

# **SB 150\_Medicaid Adult Dental Services\_Support.pdf**

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

January 25, 2022

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 150 – Support**

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente is pleased to support SB 150, Maryland Medical Assistance Program – Dental Coverage for Adults.

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 800,000 members. In Maryland, we deliver care to over 460,000 members.

Kaiser Permanente supports policies that ensure all Marylanders have access to affordable, high-quality health care. Further, Kaiser Permanente supports “whole-person care,” including the provision of access to services and resources that address beneficiaries’ physical health, mental health and social needs. To that end, we endorse the provision of coverage through Medicaid for a full range of needs, including dental services.

An [estimated](#) 74 million Americans have no dental coverage, and a recent [survey](#) found that an estimated 6 million Americans lost their dental coverage during the pandemic. The CDC has reported that there are substantial [disparities](#) in oral health, with Black, Hispanic and lower-income Americans experiencing higher rates of tooth decay, gum disease and oral cancer, as [more than half of Americans](#) avoid or delay healthcare, including dental care, because of high costs.

Given that Medicaid beneficiaries comprise some of the most vulnerable, complex patients, the Medicaid program should play a role in addressing these needs. Kaiser Permanente is committed to working with state leaders to develop sustainable funding models for these services under a financially integrated model of care like HealthChoice.

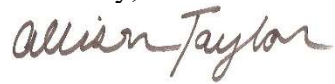
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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

Kaiser Permanente  
Comments on SB 150  
January 25, 2022

For these reasons, we urge a favorable report on SB 150. BThank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor  
Director of Government Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

**2022 NASW SB 150 FAV - Medicaid Dental Coverage.pd**

Uploaded by: Ann Ciekot

Position: FAV

## Testimony before Finance Committee

### Support

#### **SB 150 – Maryland Medical Assistance Program - Dental Coverage for Adults**

**January 25, 2022**

Maryland’s Chapter of the National Association of Social Workers (NASW–MD), which represents professional social workers across the state, supports Senate Bill 150. Because Social Workers provide services in such a verity of different areas, we see the impact a lack of dental care has on so many Marylanders. This bill will bring Maryland in line with nearly every other state and ensure that adults in Maryland have access to dental care.<sup>i</sup>

NASW supports Medicaid dental coverage because there is a strong correlation between oral health and behavioral health, including conditions such as depression.<sup>ii</sup> In a white paper on the integration of oral and behavioral health, national policy analysts noted that, “poor oral health can create or exacerbate problems with mental health, self-esteem, cognitive health, substance use and impede social functioning in areas such as employability and school engagement”

As Maryland continues to work to improve access to behavioral health, we should not leave dental care behind. Oral health and behavioral health are both part of overall health National Association of Social Workers-Maryland Chapter requests a **favorable report for SB 150**.

If you have any questions, please feel free to contact Mary Beth DeMartino, LCSW-C Executive Director, NASW MD ([mdemartino.naswmd@socialworkers.org](mailto:mdemartino.naswmd@socialworkers.org)).

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<sup>i</sup> [https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_091519.pdf](https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf)

<sup>ii</sup> O’Neil A, Berk M, Venugopal K, Kim SW, Williams LJ, Jacka FN. The association between poor dental health and depression: findings from a large-scale, population-based study (the NHANES study). *Gen Hosp Psychiatry*. 2014 May-Jun;36(3):266-70.

**MCF\_Fav\_SB 150.pdf**

Uploaded by: Ann Geddes

Position: FAV



## **SB 150 – Maryland Medical Assistance Program – Dental Coverage for Adults**

**Committee: Finance**

**Date: January 25, 2022**

**POSITION: Support**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a loved one with a mental health, substance use or gambling issue.

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MCF strongly supports SB 150.

Adults with behavioral health disorders often receive their health care coverage through Maryland Medicaid. Frequently, a person's serious mental illness or substance use disorder precludes them from holding down more than a low-paying job, if that.

People with serious mental illness are at greater risk of oral health problems because of poor nutrition and oral hygiene, the heavy consumption of sugary drinks, and comorbid substance use disorders. People with serious mental illness are 2.7 times more likely to have lost all of their teeth when compared to the general population.

People with serious substance use disorders too often have poor nutrition and oral hygiene habits. Moreover, the use of certain substances are known to have disastrous consequences on a person's teeth. Some of the effects of substance use include:

- Dry mouth, which increases acid in the mouth and leads to rotting enamel
- Acid reflux
- Grinding teeth
- Loss of blood flow to roots and gums
- Ulcers or sores in the mouth that can become infected

Poor oral health has been linked with systemic illnesses such as coronary heart disease, diabetes and respiratory disease, conditions that we know people with serious mental illness suffer from at rates much higher than the general population, and die 25 years earlier on average than the general population.

For these reasons (along with others that will be noted by others who are testifying), it is imperative that Maryland include adequate dental coverage in the state's Medicaid plans. Oral health is inextricably linked with physical health. We have a responsibility, particularly to those who suffer from serious mental illness or substance use disorders, to treat the whole person. In the end, this will save costs incurred in avoidable emergency room visits and physical health care costs.

Therefore we urge a favorable report on SB 150.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**10632 Little Patuxent Parkway, Suite 234**  
**Columbia, Maryland 21044**  
**Phone: 443-926-3396**  
**[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)**



# **SB 150\_PJC\_Support.pdf**

Uploaded by: Ashley Black

Position: FAV



Ashley Black, Staff Attorney  
Public Justice Center  
201 North Charles Street, Suite 1200  
Baltimore, Maryland 21201  
410-625-9409, ext. 224  
[blacka@publicjustice.org](mailto:blacka@publicjustice.org)

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## SB 150

### Maryland Medical Assistance Program – Dental Coverage for Adults

#### Hearing of the Senate Finance Committee

January 25, 2022

1:00 PM

## SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. Dental care access for low-income Marylanders has been an advocacy priority for us for many years since one of our client's children, 12-year-old Deamonte Driver, died of an untreated tooth infection in 2007. Deamonte's death began a movement across the country that led to Medicaid covering comprehensive child dental care. 15 years later, despite knowing that oral health is key to improving health outcomes, Maryland Medical Assistance (Medicaid) still does not provide comprehensive dental coverage for all adult beneficiaries. PJC stands in **strong support of SB 150**, which would finally expand Maryland Medicaid to provide full adult dental coverage.

