



THE SMILE GAP



How Medicaid insufficiency hurts oral health for pregnant women and single monthers in North Carolina

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WHAT'S THE PROBLEM?

Even with recent rollbacks on government-funded healthcare, **Medicaid** pays for **51%** of all births in North Carolina. Yet, in half of NC counties, **fewer than 1 in 10** pregnant women on Medicaid ultimately receive **dental care**.

WHERE IS THIS HAPPENING?

50% of NC's dentists are located in **6 urban counties**, while the other half are spread throughout **94 rural counties**. **97 of 100** NC counties are **Dental Health Professional Shortage Areas**.

100% of pregnant women qualify under Medicaid for dental care for up to 12 months postpartum. Only 8.5% of pregnant women actually receive it.

WHY IS THIS HAPPENING?

- NC Medicaid **reimburses** dentists **34 cents on the dollar**, a rate **frozen** since **2008**. Providers lose money on every visit and are **disincentivized** from treating Medicaid patients.
- **Dental care** is overseen by a **separate administrative body** from other healthcare. **Medicaid managed-care organizations**, which are responsible for overseeing general **prenatal care**, have no incentive or jurisdiction to **coordinate dental care**.
- **Logistical barriers** include completing dense **paperwork**, **traveling** for hours to the nearest Medicaid dentist, and arranging **childcare** for a dental visit. These seemingly insignificant challenges have become **real barriers to access**. As a pregnant woman or single mother, these issues are **insurmountable challenges**.

WHAT ARE THE EFFECTS?

- **60–75%** of pregnant women suffer from **gingivitis**. Untreated periodontal disease is linked to **preeclampsia**, **low birth weight**, and **preterm birth**.
- **46%** of children aged 2–19 years have **cavities** in **at least one** tooth, the **most common chronic** childhood disease. Untreated oral disease can pass from mother to child and perpetuate a **cycle of disease and public expenditure**.
- Women are **disproportionately penalized** for poor oral health and unfairly scrutinized in interviews, workplaces, and social settings, reinforcing **the cycle of poverty**.

WHAT'S THE SOLUTION?

Policy recommendations are four-fold:

1. **Modernize reimbursement** rates to incentivize Medicaid providers.
2. **Integrate oral health** into the maternal healthcare pathway.
3. **Invest in patient logistics** and navigation.
4. **Diversify and deploy the workforce** across dental deserts.

Continue the conversation



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