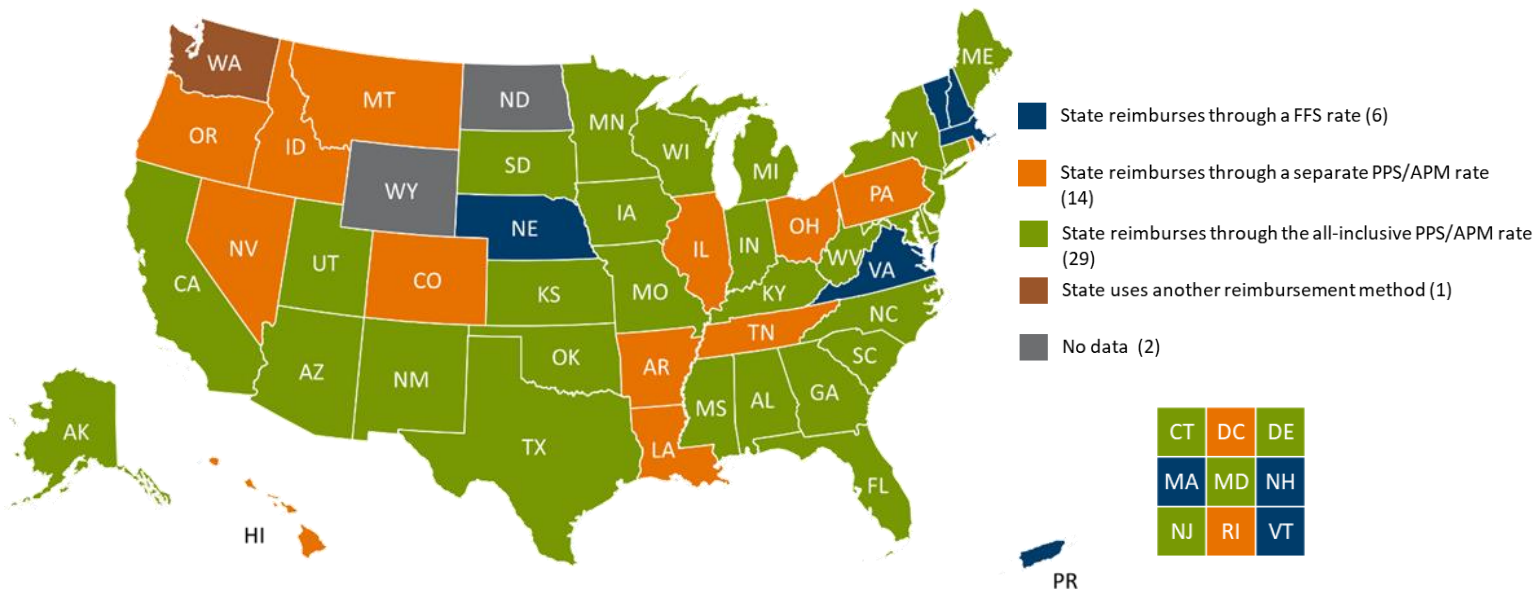


Snapshot: FQHCs and Oral Health

Federally Qualified Health Centers (FQHCs) are a key component of the nation’s health safety net, providing essential primary and preventive care in underserved communities across the country. Today, over 1,400 health center organizations provide care to 29 million patients at 14,000 delivery sites nationwide. [Section 330 of the Public Health Service Act](#), which authorizes the Health Center Program, requires that all FQHCs provide certain health services, including preventive dental care. FQHCs emphasize the integration of oral and primary health care. Nationwide, [82% of FQHCs offer dental services on site](#). Since 2010, there has been a [31% growth](#) in the number of FQHCs employing dental staff (to 1,123 FQHCs), and a [121% increase](#) in dental staff (to 18,715 full time equivalents). FQHCs are especially vital for uninsured or underinsured individuals, and Medicaid beneficiaries, since the Section 330 grant requires that FQHCs offer services to all, regardless of insurance or ability to pay. The work FQHCs do in the oral health space also helps to decrease the overall costs for patients with diabetes and [keep patients out of emergency rooms](#). In recognition of the role that FQHCs play in serving Medicaid patients, in particular, Congress created the Prospective Payment System (PPS) and Alternative Payment Methodology (APM) to ensure that FQHCs are appropriately reimbursed for the care they provide. Although 15 state Medicaid programs do not cover adult dental benefits, FQHCs are required by federal Medicaid law to provide, at minimum, limited preventative dental services to all patients they serve, so all states have agreements (below) for how they reimburse for these FQHC services to Medicaid patients.

State Medicaid Reimbursement for Dental/Oral Services at FQHCs¹



Oral Health Disparities

Workforce shortages, lack of insurance coverage, geographic isolation, and lack of transportation are all contributing factors to why more than [56.7 million Americans](#) live in areas with dental care shortages. These shortages, in conjunction with [higher tobacco usage](#) and generally [lower health literacy](#) among rural residents, leads to [higher rates](#) of both partial and full edentulism (having teeth pulled), when compared with urban residents. Racial disparities in oral health are also especially persistent. The prevalence of periodontitis (gum disease) is nearly [20% higher](#) among Hispanics and African Americans than with whites. Dental caries (tooth decay) are the number one chronic disease in children, but the rates of cavities are [twice as high](#) among Hispanic and African American children ages two to eight years old than in their white counterparts. The same pattern continues in older adults: the rates of cavities are [25% higher](#) for African Americans 65 years of age and older. FQHCs are purposefully located in and serve medically underserved areas and populations, and work to shrink these health disparities by providing comprehensive, culturally competent, affordable care to all.

