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# **Tragedy and Policy Change: Expanding Access to Oral Health Care for Children in Maryland: Teaching Note[[1]](#footnote-1)**

This case study describes the evolution of access to oral health care in Maryland over the course of two decades. Over time, policymakers worked to significantly expand access for families with lower incomes. The death of twelve-year-old Deamonte Driver from untreated tooth decay in 2007 as a result of not being able to receive timely dental care in particular ignited momentum and many policy reforms. These policy actions included both increasing the reach of policy and seeking to reduce administrative burdens.

Teaching the case allows for discussion of a number of factors about administrative burdens:

* Access to public services is not just about being eligible, it is also about administrative burdens: Deamonte Driver’s family was covered by insurance when oral health problems emerged. But the complexity of the system stymied them. They had to seek professional help to negotiate the system. A salient question is to ask students to put themselves into the position of the mother: why was it so difficult for her to find care? This generates discussion of resources and support, and how feasible it is for families with low income and housing instability to negotiate complicated administrative processes.
* Churn on and off programs is a big problem: Public welfare programs usually require frequent re-enrollment processes, often every six or twelve months. During these times recipients must establish that they want benefits, and demonstrate they are still eligible. They often lose coverage because of burdens in re-enrolling. In this case, Deamonte Driver died due to a lapse in coverage. The family never received forms that were probably sent to an old address. How might this have been prevented? This discussion should direct student attention to how state actors might think about administrative processes from the perspectives of the public.
* Burdens are a matter both for providers and users: One reason there remains spotty coverage of oral health is that Medicaid reimbursement rates are below what dental providers normally accept. But they also come with lots of administrative requirements that some providers don’t want to deal with (see Table 2). Understanding the perspective of the providers and reducing their burdens is a key part of ensuring enough providers will be available to help families. This point should push students to consider how many public services, especially in health, are provided through third-party actors. Providers can also serve as a source of burdens for the public. In this case the Driver family, and those helping them, had to navigate not just the state Medicaid agency, but also the managed care organization system. This fragmentation of providers makes the user journey more complex for the public.

The case study also offers an example of how policy change happens. In this case, the tragic death of a child made salient an ongoing policy problem. In this respect, the case offers a classic example of a high-profile event opening a policy window for change. It is obvious for students to focus on the tragedy, but the case also provides details of policy innovations happening before the child’s death. Some of these changes were minor, but once the policy window opened, a group of stakeholders had ideas ready to go.

The pattern of incremental policymaking continued years after the tragedy, after the focus of the media have moved on. This point underlines that such tragedies can motivate immediate change, but raises the question of what drives longer-term change. In this case, we see the tragedy also leading to the institutionalization of stakeholder groups (especially the Dental Action Coalition) both inside and outside of government, making them an ongoing source of ideas and political pressure for change.

The case can be paired with readings on public health, administrative burden or policy change.

Potential sources to use:

* Baumgartner, Frank and Bryan Jones. 2009. Agenda’s and Instability in American Politics 2nd ed. Chicago: University of Chicago Press.
* Herd, Pamela and Donald P. Moynihan. 2018. Administrative Burden: Policymaking by Other Means. New York: Russell Sage Foundation.
* Herd, Pamela and Donald P. Moynihan. 2020. “How Administrative Burdens Can Harm Health.” Health Affairs. DOI: 10.1377/hpb20200904.405159.
* Kingdon, John. 2010. Agendas, Alternatives and Public Policies. 2nd Ed. Longman Classics in Political Science.

1. This teaching note is for a case prepared by Caroline Adams and Donald Moynihan, of the Better Government Lab at the McCourt School of Public Policy, Georgetown University. The case was supported by funding from the George E. Richmond Foundation to examine barriers to oral health care for families using Medicaid. [↑](#footnote-ref-1)