**Maryland has fallen behind most of the country for adult dental care coverage in Medicaid.** Currently, Maryland provides dental coverage to adults under 65 who are dually eligible for Medicaid and Medicare. This leaves most adult beneficiaries without full dental coverage and places Maryland behind more than 30 other states that provide limited or comprehensive adult dental coverage to beneficiaries. Socioeconomic status should not be a barrier to attaining good oral health. SB 150, if passed, would bring Maryland in line with most of the country in providing a dental benefit.

**By expanding Medicaid to cover dental care for adults, SB 150 promotes health equity and cost savings.**

Chronic oral health conditions can lead to tooth loss, nutrition problems and chronic pain. It can also impact speech, sleep, work, socializing and can make individuals more susceptible to other diseases. When preventative dental care is not available, Medicaid beneficiaries must turn to emergency rooms to treat chronic dental issues, increasing the emergency room utilization rate. According to a fiscal year 2016 study by DentaQuest Institute,

*The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.*

adults in Maryland made 42,327 emergency room visits for chronic dental conditions that year.<sup>1</sup> Maryland Medicaid paid for 53% of those visits, even though Medicaid participants only accounted for 15% of the adult population in Maryland.<sup>2</sup> Additionally, “across all years, Blacks also have by far the highest population rates of dental/oral health related condition discharges and the proportion of dental/oral health related condition discharges among this racial group increased from 48% in 2010 to 52% by 2013.”<sup>3</sup> SB 150 would not only help eliminate dental health inequities, but it would also result in cost savings and reduce emergency room utilization rates by adult Medicaid beneficiaries.

To eliminate dental health disparities and promote the overall wellness of Marylanders, the State must invest in the oral health of low-income adults. For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 150**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org).

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<sup>1</sup> *Financial Impact of Emergency Department Visits by Adults for Dental Conditions in Maryland*, DentaQuest Institute (2017), <http://www.mdac.us/pdf/Financial%20Impact%20of%20Hospital%20Visits%20for%20Dental%20Conditions%20in%20MD%20Revised%20Legislative.pdf>.

<sup>2</sup> *Id.*

<sup>3</sup> Natalie I. Chalmers, *Racial Disparities in Emergency Department Utilization for Dental/Oral Health-Related Conditions in Maryland* (2017), <https://www.frontiersin.org/articles/10.3389/fpubh.2017.00164/full>

**Carothers\_Fav\_SB150.pdf**

Uploaded by: Ashley Carothers

Position: FAV

## **SB150 - Maryland Medical Assistance Program - Dental Coverage for Adults**

**Committee:** Finance

**Date:** January 25, 2022

**Position:** In Favor

I am writing in support of Senate Bill 150. Dental coverage should be available to all adults, including adults insured with Medicaid. My 27 year old brother, Cody Nichols, had little income and was insured by Maryland Medicaid. In December of 2016, Cody had been in recovery for almost 3 years. He had a sore tooth that had progressively worsened, but he couldn't obtain an appointment to see a dentist. Most of the dental offices he contacted would not see him based on his Medicaid insurance and his inability to pay out of pocket. The one dental office that agreed to see him, stated they would not be available until January 2017. Knowing that he had to wait until January and in extreme pain, he reached out to friends seeking pain medication.

Cody finally saw the dentist on January 5, 2017. The dentist told him he had multiple abscessed teeth but that she would not be able to assist him in extracting the teeth. She prescribed him ibuprofen and referred him to a specialist. The specialist she referred him to, as well as the other specialists Cody contacted, did not accept Medicaid. January 8, 2017, in unbearable pain, Cody reached out to a known drug dealer and asked for something stronger than ibuprofen. That night my parents found him in his bedroom, he had passed away from a Fentanyl overdose.

Obviously, we can't state for fact that he relapsed due to the tooth pain, but we do know that had he been able to see a dentist that could have extracted the diseased teeth and relieved the pain, he wouldn't have reached out to the drug dealer on January 8. For this reason, I urge a favorable vote on Senate Bill 150.

Ashley Carothers  
58 Academy Drive Elkton, MD 21921  
443-350-1177  
Ashleynn1177@gmail.com

# **SB150\_BIAMD\_FAV**

Uploaded by: Catherine Mello

Position: FAV

January 21, 2022

Sen. Delores Kelley, Chair  
Sen. Brian Feldman, Vice Chair  
Finance Committee, 3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SB0150-Maryland Medical Assistance Program – Dental Coverage for Adults**  
**Position: Favorable**

Dear Chair Kelley, Vice Chair Feldman and Members of the Senate Finance Committee,

My name is Catherine Mello and I am writing in support of SB0150. For the last 37 years, BIAMD has been the only statewide non-profit organization dedicated solely to providing free information and resource assistance to the brain injury community. Through its Toll-Free Brain Injury Connection Center (1.800.221.6443), its website ([www.biamd.org](http://www.biamd.org)), and its social media presence, BIAMD has sought to educate, enlighten, and support the estimated 120,000 Maryland families currently living with the devastating effects of brain injury. Our organization also provides administrative case management for the individuals receiving service through the Brain Injury Waiver (BI Waiver), a Home and Community Based Medicaid Waiver that allows them the opportunity to receive their long-term care services in the community instead of an institution. They live and receive services in Prince George, Montgomery, Wicomico, Howard and Anne Arundel Counties. Many individuals in this program have significant dental issues as result of poor dental hygiene, medications and past substance use including smoking that is prevalent in his population. Seeking affordable, accessible services has been a source of frustration for both our provider staff and the program participants.

