



THE  
**PEW**  
CHARITABLE TRUSTS

# What Policy Barriers Inhibit School-Based Sealant Programs?

**Rebecca Singer Cohen, Research Officer**

The Pew Charitable Trusts

## Our Mission:

The Pew Children's Dental Campaign strives for cost-effective policies that will mean millions more children and adults can get the basic dental care they need to grow, learn and lead healthy lives.



# Purpose of Study

What are the policy barriers that prevent the expansion or inhibit school-based sealant programs?



## Background

- Previous work: effectiveness and reach of school-based sealant programs
- Open ended question in survey: Policy barriers?
- Current work builds on 2015 survey of dental directors
- Environmental scan of the universe of relevant policies

## Methodology

- Literature Review
- Interviews
- Surveys

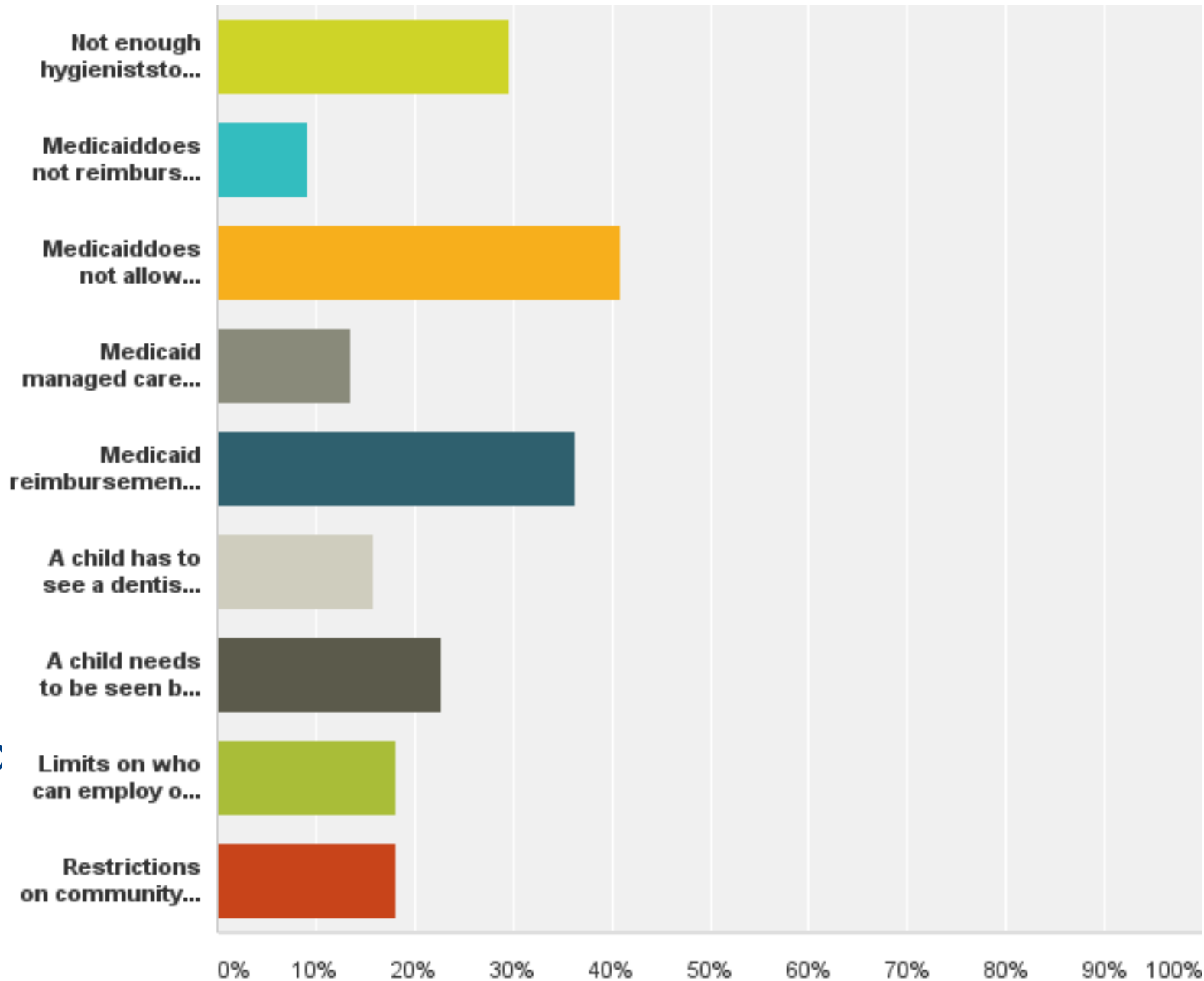
## What are the Policy Barriers?

