

# Protecting Children from Cavities: The Case for Allowing More Providers to Apply Fluoride Varnish

## Problem Statement

Applying fluoride varnish to the teeth of young children is proven to reduce dental disease, but too few children in New York are receiving treatments. Fluoride varnish application is a standard of care for pediatric offices and for New York Medicaid.<sup>1,2</sup> Allowing additional types of health providers to perform this service would bring New York in line with other states and create a wider array of access points at which children and adolescents can receive this critical preventive service. Amending New York State Education Law is the only method of allowing providers or parents to perform this task.

## Background

Dental disease in children has been called a “hidden epidemic.” Hidden because dental disease is not always apparent until the pain becomes unendurable or until it creates an inability to eat, sleep, or concentrate in school. It is also hidden by poverty. Most children won’t experience severe dental disease. Instead, the effects are felt primarily by low-income children because it relates to many of the same social and economic factors that drive other health disparities. The good news is that tooth decay is largely preventable. Investing in the prevention of tooth decay is a smart public investment in children’s health and development today and for the future.

In 2021, more than 14% of children in New York reported one or more oral health problems.<sup>3</sup> In 2020, only one in every three New York children enrolled in Medicaid (32.8%) received a preventive dental visit (national median 41.5%) which includes fluoride varnish application.<sup>4</sup>

## Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20<sup>4</sup>

In 2020,  
only  
1 in every 3  32.8%\*  
**NEW YORK CHILDREN ON MEDICAID**  
received a preventive dental visit

\*national median 41.5%

Persistent oral health disparities remain, with children who are Black and Hispanic/Latino and children experiencing poverty most-affected by poor dental health. According to a national report, about one in four children living in poverty had untreated cavities.<sup>5</sup>

## Fluoride Varnish: Easy, Effective Prevention Strategy that is Underutilized in New York

Fluoride varnish is a topical solution used to prevent tooth decay. Like fluoridated toothpaste, fluoride varnish is used on the surface of teeth and helps prevent cavities by making the tooth hard and helps prevent cavities when they are just starting or barely visible.

Fluoride varnish is painted onto the front and back, top and bottom of the teeth with a tiny brush where it hardens as soon as it is touched by saliva in the mouth. It takes less than two minutes to apply and requires no special equipment or extensive training to master the technique.

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*The US Preventive Services Task Force recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at first tooth eruption.<sup>7</sup>*

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There is high-quality evidence that fluoride varnish is effective in preventing tooth decay in children at moderate to high risk for decay.<sup>8</sup> In fact, studies show that children who receive fluoride varnish every three months have fewer cavities than those who get it less often or not at all.<sup>9</sup> Fluoride varnish should be started early, even in infancy, when the first tooth erupts, because it is most effective when applied before tooth decay develops.<sup>10</sup> New York Medicaid reimburses for up to four applications per child per year: dental providers can bill from birth up to age 21 and medical providers from birth to age 6.

Providers currently authorized to apply fluoride varnish in New York:

- Dentists
- Dental hygienists
- Physicians
- Nurse Practitioners
- Registered Nurses
- Physician Assistants

## Opportunity to Expand Availability

Several projects in New York are seeking to increase the number of children receiving fluoride varnish by educating primary care