Affordable access to dental services has been a concern for both the individuals who receive BI Waiver services and the providers charged assisting them with accessing medical care consistent with the general population. Some individuals are eligible for Medicare and have accessed the Health Smiles Pilot for Adults with full Medicaid and Medicare benefits. The experience has been mixed depending on the county the individual resides in. The Prince George's County provider reports that dentist accepting this program were scheduling appointments at least 6 months out. The Anne Arundel County provider reports that they can get appoints in about a month. This program has increased access for some individuals who are eligible for this program, but it has not been consistent throughout the state. We hope that the General Assembly and Maryland Department of Health will use the experiences during this pilot project to address the gaps in provider participation and capacity to ensure that rates and requirements for participation with promote an adequate network to address the needs of these individuals.

For individuals who do not have access to the limited benefits through Healthy Smiles, primarily those who receive Supplemental Security Income and are only eligible or Medicaid access to dental service are often financially in accessible. Thirty-eight percent of BI Waiver Participants receive SSI and Medicaid only. After paying for their room and board, medications co pays, and other basic living expense there is

little left for other priorities. One provider paid for evaluations for the individuals they served. One individual was quoted at \$1500 for the extractions that he needed which amounts to almost double his monthly income. Many dentists require a large portion of the cost of care upfront before starting the work and the individuals in our program do not have the funds which means that if they are able to save the money needed for the down payment, it may take months. One individual worked with their representative payee to save money over the course of 8 months so that they could get the recommended extractions.

We also work with individuals who reported that they do not want to have a recommended extraction because they know they cannot afford dentures and do not want to be left without any teeth. Some individuals have told us that choose to use their limited funds for recreation expenses that they feel enhance their quality of life instead of saving every penny for dental care even if it means that they risk complications and risk to their health in the future because the costs seem so daunting. These are just a few examples of the decision that the individuals we work with face when it comes to dental care.

Our organization supports this bill with cautions about implementation to ensure that the intent to expand access to services for adults and make access equitable across the state and consider quality of life and dignity for people living with disabilities. We do ask that the MGA and Maryland Department of Health consider dentures and partial dentures as part of the “comprehensive dental care” proposed in this bill. Having a “full smile” as one of our BI Waiver participants puts it, is a source of dignity.

As you will likely hear from other stakeholders, there are potential implications for grant funded dental programs in some jurisdictions and more concerns about provider capacity and we urge stakeholder engagement in both the legislative process and hopefully implementation of the expanded coverage.

Thank you for your time and consideration of experience and perspective. Please feel free to reach out with any questions you have about our testimony. We hope you will give SB0150 a favorable report.

Sincerely,

Catherine Rinehart Mello

Brain Injury Association of Maryland

443-364-9856



**SB150\_ Dr Charles Doring\_fav.pdf01212022101811.pdf**

Uploaded by: Charles Doring

Position: FAV



CHARLES A. DORING, D.D.S., F.A.G.D.  
CLEMENTINA PEREZ-WEST, D.D.S.  
ROBERT B. TILKIN, D.D.S., M.S., F.A.G.D.

Written Testimony in Support of 2022 SB 150

Maryland Medical Assistance Program- Dental Coverage for Adults

Madam Chair and members of the Senate Finance Committee. My name is Dr. Charles Doring and I am providing written testimony in support of SB 150. I am a general dentist in Montgomery County, a Maryland Health Smiles (Medicaid) provider, and chair of the Maryland State Dental Association (MSDA) Legislative Affairs Committee. I am also a Member of the Maryland Health Smiles Advisory Board and a member of Maryland Task Force on Oral Health.

Providing quality dental care to Marylanders, particularly our most vulnerable, has been a top priority of organized dentistry for a long time. We encourage members to participation in the Maryland Health Smiles program, provide gratis care through the Maryland Foundation of Dentistry, as well as organize Mission of Mercy events across the State. Even with this involvement, barriers to dental care remain. Many of Maryland most poor do not have a dental home to seek routine comprehensive dental care. This segment of population either visits local hospital emergency departments, waits for the next charitable dental event or suffers in pain. At a Mission of Mercy event, one adult patient health history reviled a recent week-long hospital stay (paid with Medicaid funds) for an infection of "unknown origin", treated with antibiotics and discharged. At the Mission of Mercy event shortly afterward her hospitalization, this adult patient was diagnosed with an untreated abscessed tooth. The Medicaid cost for a week-long hospital stay greatly outpaces the cost of a tooth extraction.

While we greatly appreciate the giant step forward that SB 150 provides in "comprehensive dental care", MSDA wants to be assured of a robust network of dental team members are ready in place to treat this new wide pool of patients. To get a deep pool of dentists to provide the needed care, the MSDA would like to remind legislators and government officials that Maryland's Dental Medicaid fee schedule has not been adjusted in 12 years. No provider fee increases despite increased costs associated with providing the care (particularly during Covid-19) and retaining talented clinical support staff makes recruiting new dentist providers or retaining current providers a challenge. Many potential providers are disheartened by the complicated Medicaid sign up process (e-Prep) and just give up. For a win for patients as well as a win for Medicaid dental providers, administration of comprehensive adult dental plan must be efficient, transparent and welcome provider/patient input. Passage of SB 150 will go far to set Maryland on the right track to setting the standard for quality dental care for all.

I thank you for the opportunity to discuss HB 150 with you and I ask for a favorable report.

Sincerely,

Charles A. Doring DDS

# **SB150 - Maryland Medical Assistance Program – Dent**

Uploaded by: Dakota Matthews

Position: FAV



50 Harry S. Truman Parkway • Annapolis, MD 21401  
Office: 410-841-5772 • Fax: 410-841-5987 • TTY: 800-735-2258  
Email: [rmc.mda@maryland.gov](mailto:rmc.mda@maryland.gov)  
Website: [www.rural.maryland.gov](http://www.rural.maryland.gov)  
*Charlotte Davis, Executive Director*

*John Hartline, Chair*

Testimony in Support of  
Senate Bill 150 - Maryland Medical Assistance Program – Dental Coverage for Adults  
Senate Finance Committee  
January 25, 2022

The Rural Maryland Council **supports** Senate Bill 150 - Maryland Medical Assistance Program – Dental Coverage for Adults. This will require the Maryland Medical Assistance Program, beginning January 1, 2023, and subject to certain limitations, to provide certain dental care for adults whose annual income is at or below 133 percent of the federal poverty level.

