Health Care Policy and Financing, Colorado Department of Education, local school boards, physicians, educators, nurses, Head Start, Early Head Start, Early Childhood Summit, Colorado Academy of Pediatrics, home visitation programs, public health nurses.

Lead: Dentists, Dental Hygienists, Dental and Dental Hygiene School Faculty

Timeline: This coincides with recommendation # 6 in that children screened/examined in a variety of settings will be identified with dental disease that must be addressed. Therefore, in the short-term, target schools with 75% of children that qualify for the free and reduced school lunch program.

Status: While there are sporadic models that provide screenings to children to identify oral health needs, less than 15% of children receive the necessary follow-up restorative care.

Recommendation 3
Increase parents’, guardians’, and caregivers’ understanding of and investment in the importance of children’s oral health.

Why: Parents, guardians, and other adults play a critical role in the oral health of children. They are a model for good oral hygiene and nutrition behaviors and they are the means for children to access oral health care services. For a variety of reasons, parents, and therefore children, are unable to keep scheduled dental appointments, which is a barrier to dentist Medicaid participation.

How:

- Develop and provide educational/public awareness messages that can be given to parents by health professionals, educators, faith communities, employers, and other media outlets regarding the relationship of oral health to general health.
- Explore partnerships with other community organizations and employers to address other barriers such as transportation, childcare, and work schedules to facilitate keeping of dental appointments.
- Dental providers should notify Early Periodic Screening Diagnosis and Treatment (EPSDT) case managers when appointments are missed by Medicaid enrolled children for follow-up.

Who: Colorado Department of Health Care Policy and Financing, Colorado Department of Public Health and Environment, Colorado Department of Human Services, Colorado Department of Education, Colorado Early Childhood Summit, employers, faith communities, schools, parents.

Lead: Colorado Department of Health Care Policy and Financing, Colorado Department of Public Health and Environment.

Timeline: In the short term, convene partners to discuss strategies and develop messages. Ultimately, this is an ongoing effort as barriers are overcome and new ones are identified.

Status: A “Bright Smiles” educational brochure has been developed to educate Medicaid parents on the importance of dental care and keeping appointments, but its effectiveness and dissemination strategies need to be evaluated and expanded.

Goal: Outline a Dental Benefit that Meets the Minimum Oral Health Needs of Children and Increases the Number of Dental Providers

Recommendation 4

Design and implement the Child Health Plan Plus dental benefit package to be the same as the Medicaid dental benefit package.

Why: Identical benefits will provide a seamless system between Medicaid and the Child Health Plan Plus in terms of benefits, administration, and implementation.

The reduction of Medicaid benefits to coincide with basic commercial plans results in insignificant/negligible savings.

Identical benefit packages would be more user-friendly to the children who move between plans because the benefits would be the same.

Identical benefit packages should create administrative efficiencies and reduce administrative barriers.

Identical benefit packages will be more user-friendly for dental providers in implementing both programs.

Having identical benefit packages will provide a comparable standard of care for children enrolled in the Medicaid and the Child Health Plan Plus programs.

Identical benefit packages will encourage providers to deliver services to both Medicaid and Child Health Plan Plus eligible children.

How:

- Place emphasis on prevention by increasing provider reimbursement for preventive, diagnostic, restorative and emergency services; maintain at 68% of the American Dental Association mean for the Rocky Mountain Region or increase provider reimbursement for basic services; reduce reimbursement for other extensive dental treatment so that overall FY2001–02 impact is budget neutral and without adversely impacting services for children with special health care needs.
- Set a goal to incrementally increase the overall provider reimbursement rates for both programs from 68% to 80% of the American Dental Association mean. The increase to 80% would be implemented by increasing the rates for both programs by 4% each year for three years. Incrementally increasing rates will allow for annual evaluation of the penetration of dental care for Medicaid and Child Health Plan Plus children.
- Streamline eligibility verifications and educate providers regarding proper access.

Who: Colorado Department of Health Care Policy and Financing

Lead: Colorado Department of Health Care Policy and Financing

Timeline: In the short term, fiscal year 2001-2002, adjust Medicaid provider rates to emphasize prevention while maintaining budget neutrality. In the long term, fiscal year 2002 and beyond, seek legislation to increase overall provider reimbursement from 68%–80%.

Status: The current provider reimbursement rate is 68% of the American Dental Association mean for the Rocky Mountain region. While this is an increase from the 30-40% rate of several years ago, the rate has not increased in the past two years. The September 2000 Colorado Dental Association Survey cites that reimbursement rates continue to be a barrier to Medicaid participation.

Goal: Build and Expand a Network of Dental Professionals in order to Increase the Dental Safety Net for Colorado's At-Risk Children

Recommendation 5

Increase, intensify and strengthen the training for oral health professionals in providing care for children.

