

Bill Summary

AB 350 would require coverage of **fluoride varnish** when provided in a primary care setting for enrollees aged 20 years and younger.



CHBRP assumes primary care setting means **primary care medical settings**. There are existing coverage requirements for fluoride varnish provided in medical settings for enrollees aged 0-5 years.

Context

Untreated **dental cavities or carious lesions** (resulting from dental caries) can lead to pain, sensitivity, abscesses, and subsequent tooth loss. Dental caries is the **most common chronic condition** in the pediatric population in the United States. **Fluoride varnish** is a topical form of fluoride, which is a mineral that helps to prevent cavities and to heal lesions. The varnish is simple to apply (~2 minutes to paint on and dry).



Insurance Subject to the Mandate

AB 350 would apply to the health insurance of approximately **24.1 million enrollees** (63% of all Californians).

- Medi-Cal** (DMHC Regulated and COHS)
- CDI and DMHC-Regulated** (Commercial and CalPERS)

Medical Effectiveness

Overall, CHBRP found evidence that fluoride varnish is **effective** in the prevention of tooth decay and dental caries, primarily in younger children, **in both medical and other clinical settings**.

Medical settings:

- **strong evidence** of effectiveness for **primary** teeth
- **not enough research** to determine effectiveness for **permanent** teeth

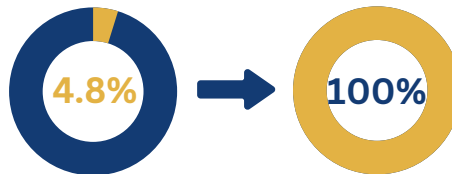


Other clinical settings:

- **strong evidence** of effectiveness for **primary** and **permanent** teeth for children <18 years

Benefit Coverage

Benefit coverage for fluoride varnish in medical settings would increase from **4.8%** at baseline to **100%** postmandate.



Public Health Impacts

CHBRP projects a **very limited public health impact** on the incidence of dental caries and loss of tooth enamel due to AB 350 in the **first year postmandate**.



The long-term public health impact associated with AB 350 may be greater than the first year postmandate due to the expected time course for fluoride to prevent dental caries as well as potential reductions in clinician barriers (i.e., obtaining reimbursement, incorporating application into work flow).

AB 350 could result in a reduction of more than **30,000** dental cavities and related expenditures over 4 years.

Utilization and Cost Impacts

For enrollees **6-20 years old**, CHBRP estimates **~2% (139,900 enrollees)** would newly use fluoride varnish in medical settings.

Commercial/CalPERS: additional **27,100** applications.
Medi-Cal: additional **112,800** applications.



AB 350 would increase total premiums paid by employers and enrollees by **\$3,242,000**. CHBRP projects **no changes in enrollee expenses**. Total net expenditures would increase by approximately **0.002%**.