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Oral Health Care and Coverage During Pregnancy

By Erik Skinner

The effects of dental diseases on pregnant women and their babies, along with the high cost of treating oral problems that become severe, have states looking for solutions. According to the American Dental Hygienists' Association, **40 percent of pregnant women** have gum disease. Gum infections have been linked to increased risk for low birthweight and preterm birth. Additionally, cavity-causing bacteria in the mother's mouth **can be transferred** to her child before birth, and oral health problems can worsen if left unchecked.

These problems can be exacerbated by lack of insurance coverage for dental care. According to data from 10 states, **56 percent of pregnant women** do not have dental coverage. The same research found that 60 percent of women did not have their teeth professionally cleaned during their last pregnancy.

Publicly funded dental coverage and reimbursement rates vary widely across the country. According to a 2016 report from the [Center for Health Care Strategies Inc.](#) about Medicaid coverage for oral health services, 46 states and the District of Columbia currently cover some type of dental services. Of those, 16 states offer extensive coverage, 17 states and the District of Columbia cover limited services (e.g., teeth cleaning and dental sealants) and 13 states cover emergency care only (e.g., relief for uncontrolled bleeding or trauma). States with extensive benefits cover more diagnostic, preventive and restorative procedures and have a higher annual benefit limit.

At the start of the 2007 recession, **dental expenditures began to decline** for the first time since the government began tracking health spending in 1960. This continued throughout the recession. As state budgets recovered, **seven states** have taken significant steps to increase dental benefits. While benefits are showing signs of recovery, payment rates continue to decline. Medicaid reimbursed oral health providers 40.7 percent of the commercial insurance rate for dental services in 2014, down from 48.8 percent in 2013.

The Pregnancy Risk Assessment Monitoring system, or PRAMS

Did You Know?

- Approximately **40 percent of pregnant women** have some form of periodontal disease.
- **Twenty-two percent to 34 percent** of pregnant women in the United States consult a dentist, with one-half attending to a dental problem when it occurs.
- A **recent study** found that \$2.7 billion in dental-related emergency department visits was spent in the U.S. over a three-year period.

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Executive Director
William T. Pound

Denver
7700 East First Place
Denver, Colorado 80230
Phone (303) 364-7700
www.ncsl.org

Washington, D.C.
444 North Capitol Street, NW, Suite 515
Washington, D.C. 20001
Phone (202) 624-5400

database, includes state-specific statistics on health status and coverage rates that can help policymakers uncover important trends in their state. Fifteen states have PRAMS survey data on the proportion of women who visited a dentist during their last pregnancy.

State Action

States have enacted numerous strategies to help pregnant women receive oral health care services. Colorado passed [Senate Bill 242](#) in 2013 to restore the limited Medicaid adult dental benefit. Although several states have restored benefits as state budgets and revenues recovered from the recession, the Colorado legislature specifically recognized that pregnant women “are one of the most vulnerable adult populations that are without oral care.” The legislation aims to prevent oral disease, improve overall oral health and control Medicaid costs. In some states, pregnant women on Medicaid receive a few more oral health services. For example, in [Oregon](#), pregnant women may receive root canal therapy and additional crowns.

In 2015, [Virginia’s HB 1400](#) authorized the [health department](#) to add dental coverage to an estimated 45,000 pregnant women through 60 days after giving birth.

The American College of Obstetricians and Gynecologists [cites factors](#) such as poor nutrition and tobacco use as increasing the risk of oral disease. While all states must fund Medicaid smoking cessation programs for pregnant women with no cost sharing, it is up to each state to decide on the type of program and how to fund it.

[New York](#) and [South Carolina](#), for example, developed tobacco cessation guidelines specifically for pregnant women, physicians and dentists. In 2016, [Idaho Senate Bill 1410](#) earmarked \$750,000 to Idaho public health districts from a special fund to support evidence-based smoking cessation programs, with an emphasis on youth and pregnant women.

Federal Action

The Affordable Care Act (ACA) includes two provisions that promote improved oral health outcomes for pregnant women. Since tobacco use increases the risk of oral disease, the [law](#) requires that Medicaid cover comprehensive tobacco cessation services for pregnant women, including both counseling and drug therapy, without cost sharing. The ACA calls for the development of a five-year, evidence-based [public education campaign](#) focused on oral health, including early cavity prevention and oral health care for pregnant women, but provides no funding for implementation.

According to a 2015 [Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report](#), all 50 state Medicaid programs removed cost-sharing and coverage barriers to tobacco cessation programs for pregnant women in accordance with the ACA. Six states—Alabama, Arizona, Colorado, Kansas, South Dakota and Utah—include only pregnant women in their coverage of cessation counseling and two states—Maine and South Dakota—include only pregnant women in their coverage of cessation medications.

NCSL Contacts and Resources

Erik Skinner
(303) 856-1461

Tahra Johnson
(303) 856-1389

[Improving Lifetime Oral Health: Policy Options and Innovations](#)
[Oral Health: State Policy Options](#)
[Children’s Oral Health](#)

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