Providing dental care is crucial to an individual's overall health, and it is important that preventative measures are taken to assure that long-term complications do not occur. When someone does not have the financial capabilities to attend dentist appointments for routine cleaning and checkups, it leads to a decrease in dental health and higher risk of developing more serious complications such as cavities or abscess teeth. The individual is then forced to pay for expensive treatment or suffer through the pain because they are unable to afford treatment. According to Data USA, in 2018 St. Mary's had a population of 111,531 citizens, of which 8.3% had incomes at or below the federal poverty level, 5.8% had no health or dental insurance, and 11.8% were covered by Medicaid.

Rural Marylanders tend to be older, in worse health and have lower incomes compared to their suburban counterparts. These factors can negatively affect oral health. The Center for Disease Control (CDC) lists disparities in oral health, including income. According to the CDC's *Disparities in Oral Health* webpage, 17% of children aged 2 to 5 from low-income households have untreated cavities in their primary teeth, which is three times the percentage of children from higher-income households; and that 23% of children aged 2 to 19 from low-income households have untreated cavities in their permanent teeth, which is twice that of children from higher-income households. It also states that adults between 20 to 64 that are low-income or uninsured are twice as likely to have one to three untreated cavities and three times as likely to have four or more untreated cavities compared to those of higher incomes or have private insurance. Because of the current historic State surplus, now would be an appropriate time to add additional funding that would change the overall dental health and lives of those that cannot currently afford to do so.

Income should not determine an individual's access to dental care - the Rural Maryland Council respectfully requests your favorable report of Senate Bill 150

*The Rural Maryland Council (RMC) is an independent state agency governed by a nonpartisan, 40-member board that consists of inclusive representation from the federal, state, regional, county and municipal governments, as well as the for-profit and nonprofit sectors. We bring together federal, state, county and municipal government officials as well as representatives of the for-profit and nonprofit sectors to identify challenges unique to rural communities and to craft public policy, programmatic or regulatory solutions.*

# **SB0150 Medicaid Dental Coverage for Adults.pdf**

Uploaded by: Dan Martin

Position: FAV

**Senate Bill 150 Maryland Medical Assistance Program – Dental Coverage for Adults**

Finance Committee

January 25, 2022

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 150.

SB 150 expands Maryland Medicaid to include comprehensive dental care coverage for adults whose annual household income is at or below 133% of the federal poverty level.

Mental health and oral health have bidirectional impacts. Untreated dental diseases can lead to tooth loss, and individuals with severe mental illness are 2.8 times as likely to lose all their teeth compared to the general population. Poor oral hygiene can have an adverse effect on self-esteem and confidence, and self-neglect related to depression can lead to poor oral care. Many medications prescribed to treat mental health disorders can cause dry mouth and oral bacterial infections, and many medications prescribed to treat dental pain may prove harmful to someone in recovery from a substance use disorder.

The CDC estimates 40% of low-income and non-Hispanic Black adults in the United States have untreated tooth decay, and nearly 29% of low-income adults report the appearance of their mouth and teeth affects their ability to interview for jobs. Approximately 40% of low-income or uninsured adults have untreated cavities, are twice as likely to have 1-3 untreated cavities, and three times as likely to have 4+ untreated cavities.<sup>1</sup>

Dental emergencies in Maryland are too often treated in hospital emergency rooms. Unfortunately, these settings do not perform extractions or otherwise treat the *causes* of dental pain. Rather, they treat the *symptoms* by sending patients home with antibiotics, pain medications, or referrals.<sup>2</sup> Expanding Maryland's Medicaid program to include comprehensive dental coverage for adults will help alleviate an overreliance on hospital emergency departments.

Maryland is one of just three states without Medicaid adult dental coverage. This results in far too many Marylanders who are subject to oral health issues and dental pain that can make it difficult to obtain employment and can compound or adversely impact recovery from a behavioral health disorder. For these reasons, MHAMD supports SB 150 and urges a favorable report.

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<sup>1</sup> Centers for Disease Control and Prevention, (February 2021). [https://www.cdc.gov/oralhealth/oral\\_health\\_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm)

<sup>2</sup> [https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix\\_091519.pdf](https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix_091519.pdf)

*For more information, please contact Dan Martin at (410) 978-8865*

# **SB0150\_FAV\_LifeSpan\_Medical Assistance Program - D**

Uploaded by: Danna Kauffman

Position: FAV



*Keeping You Connected...Expanding Your Potential...  
In Senior Care and Services*

TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Malcolm Augustine

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer

DATE: January 25, 2022

RE: **SUPPORT** – Senate Bill 150 – *Maryland Medical Assistance Program – Dental Coverage for Adults*

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On behalf of the LifeSpan Network, the largest and most diverse senior care provider association in Maryland representing nursing facilities, assisted living providers, continuing care retirement communities, medical adult day care centers, senior housing communities and other home and community-based services, we **support** Senate Bill 150. Senate Bill 150 requires the State to cover adult dental services under the Maryland Medical Assistance Program.

For residents in a nursing facility, Medicaid does not cover dental services, such as exams or treatment, whether the care is provided in or out of the nursing home. Most often, these services are absorbed by the nursing facility. The nursing facility can then apply to the Department to alter the resident's resources amount to enable the resident to reimburse the facility, an efficient and time-consuming process which is not in the best interest of the resident. Requiring the Maryland Medical Assistance Program to cover dental care for residents in a nursing facility is a necessary and vital step to ensure resident's overall health.

Therefore, LifeSpan supports Senate Bill 150 with the qualifier that the expansion extends to residents in nursing facilities and any other individual residing in a setting where he/she is receiving waiver services, such as an assisted living community.

