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March 30, 2022

Senator Nancy J. King, District 39
James Senate Office Building, Room 121
11 Bladen St., Annapolis, MD 21401

Delegate Bonnie L. Cullison, District 19
Lowe House Office Building, Room 312
6 Bladen St., Annapolis, MD 21401

Senator Malcolm L. Augustine, District 47
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

Delegate Michael W. McKay, District 1C
Lowe House Office Building, Room 322
6 Bladen St., Annapolis, MD 21401

Senator Guy J. Guzzone, District 13
Miller Senate Office Building, 3 West Wing
11 Bladen St., Annapolis, MD 21401

Mary Backley, Chief Executive Officer
Maryland Dental Action Coalition
10015 Old Columbia Road, Suite B215
Columbia, Maryland 21046

Good afternoon Legislative Leaders:

I am writing to lend my voice in support of **SB0150 and HB0006**: Maryland Medical Assistance Program, Dental Coverage for Adults.

I am a 35-year Air Force veteran and my military career ended in 2012. I was also a Facility Dental Director in 2 of New York State's Correctional institutions. We relocated to Montgomery County where I worked in the County's Public Health Dental Program until 2019 and I became a member of the Maryland Dental Action Coalition. With that lengthy Dental Public Health career in mind, I can say unequivocally that SB0150 and HB0006 is a worthy investment in the health of Maryland's most vulnerable citizens.

Health Equity is a **guiding priority and core value** of the American Public Health Association. By Health Equity, we mean everyone has the opportunity to attain their highest level of health. Giving more Marylanders access dental care is also a net positive for Maryland taxpayers because they will be less of a burden for hospital emergency rooms, it will mitigate one cause unemployment, and these patients will be less subject to chronic illness.

While working with Montgomery County's Dental Program, my personal objective was to meet the immediate needs of my patients, but also to try to find solutions for them when their care needs were beyond the scope of practice of our Program. In other words, what we were able to provide was very often inadequate in terms treatment. For example, there were times when adult patients would cry when I informed them that we could not provide dentures for them. They needed this service so they could

have a measure of confidence when they have job interviews. In a not insignificant way, the labor shortage businesses complain about might be alleviated to some degree if the oral health of the labor force were not an impediment to seeking employment. This bill would address Periodontal (gum) disease in this population, a problem has documented adverse effects ranging from Diabetes and Heart Disease to Cancer and Alzheimer's Disease. It is also well documented that providing dental care mitigated the costs associated with Emergency Department visits for dental disease. Visits to hospital Emergency Rooms for dental emergencies do not solve the cause of the health emergency; the patient is likely to leave to with a prescription and no definitive treatment. There is an invisible population of disabled individuals, who have no access to dental care that would benefit from this bill also.

I understand that budget surpluses are rare and in high demand, but just as adding post-partum dental coverage decreased the likelihood of low birth-weight infants and the myriad of health problems associated with it, so too will providing an adult dental benefit be a benefit we can all be proud of. For the Maryland Dentists, the reimbursement rates will have to be to a level that encourages participation. My colleagues in the Maryland State Dental Association have voiced support for this legislation.

Thank you for your support of this bill.

Sincerely,

Wenzell E. Carter, D.D.S.