

Medicaid Coverage of Dental Care for Pregnant Women

At a Glance...

Despite the validated importance and safety of dental care during pregnancy, utilization of dental care by at-risk women is low, in large part due to a lack of coverage for this population. This policy brief examines state Medicaid dental coverage for pregnant women and confirms that it is inadequate overall. While states may elect adult dental coverage, few have specifically targeted a dental benefit for pregnant women. Requiring states to provide a guaranteed, comprehensive dental benefit to pregnant women in Medicaid will encourage use of critical dental services. It will also protect dental benefits for pregnant women when states eliminate other adult coverage during challenging economic times.

Oral health plays a significant role during pregnancy in relation to a woman's health, and to the health of her child. Given that Medicaid is the largest financer of births in the U.S., covering more than 40% of total U.S. births¹, it is critical that dental benefits be protected for at-risk pregnant women enrolled in this program.

Importance of Oral Health during Pregnancy

Dental care is important during pregnancy because the physical changes that women's bodies undergo can negatively affect oral health. Hormonal changes can increase women's susceptibility to oral infections such as periodontal disease, and can reduce the body's ability to repair soft tissues in the mouth. Periodontal disease has been linked to adverse birth outcomes, as well as to cardiovascular disease, stroke, and poor diabetes control.²

A mother's oral health status is important to the health of her child. There is a substantial epidemiologic association between periodontal disease and adverse birth outcomes, such as low birth weight, preterm birth, and gestational diabetes. Further, young children acquire the disease that causes cavities through transmission of bacteria primarily from their mothers. Pregnancy is an opportune time to educate women on practices that promote

good oral health, nutrition, and hygiene, both for themselves and for their children. For women with significant tooth decay experience, it is also an opportune time to advise new mothers on how to limit transmission of decay-causing bacteria to their children.

Dental Care Utilization

Dental care is safe throughout pregnancy³; however many women do not access oral health care during the perinatal period. Data gathered across multiple years and reported by multiple states shows that on average only 2 in 5 women accessed dental care during pregnancy, and that less than one-third visited a dentist in the 2-9 months following the birth of their infants.⁴ Many states are implementing innovative approaches to link Medicaid-enrolled pregnant women to dental care, including the use of community health workers, case managers, and creating partnerships between providers and programs that serve pregnant women. However, dental coverage is a key link between education and access to care.

States are required to offer dental services for children in Medicaid. But dental coverage for adults, including pregnant women, is optional and ranges widely across states.

State Recommendations to Improve Access to Dental Care for Pregnant Women in Medicaid

- Establish a comprehensive dental benefit for pregnant women enrolled in Medicaid administratively, or where necessary legislatively. By targeting pregnant women as a specific population with a required dental benefit, pregnant women will be less vulnerable when states contemplate eliminating or reducing dental benefits for the adult Medicaid-enrolled population. Some states have elected this option, such as Louisiana's Expanded Dental Services for Pregnant Women benefit.
- Provide extended dental coverage for women after pregnancy, at least through

the first 6 months post partum (currently pregnant women retain eligibility through the end of the calendar month during which the 60th day after the end of pregnancy occurs).

- Increase income eligibility limits for pregnant women to qualify for Medicaid (above the current minimal federal requirement of 133 percent of the federal poverty level).
- Facilitate a shorter application process for pregnant women to expedite enrollment, and/or offer an electronic application process.
- Grant presumptive eligibility to pregnant women (women may receive care while their eligibility is being determined. Providers are reimbursed for this care).
- Employ eligibility outreach workers to identify and assist in enrolling pregnant women in Medicaid.
- Facilitate education and outreach to pregnant women through community organizations, communications campaigns, and through establishing links with other organizations serving pregnant women, such as Healthy Start and Early Head Start.
- Develop a database of Medicaid benefits provided to pregnant women in each state, to be updated as benefits change, and for the public to access information on available services.

In addition, states now have the option to implement the Immigrant Children's Health Improvement Act (ICHIA), which allows the use of federal funding in providing health coverage to legally-residing immigrant pregnant women and children enrolled in CHIP or Medicaid, eliminating the mandatory five-year waiting period. ICHIA is an option for all states and would allow them to receive additional federal funding to provide health coverage to more residents.

California's Commitment to the Oral Health of Pregnant Women

In 2002, a limited set of "pregnancy-related dental services" (exams, preventive services, treatment of periodontal disease) were included in California's Medicaid coverage of limited categories of pregnant women. In 2005, the State Legislature mandated that Medicaid provide coverage for these services for all pregnant women enrolled in Medi-Cal. These benefits were added, and the legislation was enacted, to promote the health of the mother and of the newborn in light of research showing an association between periodontal disease and adverse pregnancy outcomes. When facing a state budgetary crisis in 2009, dental services for all covered adults were sharply reduced to primarily emergency treatment for pain, trauma, and infection. However, the designated pregnancy-related dental services were retained.⁵ While not comprehensive (restorative treatment is not included in the dental benefit), this designation retains critical preventive and periodontal oral health services for pregnant women.

Conclusion

Oral health is key to women's overall health, and especially so during pregnancy. Achieving good oral health may also help prevent dental caries in infants, through reducing transmission of cavity-causing bacteria. Providing dental services for pregnant women saves treatment costs and reduces pain and suffering, both for women and their children. It is essential that states and the federal government consider protecting and promoting specific dental benefits for women during the perinatal period.

Citations

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