

# IMPROVING ACCESS TO DENTAL CARE BEYOND REIMBURSEMENT RATES

Oral health is [connected to overall health and wellbeing](#) and is consistently [rated as a top health concern](#) by community members. Having access to dental care is key to good oral health, but unfortunately, it is out of reach for many communities.

When oral health advocates begin to explore strategies to improve access to dental care, increasing reimbursement rates, especially in Medicaid, often comes up as a key policy approach. While [Medicaid reimbursement rates for dental services](#) do lag behind private rates in most states, **access to care is a complex problem that won't be fixed by increased rates alone.**

This brief offers a range of policies that, taken together, can be more effective in lifting barriers to care than solely relying on this single approach to change. These strategies include expanding coverage; broadening the oral health workforce; and adopting solutions that deliver care in communities, while removing longstanding structural hurdles.

## Solutions Must Center People Most Hurt by Barriers to Care

About one third of US adults [don't have a yearly dental visit](#). But the factors that interfere in getting regular, timely oral health care aren't the same for everyone. People of color, those with lower incomes, people with disabilities, and other marginalized groups face some of the greatest barriers to care. As advocates think about how to [center community voices](#) in their work to improve access to care, approaches that go beyond simply increasing payment rates for providers are necessary.

## The Limits of Reimbursement Rates on Improving Access to Care

Research on the impact of increasing dental reimbursement rates paints a clear picture: this policy, on its own, is not sufficient to significantly improve access to dental care and oral health. While increasing Medicaid reimbursement rates has been associated with greater use of dental services in some states, other factors also play a key role. For example, access to care has increased most when [administrative simplifications, outreach efforts](#) and improvements to other [non-reimbursement factors](#) have also been included. Even when Medicaid reimbursement rate increases are associated with better provider participation in the program and access to care improvements, access still tends to [lag behind that of those with private insurance](#).

Additionally, many dentists report that non-reimbursement related factors, such as [paperwork and other administrative burdens](#), contribute to their lack of accepting Medicaid. Unfortunately, some dentists also report biased assumptions about people with Medicaid coverage. One misconception is that patients are [late or don't show up for their appointments](#) because they lack oral health literacy, or because they don't care about their dental health. However, there are systemic hurdles that contribute to appointment lateness and/or cancellation, including [practice setting factors](#), like where private practices are located, as well as other structural barriers.

With data showing that just increasing Medicaid reimbursement rates is not enough to significantly improve access to care, advocates should consider holistic approaches to address the many factors that contribute to this issue, including dental coverage, provider availability, and social determinants of health. Advocates should also carefully consider whether provider-centric policies make sense as the anchor of policy agendas that are [equity-informed and center community engagement](#).

## Effective Solutions for a Holistic Approach to Improving Access to Dental Care

Below are several areas that have shown to improve access to dental care and oral health. Advocates should also think through how various policies [address existing inequities](#) and the role of community engagement in choosing policy priorities. A holistic policy agenda to improve access to care must take into account the context of a particular community. It must also consider the perspectives of people who are most impacted by barriers to care and the solutions to address them.

### **Expanding Dental Coverage**

When people have dental insurance, they are more likely to get the care they need. However, about 76.5 million US adults [have no dental coverage](#), including about [two-thirds of older adults](#). This is largely driven by the fact that the two major public health insurance programs do not include comprehensive dental coverage for everyone: Medicare includes no dental benefit and Medicaid dental benefits are optional for adults.

At the federal level, national and state advocates have fought to [add a dental benefit to Medicare](#), extending needed coverage to millions of older adults and people with disabilities. Advocates have also pushed to [make a comprehensive adult dental benefit a mandatory Medicaid coverage category](#). This would standardize and universalize critical dental coverage for adults with low incomes in the same way it is already covered for children. It could also save at least [\\$273 million in health care spending](#).

Importantly, [Medicaid is critical in supporting tribal health systems](#) and the oral health of American Indian and Alaska Native (AI/AN) people. Mandatory Medicaid adult dental benefits can improve access for AI/AN people and help meet the federal government's treaty obligations for tribal health.

