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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of HB 6
Maryland Medical Assistance Program – Dental Coverage for Adults**

Good afternoon, Madame Chair, Chairman Pendergrass, Vice Chairman Peña-Melnyk and honorable members of the committee. Thank you for this opportunity to present HB 6, Maryland Medical Assistance Program – Dental Coverage for Adults. This bill will provide critical dental services to Marylanders most affected by poverty.

Dental health is inseparable from somatic health. However, as a country we have always seen it as more cosmetic than medical. And that perception led to the death of 12-year old Deamonte Driver and likely hundreds more that do not make the headlines, because they are adults.

The facts surrounding Deamonte's death are relevant to this bill. He died from an infection in his brain that started in a tooth and was untreated. If the family had had just \$80 to remove that tooth, Deamonte would likely be alive today. Instead, our state funded Medicaid program paid \$250,000 for his hospitalization and two surgeries before we lost him. Now we must recognize that what happened to Deamonte can happen to anyone—at any age.

Providing dental care coverage for all Medicaid participants is an expensive proposition, but I believe that it is not only the right thing to do to help some of our most vulnerable residents live healthy lives, but it is also the right thing to do economically for the state.

There are several studies over the last decade that show unequivocally the relationship between poor oral health and chronic health conditions, like diabetes, heart and liver disease and arthritis (Bensley, 2011). Our total cost of care agreement requires us to keep health cost down by reducing recidivism and visits to the emergency department (ED). Assuring that Medicaid recipients have access to dental services would go a long way in addressing the costs of these chronic diseases.

We spend a great deal of time in this committee talking about need for behavioral and substance abuse services. Studies have shown that poor dental health can lead to mental health issues due to lack of self-esteem and self-confidence and sometimes untreated pain, which can then lead to substance abuse when a person is looking for relief. However, it works

both ways, mental health issues and substance abuse can lead to poor dental health, which often become more serious somatic diseases. (Bowling, 2021).

This assembly has made serious commitment to health care equity. This is our chance to prove it. Black adults have the highest rate of emergency department visits for dental pain (Tranby, 2021). And most of the time those visits do not fix the problem, they only address the pain, and they will likely return to the ED.

My testimony is to ask you to consider the bigger—and more long range—impact of making this financial investment in our residents. I believe that we can work together to identify funding sources at the onset. I contend if we do this now, the required funding will balance out with savings in the treatment of chronic diseases, behavior health and substance abuse.

We stepped up for children living in poverty in remembrance of Deamonte Driver. It is time to step up again for all the family members. I humbly request a favorable report.

Bensley L, VanEenwyk J, Ossiander EM. Associations of self-reported periodontal disease with metabolic syndrome and number of self-reported chronic conditions. *Preventing Chronic Disease* 2011;8(3):A50.

Bowling J, Matulis R. Oral Health, Mental Health and Substance Use Treatment: A Framework for Increased Coordination and Integration. National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions; 2021.

Tranby EP, Samtani-Thakkar M, Fager G, Jacob M, Frantsve-Hawley J. Financial Impact of Emergency Department Visits for Dental Conditions in Maryland: An Update. CareQuest Institute for Oral Health and Maryland Dental Action Coalition; July 2021.