



The Maryland State Dental Association Supports with Amendment HB 767- Maryland Medical Assistance Program – Adult and Pediatric Dental Services – Review of Reimbursement Rates

Beginning with the administration under Gov. Harry Hughes, and continuing through William Donald Schaeffer's 2 terms as Governor, adult dental services were completely removed from the Maryland Medical Assistance Program. During the ensuing years Maryland saw its poor, adult population suffer with advanced dental disease and oral cancer. During these years Maryland's incidence of oral cancer among its population was close to the mean among the 50 states, but the fatalities in Maryland from oral cancer were significantly higher. Effective January 1, 2023 adult dental Medical Assistance has been restored, but the woefully inadequate reimbursement rates are hindering increasing the current number of participating dentists.

While the coverage of pediatric patients was mandated under Federal Law, the monies appropriated in Maryland for these services was abysmal. For a number of years those dedicated dentists who would accept these patients, were effectively subsidizing the care they provided. Following the death of Deamonte Driver in February 2007, funding for pediatric dental services increased slightly. Following this increase, Governor O'Malley proposed to increase the funding for pediatric dental services for 3 years, but due to other budget constraints the funding was appropriated in only one year.

In the 2 years following Deamonte Driver's tragic death, legislation was passed which placed into law the current provisions that appear on page 1 line 19 through page 2 line 17 of HB 767. At first it would appear that these provisions would have gone a long way in providing adequate reimbursement rates to dental providers for services provided under the Maryland Medical Assistance Program and the Maryland Children's Health Program. Sadly, it did not. Section 15-103.5 based the review of reimbursement rates on the rates paid to providers under the federal Medicare fee schedule, however, dental services are not covered under Medicare. As a result, since Medicare is not a standard by which to measure appropriate reimbursement rates for dental services, the rates of reimbursement under the Program have lagged farther and farther behind commercial rates.

HB 767 requires that the Department conduct a review by January 1 each year, beginning in 2025, of billed charges and reimbursement rates paid by all commercial payors for the prior calendar year to providers for adult and pediatric dental services; and directs the Department to compare that data with the rates paid for the same services under the program. The Department is charged to use the data from the review to revise the reimbursement rates for adult and pediatric dental services under the program.

HB 767 then requires the Department to use that data to revise the reimbursement rates to ensure: 1) the reimbursement rates paid under the Program are sufficient to provide access for the Program's recipients; and 2) the rates paid are not less than 60% of the average commercial

rates, or) if the average commercial rates cannot be determined, the benchmark charges for the American Dental Association Current Dental Terminology (CDT) Codes for the services.

HB 767 will finally, after 40 plus years, provide a mechanism to compensate more appropriately the providers of dental and medical services provided to pediatric and adult dental recipients under the Program.

For these reasons, the Maryland State Dental Association respectfully requests that HB 1146 receive a favorable report.

Respectfully submitted by:
Daniel T. Doherty, Jr., on behalf of the MSDA
February 14, 2024

Amendment to HB 767 – Maryland Medical Assistance Program – Adult and Pediatric Dental Services - Reimbursement Rates

Requested by Daniel T. Doherty, Jr. on Behalf of the Maryland State Dental Association

Amendment: On page 2 at the end of line 2 following “PROVIDERS” insert “**FOR DENTAL SERVICES**”.

Rationale: There are many services that are provided by a licensed dentist that are medical services, and that are reimbursed under Medical Assistance as medical services. For example, oral and maxillofacial surgeons perform many surgeries on trauma victims that are clearly medical. A number of licensed dentists treat sleep apnea, which is considered a medical service under Medicaid. As drafted, the current bill would put in jeopardy the reimbursement of dentists providing medical services within their scope of practice. This amendment makes clear that only the rates for dental services will be reviewed pursuant to the provisions of 15-103.5(c).

**Submitted by
Daniel T. Doherty, Jr.
February 14, 2024**