

## 6 DENTAL HEALTH

Tooth decay is one of the most prevalent chronic illnesses facing children in the United States today. Almost **60 percent** of children ages 5 to 17 have dental disease in their primary or permanent teeth. Moreover, dental disease is concentrated in low-income populations. Poor children have five times more untreated dental disease than children in higher-income families. **Eighty percent** of untreated dental disease in permanent teeth is found in roughly **25 percent** of 5- to 17-year-old children, most of whom come from low-income and other vulnerable populations.

The *State Children's Health Insurance Program (SCHIP)* provides states with an opportunity to expand health insurance and, by extension, financial access to dental care. Colorado's *SCHIP* program built upon the state's *Colorado Child Health Plan (CCHP)*, which was implemented in the early 1990s to provide preventive and primary care services to low-income children in rural areas of the state. At first, *CCHP* did not include dental benefits. When the federal *SCHIP* legislation was passed, Colorado chose *CCHP* as its basis for a *SCHIP* program, and began examining options for broadening the benefit package so that it met Title XXI specifications.

The choice of the benefit package was heavily influenced by the policy context in which *SCHIP* was debated and implemented. Three interconnected issues influenced the selection of a benefit package. **First**, the state is, in general, politically conservative. **Second**, as Medicaid had grown to be the second-largest program in the state's budget, there were concerns about the cost of a new insurance program—and dental was perceived to be an expensive service. **Third**, the state was firmly committed to creating a program that resembled a commercial insurance product to the greatest extent possible, and most private policies did not cover dental benefits. To this end, the state followed a conservative path and chose a benefit package equivalent to that mandated by the state for the small group insurance market—the most common benefit package offered in the state, and one that does not cover dental benefits.

During the first two years following the implementation of *CCHP*, considerable attention began to be focused on children's oral health problems. In 2000, the governor appointed the new *Dental Access Commission* to examine strategies for improving access to dental services under both Medicaid and *SCHIP*. The Colorado legislature also began addressing the issue and, in early 2000, passed a bill adding a dental benefit to the *SCHIP* program. The state plan was to begin covering dental services in 2001, if an adequate network of providers was recruited to contract with *CCHP*.

For the last 55 years, water fluoridation has been a proven public health measure shown to be safe, economical, and effective in protecting the teeth of the population served the optimal amount of fluoride. Currently, about **82 percent** of Colorado residents drink water that is adequate and above in fluoride.

***Highlights for Colorado<sup>29</sup>:***

- Tooth decay is the most common chronic disease among children in the United States
- In Colorado, approximately **31%** of children age 6 to 8 have untreated dental caries; for children age 15, **half (50%)** have untreated dental caries.
- In fiscal year 1998-99, only **23%** of Colorado's Medicaid-eligible children received dental services. In comparison, over half of children (**55%**) with commercial dental insurance received dental services.
- In Colorado, only 2.6% of practicing dentists are pediatric specialists.

***Highlights for the United States<sup>30</sup>:***

- While about **44 million** Americans lack medical insurance, about **108 million** lack dental insurance. Only **60 percent** of baby boomers receive dental insurance through their employers, while most older workers lose their dental insurance at retirement.<sup>31</sup>
- There are **2.6** children without dental insurance for every child without health insurance.
- Use of dental services in children increases with the education level attainment of the parent. Children of parents with little or no high school education have **26%** odds of a dental visit, while the children of college graduates have a **57%** probability of a dental visit in a year.
- Children of color are less likely to visit a dentist in a year than are white children (**29% versus 49%**).
- Only the low-income near elderly with employer coverage reported significantly lower levels of unmet dental need than the uninsured (**10 percent** versus **20 percent**), indicative of the lack of a dental care benefit in Medicare and the fact that dental care exists only as an optional benefit in Medicaid, a program in which participation by dentists is often low. Similarly, many plans purchased in the non-group market may not provide dental benefits.
- Uninsured low-income 55- to 64-year-olds were much less likely to have had a dentist visit in the 12 months preceding the survey than those with insurance coverage. Thirty-three percent of the uninsured reported at least one doctor visit in the preceding year, well below the numbers for adults with private or Medicaid coverage (between **37 percent** and **53 percent**, respectively).
- One-fifth (**20.9 percent**) of all children had no dental visits, and **47.9 percent** had fewer than two visits in the previous 12-month period in 1997.
- Low-income children were also much more likely than higher-income children to have had fewer than two annual visits, (**58.4 versus 40.2 percent**, respectively).

