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SB 150

March 30th, 2022

TO: Members of the House Health and Government Operations Committee

FROM: Natasha Mehu, Director of Government Relations

RE: Senate Bill 150 – Maryland Medical Assistance Program – Dental Coverage for Adults

POSITION: SUPPORT

Chair Pendergrass, Vice Chair Peña-Melnyk, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 150.

SB 150 authorizes the Maryland Medical Assistance Program, beginning January 1, 2023, and subject to certain limitations, to provide comprehensive dental services for adults whose annual household income is at or below 133 percent of the federal poverty level. It also repeals certain provisions of law requiring the implementation of a pilot program providing limited dental coverage to adult recipients under the Program.

Limited access to oral health care is a serious issue for low-income adults leading to long-term chronic and systemic conditions costly to individuals, families, and society overall. Each year, countless lives are lost because of health care disparities. Establishing a comprehensive dental benefit for Medicaid-eligible adults to prevent and treat oral disease would make significant progress in dismantling a barrier to health equity for vulnerable communities. This action will help all Maryland residents because their contribution to social systems and structures impact each of us.

For more than a decade numerous studies and articles have informed us that low-income individuals are about 50 percent less likely to have seen a dentist in the past year than those with higher incomes. That such persons suffer a disproportionate share of dental disease—including untreated caries and tooth loss due to decay or gum disease. We've come to understand that poor oral health contributes to elevated risks for systemic diseases; poor pregnancy outcomes; diabetes, respiratory problems, and cardiovascular disease; and declines in vital bodily functions

such as eating, breathing, and speaking, as well as self-esteem. Lastly, it's noted that oral disease can create lost workdays and visible tooth decay reduces employability.

The low-income adult spans residential jurisdictions, counties, ages, race, ethnicity. They include Veterans, persons with disabilities, and older adults. Many are low-wage earners that provided essential services during the pandemic. The vast majority of these individuals are uninsured. In the dental program at the Baltimore City Health Department, more than 85% of patients are uninsured and fall within 150% of the federal poverty guidelines. Approximately 15% are Medicaid enrolled. However, the majority of patients seek tooth extractions for an urgent concern while other dental needs go untreated for lack of disposable income. Providing access to a full range of preventive services and treatment for non-elderly adults with Medicaid coverage could prevent more serious conditions later in life as well as the need for more invasive, costly procedures.

Public policymakers, insurers, and clinicians have finally realized that the lack of health equity increasingly affects the bottom line. Chronic and costly conditions, combined with high rates of uninsured individuals among lower socioeconomic and minority populations, resulting in higher treatment costs, can ultimately place a financial strain on government programs. We know that preventive care and early interventions save money and lives.

Health equity has become more than just a moral issue. Today, it is a legal and economic issue with bipartisan support at federal and state levels. Recognizing the importance of achieving health equity in our communities contributes to reducing costs related to health inequity thereby having major implications for our state in the future.

For these reasons, the BCA respectfully requests a **favorable** report on Senate Bill 150.