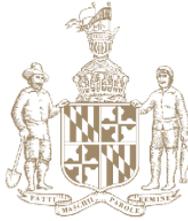


**SENATOR DELORES G. KELLEY**  
*Legislative District 10*  
Baltimore County

—  
*Chair*  
Finance Committee

—  
Executive Nominations Committee  
Rules Committee  
Legislative Policy Committee



Miller Senate Office Building  
11 Bladen Street, Suite 3 East  
Annapolis, Maryland 21401  
410-841-3606 · 301-858-3606  
800-492-7122 Ext. 3606  
Fax 410-841-3399 · 301-858-3399  
Delores.Kelley@senate.state.md.us

**THE SENATE OF MARYLAND**  
ANNAPOLIS, MARYLAND 21401

**TESTIMONY OF SENATOR DELORES G. KELLEY  
REGARDING SENATE BILL 100- TASK FORCE ON ORAL HEALTH  
IN MARYLAND  
BEFORE THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE  
March 23, 2021**

**Madam Chair and Members:**

**It has been almost 14 years since Maryland tragically lost one of its youngest citizens to a bacterial infection that started in a tooth. Since the death of this young man, the State of Maryland and the Dental Profession have been on a quest to make sure another tragedy doesn't occur. The good news is that in Maryland we've made some of the most dramatic and positive changes in the country as Maryland children are seeing dentists at higher rates than ever. In fact, Maryland has one of the highest percentages of dental encounters by children. According to the 2017 Annual Oral Health Legislative Report, less than 1 percent of children who were enrolled in our children's**

**Medicaid program had to be seen in an emergency room for a dental issue. This means better care for the patients and fiscal savings for the state.**

**The progress our State has made due to our commitment: 1) the Healthy Smiles Program was established; 2) That Program assures that every enrolled child is given a Dental Home when they receive their enrollment card; 3) Maryland has increased Medicaid reimbursement for dental services; and 4) the efforts of the dental community has helped increase participation by dental professionals. While Maryland has made substantial progress with treating the dental Medicaid pediatric population, there are still huge numbers of Marylanders who do not access dental care. The reasons why these people do not receive dental treatment are varied, and often it is the result of systemic barriers to care.**

**In 2018, the General Assembly enacted the Adult Dental Medicaid Pilot Program which in the first 7.5 months provided dental treatment to 4426 Medicaid eligible adults. It appears clear from that data that the lack of dental coverage under Medicaid and Medicare has been, and is, a substantial barrier to the access to dental care. Now it's time to support legislation that will help us identify other barriers that contribute to Marylanders of all ages who lack access to oral health care. It's time we take the next step in assessing what is needed to increase access to dental care.**

**SB 100 will create a task force that will undertake an extensive study of the barriers to dental care. The task force is to be composed of members of the oral health community, advocate organizations, the Board of Dental Examiners, representatives of the community colleges and the Association of MCOs. The Task Force will be co-**

**chaired by the Dean of the University of Maryland School of Dentistry and the Deputy Secretary of Public Health Services. It is to be a comprehensive two-year study to identify the people not receiving dental care and what the barriers are that prevent them from receiving dental care. It is to analyze the impact of the barriers, to identify solutions to those barriers, and to report recommendations to the General Assembly in a final report by Dec. 1, 2022.**

**Included among the charges to the Task Force are:**

- a. Analyze the current access to dental care for all Marylanders, but with a particular focus on those affected by poverty, disabilities or age;**
- b. Identify areas of the State where significant numbers are not receiving dental care;**
- c. Identify other barriers negatively impacting access to dental care, for example, low oral health literacy, cost, lack of transportation, etc.**

**The Task Force is to analyze the impact of specific barriers and assess options to minimize or eliminate each barrier. If we understand the barriers to access to dental care, we can bridge these obstacles and begin to provide appropriate dental treatment to these underserved populations. We can treat the underlying disease and restore dental health, not merely treat the symptoms of the disease with pain killers and opiates. Getting people into regular care with a dentist can help keep people out of the emergency room, keep people healthy, and keep our fiscal house in line.**

**In light of all of these considerations, I urge your strong support of SB 100.**