**For more information call:**

Danna L. Kauffman  
Pamela Metz Kasemeyer  
410-244-7000



# **SB 150 Maryland Medical Assistance Program – Denta**

Uploaded by: Dean Mark Reynolds

Position: FAV

January 20, 2022

The Honorable Delores G. Kelley  
Chairwoman, Senate Finance Committee  
3 East Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401  
email: [delores.kelley@senate.state.md.us](mailto:delores.kelley@senate.state.md.us)

**RE: SB 150**

Dear Senator Kelley,

The University of Maryland School of Dentistry would like to thank you and members of the Senate Finance Committee for your continued support and advocacy for improving access and expanded dental care for the citizens of Maryland. The School of Dentistry strongly supports SB 150, which would authorize comprehensive dental care for adults whose annual household income is at or below 133 percent of the federal poverty. Conclusive evidence demonstrates that good oral health is integral to overall health, positive healthcare outcomes, and quality of life. Persistent disparities in oral health pose a major public health challenge, with low-income and racial and ethnic minority populations continuing to experience a greater burden of dental disease. The combination of Medicaid expansion and coverage of Medicaid dental benefits has been shown to increase access to dental care among low-income adults and improve clinical parameters of oral health. SB 150 provides a critical opportunity and pathway to improve oral health and promote the general health of many vulnerable and underserved citizens of Maryland.

The University of Maryland School of Dentistry stands ready to assist in any way possible to expand services and access to health care in our communities.

Thank you for your support of SB 150.

Sincerely,



Mark A. Reynolds, DDS, PhD  
Dean

Cc: Senator Malcolm Augustine  
Senator Guy Guzzone

# **SB 150 - Support.pdf**

Uploaded by: Deborah Rivkin

Position: FAV

Deborah Rivkin  
Vice President  
Government Affairs – Maryland

CareFirst BlueCross BlueShield  
1501 S. Clinton Street, Suite 700  
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Fax 410-528-7981



## Senate Bill 150- Maryland Medical Assistance Program – Dental Coverage for Adults

### **Position: Favorable**

Thank you for the opportunity to provide written comments in support of Senate Bill 150. This bill requires the Maryland Medicaid program to provide, subject to limitations of the state budget and as permitted by federal law, comprehensive dental care for adults whose annual household income is at or below 133% of the Federal Poverty Level.

CareFirst is committed to providing care to the region's most vulnerable and diverse populations and to driving the transformation of the healthcare experience with and for all our members and communities, with a focus on quality, equity, affordability, and access to care. **Adequate healthcare access must include coverage of oral healthcare for traditionally underserved populations, such as adults within the Maryland Medicaid population whose annual household income is at or below 133% of the Federal Poverty level. Today, adult patients in the Medicaid program are precluded from accessing definitive treatment because of lack of Medicaid coverage or out of pocket funds and a lack of access to care (dentists who are willing to do free or sliding scale dentistry).**

- Per the Journal of the American Dental Association in April 2021<sup>1</sup>: Among adult Medicaid recipients, “more than one-third (37.8%) of respondents reported fair or poor oral health, compared with 26.2% who reported fair or poor physical health. Although 47.6% of respondents indicated needing oral health care in the past 6 months, only one-half of this group reported receiving all of the care they needed. Self-reported barriers included **lack of coverage for needed services** and lack of access to care (for example, low provider availability and transportation difficulties).” Emphasis added.
- Parents and caregivers need adequate coverage for routine and emergent dental care to treat infection and pain in order to prevent emergency dental situations, hindering their ability to work or care for their dependents and themselves.
- Prevention and triaged emergent care coverage could reduce the volume of Emergency Department visits, where uninsured patients tend to seek care when issues become readily apparent.
- CareFirst’s data demonstrates that the overall cost of health care for members with chronic illnesses decreases when at least one dental visit has taken place within a year. This suggests that dental coverage would improve overall health outcomes for our members and all Medicaid recipients in the state.

CareFirst strongly supports the policy goals advanced by Senate Bill 150. To be effective in the policy goal of improving oral health among adults in the Medicaid population, CareFirst recommends that the covered services resulting from this legislation must include preventive and definitive infection-removing services, as well as self-care education.

We look forward to partnering with legislators, health departments, public health groups, and other stakeholders to advance health equity in oral healthcare, as we deploy targeted strategies through our own organization to ensure the health and wellbeing of our members, provider partners, employees, and communities.

**We urge a favorable report.**

### About CareFirst BlueCross BlueShield

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<sup>1</sup> Available online: [Oral health and oral health care use among able-bodied adults enrolled in Medicaid in Kentucky after Medicaid expansion - The Journal of the American Dental Association \(ada.org\)](#) (accessed 1.19.21)

*In its 84th year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit healthcare company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and employers in Maryland, the District of Columbia and Northern Virginia. In 2019, CareFirst invested \$43 million to improve overall health, and increase the accessibility, affordability, safety and quality of healthcare throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at [www.carefirst.com](http://www.carefirst.com) and our transforming healthcare page at [www.carefirst.com/transformation](http://www.carefirst.com/transformation), or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).*

# **Diane Romaine SB150 written.pdf**

Uploaded by: Diane Romaine

Position: FAV

Written Testimony in Support of SB 150  
Maryland Medical Assistance Program-Dental Coverage for Adults  
Diane Romaine DMD MScM MAGD  
Favorable

Dear Senate Finance Committee

A July 2012 research report by Care Quest Institute for Oral Health titled, "Financial Impact of Emergency Department Visits for Dental Conditions in Maryland", shows that:

- 1) Maryland Medicaid enrolled adults have a disproportionate share of ED visits for non-traumatic dental conditions.
- 2) Maryland's rates of Medicaid recipients visiting the ED for non-traumatic dental conditions are significantly higher than the national average
- 3) Maryland is one of 3 states in the US that provide no adult dental Medicaid benefit.
- 4) Providing an adult dental benefit to Maryland Medicaid recipients will reduce ED visits and spending by providing access to definitive dental care in more cost-effective settings such as dental offices and community health centers.

In addition, a 2021 study in the Journal of Public Health Dentistry shows that when adults gain dental coverage through Medicaid, their job prospects improve.