- NOT FEDERAL!
  - Very few survey respondents, interviewees, or publications found in the literature identified federal-level policy levers that were creating barriers to expanding SBSP.

## What are the Policy Barriers?

- Billing
- Supervision
- Provider
- Medicaid
- Program Entrée (FQHCs)
- Funding
- Population

In your opinion, do any of the following prevent your sealant programs from expanding into more high-need schools?

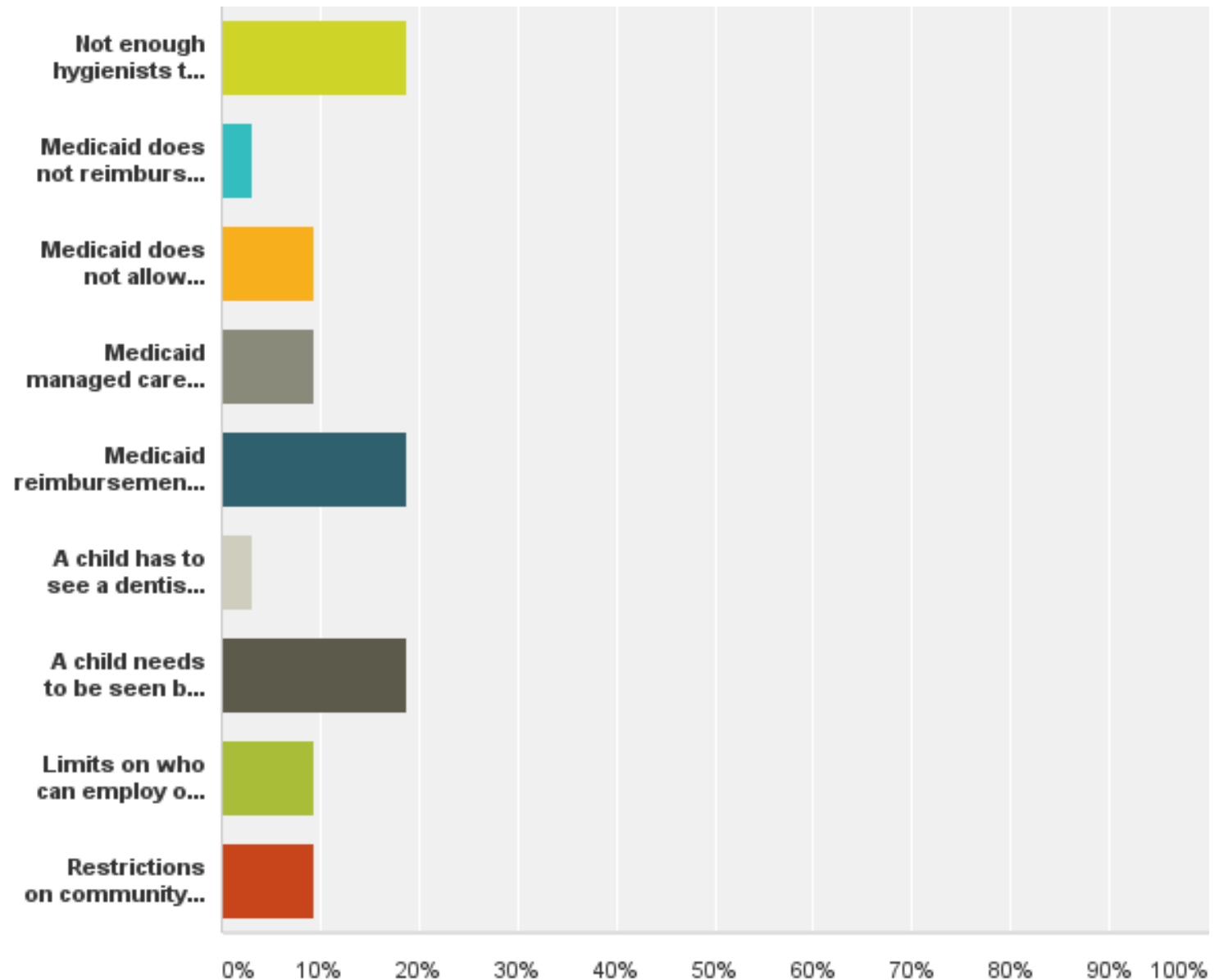




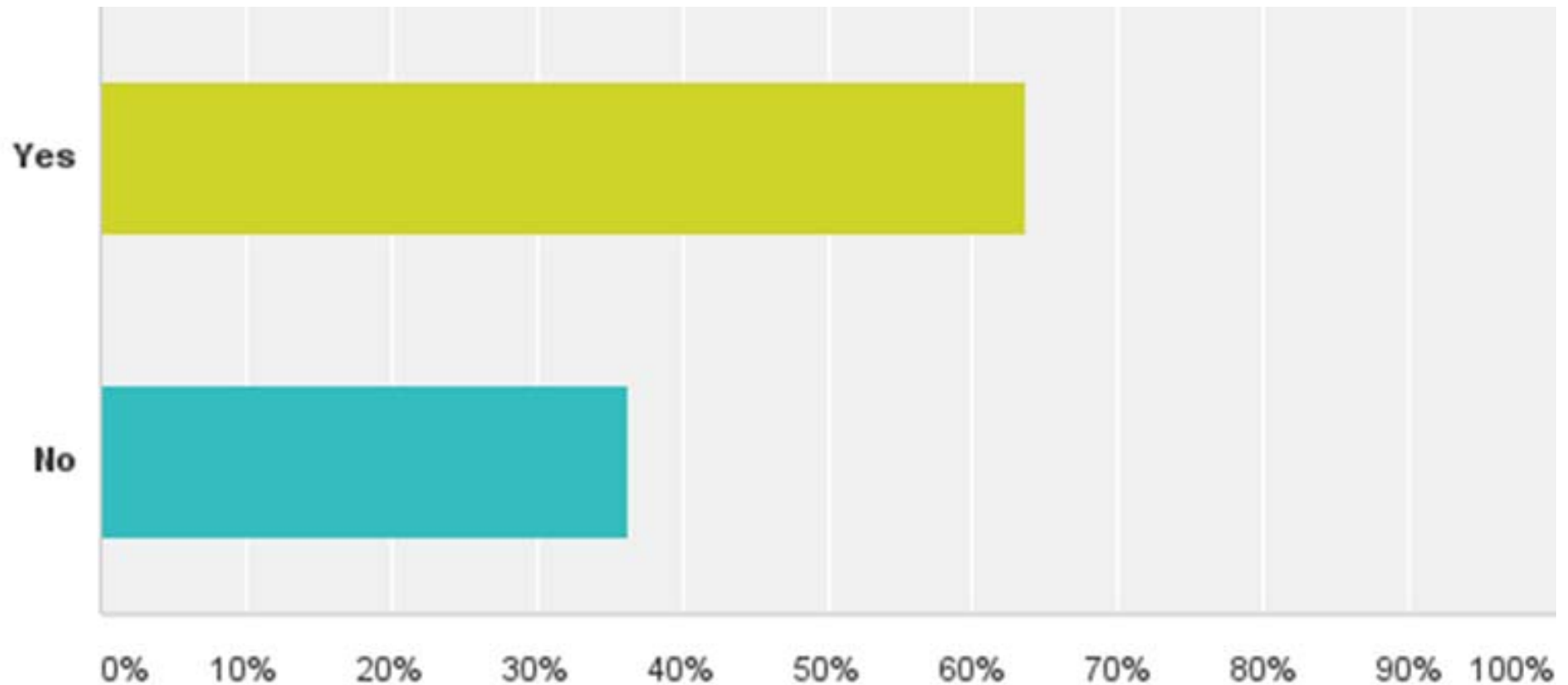
In your opinion, do any of the following prevent your sealant programs from expanding into more high-need schools?