<sup>29</sup> «Addressing the Crisis of Oral Health Access For Colorado's Children», Colorado Commission on Children's Dental Health, December 2000.

<sup>30</sup> Kenney, Genevieve, Grace Ko, and Barbara Ormond, "Gaps in Prevention and Treatment: Dental Care for Low-Income Children", Urban Institute

<sup>31</sup> Satcher, David. Remarks at the Release of "Oral Health in America: A Report of the Surgeon General", May 25, 2000.

- Nearly twice as many low-income children as higher-income children reported unmet dental needs (**9.6 versus 5.4 percent**), and they were **15 percentage** points more likely to have had no dental visits (**29.5 versus 14.6 percent**).
- **12.2 percent** of children ages 13 to 17 were reported to have unmet dental needs, while only **7.2 percent** of the 3- to 5-year-olds did, with the middle age group falling in between.

**Colorado School-Based Pit and Fissure Sealants:**

***The "Chopper Topper" Project***

Dental sealants are thin plastic coatings that are applied to the chewing surfaces of the molars, that is, into the depressions called pits and fissures on the chewing surface. The thin plastic coatings bond with the enamel, to act as a barrier protecting the chewing surface from plaques and acids that can cause tooth decay.

The *Chopper Topper* Project is sponsored by the *Oral Health Program*, and it is designed to identify second grade children who will benefit from the placement of pit and fissure sealants on permanent molar teeth. *The Project* also includes:

- A dental screening
- A classroom presentation on oral hygiene and sealants
- A presentation on oral health for parents
- Appropriate referrals for children who need restorative or emergency care

For 1999, the *Chopper Topper* program operated in 15 elementary schools. A total of **2,241** children were screened, and **1890** children received sealants, with a total of **6,240** teeth being sealed. Moreover, about **18%** of the children screened were in need of urgent care for abscesses or rampant tooth decay, and were referred for restorative care.

**R13: Resources for Dental Health**

Web Site	Level	Comments
<a href="http://www.ada.org/public/index.asp">http://www.ada.org/public/index.asp</a>	National	ADA main web site
<a href="http://www.surgeongeneral.gov/library/oralhealth/">http://www.surgeongeneral.gov/library/oralhealth/</a>	National	Surgeon General’s report on oral health
<a href="http://newfederalism.urban.org/html/series_b/b15/b15.html">http://newfederalism.urban.org/html/series_b/b15/b15.html</a>	National, State	“Gaps in Prevention and Treatment: Dental Care for Low-Income Children”
<a href="http://www.childdent.org/Publications/">http://www.childdent.org/Publications/</a>	National, State	“Children’s Dental Health Project”
<a href="http://www.cdph.state.co.us/pp/oralhealth/cccdhrpt.pdf">http://www.cdph.state.co.us/pp/oralhealth/cccdhrpt.pdf</a>	State	Colorado Commission on Dental Health report
<a href="http://www.kindsmiles.org">http://www.kindsmiles.org</a>	State	Kids In Need of Dental Service

## 7 HEALTH INSURANCE

The Health Insurance chapter provides an overview, state level trends and data resources on the prevalence of different programs in the state and in the United States. Contacts and highlights of various state prevention programs are also included.

- Health Insurance Access and Usage
- Medicaid
- Colorado Indigent Health Care Plan
- Child Health Plan/Child Health Plan Plus
- Colorado Child Health Insurance Plan
- State Children’s Health Insurance Program (SCHIP)

The US Census Bureau, in the report “Percent of People Without Health Insurance Coverage Throughout the Year by State (3-year Average): 1997 to 1999”<sup>32</sup> As recently as 1997, the percentage of the Colorado population that did not have health care coverage was significantly lower than the national average. However, since that time there has been a significant increase in the “uncovered” in Colorado and a drop in the percentage of people uncovered nationally. By 1999, Colorado reported **16.8 percent** of its residents as uncovered (up from **15.1 percent** in 1997) while the United States reported 15.5 percent uncovered (down from 16.1 in 1997). In 1997, Colorado **ranked 25<sup>th</sup>** (out of the 50 states and the District of Columbia) in the country for having the most people *not* covered by health insurance. In 1999, Colorado **ranked 13<sup>th</sup>** in comparison to the rest of the nation. **Table 31** presents a comparison between the percent of people in Colorado without health insurance for an entire year and the percent of people in the United States without health insurance for the year. In 1997, Colorado had a smaller percentage of uninsured people, but by 1999 the percentage of uninsured in Colorado was greater by **1.3%**.