Finally, a 2018 Dentaquest study showed that 15 Maryland adults died after presenting to Maryland EDs for non-traumatic dental visits from 2013-2016.

To be healthy a person must have good oral health as well, and many of our lowest income adults in Maryland simply cannot afford to achieve health because dental benefits are not included in their Medicaid benefits as they are in 48 other states across the US.

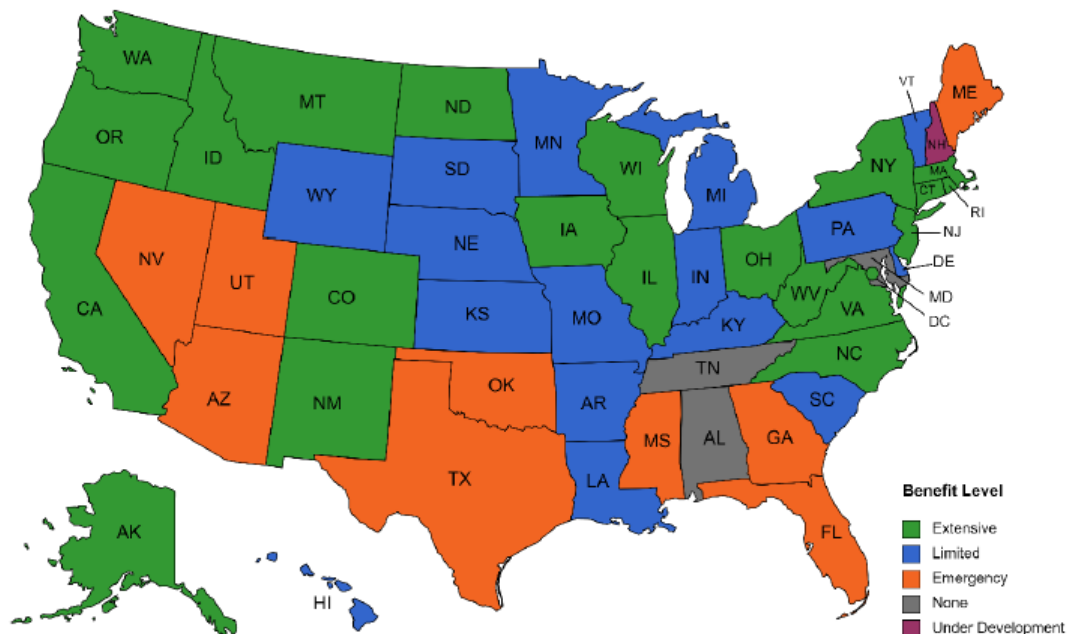
I know as Marylanders who value the wellbeing of our most vulnerable adults we can do better.

Thank you for the opportunity to present this data to you. I ask for a favorable report on SB 150.

Sincerely,

Diane Romaine DMD MScM MAGD

# The Current Landscape



**Source:** Health Policy Institute analysis of data from Center for Health Care Strategies, Inc.<sup>18</sup> Authors have updated the analysis with data as of early 2021. **Note:** None = No coverage. Emergency-only = Coverage for pain relief under defined emergency situations. Limited = Coverage for a subset of diagnostic, preventive, and minor restorative procedures with a per-enrollee annual maximum expenditure of \$1,000 or less. Extensive = Coverage for a more comprehensive mix of services, including at least 100 diagnostic, preventive, and restorative procedures, and a per-enrollee annual maximum expenditure of at least \$1,000.

