SUMMARY OF CARDIN AMENDMENT #273—IMPROVING ORAL HEALTH FOR CHILDREN WITH MEDICAID

Cardin Amendment #273 would expand the children’s health deficit-neutral reserve fund in the Murray Resolution to include a focus on improving the oral health of children with Medicaid.

Scientific research has documented well that oral health is integral to overall health. Poor oral health is linked to diabetes, cancer, heart disease, preterm births and low birth-weight, raising health care costs and increasing the burden of other diseases. Still today, tooth decay is the most common chronic disease affecting American children.

Data from the NIH’s National Institute of Dental and Craniofacial Research show that more than 40 percent of American children between the ages of 2 and 11 have tooth decay in their baby teeth, and 25 percent of all children ages 6-18 have untreated tooth decay.

Low-income children are more likely to have oral disease and are less likely to have adequate access to preventive and restorative care. Because tooth decay is largely preventable through the use of multiple interventions, including water fluoridation, dental sealants, timely diagnostic services, a greater investment in preventive measures can obviate the need for later more costly treatment.

According to the Kaiser Family Foundation, while about 25% of children have untreated tooth decay, the rate is nearly one-third for children whose families have incomes below 200% of the federal poverty level.

While dental benefits are provided to children through Medicaid’s child health component, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), reliable access to services is often lacking because of a shortage of pediatric dentists in many communities across the nation, and as a result, children forgo needed preventive care.

Passage of this amendment would facilitate measures to improve oral health education and outreach to children with Medicaid and help expand the availability of comprehensive prevention-based approaches to oral health.