

Dr. Alexandra Fitzgerald – Written Testimony
Task Force on Oral Health in Maryland

It has been almost 14 years since Maryland tragically lost one of its youngest citizens to a bacterial infection that started in a tooth. Since the death of this young Marylander, dentists have been on a quest to make sure that the same thing doesn't happen again. I was actually a student at Aberdeen High School in Harford County when this tragedy occurred. I witnessed the power of numerous parties coming together to find solutions to access to care within the pediatric community of the state. These strong actions and joint efforts to provide care to Marylanders are actually part of the reason I decided to become a dentist and begin practicing in Maryland immediately upon graduation from the University of Maryland School of Dentistry in 2018. As Chair of the Maryland State Dental Association's New Dentist Committee, my colleagues and I frequently discuss how we can best provide care to our patients. COVID-19 has altered many of these conversations and new barriers to barriers have been created or multiplied, in addition to those that previously existed.

Prior to COVID-19 Maryland had made some of the most dramatic and positive changes in the country. Maryland children were seeing dentists at higher rates than ever; Maryland had one of the highest percentages of children seeing a dentist in the country. According to the 2017 Annual Oral Health Legislative Report, less than 1 percent of children who were enrolled in our state's pediatric Medicaid program had to be seen in an emergency room for a dental issue. This meant better care for the patients and fiscal savings for the state.

Since the on-set of the pandemic, despite herculean efforts to reopen with the highest levels of sanitation and infection controls, the incidences of dental visits among all Marylanders has decreased. The decrease in the receipt of dental care has been caused by many factors among which are the initial closure of dental offices for almost two months with the exception of emergency care, economic hardship, and fear of exposure to the virus to name a few. These hardships coupled with the potential barriers to care that have existed for years, such as lack of child care, the cost of treatment, transportation, language and cultural factors, have made getting care significantly more difficult for many Marylanders. The short- and long-term effects of COVID-19 on the dental health of Marylanders and how to overcome these issues needs to be aggressively addressed.

The progress our State made before the pandemic was due, in large part, to the commitment we made to increase Medicaid reimbursement rates for dental services for children and to ensure that every Maryland child enrolled in the Healthy Smiles program was given a dental home the minute they receive their enrollment card. While there had been substantial progress in ensuring that our youngest have good oral health care, we need to find ways to increase the dental health of our children and we need to give an equal amount of attention to boost the oral health of our vulnerable adult populations. The barriers to providing access to this care have been exasperated by the pandemic - we must aggressively find solutions now.

In 2018 the Maryland General Assembly took a step in the right direction by passing a pilot program to provide adult dental Medicaid benefits to certain adults. It is now time to support legislation that will help us get to the bottom of why people may fall through the cracks and not receive oral health care. It is difficult not to ignore this problem when you consider that 15 Maryland adults died of dental cellulitis in our hospitals between 2013 and 2016.

The proposed legislation will create a task force to perform an extensive study of the barriers to dental care, especially in context of COVID-19. The task force is to be composed of members of the oral health community, consumer advocacy organizations and others, led by the Dean of the University of Maryland School of Dentistry and the Deputy Secretary of Public Health Services. It is to be a comprehensive two-year study to identify the people not receiving dental care and what the barriers are that prevent them from receiving dental care. It is 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 December 1, 2022.

If we understand the access to care issues facing our fellow citizens, we can better treat the dental diseases facing these populations, and not merely the symptoms of the disease with antibiotics, pain killers, and opiates – a crisis our state and profession is also combatting. Getting people into regular care with a dentist can help keep people out of the emergency room, keep people healthy, and keep our fiscal house in line. The type of thorough analysis under this bill is absolutely critical to help us ensure that all Marylanders receive the best care dentistry can provide. By creating a joint Task Force on Oral Health, all invested parties will come together to identify the problems and find solutions. Some may suggest splitting the focus into various committees, which will only further prolong and prevent many Marylanders from potentially receiving the oral health care they need, making it more difficult and fragmented to accomplish the necessary objectives of this legislation. I urge you to support HB368 and SB100 to form a Task Force on Oral Health in Maryland and encourage your colleagues in the General Assembly to do the same.