**Table 31: Percent of People Without Health Insurance for an Entire Year: 1997-1998**

	1999	1998	1997	Three Year Average (1997-1999)
<b>Colorado</b>	16.8	15.1	15.1	15.7
<b>United States</b>	15.5	16.3	16.1	16.0

Source: “Percent of People Without Health Insurance Coverage Throughout the Year by State (3-year Average): 1997 to 1999”, US Census Bureau, <http://www.census.gov/hhes/hlthins/hlthin99/hi99te.html>, October 10, 2000.

Twenty-nine percent of Colorado’s **1,111,000** children (<19) are considered poor (based on 1997-99 average). **88,000** of those children or **7.8%** of the total number of children in Colorado were not covered by health insurance. This number has decreased since the mid nineties where over **8.8 percent** of the children were without coverage.

<sup>32</sup> “Percent of People Without Health Insurance Coverage Throughout the Year by State (3-year Average): 1997 to 1999”, US Census Bureau, October 10, 2000.

***Highlights (unless otherwise mentioned, these are national numbers):***

- Employment-based insurance, the leading source of health insurance coverage drove the national increase in insurance coverage rates. Colorado's employer sponsored health insurance rate is much higher than the U.S. average (**72.2% vs. 62.8%**).
- The poor and near poor are less likely to have health insurance than the total population (**32.2% vs. 15.5%**).
- The proportion of people without health insurance ranged from **24.1 percent** for those in households with annual incomes of less than \$25,000 to **8.3 percent** for those in households with incomes of \$75,000 or more.
- People 18-24 were less likely than other age groups to have health insurance coverage during 1999 – **71%** compared with **82.9%** of those 25 to 64, and reflecting widespread Medicare coverage, **98.7%** of those 65 and over.
- Workers 18-64 were more likely to have health insurance (**82.6%**) than non-workers (**73.5%**) but among the poor, workers were less likely to be covered (**52%**) than poor non-workers (**59.2%**).
- The percentage of children without health insurance has dropped primarily due to the increase in employment based insurance. Due to the increase in government health insurance coverage, rates among poor children also fell. Older children (>12) are less likely to have coverage than those under 12.
- Non-elderly adults are **40 percent** more likely than children to be uninsured and less than half as likely to have public coverage.
- Individuals ages 55 to 64 were more likely to have private non-group coverage: **9.3 percent** of this age group reported private non-group coverage.
- In 1997, low-income 55- to 64-year-olds had a substantial uninsured rate of **23.4 percent**, but it was significantly lower than the **35.1 percent** reported for those ages 35 to 54 and the **41.8 percent** reported for those ages 18 to 34.
- Young adults (18 to 24 years old) remained the least likely of any age group to have health insurance coverage, but their chances of having coverage increased by **1 percentage** point to **71.0 percent** in 1999.
- Although the Medicaid program insured **12.9 million** poor people during at least a portion of 1999, **10.4 million** poor, or **32.4 percent**, had no health insurance of any kind during the year. Both the number and percentage of uninsured poor remained unchanged from 1998.
- Compared with the previous year, the proportion of people with health insurance increased for those with household incomes under \$50,000, but was unchanged for those with higher incomes.
- Among those 18 to 64 years old in 1999, full-time workers were less likely than their part-time counterparts to be without health insurance (**16.4 percent** versus **22.4 percent**). However, just under half **47.5 percent** of poor full-time workers were uninsured in 1999, not statistically different from the percentage of poor part-time workers without insurance.

- The proportion without health insurance was higher for Hispanics **33.4 percent**) than for non-Hispanic Whites (**11.0 percent**). The noncoverage rate for African Americans was **21.2 percent**, not statistically different from the **20.8 percent** for Asians and Pacific Islanders.
- **27.1 percent** of American Indians and Alaska Natives were without health insurance coverage.
- The foreign-born population was more likely than the native population to be uninsured **33.4 percent** versus **13.5 percent**.
- Based on comparisons of two-year averages (1998-1999 versus 1997-1998), the proportion of the population without health insurance fell in 15 states and rose in eight others.

#### *Future Challenges:*

Traditionally, policy debate about the uninsured has focused on expanding public coverage of children. However, non-elderly adults are **40%** more likely than children to be uninsured and less than half as likely to have public coverage. Colorado's non-elderly population in Medicaid, **5.9%**, is less than half the national average of **12.2 percent** and the lowest of all the states (1994-1995). The non-elderly adult population without private insurance and without the likelihood of public coverage are most often those *least* associated with Medicaid eligibility (men, married parents, healthy individuals and those employed). This is of some concern in Colorado due to the increase in businesses not offering coverage.