Even as Medicaid adult dental benefits aren't yet mandatory, state and local advocates across the country have long been pushing for state policymakers to [optionally add a dental benefit](#) or increase the services it covers. In states with more comprehensive dental coverage, adults and children are more likely to get care they need. Medicaid benefits can also [help adults get and keep work](#), providing key economic supports, especially for families with low incomes. Adding or keeping a dental benefit can also save states money. States that offer Medicaid adult dental benefits have [lower per person dental care spending](#) and may also save money on unnecessary [emergency department use](#).

### ***Improving the Oral Health Workforce***

In addition to coverage that helps pay for care, people also need access to providers who deliver the care they need. Unfortunately, almost 62 million people live in areas [without enough dental providers](#). Finding a dentist can be particularly challenging for people with [Medicaid coverage](#) and those in [rural communities](#). Tribal communities and people of color also face barriers, especially in finding providers who represent their language and culture.

Policies that expand the dental workforce, especially those that improve provider availability for underserved communities, are another key area shown to improve access to care. For example, authorizing dental hygienists to practice in community settings and/or to provide a more expansive range of services can [improve access to care](#).

Following the leadership of Alaska Native tribes, advocates across the country have been successful in authorizing dental therapists – mid-level dental providers who are trained to work in a variety of clinic and community settings. Adding dental therapists to the dental care team has been shown to [improve access to preventive care](#) and oral health.

In addition, the dental therapy model was intentionally designed to train providers who represent the language and culture of the communities they serve. Doing so [improves trust](#) and [addresses structural barriers to care](#).

### ***Community-Based Care and Addressing the Social Determinants of Oral Health***

Another critical aspect advocates and policymakers must consider is whether a solution will ensure providers are located where people can access them. The current standard in dental delivery puts the burden on patients to travel, often long distances, to where care is located. This puts particular hardship on patients with low incomes. Dental care already presents the [steepest financial barriers of any health service](#) and the additional costs of transportation, time off work, and childcare can make access insurmountable. This hurdle is also particularly burdensome for people with disabilities and older adults, for whom transportation is often even less accessible.

However, models do exist that bring care to where people are, improving access and addressing social determinants of oral health. Some examples include:

- **Authorizing dental hygienists and dental therapists to practice in community settings.** These providers can deliver care in places like schools, long-term care facilities, and mobile clinics. This approach can help bring care to communities and reduce barriers associated with transportation.
- **Expanding the role of teledentistry.** Such technology allows people to receive consultations, evaluations, and get advice from their provider via telephone or video appointment [without needing to physically go to a clinic](#). This helps address transportation barriers and can facilitate care for older adults or people with disabilities. Advocates can push their state Medicaid programs to authorize coverage of teledentistry and/or to permanently expand teledentistry policies that were authorized to facilitate care during COVID-19 shutdowns. Critically, dental therapists have been leading innovators in [using teledentistry to improve access to care](#).
- **Integrating medical and dental care.** Because oral health is health, dental providers are not the only clinicians who should be able to offer oral health services. Policymakers can allow pediatricians, nurses, and other primary care providers to offer basic services, like conducting oral health assessments and applying fluoride varnish. They can also support training community health workers in oral health education. In addition, co-locating dental and medical services and sharing dental and medical records (which is often facilitated by broad teledentistry policies) are other policy options to [better integrate oral and medical care](#).
- **Listening to people who face barriers to care.** To fully understand and address the factors that influence equitable access to dental care, advocates and Medicaid programs alike should engage directly with people who rely on these programs. States can implement [strategies](#) like Medicaid patient advisory boards. They can also partner directly with community-based organizations to garner input from people who face the most significant barriers to care. Such mechanisms are critical to ensuring that policy solutions to improve access to dental care center the needs of patients.

## Conclusion

Access to dental care is a complex issue with various contributing factors that include coverage and affordability of dental care, provider availability, transportation and other social determinants of health, and beyond. While increasing provider reimbursement rates may influence access to dental care to some degree, data show it is not enough to make a significant difference on its own. No single policy will address this multifaceted problem in isolation.

A holistic policy approach can be more effective in lifting barriers to dental care. Advocates and policymakers can consider solutions that expand dental coverage, facilitate community-based care, and better integrate dental and medical care. These and other policies prioritize the perspectives of those most impacted by this issue, which is paramount. They also consider where care is located, how it is provided and by whom, and address existing inequities. Incorporating this range of factors into a broader policy agenda can improve access to care and oral health for all.