



Chair Shane E. Pendergrass
Room 241
House Office Building
Annapolis, Maryland 21401

Dear Honorable Chair Pendergrass:

Choptank Community Health (CCHS) strongly supports *House Bill 6 - Maryland Medical Assistance Program – Dental Coverage for Adults*. This bill will allow for much needed dental coverage to a population of patients that can not afford and have no access to improving their dental health. It will allow them to simply be able to eat or chew their food, esthetically being able to smile and feel confident in bettering themselves and their families' futures and assist them in avoiding daily toothaches, pain, and intra-oral infection. It also has a direct impact on their medical health which is outlined below.

Most of these Adult Medicaid patients utilize the local urgent care centers or hospitals ER to address their dental pain and infection. They are only provided antibiotic medication and at times pain medication when seen at these locations. They have Medical Insurance coverage that they utilize for these ER visits which then can add extra costs to the Medicaid system but does not resolve their dental concerns.

These repeated active dental infections do compromise their overall medical health. Their immune systems become depleted, their bodies become tolerant of the antibiotic and no longer are effective in treating the infection. These dental infections can become life threatening and at times hospitalization is required – adding to the overall costs. The average cost for a dental emergency visit, single x-ray and possible simple tooth extraction here at CCHS is approximately \$298.00 without any patient sliding fee discount. It would be interesting and probable very eye opening to see what that patient hospital ER visit, CT scan (routinely ordering when patient seen in ER for dental pain or swelling) costs their state medical insurance in comparison. Please understand also that this patient still must have access and see a dentist to get the treatment to solve this dental issue. Or they can repeatedly continue to visit the ER and incur more medical costs without getting the issue resolved.

The link between patients' systemic health and dental health is well documented.

- 1.) Diabetic patients cannot control their blood glucose or A1C levels with ongoing infections caused by untreated periodontal disease or tooth decay that leads to dental infections. They then require an increase in their frequency in their medical appointments, medication dose and frequency increases and changes in medication constantly to try and alter the systemic issues that the untreated dental infections are causing. They are even referred to medical specialists



which is an added exponential cost that could be avoided if they had dental insurance and could get their dental needs addressed and ultimately help in getting their chronic disease under control.

2.) Immuno-compromised patients cannot fight infection. A lot of these adult patients fall into this category. This means that if they have untreated chronic dental infections their bodies cannot fight any underlying diseases and they end up being admitted, expensive IV antibiotics and longer hospitalizations. All of this does is increase medical costs for these patients.

3.) Lastly, most of these patients have been diagnosed with hypertension. We know that with active, untreated dental disease and infection their blood pressure will never be controlled. A lot of times we cannot even extract their teeth due to their elevated blood pressure which can cause a medical emergency in our dental chairs. We then must send them back to their medical provider to increase medication or change medication to get their blood pressure at a healthy level to be able to simply extract their teeth.

See below three patient care, real-life examples that my team - boots on the ground staff - asked me to provide in this testimonial. They care about their patients and only want them to be able to come in and get the treatment they need and deserve

1. 69-year-old female patient needing 19 extractions and complete upper and lower dentures. Due to the severity of her oral health and her compromised medical history, the extractions need to be completed with an oral surgeon. This patient has financial hardships and cannot afford the much-needed dental treatment. She also participates with CCHS Sliding Fee Program and is approved for our lowest cost slide; even with a great discount, this patient still cannot afford the dental treatment that she desperately needs. We have been working with this patient and a Senior Services program through a local health department to try to find other programs that could assist financially with the cost of dental treatment. Unfortunately, the one program in our area, Choptank Trust, no longer provides financial aid for dental treatment. Aside from the financial barriers, the much-needed dental treatment is also important for her overall health. She has periodontal disease and a history of chronic periodontal abscesses throughout several areas of her mouth. The untreated dental decay and disease can cause additional medical concerns.
2. A 58-year-old male medical patient needs comprehensive dental care. He continues to cancel his dental visits due to having the money to cover his costs even at a discounted rate. He has been to the ER 7 times since 2019 for dental related complaints. This patient is aware that he needs dental care, but unfortunately, is unable to financially afford to keep her appointments and is embarrassed to notify the office - he just does not show up but confides in our dental case manager that it is due to her financial situation and not having dental coverage. He has a medical history with diabetes and hypertension. In addition to his medical history, he is also a smoker; the combination of these can cause additional dental and medical concerns. He makes all of his



medical appointments that have increased over the past two years and per the ER report did inform the Medical ER provider that he knows he needs to get this dental treatment done to improve his health, but he just cannot afford to do so.

