



The Maryland State Dental Association Supports SB 511 - Task Force on Oral Health in Maryland

More than 30 years ago Maryland eliminated its Adult Dental Medicaid Program. Since then the medical research has proven that oral health is essential to our overall health. Sadly, during the period following the elimination of adult dental Medicaid, our pediatric dental Medicaid program also fell short of meeting the needs of its eligible recipients. Then over 10 years ago, Maryland tragically had a young man die because of an infection that started in a tooth. There were many factors that contributed to this tragic loss ranging from insufficient participating dentists to a lack of understanding of the health issues surrounding a lack of dental care etc. Since that time Maryland and Maryland dental professionals, advocates for children and the poor, and the establishment and work of the Maryland Dental Action Coalition (MDAC) have made great strides in improving the landscape of dental health in Maryland. Unfortunately, that landscape is woefully short of being adequate.

Following the enactment of the Federal CHIP legislation and subsequently the Affordable Care Act coverage of the pediatric Medicaid population and, more importantly, the percentage of children actually seeing a dentist, has increased tremendously in Maryland. Maryland is a leader in the country in the number of dentists participating and the number of dental encounters received by this pediatric population. Also, through considerable effort, particularly by the Maryland State Dental Association and the Maryland Foundation of Dentistry, important improvements have been made in adult dental care with a program that diverts patients with dental infection and pain from emergency departments to dental offices for more effective and less expensive care. The establishment of the Adult Medicaid Project expects to open the door to some much needed dental care for approximately 35,000 Marylanders. The Missions of Mercy (MOMs) projects are, through volunteer dental personnel, delivering millions of dollars of dental care to thousands of people. Also, donated dental services through the Maryland Foundation of Dentistry has for years provided free dental care to the physically and cognitively challenged citizens of Maryland.

However, despite these efforts there has been an ever worsening increase among individuals of all socio-economic backgrounds failing to obtain even routine dental care. Even with the hard work of organized dentistry, MDAC, and health care advocate organizations many Marylanders are still not receiving adequate dental treatment. There are many reasons cited as contributing to this lack of care. Cost, fear, inconvenient locations, hours of operation of dental facilities, a lack of understanding of the importance of dental health, no original teeth, no perceived need, language etc. It's hard to ignore this problem when you consider that 15 Maryland adults died of dental cellulitis

in our hospitals between 2013 and 2016. Many Marylanders suffer and often die from a lack of early detection of oral cancer. These late detected diseases dramatically and disproportionately increase the cost of health care.

Now, it's time to support legislation that will help us get to the bottom of why people may fall through the cracks and do not receive oral health care. SB 511 will create a task force that is directed to perform an extensive study of the barriers to dental care. The task force will be composed of members of the oral health community, and will be chaired by the Dean of the University of Maryland School of Dentistry and an official from the Department of Health. It is charged to conduct a comprehensive two-year study: to identify people not receiving dental care; the barriers to their receiving care; to analyze the impact of the barriers; to identify solutions to those barriers; and to report recommendations to the General Assembly in a final report by Dec. 1, 2021. This Task Force will be comprised of representatives of organizations, coalitions and agencies across the State, and will be able to consider and benefit from the existing oral health plans and other work products of participating organizations such as MDAC, the Maryland Office of Oral Health and the numerous Maryland dental societies and Associations.

If we understand the access to care issues facing our fellow citizens - such as lack of child care, high costs, little or no coverage, language, transportation - we can hopefully address these issues in a way that will increase and improve treatment of dental disease and not merely treat the symptoms with pain killers and opiates. Getting people into regular care with a dentist can help keep people out of the emergency room, keep people healthy, while helping to control our fiscal costs. It is time to analyze and get an understanding of the issues preventing so many from receiving dental care, and to develop comprehensive recommendations that will address unmet dental health needs.

The Maryland State Dental Association Respectfully Requests That SB 511 be Given a Favorable Report.

**Submitted:
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