

Pediatric dentists' attitudes, perceptions, and experience with the Affordable Care Act.

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Background: Pediatric oral health benefits were included as one of the 10 Essential Health Benefits in the Patient Protection and Affordable Care Act (ACA). As such, oral health benefits must be offered for all children below 18 years of age. These benefits are available inside and outside the Exchange in two different forms: stand-alone dental plans (SADP), the traditional presentation for dental benefits; and embedded plans, where dental benefits are included within the medical insurance plan. Some states offer only SADPs, some offer only embedded plans, but the majority offer a mix of both. Although having pediatric oral health benefits selected as an EHB marks a significant victory in the recognition of the oral health-general health connection, several issues stand in the way of success for this well-intended designation. To begin, pediatric oral health benefits are not a required purchase for those obtaining insurance through the federally-facilitated or state-based exchanges. As long as a SADP is offered, a legislative loophole allows consumers to purchase pediatric medical benefits without also purchasing pediatric oral health benefits. Pediatric oral health benefits are generally a required purchase in the individual and small group markets unless “reasonable assurance” is given that a SADP was purchased. In that case, pediatric oral health benefits need not be purchased. Furthermore, families that do not purchase pediatric oral health benefits are not subject to the penalty for not having complete coverage.

Aims: Based on known barriers to a true mandate for pediatric oral health benefits and emerging anecdotal evidence that children may have continued unmet needs due to cost, a study was designed to evaluate the current status of the pediatric oral health essential health benefit and how practicing pediatric dentists have experienced changes to delivering care since this designation.

Methods: A survey instrument was developed, modeling questions after a questionnaire used by the Kaiser Family Foundation and The Commonwealth Fund to assess experience and attitudes of primary care physicians related to the Patient Protection and Affordable Care Act. Anecdotal evidence of practicing pediatric dentists was incorporated to tailor questions to this specific population. The survey consisted of 9 multiple choice items and 1 open-ended item. The instrument was pilot tested at a local professional dental group. After items were edited for clarity and consistency, the survey distributed electronically to members of the American Academy of Pediatric Dentistry.

Results: According to results from a national survey, patients are deferring treatment due to high out-of-pocket costs. Providers report that patients do not have enough information to understand their benefits. Conversely, providers report not having enough information to understand how these benefits affect their practice. Although a major success for children's oral health, insurance plans should be simplified and legal details must be clarified for the pediatric oral health Essential Health Benefit legislation to provide real value to both patient and practitioner.