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**Informational Testimony regarding House Bill 15  
Public Schools—Student Health—  
Certificate of Dental Health**

**Ways and Means Committee  
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The Maryland State Education Association offers this informational testimony on House Bill 15, legislation that would require students enrolled in a Maryland public elementary or secondary school to submit a certificate of dental health to their school.

MSEA represents 75,000 educators and school employees who work in Maryland’s public schools, teaching and preparing our 896,837 students for career jobs of the future. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3 million-member National Education Association (NEA).

The state of Maryland was devastated in 2007 upon news<sup>1</sup> of the death of Deamonte Driver, a 12-year-old from Prince George’s County who died as a result of a tooth infection caused by an abscess that eventually lead to a fatal brain infection. Deamonte could have been saved if he had been able to access a routine \$80 tooth extraction. Sadly, because his family’s Medicaid policy had lapsed and because finding a dentist in Maryland willing to accept Medicaid was so challenging, our state lost a potential success story. We were left to carry an unbearable shame. Fortunately, some five years later, Prince George’s County would go on to be nationally recognized<sup>2</sup> as a leader in addressing the dental health needs of its children.

According to the Health Policy Institute at the American Dental Association, the uninsured rate for children in 2014 was 11%.<sup>3</sup> In Maryland, 58% of children covered by Medicaid visited a doctor within the preceding 12 months; compared to the national average of 48% for the same group. Nearly four years after Deamonte’s death, The Deamonte Driver Dental Project began providing dental services to children throughout Prince George’s County via a mobile dental clinic. With the passage of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) in 2009, states were required to provide dental coverage to children enrolled in Medicaid and it allowed states to provide dental benefits to children whose families did not qualify for CHIP because their incomes were slightly higher than the

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<sup>1</sup> [https://www.washingtonpost.com/wp-dyn/content/article/2007/02/27/AR2007022702116.html?tid=a\\_inl\\_manual](https://www.washingtonpost.com/wp-dyn/content/article/2007/02/27/AR2007022702116.html?tid=a_inl_manual) (Accessed on January 26, 2020)

<sup>2</sup> [https://www.washingtonpost.com/local/5-years-after-boy-dies-from-toothache-maryland-medicaid-dental-care-is-on-mend/2012/02/15/gIQANEJoGR\\_story.html](https://www.washingtonpost.com/local/5-years-after-boy-dies-from-toothache-maryland-medicaid-dental-care-is-on-mend/2012/02/15/gIQANEJoGR_story.html) (Accessed on January 26, 2020)

<sup>3</sup> [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_1016\\_2.pdf](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1016_2.pdf) (Accessed on January 26, 2020)



eligibility limits<sup>4</sup>. The passage of the Affordable Care Act (ACA) in 2014 helped even more get access to basic, preventative dental health services.

Yet despite the declining percentage of children without any dental coverage and the increasing percentage of children in our state who have seen a dentist recently, there are still a few troubling issues to confront. In 2014, only 25% of Maryland dentists participated in the Medicaid for Child Dental Services program (compared to 42% nationally).<sup>5</sup> The Trump Administration continues to issue policy guidelines and revisions governing programs such as the ACA, Temporary Assistance for Needy Families (TANF), and Medicaid that could adversely impact vulnerable children in a number of ways<sup>6</sup>. Finally, the Trump Administration's new "public charge" regulations—now cleared by the Supreme Court for implementation—will in all likelihood threaten the present and future status of Maryland's immigrant families, potentially leading to a dramatic reduction in the number of families and children with questionable immigration status refraining from enrolling in public benefit programs fearing that doing so will negatively impact their status.<sup>7</sup>

MSEA tenaciously advocates for the policies and programs that will give our students access to the resources they need in order to achieve their full potential. We understand clearly that the health and wellness of our students has a direct impact on their academic and nonacademic outcomes. Children who are unwell or in pain are more likely to not be in class learning. Moreover, children who are sick or are who are in pain due to poor dental health cannot be fully engaged in their learning, which can often manifest itself in disinterest or disruptive behavior.

We applaud the sponsor's overall goal of ensuring that all of Maryland's children show up to school healthy and ready to learn. We support all efforts aimed at providing our children with access to the health services that will keep them safe and well. We are concerned, however, that some of the obstacles noted above could prove to be potential barriers for a number of our students and their families. While we acknowledge that this proof of dental health is similar to the proof of vaccination families are required to submit before their children are permitted to attend school, we are worried that the changing political landscape could adversely impact our most vulnerable populations. We take comfort in knowing that there are a number of organizations and initiatives—such as The Deamonte Driver Dental Project and the various free dental clinics across the state—that will stand in the gap for many of our vulnerable families. However, we would be remiss if we did not raise our concern about meeting this new requirement should the landscape on the ground shift significantly in the coming months and years. It is our hope that the General Assembly remain attune to these policy changes and stand ready to provide solutions that protect and provide for our neediest children.

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<sup>4</sup> <https://www.govinfo.gov/content/pkg/PLAW-111publ3/pdf/PLAW-111publ3.pdf> (Accessed on January 27, 2020)

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<https://docs.google.com/viewerng/viewer?url=https://www.ada.org:443/~media/ADA/Science%2520and%2520Research/HPI/OralHealthCare-StateFacts/Maryland-Oral-Health-Care-System.pdf> (Accessed on January 26, 2020)

<sup>6</sup> <https://www.pewtrusts.org/en/research-and-analysis/articles/2019/02/15/childrens-dental-health-month-is-an-opportunity-to-assess-progress> (Accessed January 27, 2020)

<sup>7</sup> [https://www.washingtonpost.com/politics/courts\\_law/supreme-court-allows-trump-administration-to-proceed-with-immigration-rules/2020/01/27/6adb9688-412c-11ea-aa6a-083d01b3ed18\\_story.html](https://www.washingtonpost.com/politics/courts_law/supreme-court-allows-trump-administration-to-proceed-with-immigration-rules/2020/01/27/6adb9688-412c-11ea-aa6a-083d01b3ed18_story.html) (Accessed on January 27, 2020)