

**State Policy Levers for Addressing Preventive Dental Care Disparities  
for Rural Children:  
Medicaid Reimbursement to Non-Dental Clinicians for  
Fluoride Varnish and Dental Hygiene Supervision in  
Primary Care Safety Net Settings**



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Dental Hygiene Supervision in Primary Care Safety Net Settings**

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## Executive Summary

Children's oral health assumes increasing importance as links between dental health and overall health status are documented. Previous work has found that rural children are less likely to receive preventive dental services or any dental services at all, during the year than are urban children. The children's oral health care safety net can be characterized in terms of the settings in which care is offered, the clinicians who offer it, and the sources of payment. In the report that follows, we examine two questions:

(1) To what degree have states expanded access to and reimbursement of fluoride varnish applications by allowing non-dental clinicians to provide this service? FVA is a valuable preventive service for children. Because nearly all rural counties are dental health professional shortage areas, expanding the type of provider who can offer this service directly affects rural children's health. FVA availability through primary care providers is feasible and has been increasing in the U.S., because FVA is easily tolerated by patients, no preparation to the tooth surface is needed, and it can be delegated to nursing staff. However, providers are unlikely to offer FVA if they cannot be reimbursed for it. We answered this question by surveying state Medicaid Dental Directors (50 states).

(2) To what extent can dental hygienists provide select preventive dental services in primary care safety net settings without supervision or under general, indirect, or public health supervision? In general, dental hygienists practice under the direct supervision of a dentist, that is, the dentist is present in the facility. Given a shortage of dentists in rural areas, the ability of dental hygienists to offer preventive services for children without this direct supervision under certain circumstances is important for extending service availability. We examined this question through a review of 2008 state practice acts (50 states).

### *Fluoride varnish application*

- Two thirds of states (66%, 33 states) reported that their Medicaid programs reimburse non-dental clinicians, as well as dentists, for fluoride varnish applications (FVA) on children's teeth.
  - In most states, Medicaid programs imposed restrictions on reimbursement to non-dental clinicians, such as providing FVA to only children of certain ages (76%, 25 of 33 states) or requiring non-dental clinicians to demonstrate moderate to high-levels of caries risk (58%, 19 of 33 states).
  - Non-dental clinicians in 18 of 33 states could only receive Medicaid reimbursement for FVA if it was provided during an Early Periodic Screening, Diagnosis, and Treatment visit.
- There are two components to FVA reimbursement: materials and application. Thirty-three states reported reimbursing either FQHC or RHC non-dental clinicians for fluoride varnish materials, although most did not authorize payment outside of their All-Inclusive Reimbursement Rate (AIRR).
  - Among those states that provided Medicaid reimbursement to non-dental clinicians in FQHCs (n=24), all but Maryland allowed them to include service application costs in their AIRR.

### *Practice Acts and Dental Hygienists*

- Twenty-two (22) states identified primary care safety net settings in their dental practice acts but did not authorize dental hygiene practice beyond what is allowable in other settings. Said differently, these states acknowledged safety net settings but did not authorize dental hygiene services that would necessarily extend access to the underserved communities to which they provide care, including rural.
- Eight states have special licenses for dental hygienists who provided care in primary care safety net settings.
- Thirteen states used special terms dental hygienists abide by in order to provide certain services without direct supervision of dentists in primary care safety net settings (e.g., Delaware requires supervision by the State Dental Director; North Dakota requires a dentist of record for the patient; Indiana limits services to children).
- Dental hygienists can conduct oral examinations or screenings in eleven states with no supervision in primary care safety net settings. Another 27 states allow for the service under general or public health supervision, including the 15 states that did not distinguish supervision levels by specific tasks.