

Committee: House Health and Government Operations Committee

Bill Number: SB 923 - Maryland Medical Assistance Program - Eligibility and Disenrollment

Hearing Date: March 30, 2021

Position: Support

The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 923 – Maryland Medical Assistance Program -Eligibility and Disenrollment*. The bill extends Medicaid postpartum coverage from up to 60 days to 1 year after pregnancy. MDAC requests an amendment to ensure that the term “health coverage” is inclusive of dental coverage.

Maternal health outcomes can be greatly improved ensuring access to care for at least a year beyond pregnancy. However, our States efforts to reduce maternal morbidity and mortality among the most at-risk communities are hampered by limitations on Medicaid postpartum coverage. With coverage lasting only up to 60 days beyond pregnancy, we are missing opportunities to ensure at-risk women can get the care they need. The need for extended coverage is evidenced by the number of maternal deaths up to a year after pregnancy. Twelve percent of maternal mortality incidents occur in the 43 to 365 days after pregnancy.ⁱ

Postpartum coverage should be inclusive of dental care because it improves the health of new mom as well as the child. On Senate side, we asked for a clarification that the extension of 1-year of coverage would include dental. The Senate agreed and adopted an amendment to reflect that clarification. The bill is now consistent with Medicaid’s new policy for its 60-day postpartum coverage. Beginning this spring, the Maryland Medicaid Program will begin including dental coverage in its 60-day postpartum program. Governor Hogan funded postpartum dental coverage at the request of Delegate Mike McKay and Senator Guzzone. Dental coverage in the postpartum period is important for the following reasons:

- **Protecting Maternal Health:** Dental coverage is important to improve health outcomes of women during the postpartum period. Poor oral health is linked to cardiovascular disease, diabetes, pneumonia, and strokes.ⁱⁱ

Optimal Oral Health for All Marylanders

- **Protecting Children’s Health:** Dental coverage for women in the postpartum period helps improve health outcomes for their children:
 - **Reduced Risk of Dental Caries:** Mothers may transmit the infection that causes tooth decay to their infants.ⁱⁱⁱ Dental coverage would improve both the health of the new mom and baby. Children are more likely to have dental caries if their caregivers, including mothers, have poor dental health.^{iv, v, vi} Early childhood caries (ECC) can begin soon after infants begin getting teeth, and it has serious long-term implications for the child. Children with early childhood caries are at a higher risk of developing lesions on both baby and adult teeth. Infants are 32 times more at risk for early childhood caries if they are from low-income families, have a diet high in sugar, and have mothers with low-income levels^{vii}. Poor oral health can lead to a lifetime of somatic health issues.
 - **Increased Access to Dental Homes for Children:** The American Academy of Pediatric Dentists recommends that children see a dentist and have a dental home by 12-months of age. However, only 1.5% have had a dental visit by age one, compared to 89% of children who have had a physician visit in that time period.^{viii} Clearly more infants need to have dental homes. One key strategy is to increase the number of postpartum women who have their own dental homes, leading to the establishment of a family dental home. However, this may be a challenge when new mothers lack dental coverage, including those under a Medicaid program. Consumers report that insurance coverage is the most important factor in accessing dental care.^{ix}
 - **Dental Coverage is Consistent with American Rescue Act of 2021:** As part of the recent COVID Relief package, Congress included a provision which provides for federal matching funds for that States that extend postpartum coverage up to 1-year. States are eligible for matching funds for dental coverage.

We urge the committee to move forward in this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

-
- ⁱ Petersen EE, Davis NL, Goodman D, et al. *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>
- ⁱⁱ https://www.ada.org/~media/ADA/Publications/Files/patient_61.ashx
- ⁱⁱⁱ Damle, S G et al. “Transmission of mutans streptococci in mother-child pairs.” *The Indian journal of medical research* vol. 144,2 (2016): 264-270. doi:10.4103/0971-5916.195042
- ^{iv} Smith RE, Badner VN, Morse DE, Freeman K (2002). Maternal risk indicators for childhood carriers in an inner city population. *Community Dental Oral Epidemiology* 30:176-181.
- ^v Bedos C, Brodeur JM, Arpin S, Nicolau B (2005). Dental caries experience: a two-generational study.
- ^{vi} Reisine S, Tellez M., Willem J. Sogn W, Ismail (2008) Relationship between caregiver’s and child’s caries prevalence among disadvantaged African Americans. *Community Dent Oral Epidemiology* 36:191-200
- ^{vii} American Academy of Pediatric Dentistry, Council on Clinical Affairs. Perinatal and Infant Oral Health Care. 2016.
- ^{viii} Ibid
- ^{ix} 2019 Consumer Survey of Barriers to and Facilitators of Access to Oral Health Services. Oral Health Workforce Research Center.