#### *Medicaid Expenditures and Enrollment:*

Nationally, Medicaid enrollment fell by **200,000** people or **0.5 percent** from 1997 to 1998 while overall spending increased by **\$8.7 billion** or **5.2 percent**. Spending per enrollee increased by **6.8 percent** indicating that states had a tougher time holding down costs. Researchers find that Medicaid spending could grow by up to **10 percent** in the near future because of rising health care costs, particularly prescription drugs, the eroding impact of Medicaid managed care, wage pressures in the health care industry, the use of supplemental financing programs, and enrollment increases.

In 1995, Colorado's Medicaid program, with a **budget of \$1.6 billion**, accounted for **18.2 percent of state general fund expenditures**, up from **10.5 percent in 1990**. Medicaid was the fastest-growing major public expenditure, increasing at an annual rate of more than **20 percent** over that period. Between 1992 and 1995, spending growth slowed to half the rate of the 1990-92 period. Yet average annual growth during this later period was **more than 50 percent** higher than that for the country overall—**15.3 percent in Colorado**, compared with **9.9 percent in the United States**. A large jump in *Disproportionate Share Hospital (DSH)* payments accounts for nearly all of this discrepancy; Colorado's *DSH* expenditures grew an average of **43.2 percent** per year between 1992 and 1995, compared with **2.7 percent** average annual growth nationwide. This was, however, largely a one-time expansion.

Colorado has closely tracked national trends in Medicaid enrollment and expenditures per enrollee. In both Colorado and the nation, spending increases among elderly and child enrollees over the period 1992–95 were attributable more to growth in expenditures per enrollee than enrollment growth, whereas the reverse was true for the blind and disabled and non-disabled adults. In 1995, Colorado spent somewhat less per elderly enrollee and blind and disabled enrollee than the national averages, while it spent more per adult enrollee and child enrollee than the national averages. As was the case nationwide, children were the least costly Medicaid enrollees in Colorado (**\$1,247** per enrollee) and the elderly were the most expensive (**\$8,493** per enrollee).

Eligibility for Medicaid in Colorado is primarily limited to federally mandated categories, reflecting a state attempt to contain costs. As a result, federally mandated expansions for pregnant women and children beginning in the late 1980s caused Medicaid enrollment in Colorado to soar between 1990 and 1992, at a rate exceeding the national average. The state's enrollment growth for non-disabled adults and children slowed significantly after 1992, largely due to families leaving welfare rolls. Colorado has attempted to provide a buffer for these families: In its 1997 session, the legislature authorized a buy-in program that will extend Medicaid coverage indefinitely for former welfare recipients who return to work. The buy-in nature of the program is consistent with Colorado's philosophy of making health care available without increasing government outlays.

#### *Other Insurance Programs:*

Working outside the eligibility and health benefit requirements of Medicaid, the state has operated several smaller state-only health care programs, including the *Colorado Indigent Care Program (CICP)* and the *Child Health Plan (CHP)*. *CICP* provides inpatient and outpatient coverage for uninsured residents of all ages with income **below 185 percent** of the federal poverty level. The program is essentially a means to reimburse providers for a fraction (less than 30 percent) of the uncompensated care they provide. In State Fiscal Year (SFY) 1996 there were **133,772** unduplicated *CICP* users with **574,096** visits to hospitals and clinics. Funding for hospitals under *CICP* is largely through the Medicaid *DSH* program and equaled **\$34 million** in 1996. Standard *DSH* payments to hospitals totaled **\$36 million** in 1996–97. *Denver Health Medical Center* and the *University Hospital* are major recipients of both programs, as is the state, which retained **\$150 million** of the **\$361 million** in federal matching funds generated through the *DSH* program between SFY 1993–94 and SFY 1996–97.

Prior to 1998, *CHP* covered outpatient services for children in rural areas who were under the age of 13 with family income less than 185 percent of the federal poverty level. Families paid an **annual premium of \$25 per child**. Under House Bill 97-1304, *CHP* is merged with a portion of *CICP* funds and offers both inpatient and outpatient services through capitated managed care plans to rural and urban children up to age 18. The family income standard remains the same as before, and premiums are assessed on a sliding scale based on income. This expansion was incorporated into Colorado's *Children's Health Insurance Program (CHIP)* proposal. The proposal was approved by the federal government in February 1998, and *CHP* was renamed *Child Health Plan Plus*.