3. a 33-year-old female with special needs presents to our office for her routine care consisting of her yearly dental exam. This patient's mom – her caretaker – always makes sure she makes it to dental appointments. But this visit patient presents in pain with a tooth that we have been watching for a while. The tooth has fractured– it has now extended to the nerve causing an infection. The doctor presents to the pt and her mother the options to save this tooth which will require 3 procedures to save the tooth costing over \$2,000.00. The only other option is to have the tooth extracted which is covered by her insurance. Two problems, the patient's mother is a single mother caring for her adult child and cannot afford to save the tooth. Therefore, she needs an extraction by an oral surgeon with sedation because she has severe special needs and medical issues. She is also terrified of needles. We prescribe antibiotics to rid the infection that only buys the patient a little time to relieve her from pain. We then connect the patient and her mother to our community outreach support team to help them find the help they need. With no success in finding a participating oral surgeon or having the funds yet the patient returns to our office to do what we can to keep her out of discomfort. If this patient had oral surgery coverage, multiple appointments in our office could have only been one maybe two appointments with an oral surgeon. Instead of 8 visits to our office just "buying her time" and compromising her overall medical health.

Choptank Community Health is a Federally Qualified Health Center on the Eastern Shore of Maryland. We are currently the safety net for these Adult Medicaid patients. We are the only dental practices providing comprehensive dental care (restorative, periodontal, fixed crowns and bridge work, removable dentures, oral surgery, and preventative dental care) to these patients with walk-in emergencies available daily and on-call services linked to our local hospital systems. Currently, we have five dental locations in Caroline County (Goldsboro, Federalsburg, and Denton Dental Centers), Talbot County (St. Michaels /Bay Hundred Dental Center) and Dorchester County (Cambridge Dental Center). All our dental centers are co-located with our medical teams - Adult medicine, Pediatric medicine, and Behavioral health services. We work very closely with our medical teams and get the direct referrals for these adult Medicaid patients daily trying to address their dental needs. We also get hospital admission and patients seen in ER reports through the CRISP system that our dental case manager addresses and reached out to these patients to try and get them into one of our centers to address their dental needs once they were given antibiotic or released from the hospital. If these patients had appropriate, comprehensive dental coverage they could have avoided their hospital visits and hospitalizations. Also, our medical providers would not have to refer for the daily, urgent dental needs of their adult Medicaid patients as they would already be seen to address these dental needs routinely if they had dental coverage. Quote below from our Chief Clinical Officer, Megan Wojtko, MSN, FNP-BC supports our



medical providers frustration in dealing with these Adult Medicaid patients who do not have adequate dental coverage.

“The ability for our Medicaid patients to access dental services is invaluable. I’ve seen poor health outcomes directly related to lack of dental care and the inability to pay for dental services out of pocket. There are countless stories of uncontrolled diabetic patients that you know are carrying dental infection and bringing their a1c up and adults with dental disease that impact their diet and nutrition. There is only so much we can do to treat their chronic diseases if they can’t get their oral health needs cared for. “

In the past year, 2021, we provided care to 6100 adult Medicaid patients throughout our organization and over 2000 Adult Medicaid unique dental patients majority of which were for dental emergencies. The fact is a lot of these patients traveled hours to see us since there are no other dental providers or dental offices providing comprehensive care to these patients. If these Adult Medicaid patients had one universal comprehensive dental coverage plan that would then allow other dental providers and dental offices in our areas to participate it would provide greater capacity/access for these patients to receive the quality dental care they deserve. Our current wait times can be up to 3-4 months for next available appointments – this includes for a simple filling or extraction. We are at and beyond capacity and patients are waiting months to get in for care to allow them to be dental disease free. If this Adult Medicaid population had universal, comprehensive dental insurance they would have options to other dental homes and providers increasing their access to dental care and addressing improvement systemically of their chronic care concerns and improving their overall health.

Lastly, I wanted to focus on the specialty needs of this population of patients. CCHS has added a specialist in Oral Maxillofacial Surgery. This allowed patients access to oral surgery procedures our general dentists are not qualified to complete. But, more importantly, for access to oral cancer biopsies, early detection of oral cancer and early less invasive treatment of these conditions. This population of patients also do not have access to this specialty dental service. It not routinely covered by their medical insurance and have no dental coverage to offset this cost. Early detection of Oral Cancer can save lives. But it also can save financial drainage on the system if detection is early, and treatment can be minimal compared to the cost of later stage cancer treatment. Most of these patients do not have dental coverage that allows for early detection and then do not have access to specialty oral surgery care including biopsies or treatment. If not detected early these cancers metastasize and are detected in other areas of their bodies and is usually in a much later stage causing a great cost to the system, themselves, and their families.

The other groups that we need to consider are our special needs patients and our adolescents. What are their needs when they mature in age, and they then do not qualify or do not have coverage or access to dental care? This group pf patients will have medical needs their entire lives and without proper dental



coverage will continue to have their medical health deteriorate. This then becomes a long-term cost to the system, their care takers, and their families. We need to consider their needs also, including possible sedation for dental treatment, for our special needs and severe dental phobic patients when we are considering universal, comprehensive dental coverage.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Dr. Sandra Garbely -Kerkovich at sgarbely@choptankhealth.org or 410-200-6080.

Sincerely,

Sandra Garbely-Kerkovich, DMD

**Senior VP and Chief Dental Officer
Choptank Community Health Systems, INC.**

“We do not have to become heroes overnight. Just a step at a time, meeting each thing that comes up, seeing it as not as dreadful as it appears, discovering that we have the strength to stare it down.” Eleanor Roosevelt