



The Maryland State Dental Association Supports HB 368 - Task Force on Oral Health in Maryland

Respectfully Submitted by Daniel T. Doherty, Jr.

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 as there were, and are, many barriers interfering with Marylanders receiving adequate dental care.

Maryland and Maryland dental professionals, advocates for children and the poor, and the formation and work of the Maryland Dental Action Coalition (MDAC) have caused great strides in improving the landscape of dental health in Maryland. The Federal CHIP legislation and the Affordable Care Act coverage of the pediatric Medicaid population have increased tremendously the percentage of children actually seeing a dentist. Maryland is a leader in the country in the number of dentists participating and the number of dental encounters received by this pediatric population. 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 has provided in the first 7.5 months of the Program dental treatment to 4426 Medicaid eligible adults. 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. Still so many Marylanders are not receiving dental care.

Recent statistics strongly indicate that a lack of dental providers is not the problem. Maryland has the ninth highest number of dentists per 100,000 people in the country. The University of Maryland School of Dentistry graduates about 125 new dentists every year. In 2019 more than 68% of children enrolled in Healthy Smiles Program saw a dentist over a period of 320 days, far above the national average. Also, less than 1% of children enrolled in our children's Medicaid program had to be seen in an emergency room for dental issues. Despite these factors, Marylanders of all ages, representing a broad spectrum of economic, ethnic, and other demographics are not receiving dental care. Care which we know is essential to assure one's overall health.

The failure of significant numbers of our fellow citizens to receive dental care is in large part due to multiple barriers to that dental treatment. Obstacles, including some we know, and others that may not be so obvious. The impediments we know include: 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, and many suffer from a lack of early detection of oral cancer. These late detected diseases dramatically and disproportionately increase the cost of health care.

The removal of these barriers must be addressed as a whole, not piecemeal. It requires participation by representatives from: dental and other health professionals; advocacy organizations; education institutions; and more. It requires identifying and then investigating the barriers. Maryland needs to determine necessary and appropriate proposals to diminish the impact of these barriers. A comprehensive plan that will greatly improve the dental health of the citizens of this State is needed. These endeavors can not be done in steps. They cannot be bifurcated. They must be performed by knowledgeable and involved persons. To do otherwise will impede and delay the goal to improve dental health of all Marylanders.

Now, it's time to support legislation that will help us get to the bottom of why people fall through the cracks and do not receive oral health care. HB 368 will create a Task Force 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 the Deputy Secretary of Public Health Services. It is to conduct a comprehensive two-year study: to identify people not receiving dental care; the barriers to that 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, 2022. 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 issues facing our fellow citizens, we can hopefully address them in a way that will increase and improve treatment of dental disease, 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, and help control our fiscal costs. It is time to 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.

**Respectfully Submitted by Daniel T. Doherty, Jr:
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