Why: Children at high-risk for dental disease often require specialized primary care services from a pediatric dentist who is culturally-competent, child-friendly, and clinically-proficient. Not all practicing dentists and dental hygienists have the skills to work with this behaviorally complex population.

How:

- May require legislation. Increase the number of pediatric dentists trained at the Children's Hospital. Additional strategies include teleconferencing, telemedicine, continuing education, adding to dental school curriculum, and training of other health professionals.

Who: The University of Colorado School of Dentistry, The Children's Hospital, and the Colorado Community Colleges that offer educational programs for dentists and dental hygienists.

Lead: The University of Colorado School of Dentistry, Colorado Commission on Higher Education, Community Colleges

Timeline: This may be accomplished in the short-term by designing continuing education courses and seminars for practicing dentists and dental hygienists that emphasize dental care procedures and strategies for young pediatric patients. In the long term, dental and dental hygiene schools should augment curriculum to incorporate increased pediatric training.

Status: Currently there are no formal continuing education opportunities related to pediatric oral health care and only a minimal number of course hours are required in dental curriculums.

Recommendation 6

Allow dental hygienists to bill Medicaid for educational and preventive services without requiring a dentist's authorization within the scope of the Colorado Dental Practice Act.

Why: Dental hygienists are the professionals with expertise in oral preventive care. The Colorado Dental Practice Act allows dental hygienists to practice unsupervised. Allowing dental hygienists a Medicaid provider number would increase the network of professionals providing oral health care to low income children.

How:

- The Colorado Department of Health Care Policy and Financing will work with the Colorado Dental Hygienists Association to amend the current provider rules, and if necessary, propose legislation.

Who: Colorado Department of Health Care Policy and Financing, Colorado Dental Hygienists Association

Lead: Colorado Department of Health Care Policy and Financing.

Timeline: During the 2001 General Assembly.

Status: Currently, Colorado dental hygienists cannot obtain Medicaid provider numbers, although precedents exist in other states (Washington, Oregon, and California).

Recommendation 7

Replicate and/or expand existing systems of care that serve under-served populations through matching infrastructure grants.

Why: There are already systems of care in Colorado that provide oral health care to low-income children populations (e.g., Kids In Need of Dentistry (KIND), Federally-Qualified Health Centers (FQHCs), Community Health Centers, the University of Colorado School of Dentistry, The Children's Hospital, School-Based Health Centers, and other private/non-profit clinics).

Providing additional funding to the dental health infrastructure (facilities) will promote increased access to dental care, provide needed resources to increase network capacity, and will prioritize areas and populations with the highest need.

How:

- Explore expanding and developing options for fixed clinics, portable equipment (equipment that can be carried and fits in a car) and portable delivery systems (mobile dental clinics with approximate start-up costs of \$500,000). It is recommended that the state provide \$2 million in matching funds; these funds should leverage an additional \$2 million from private and foundation sources.

Who: Colorado Department of Health Care Policy and Financing, Health Care Financing Administration and Health Resources and Services Administration, Federally-Qualified Health Centers, public and private non-profit dental clinics, The Children's Hospital

Lead: Colorado Department of Health Care Policy and Financing

Timeline: In the short-term, utilize tobacco settlement funds designated in the Colorado 2000 General Assembly to improve the Child Health Plan Plus. The Department of Health Care Policy and Financing should draft a budget decision item for inclusion in their fiscal year 2002-2003 budget.

Status: The Colorado Department of Health Care Policy and Financing has provided limited matching grants in the past three years which has resulted to date in a new Medicaid clinic in the Metro Denver area.

Recommendation 8

Offer loan repayment and credit-for-service programs and other incentives to recent dental, pediatric dental specialists, and dental hygiene graduates to serve Medicaid, Child Health Plan Plus and other under-served populations.

Why: Incentives will increase access to dental care for children by reducing the indebtedness of dental and dental hygiene graduates who serve these populations. Priority should be given to graduates of the University of Colorado School of Dentistry and other Colorado dental professional schools. Credit-for-service programs would allow dental professionals to serve under-served populations at any level of commitment and in any county, which may be an effective incentive to those unable or unwilling to commit to full-time service in a designated shortage area.

How:

- Requires legislation. Efforts should include investigating replication of the General Family Residency Program, adding dental professionals to existing tax-credit legislation for health professionals, and increasing opportunities for educational loan repayment.

Who: Colorado Department of Health Care Policy and Financing, Colorado Commission on Higher Education, Colorado Department of Public Health and Environment, Colorado Student Obligation Bond Authority, Colorado Community Health Network, Colorado Dental Association, Colorado Dental Hygienists Association

Lead: Colorado Community Health Network, Colorado Dental Association, Colorado Dental Hygienists Association

Timeline: Seek legislation during the 2001 General Assembly session to provide up to \$2 million.