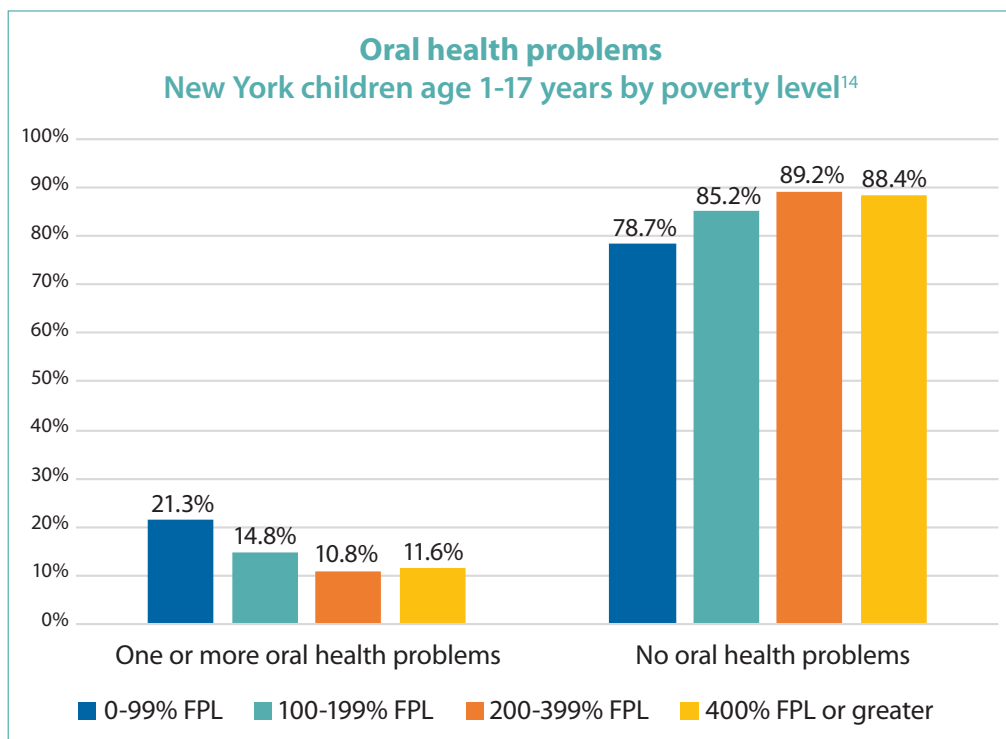
### Percentage of NY Medicaid enrolled children ages 0-6 who had at least one fluoride varnish application by a non-dental provider<sup>6</sup>

YEAR	PERCENTAGE
2018	1.47%
2019	2.60%
2020	3.57%
2021	4.61%
2022*	4.50%

\*Claims data is not complete for a period of 6 months. (November and December 2022 varnish claims lag. Anticipated percentage will be higher.)

offices on the importance of the service, providing training on application and technical assistance on incorporating the service into well-child visits. Allowing additional members of care teams to apply the varnish would increase flexibility in offices and provide more opportunities to incorporate the service into visits. Many other states allow a wider variety of health professionals to perform this task.<sup>11</sup>

During the COVID pandemic many children did not receive routine preventive dental care.<sup>12</sup> Because of this, Nevada began pilot programs



### Selected Providers Authorized by State Laws to Apply Fluoride Varnish<sup>15, 16</sup>

Certified Medical Assistant or Medical Assistant	CA, CO, CT, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MN, ND, RI, SC, SD, TX, UT, WA, WY
Licensed Practical Nurses	AL, CA, CO, CT, FL, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, NV, NH, NC, ND, OH, SC, TX, UT, WA, WY
Dental Assistant or Registered Dental Assistant	AZ, CO, IL, IA, MD, MI, MN, OH, VA, WY
Nurse Midwife	CO, IL, IA, MD, MI, OH, VA, D.C.
Non-Healthcare provider	CA
Parent/Caregiver	CA, NV (pilot)

allowing parents and caregivers to apply fluoride varnish under the supervision of a dental professional during a tele-health visit after the child has been seen by a dentist.<sup>13</sup> California allows anyone working in a public health setting to apply fluoride varnish with a prescription and protocol established by a dentist or physician. All dental and medical professionals, as well as non-healthcare individuals such as teachers, parents, Promotoras, and community health workers can apply varnish.<sup>17</sup> Since the product is more effective when it is applied frequently, the strategy of expanding who can apply fluoride varnish removes some of the main barriers to visits: time and transportation.

Under NYS Education Law, medical professionals are not able to delegate a service (such a fluoride varnish application) so someone who is not authorized to perform that service. A change to the law authorizing a parent to apply the fluoride varnish allows the medical professional to delegate that task to the parent.