*As of 2021...*

***21** states provide extensive adult dental benefits in their Medicaid programs.*

***16** states provide limited benefits,*

***9** provide emergency-only benefits,*

***3** provide no benefits, and*

***1** has a dental benefit under development.*



# Oral Health Access and Equity

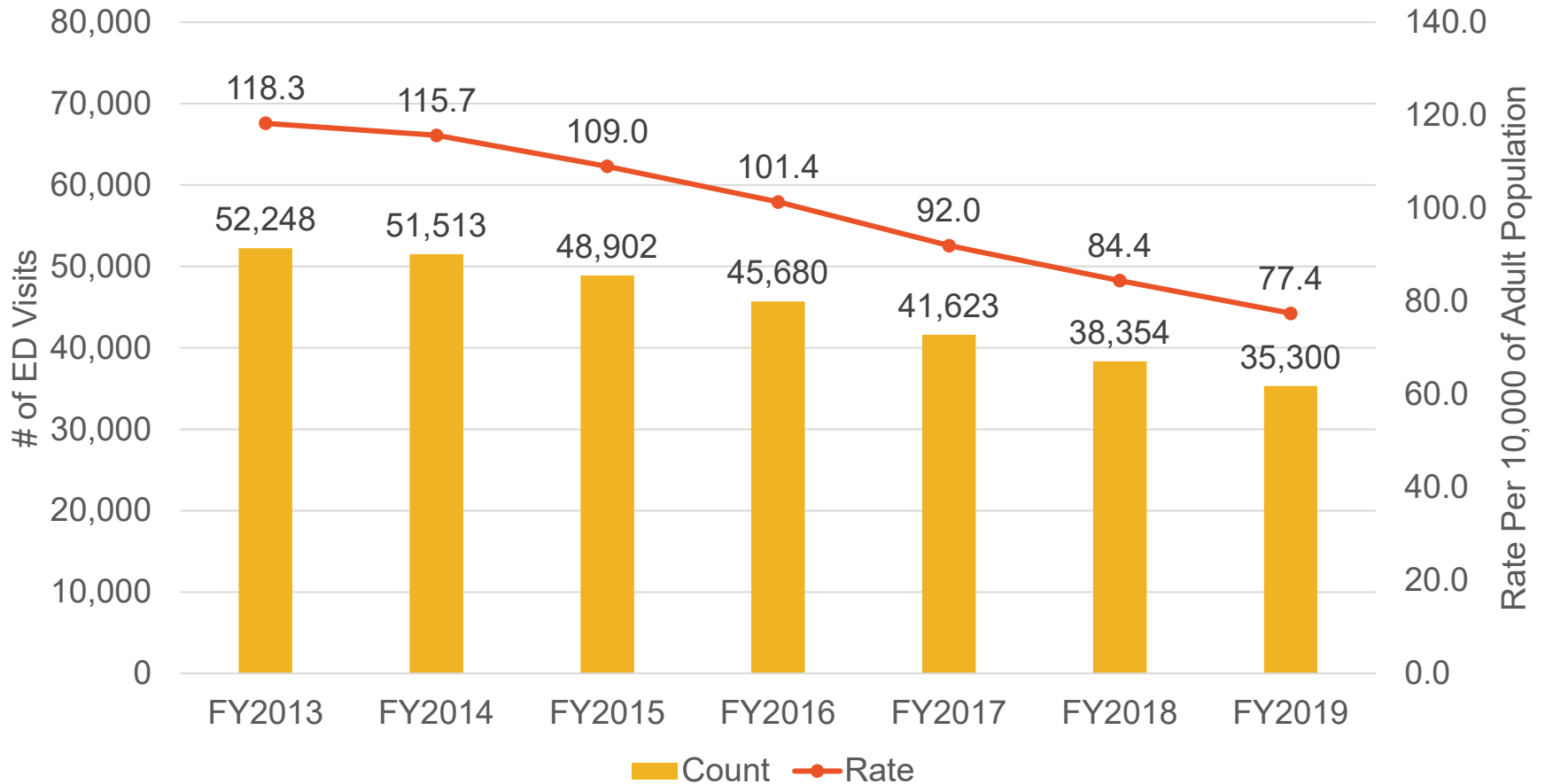
## Maryland Oral Health Task Force

Eric P. Tranby, PhD  
Manager, Data & Impact

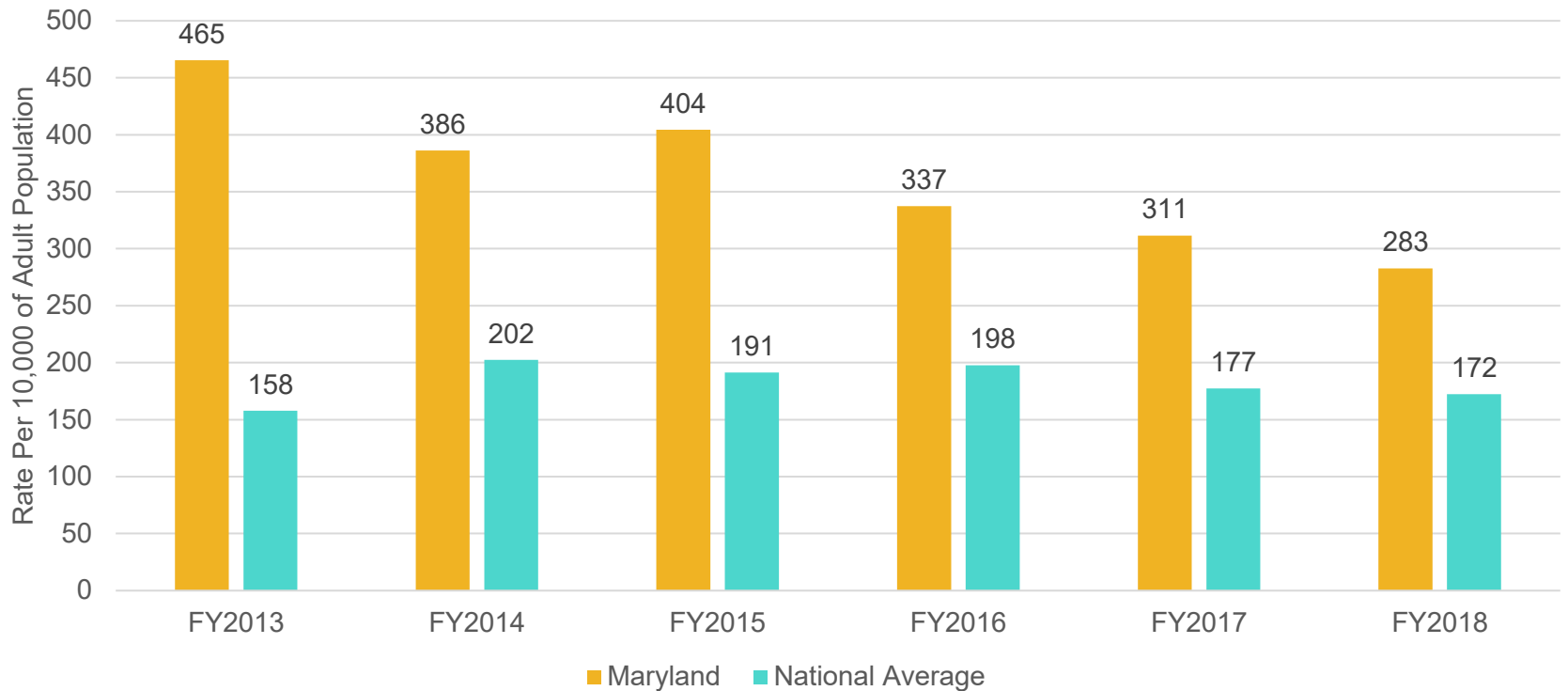
December 16, 2021



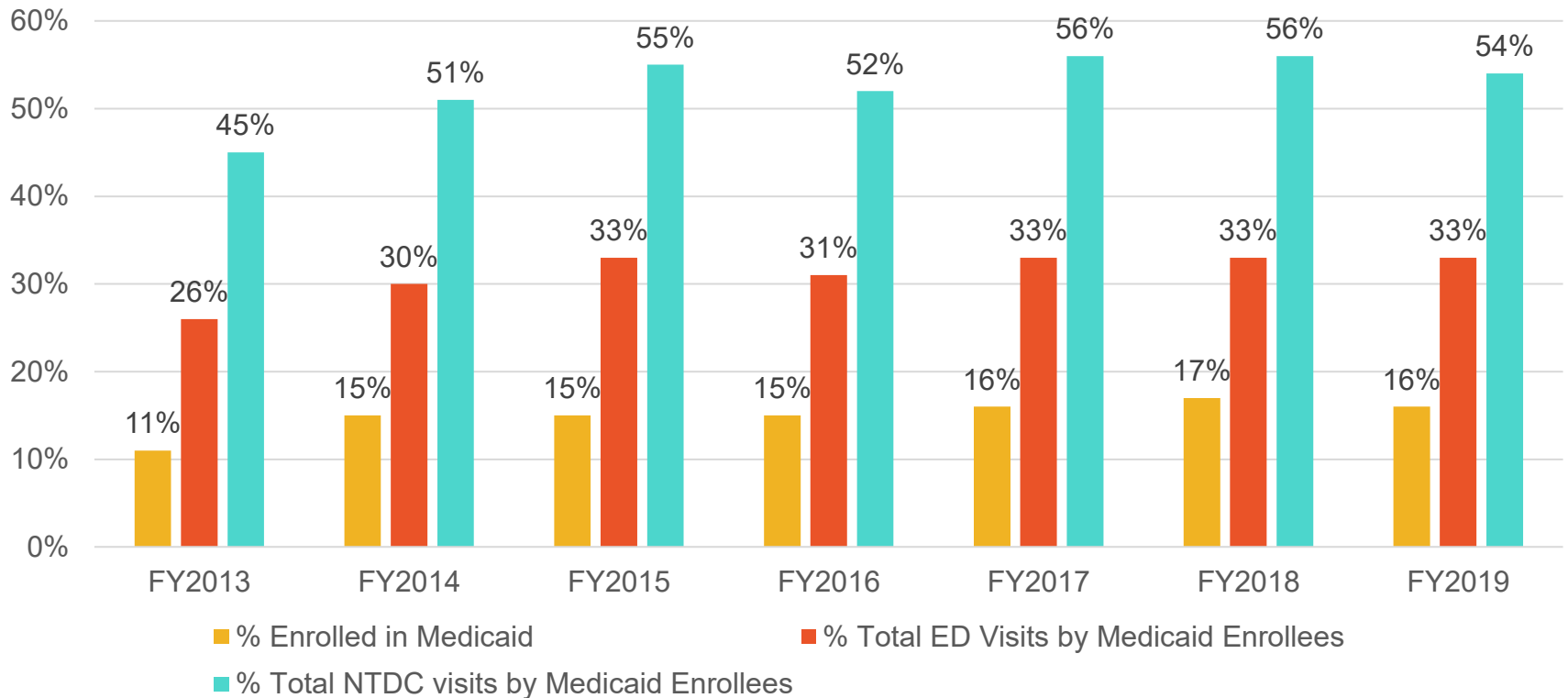
# Trends in ED Visits for NTDC in Maryland



# Rates for ED Visits for NTDC Among Medicaid Participants in Maryland and Nationally



# Disproportionate Share of ED Visits for NTDC by Medicaid Enrolled Adults in Maryland



# **2022 Health Care for the Homeless - Dr. Patel SB 1**

Uploaded by: Dr. Parita Patel

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY**  
**IN SUPPORT OF**  
**SB 150 – Maryland Medical Assistance Program – Dental Coverage for Adults**

**Senate Finance Committee**  
**January 25, 2022**



Health Care for the Homeless supports SB 150, which would require Medicaid to provide full dental coverage to adults. At Health Care for the Homeless, we see the lifesaving benefits of oral health care every day. Despite progress that the State made in implementing an adult dental pilot program in Medicaid, dental care is largely uncovered by insurance is a huge barrier to overall health and health care for vulnerable individuals. But without adult dental coverage under Medicaid in Maryland, access to this lifesaving resource will remain out of reach for so many of the clients we serve. We strongly stand in full support of this bill.

Many clients we serve come to us with concerns about pain, with concerns about the inability to eat, and with concerns about the inability to feel confident enough to smile without teeth. It is unconscionable that the clients we serve are faced with the impossible choice of pain or homelessness. As one Health Care for the Homeless client, Pamela,<sup>1</sup> said “I’ll do whatever it takes,” the pain of her infected tooth consuming her entire body. Alone in her apartment in Dundalk, she began to pool her rent money to pay for an emergency dental