Status: Dental and dental hygiene student indebtedness is significant. Currently, there are limited loan repayment options, despite the existence of the National Health Service Corps scholarship and loan repayment programs. As previously outlined, there are nine Colorado counties without any practicing dentists and an additional ten counties without dentists serving Medicaid enrolled children.

Recommendation 9

Increase the number of dentists and dental hygienists educated and willing to serve Medicaid and Child Health Plan Plus eligible children and other under-served populations.

Why: Increasing the number of dental health professionals, as there is an anticipated increase in the shortage of dental providers, will increase access to oral health care services for many underserved populations.

How:

- Increase the number of dental hygiene program graduates and increase the number of positions at the University of Colorado School of Dentistry for dental graduates. Increase collaborative agreements and public/private partnerships between professional schools/programs and operating clinics.

Who: University of Colorado School of Dentistry, The Children's Hospital, Denver Health, Veteran's Administration Hospital, Colorado Commission on Higher Education, Colorado Community Colleges and other health care institutions.

Lead: Dental Professional schools

Timeline: In the short-term, begin discussion with the Colorado Commission on Higher Education. Over the long-term, increase the number of dental and dental hygiene graduates (by 2009).

Status: Limited collaborative agreements are currently in process between the University of Colorado School of Dentistry and The Children's Hospital, community health centers, and private non-profit dental clinics.

Conclusion:

The issues and problems of Colorado children's access to oral health care are multifaceted and complex, requiring multiple strategies. There are significant roles for everyone, including the Colorado General Assembly, state agencies, dental professionals, communities, and families. Increasing Medicaid reimbursement rates is a necessary, but not sufficient, response to inadequate access to dental services. Colorado needs to simultaneously build and expand a network of dental professionals; increase the investment in prevention; and implement a dental benefit that meets the minimum oral health needs of children. The nine recommendations in this report, if acted upon, will ultimately assure optimal oral health for all of Colorado's children.

With the recent release of the Surgeon General's Report on Oral Health, the increased recognition of oral health disparities among underserved populations, and the realization by dental professionals and the Colorado General Assembly that Colorado children deserve access to oral health care, the time is NOW to take action. The Colorado Commission on Children's Dental Health submits these recommendations as an action plan to end the current crisis in oral health access for Colorado's children.

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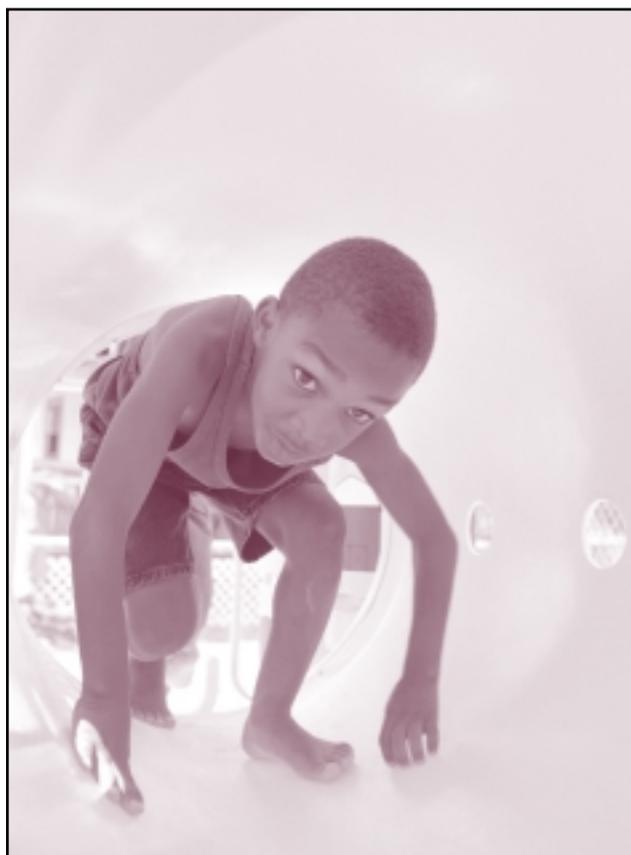
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The Commission would like to thank the following people for their numerous contributions to the work reflected in this report:

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Linda Rad, *Former Manager*, Health Care Benefits, Colorado Department of Health Care Policy and Financing

In addition, thanks go to the following people for their contributions during Commission meetings:

Richard Allen, *Director*, Office of Medical Assistance, CO Department of Health Care Policy and Financing
Dr. Wei-Ling Chang, Inner-City Health Center
Julie Degenstein, *Clinical Nurse Manager*, Adams 50
Dr. Ed DeRose, Smile High Dental Clinic
Dr. Meredith Harris, The Children's Hospital
Pilar Ingargiola, Health Think
Dr. Randy Kluender, University of Colorado, School of Dentistry
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Dr. Mike Raizen, Eastside Clinic, Denver Health
Nancy Schoyer, *Executive Director*, Kids In Need of Dentistry (KIND)
The Honorable John Witwer, *Colorado State Representative*, Evergreen

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