Answer Choices	Responses
Not enough hygienists to visit all interested schools	29.55% 13
Medicaid does not reimburse for care provided outside of a clinic/office	9.09% 4
Medicaid does not allow dental hygienists to bill directly for care provided in schools	40.91% 18
Medicaid managed care contracts language	13.64% 6
Medicaid reimbursement rate	36.36% 16
A child has to see a dentist within a certain amount of time in order for a hygienist to be able to place a sealant, either before or after	15.91% 7
A child needs to be seen by a dentist first in order for a hygienist to place a sealant in a school	22.73% 10
Limits on who can employ or supervise public health hygienists to be able to place sealants in schools	18.18% 8
Restrictions on community health center administration/coordination/billing	18.18% 8
<b>Total Respondents: 44</b>	

In your opinion, which of the following barriers MOST restricts your sealant programs from expanding into more schools and reaching more kids?



If Medicaid payments for sealants could be increased in your state, do you think your sealant programs could be financially self-sustaining?



## A moment on the MRR...

- State budgets are tight and uncertain
- State experience is contradictory/  
inconclusive
- Are there other more cost-effective  
actions we can take?

## Three broad conclusions

1. Public health hygiene needs to be seen as a program
  - Comprehensive, nimble, and cohesive
2. FQs should play a bigger role
3. Medicaid managed care coordination requires innovative approaches

# 1. Barriers to the practice of Public Health Hygiene

- 15 states flagged barriers impacting public health hygiene
  - AK, AR, DC, HI, IA, ID, KS, KY, LA, MD, PA, NY, SD, VA, WV
  - Restrictions include:
    - Scope of practice
    - Reimbursement of services (payer/location)
    - Employment requirements
    - Time limitation
    - Supervision requirement

## Barriers to the practice of Public Health Hygiene (cont)

- Reimbursement of services
  - 32 states and the District of Columbia DO NOT allow hygienists to bill Medicaid directly for services
  - 18 out of 44 respondents identified this rule as a barrier to SBSP expansion.
  - Results in:  
Delays to SBSP reimbursement, administrative burden, lack of provider participation

## 2. Barriers to FQHCs Running SBSPs

- 8 states flagged barriers impeding participation by FQHCs
  - AK, CT, MN, NH, MT, MD, RI, WV
  - Sometimes overlap, sometimes perceived, sometimes unclear and interpretation is restrictive
  - Conversations with federal, state, and CHC-level experts could not identify specific federal policies that impede expansion of FQHCs to run SBSPs



