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January 25, 2022

The Honorable Chair Kelley
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: SB150 – Support

Dear Chair Kelley:

I am the former director of the Office of Oral Health at the Maryland Department of Health and Mental Hygiene having retired in 2016 after serving approximately 20 years in this position. I am submitting written testimony in *support* of Senate Bill 150 entitled “Maryland Medical Assistance Program- Dental Coverage for Adults” to provide dental coverage for eligible adults in the Maryland Medicaid Program.

This important bill reminds me of other legislation many years ago about the then low access to dental services and high disease rates for poor Maryland children. Maryland once was rated as having the lowest access to dental care in the country for Medicaid enrolled children. It wasn't until the death of Deamonte Driver in 2007, a 12-year old Maryland child who needlessly died from an undetected dental infection, that a sense of urgency was created regarding access to oral health care services. As a result of the seminal reforms that were instituted in the immediate aftermath of his tragic death, Maryland became a national leader in oral health for children.

I am obviously pleased to see the pilot dental program that is currently in place for dual eligible individuals in the Medicaid and Medicare program. However, it is just a start; this program must expand to all Maryland adults in the Medicaid program. State Medicaid dental coverage for children is mandated by the federal government but dental coverage for adults is a state decision. And, despite being one of the wealthiest states in the nation, Maryland is one of only a few states without a systematic adult dental Medicaid benefit.

I honestly do not understand why there isn't once again a sense of urgency regarding adult dental care coverage. And this has been expressly exposed during the COVID-19 pandemic. If the goal of any health care system, as illustrated during the pandemic, is to achieve health equity and overcome many of the social determinants of health that impede good health for all Maryland residents, oral health must be part of that discussion.

Oral health *is* health and didn't we learn that with the death of Deamonte Driver. A U.S. Surgeon General once said that “you can't have good health without good oral health.” There

are strong links between poor oral health and diabetes, between poor oral health and cardiovascular disease, between poor oral health and a combination of factors leading to aspiration pneumonia, a leading cause of hospital readmission visits. Often the first signs of HIV infection shows up in the mouth.

Further, poor oral health can cause severe pain and can significantly contribute to the opioid crisis. Poor oral health in low-income adults all too often leads to emergency department (ED) visits and admissions; usually the only services patients receive in an ED for their toothache are pain medications that can include opioids as well as antibiotic therapy. It becomes a vicious cycle; these same patients often return to the same ED for the same problem within a matter of months and receive the same “therapy”. Finally, quality of life due to dental problems can be horribly compromised. You can’t eat, you can’t sleep, you can’t think. Poor oral health in adults is a substantial cause of missed employment days; poor mouth esthetics in adults often impedes finding dutiful employment.

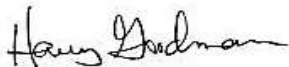
Passage of SB150 will help alleviate these problems for adults through the systematic availability of evidence-based diagnostic, preventive and restorative dental services. Even providing limited coverage for adults will be an important first step as these services will still be able to address a significant proportion of adults’ primary care dental needs, including pain relief.

SB150 will not only help adults, but will also benefit three other populations: 1) (more) children who will benefit from a family centered health care approach if both the child and their parents/caregiver are given coverage; 2) expectant mothers 21 years and older who will receive dental coverage beyond the full term of their pregnancy and the current 6-month postpartum eligibility period; and 3) older adults who will enter their senior years with less accumulated untreated oral disease if they have access to necessary dental services during their preceding 40+ years.

Maryland successfully addressed its child oral health crisis in the past when faced with a tragic death and we must now double down on that effort with adults before another tragedy occurs (and due to co-morbidities, it may have already happened here). But this should not be the primary motivation to pass SB150; the most important rationale for its passage is that given oral health *is* health, a healthier Maryland adult population group will emerge whose own quality of life will be improved providing benefits to the state’s economy, well-being and productivity.

For these reasons, I respectfully urge you to support SB150. Thank you for the opportunity to express my opinion on this bill.

Sincerely,

A handwritten signature in black ink that reads "Harry Goodman". The signature is written in a cursive, slightly slanted style.

Harry Goodman, DMD, MPH