Dental care is the single greatest unmet need among children, and the scale of the problem is particularly serious for young children. The pain from untreated cavities in children imposes a daily toll on children’s lives, causing problems performing in school and difficulty sleeping, playing and eating. This disease is preventable, but every year, an estimated 4.5 million young children develop early childhood caries, placing them at greater risk for future dental health complications.¹

Young children see primary medical care providers—pediatricians, family practice physicians, nurse practitioners, physician assistants, and nurses—earlier and more frequently than they see dentists. This is particularly true for children in low-income families, who face persistent barriers to accessing dental care. Medical staff frequently teach parents how to help their children adopt healthy behaviors such as when and how to brush teeth. This makes the medical office an ideal place to deliver a set of preventive dental services: oral health assessment, education of parents, anticipatory guidance, and application of fluoride varnish.

What is fluoride varnish?

- Fluoride varnish is a protective gel that is painted on teeth to help prevent early childhood cavities and reduce or reverse the progression of cavities that have already started.

- Fluoride varnish strengthens teeth. The ADA and CDC recommend that varnish be reapplied at least 2 times per year for effectiveness. Children at highest risk for caries may obtain improved benefit from applications at three-month intervals.²,³

Why is this cost effective?

- Fluoride varnish applied at primary medical care visits can reduce decay rates by one-third, and lead to significant cost savings in restorative dental care and associated hospital costs. Coupled with parent and caregiver education, fluoride varnish is an important tool to improve children’s health.⁴

- Twenty-eight percent of children aged 2 to 5 have had cavities and, of these children, 73 percent are in need of treatment.⁵

- The lack of access to preventive dental measures can result in high costs for complex restorative procedures, especially if the child requires hospital-based care. Such care can cost as much as $15,000 per admission, carries a slight but real risk of anesthetic death, and places big burdens on public resources and state Medicaid budgets.⁶

- Fluoride varnish is an inexpensive preventive measure that can curb high costs to state Medicaid programs for treating tooth decay. Most Medicaid programs pay between $15 and $30 for the procedure, and some also separately reimburse for screening, anticipatory guidance, and risk assessment.⁷
Currently, 35 states Medicaid programs pay medical providers for preventive dental care. In North Carolina, a leader in the field, these services reached 60,000 children under age 4 in 2007. By compensating physicians for providing this valuable dental care intervention, states can help reduce the tremendous access barriers low-income children face when trying to obtain much needed oral health care services.

For more information, see the 2009 issue brief from the National Academy for State Health Policy (NASHP) as well as presentations from Pew’s September 24th, 2009 webcast on the importance of engaging medical providers in caring for young children’s oral health needs. Information is also available from your state chapter of the American Academy of Pediatrics.

States with medicaid funding for Physician oral health screening and fluoride varnish

![Map of states with Medicaid funding for Physician oral health screening and fluoride varnish](http://www.mchoralhealth.org/feedback/reimbursementchart6_08.pdf)


7 Cantrell, op cit, p.6.


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**States with Medicaid funding for Physician oral health screening and fluoride varnish**

- Medicaid coverage approved
- In certain circumstances
- Reimbursement not yet approved

SOURCE: http://www.mchoralhealth.org/feedback/reimbursementchart6_08.pdf