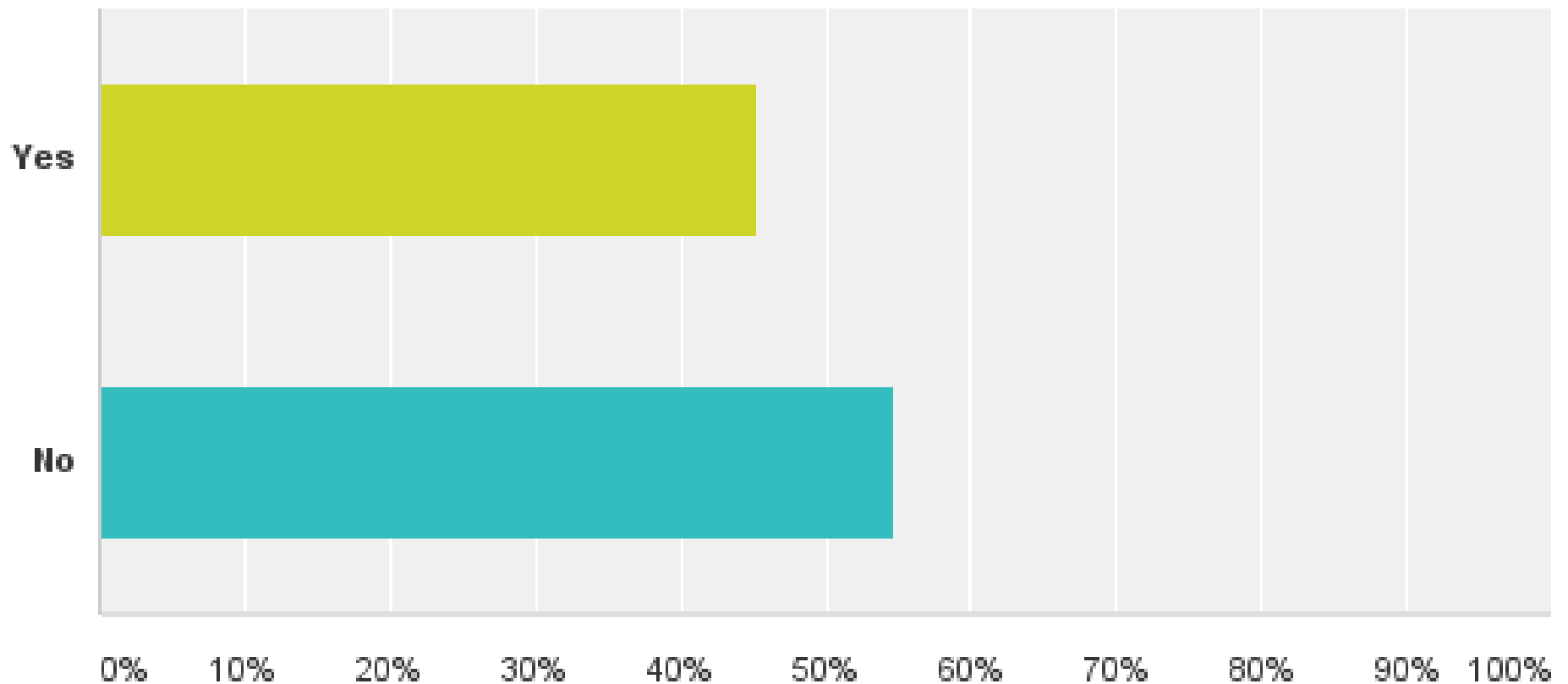
### 3. Medicaid Managed Care Problems

- Of 38 states with Medicaid children in MCO, 21 require dental benefits through MCO.
- 6 states flagged these challenges as current barriers
- Value-Based Purchasing paradigm should incorporate community and preventive services... but may not yet

## Utilizing market forces

- All is not lost: States are innovating!
- Highlight: Oregon
  - 2 accountable care organizations
  - 9 competing dental plans
  - 1 entity coordinating services
  - Hygienists deployed to Title I schools
  - Plans get credit/performance bonus for beneficiaries sealed

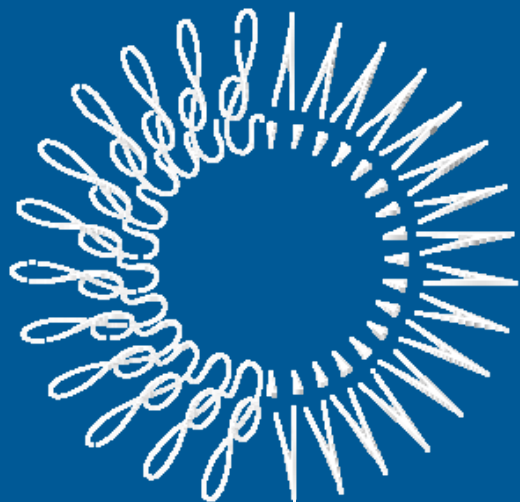
# Has the Free Care Rule clarification helped your school based sealant programs reach more children?



## Primary Take Away



- Policy/program entrepreneurs needed to figure out how to navigate and overcome policy barriers.



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**Questions?**

[rsingercohen@pewtrusts.org](mailto:rsingercohen@pewtrusts.org)

202-540-6852