### Proposal

1. New York should amend Title 8 of the Education Law to allow the following providers to apply fluoride varnish:
  - Registered Dental Assistant
  - Licensed Practical Nurse
  - Midwife
2. New York should amend state law to allow unlicensed members of health care teams, such as medical assistants, doulas, and community health workers to provide

fluoride varnish. Parents/caregivers should also be allowed to provide fluoride varnish under supervision.

3. Nothing in the proposal would change reimbursement policies for New York State Medicaid or allow application of fluoride varnish without a prescription.

### Conclusion

Allowing additional providers to apply fluoride varnish will increase opportunities for children to receive this important preventive service. The professions proposed will bring New York in line with other states in the administration of fluoride varnish. Amending state law is the only way to allow additional providers and parents to perform this task.

### Endnotes

- <sup>1</sup> American Academy of Pediatrics. (2023). Recommendations for Preventive Pediatric Health Care. [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- <sup>2</sup> New York State Department of Health (2019). New York Medicaid Child/Teen Health Program Provider Manual. <https://www.emedny.org/ProviderManuals/EPSTCTHP/PDFS/EPSTDT-CTHP.pdf>
- <sup>3</sup> Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [NSCH 2020 21: Oral health problems, Nationwide vs. New York \(childhealthdata.org\)](https://www.childhealthdata.org/) [NSCH 2020 21: Oral health problems, Nationwide vs. New York \(childhealthdata.org\)](https://www.childhealthdata.org/)

- <sup>4</sup> Center for Medicaid and Medicare Services. Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20, FFY 2020. [Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20 | Medicaid](#)
- <sup>5</sup> Rosenbaum, L. Tooth Decay: An epidemic in American's poorest children. (2017). [Tooth Decay: An epidemic in America's poorest children - Science in the News \(harvard.edu\)](#)
- <sup>6</sup> New York State Medicaid. Personal communications, April 2023.
- <sup>7</sup> U.S Preventive Services Task Force (2021) Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions. Final Recommendation Statement. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>
- <sup>8</sup> Barzel R, Holt K with Association of State and Territorial Dental Directors, Fluorides Committee. (2010) Fluoride Varnish: An Effective Tool for Preventing Dental Caries. Washington, DC: National maternal and Child Oral Health Resource Center. <https://www.mchoralhealth.org/PDFs/flvarnishfactsheet.pdf>
- <sup>9</sup> New York State Department of Health. Information for Consumers – Fluoride Varnish – Frequently Asked Question. [https://www.health.ny.gov/prevention/dental/docs/fluoride\\_varnish\\_faq.pdf](https://www.health.ny.gov/prevention/dental/docs/fluoride_varnish_faq.pdf)
- <sup>10</sup> Barzel R, Holt K with Association of State and Territorial Dental Directors, Fluorides Committee. (2010) Fluoride Varnish: An Effective Tool for Preventing Dental Caries. Washington, DC: National maternal and Child Oral Health Resource Center. <https://www.mchoralhealth.org/PDFs/flvarnishfactsheet.pdf>
- <sup>11</sup> American Academy of Pediatrics. Oral Health Reimbursement Chart. [OralHealthReimbursementChart.xlsx \(live.com\)](#)
- <sup>12</sup> Lyu W, Wehby GL. Effects of the COVID-19 pandemic on children's oral health and oral health care use. J Am Dent Assoc. 2022 Aug;153(8):787-796.e2. doi: 10.1016/j.adaj.2022.02.008. Epub 2022 Feb 25. PMID: 35422268; PMCID: PMC8872823.
- <sup>13</sup> Roth, E., Hanlon C. (2021) National Academy of State Health Policy. Nevada Pilots Innovative Program to Increase Access to Preventive Oral Care for Children - NASHP
- <sup>14</sup> National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>
- <sup>15</sup> Phipps KR. 2022. *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan 2021–2022 Chartbook*. Washington, DC: National Maternal and Child Oral Health Resource Center.
- <sup>16</sup> American Academy of Pediatrics. Oral Health Reimbursement Chart. [OralHealthReimbursementChart.xlsx \(live.com\)](#)
- <sup>17</sup> California Dental Association. Frequently Asked Questions about AB 667 – Topical Fluoride Legislation.