Executive Summary

Oral health is an essential component of overall health and well-being at every stage of life, particularly during early childhood, when many health-related habits are established. However, due to access gaps nearly one in four US children 2-5 years of age experience dental caries on their primary teeth, and dental caries remain disproportionately prevalent among children living with limited family resources. The goal of the TOHF project is to improve the oral health of children 0–40 months through the integration of preventive oral health services into pediatric, family and maternal health settings in community health centers in Virginia, New York, Maryland, and the District of Columbia. Medical-dental integration, also known as interprofessional practice, integrates and coordinates dental care into primary care and behavioral health to support individual and population health for better patient outcomes.

This scan is designed to identify areas of opportunity to advance integration. Specifically, this scan surveys relevant scope of practice, licensing and medical setting rules; current access for young, low-income New Yorkers to care; availability of fluoride varnish; and prevalence of community water fluoridation.

Access to Oral Health Services

Oral Health Relevant Scope of Practice, Licensing and Medical Setting Rules

- Dental hygienists in New York can only practice in dental offices or in hospitals if they have a collaborative agreement with a dentist. They are not able to practice directly in other medical settings (e.g. pediatrics, family practice, maternity care).
- Dental hygienists have a broad scope of practice, but do not have diagnostic or prescriptive authority.
- There is no license for expanded practice dental hygienists or dental therapists. Dentists, registered dental hygienists, and certified/registered dental assistants are licensed in New York.

**Figure 1: Percentage of Medicaid enrollees (age 2-20 yrs) who had at least one dental visit within the last year**

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>%</td>
<td>45.2</td>
<td>50.5</td>
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</tbody>
</table>

NYS Medicaid Program Data as of November 2020

**Figure 2: Percentage of Medicaid enrollees (age 2-20 yrs) with at least one preventive dental visit within the last year**

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>40.9</td>
<td>46.6</td>
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</tbody>
</table>

NYS Medicaid Program Data as of November 2020
Teledentistry

- New York State Medicaid covers teledentistry services, including assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a Medicaid member.
- During the COVID public health emergency (PHE), telehealth & teledentistry include telephonic, telemedicine, store and forward, and remote patient monitoring. Telehealth applications are covered at all originating and distant sites, as appropriate, to properly care for the patient.
- During the PHE, any provider who is authorized to deliver Medicaid billable services, including Article 29-I Health Facilities, is eligible to provide services via telehealth. These services must be appropriate for telehealth and must be within the provider's scope of practice.

Fluoride Varnish

- NYS Medicaid reimburses providers for fluoride varnish application separately from the EPSDT well-child visit. However, the payment system in federally qualified health centers (FQHCs) does not allow fluoride varnish application to be billed separately from a well-child visit.
- Physicians, nurse practitioners and physician assistants are permitted to do oral health risk assessments and provide fluoride varnish to children.
- Non-dental clinical providers are not required to complete an oral health training course in order to bill Medicaid, but NYS Department of Health highly recommends such training.

Community Water Fluoridation

- In 2018, 71.2% of New York residents served by community water systems had fluoridated water. This statistic represents 100% of New York City, but only 47% of the rest of the state.

Future Strategies

- Provide reimbursement for additional oral health preventive services, such as assessing disease risk, provided in primary care settings.
- Allow additional types of providers in primary care settings to be reimbursed for oral health preventive services, including fluoride varnish application.
- Allow parents and other caregivers to apply fluoride varnish under the supervision of authorized providers, including primary care practitioner.
- Work with TOHF partnering health centers to modify existing protocols to ensure that all providers are engaged in services they are licensed to perform.
- Advocate to ensure that all children have coverage for oral health services.

Resources

- NYS Education Department, Office of the Professions, Dental Professions
- NYS Medicaid, Policy and Procedure Code Manual - Dental
- NYS Medicaid Update - June 2021 Special Edition Volume 37 Number 7 - Telehealth
- NYS Department of Health Community Health Indicator Reports - Oral Health Indicators

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NOHI Project

To learn more about the NOHI project, please visit www.mchoralhealth.org/pdfs/nohi-overview-profiles.pdf

Disclaimer

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