¹ NACHC, 2019. Based on data from Primary Care Associations.

Oral Health during the COVID-19 Public Health Emergency

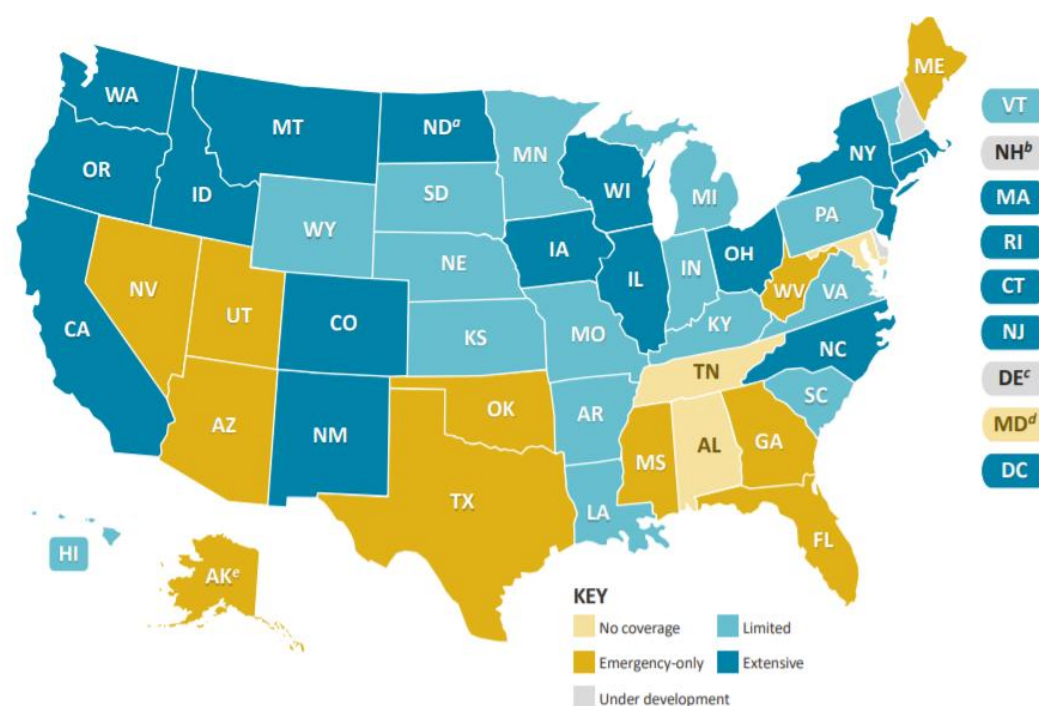
Shortly after the novel coronavirus (COVID-19) arrived in the U.S. in January 2020 and a Public Health Emergency (PHE) was declared, the Centers for Disease Control and Prevention recommended postponing all non-emergency dental visits and procedures to decrease the risk of contracting COVID-19 and preserve personal protective equipment. Practically overnight, almost 19,000 dentists, dental hygienists, dental assistants and dental therapists at FQHCs across the country were sidelined. Nearly all of the roughly 1.8 million monthly FQHC dental visits by the almost 1.3 million monthly dental patients were canceled.

Teledentistry

FQHCs across the country are now slowly beginning to use teledentistry services to continue providing care to the most vulnerable. In 2018, just [47 FQHCs](#) used telehealth for oral health services, half in rural areas. Those not using telehealth [reported](#) that lack of reimbursement, funding for equipment, and training were the major barriers; 17% of rural health centers reported difficulties with costly or inadequate broadband and telecommunication services. As the PHE ramped up, health centers began expanding teledentistry services. Because many dental interventions can be self-administered, some health centers conducted synchronous audio/visual appointments, with dental staff advising patients on brushing and nutrition, and prescribing fluoride treatments. The [Petaluma Health Center](#) in California set up an outdoor tent for pediatric dentistry, where dental staff apply children’s sealants to prevent cavities in the backs of cars. The Centers for Medicare and Medicaid Services have also authorized fee-for-service reimbursement for telehealth services to Medicare patients, and many state Medicaid agencies have followed, making it financially feasible for FQHCs to provide these services.

Medicaid in the COVID-19 Era

FQHCs’ commitment to provide health care services regardless of insurance or ability to pay is now more important than ever. FQHCs serve 1 in 5 Medicaid beneficiaries. Unfortunately, adult dental benefits for Medicaid beneficiaries are often the first to disappear when there are state budget deficits, due in part to the mistaken historical separation



of oral health from the rest of the healthcare system. States are [forecasting](#) hundreds of millions – if not billions – in budget shortfalls this fiscal year alone due to COVID-19. As of September 2019, [15 states](#) did not cover adult dental benefits under Medicaid, outside of emergency situations. To the left is a map from the [Center for Health Care Strategies](#) that provides an overview of state Medicaid coverage of adult dental benefits. Policy experts worry it’s only a matter of time before more states begin cutting dental benefits which will widen health disparities and hurt the most vulnerable.

^a North Dakota does not offer adult dental benefits to its Medicaid expansion population.
^b Under New Hampshire’s bill the Department of Health and Human Services is directed to develop a “comprehensive plan to ensure that Medicaid recipients can safeguard their smiles and their overall health.”
^c Under Delaware’s bill the state will offer preventive and restorative dental coverage to adult Medicaid beneficiaries.
^d Maryland offers treatment for symptoms in emergency situations but does not cover emergency surgery.
^e Alaska’s state budget was passed keeping adult dental coverage intact; however, the Governor’s line item vetoes in the budget will result in cuts to the state’s Medicaid program, including adult dental, unless the legislature moves to rescind them.

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