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## Testimony in Support of HB 767 with Maryland State Dental Association

### Proposed Amendment

Submitted by Charles A. Doring DDS

Thank you for the opportunity to provide my reasonings why HB 767 should be supported with the clarifying amendment proposed by the Maryland State Dental Association (MSDA). I am a general dentist in Rockville, MD and a Maryland Healthy Smiles (Dental Medicaid) provider. I am also a member of the University of Maryland School of Dentistry Deans Faculty and also on the Maryland Health Smiles Provider Advisory Board but speaking today as an individual.

There are approximately 4,000 licensed dentists in Maryland but not all licensees actually practice in Maryland. One year in to the Maryland Healthy Smiles (MHS) Adult program, there are 1,175 unique adult providers across Maryland providing care to vulnerable adults. Adding in all MHS programs including children, foster children, pregnant females and individuals with Rare and Expensive Case Management (REM) Program, there are approximately 1,800 unique dental Medicaid providers in Maryland (communication from Maryland Department of Health). Barriers to not being a Medicaid provider include a low fee schedule at a time of high student loan debt, escalating supply costs, and staffing shortages that have caused increase in costs to retain valuable employees. The current MHS fee schedule is limited in what procedures result in a paid benefit and generally are 30-40% of the commercial paid benefit. Average dental practice overhead has been 60 to 65% but that percentage is rising due to increased costs to provide care. Many of those costs are fixed (i.e. rent, employee related costs) no matter how many patients are being treated. The current low MHS fee schedule unfortunately is not sustainable, particularly for younger dentists with high tuition loans to pay off.

HB 767 requires the Maryland Department of Health to conduct an annual review of billed charges and reimbursement rates paid by commercial payors and to use that data to revise the benefit rates paid out under the MHS program. The bill requires that not less than 60% of the average commercial rates be paid as a benefit to the provider when such data is available. Please note that amounts paid by commercial payors is often limited by deductibles and annual maximums so the amount payable is often less than the actual covered procedure benefit schedule. Dental benefits paid by commercial carriers is not representative of the actual cost of dental care provided but is a vast improvement over the current MDH fee schedule and limits imposed on what procedures generate a benefit due to excessive restriction placed by the Maryland Department of Health.

The MSDA proposed amendment limits the review to "dental services" and excludes medical services provided by a dentist where fee schedules may be set by Medicare or a medical insurance plan.

For the reasons stated above, I ask that HB 767 with submitted amendment of the MSDA be given a favorable report.