*CHP+* has the flexibility to require cost sharing that is not allowed under Medicaid, permitting Colorado to emphasize individual responsibility. Moreover, the state’s preference for private-sector solutions is visible in a proposal to use some *CHIP* funds to buy into employer-sponsored coverage for eligible children whose working parents have the option but cannot afford it.

The *State Children's Health Insurance Program (SCHIP)* is often referred to as the largest expansion of the federal commitment to health insurance since the enactment of Medicare and Medicaid in 1965. The program, designed to provide health insurance coverage to low-income children ages 18 and under, makes approximately **\$4 billion** available to states each year, beginning in fiscal year 1998. To obtain these federal funds, states must contribute matching funds at rates that are **70 percent** of their state share under Medicaid. Under *SCHIP*, states can expand their existing Medicaid programs, establish a program separate from Medicaid, or combine the two approaches.

The legislation that established *SCHIP* made available **\$40 billion** in federal funds to states for fiscal years 1998 through 2007. During the first four years of the program (FY 1998 through FY 2001), states have access to slightly more than **\$4 billion per year**. However, the states have used far less than the funds made available. **Table 31** provides the data for Colorado and the United States for FY 1998-FY2000 from the report.

**Table 32: Allotments and Expenditures for SCHIPP**

	FY98			FY99			FY00		
	Allotment (\$million)	Expenditures (\$million)	Expend. as a % of FY98 allotments	Allotment (\$million)	Expenditures (\$millions)	Expend. as a % of FY99 allotments	Allotment (\$million)	Projected expend. (\$million)	Expend. as a % of FY00 allotments
<b>Colorado</b>	41.8	1.0	2%	41.6	9.0	22%	46.9	17.3	37%
<b>United States</b>	4224.3	121.2	3%	4204.3	898.2	21%	4204.3	2057	49%

Source: “Low Income Uninsured Children by State: 1997, 1998, and 1999”, US Census Bureau, <http://www.census.gov/hhes/hlthins/lowinckid.html>, November 3, 2000.  
 Source: “State Profiles of Health Insurance, Access and Use”, The Urban Institute, <http://newfederalism.urban.org>, 1997.

In addition to the *Census Bureau* and *Urban Institute* sites, data on health care available through the *BRFSS* prevalence data and can be found under “Health Care Access” on the drop down list at the web page for the *CDC*. Lesser detailed, but quick reference data on child health care is maintained by the *Annie E. Casey Foundation*.

**R14: Resources for Health Insurance**

<b>Web Site</b>	<b>Level</b>	<b>Comments</b>
<a href="http://newfederalism.urban.org/">http://newfederalism.urban.org/</a>	National	Numerous reports on welfare and other poverty statistics
<a href="http://www.census.gov/hhes/www/hlthin99.html">http://www.census.gov/hhes/www/hlthin99.html</a>	National	“Health Insurance Coverage 1999”
<a href="http://newfederalism.urban.org">http://newfederalism.urban.org</a>	National	“State Profiles of Health Insurance, Access and Use”, The Urban Institute, , 1997.
<a href="http://newfederalism.urban.org/html/Highlights/COHealth.pdf">http://newfederalism.urban.org/html/Highlights/COHealth.pdf</a>	National, State	Health policy for low income in Colorado report – “State Profiles of Health Insurance, Access and Use”
<a href="http://www2.cdc.gov/nccdphp/brfss/index.asp">http://www2.cdc.gov/nccdphp/brfss/index.asp</a>	National, State	Health care coverage
<a href="http://www.census.gov/hhes/hlthins/hltin99/hi99te.html">http://www.census.gov/hhes/hlthins/hltin99/hi99te.html</a>	National, State	“Percent of People Without Health Insurance Coverage Throughout the Year by State (3 Year Averages): 1997 to 1999”
<a href="http://www.census.gov/hhes/hlthins/lowinckid.html">http://www.census.gov/hhes/hlthins/lowinckid.html</a>	National, State	“Low Income Uninsured Children by State: 1997, 1998, and 1999” – Census
<a href="http://search.fedstats.gov/s97is.vts">http://search.fedstats.gov/s97is.vts</a>	National, State	National and state health insurance data
<a href="http://www.aecf.org/">http://www.aecf.org/</a>	National, State	Annie E. Casey Foundation- “Kids Count” report
<a href="http://newfederalism.urban.org/html/anf_a44.html">http://newfederalism.urban.org/html/anf_a44.html</a>	National, State	State Children's Health Insurance Program
<a href="http://newfederalism.urban.org/html/series_b/b21/b21.html">http://newfederalism.urban.org/html/series_b/b21/b21.html</a> - table 3	National, State	Elderly Health Insurance Coverage