



House Bill 6- Maryland Medical Assistance Program – Dental Coverage for Adults

Position: Favorable

Thank you for the opportunity to provide written comments in support of House Bill 6. This bill requires the Maryland Medicaid program to provide, subject to limitations of the state budget and as permitted by federal law, comprehensive dental care for adults whose annual household income is at or below 133% of the Federal Poverty Level.

CareFirst is committed to providing care to the region's most vulnerable and diverse populations and to driving the transformation of the healthcare experience with and for all our members and communities, with a focus on quality, equity, affordability, and access to care. **Adequate healthcare access must include coverage of oral healthcare for traditionally underserved populations, such as adults within the Maryland Medicaid population whose annual household income is at or below 133% of the Federal Poverty level. Today, adult patients in the Medicaid program are precluded from accessing definitive treatment because of lack of Medicaid coverage or out of pocket funds and a lack of access to care (dentists who are willing to do free or sliding scale dentistry).**

- Per the Journal of the American Dental Association in April 2021¹: Among adult Medicaid recipients, “more than one-third (37.8%) of respondents reported fair or poor oral health, compared with 26.2% who reported fair or poor physical health. Although 47.6% of respondents indicated needing oral health care in the past 6 months, only one-half of this group reported receiving all of the care they needed. Self-reported barriers included **lack of coverage for needed services** and lack of access to care (for example, low provider availability and transportation difficulties).” Emphasis added.
- Parents and caregivers need adequate coverage for routine and emergent dental care to treat infection and pain in order to prevent emergency dental situations, hindering their ability to work or care for their dependents and themselves.
- Prevention and triaged emergent care coverage could reduce the volume of Emergency Department visits, where uninsured patients tend to seek care when issues become readily apparent.
- CareFirst’s data demonstrates that the overall cost of health care for members with chronic illnesses decreases when at least one dental visit has taken place within a year. This suggests that dental coverage would improve overall health outcomes for our members and all Medicaid recipients in the state.

CareFirst strongly supports the policy goals advanced by House Bill 6. To be effective in the policy goal of improving oral health among adults in the Medicaid population, CareFirst recommends that the covered services resulting from this legislation must include preventive and definitive infection-removing services, as well as self-care education.

We look forward to partnering with legislators, health departments, public health groups, and other stakeholders to advance health equity in oral healthcare, as we deploy targeted strategies through our own organization to ensure the health and wellbeing of our members, provider partners, employees, and communities.

We urge a favorable report.

About CareFirst BlueCross BlueShield

¹ Available online: [Oral health and oral health care use among able-bodied adults enrolled in Medicaid in Kentucky after Medicaid expansion - The Journal of the American Dental Association \(ada.org\)](#) (accessed 1.19.21)

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