procedure. “It was excruciating,” she said. “I couldn’t eat anything. Everything was painful.” Pamela was fortunate enough to be seen by Health Care for the Homeless dental staff, where we confirmed she had an infection. With the limited funds available to our non-profit Federally Qualified Health Center, Pamela had her tooth removed at no cost and received antibiotics to treat the infection. She paid her rent and is now pain free at home.

In another client’s story, after two decades of substance use and living on the streets, David<sup>2</sup> came to Health Care for the Homeless in 2009. Within months of seeing our care providers, he had a new heart defibrillator and engaged in regular therapy sessions. And in 2014, he secured housing. But it wasn’t until he received partial dentures in spring 2015 that he felt his life really started to change. “Dental care gave me my confidence back, and when you get your confidence back, you can move forward,” David said. “Everyone was surprised when they saw me for the first time with teeth. ‘Wow, you’re handsome,’ they said. It changes the way you think about yourself and present yourself to others.”

But there are hundreds of clients<sup>3</sup> like Pamela and David in desperate need of relief. Dental care is expensive, and Maryland has no public insurance coverage for adults but for extremely limited circumstances. We have seen low-income adults go decades without addressing their oral health because they don’t have insurance and Medicaid won’t cover their care. And when they finally do see a dentist, it’s because the pain has become unbearable. **This is not a sustainable way to fund this most basic and essential form of health care.**

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<sup>1</sup> Pseudonym used for confidentiality and privacy purposes.

<sup>2</sup> Pseudonym used for confidentiality and privacy purposes.

<sup>3</sup> For more stories, see [Dental care gave David a chance against Cancer](#) and [When I laugh, it’s a big laugh](#).

There is a direct link between oral health and chronic conditions such as heart disease and diabetes, as well as low birth weight for expectant mothers. The ability to chew and eat affects our overall health. Eating lots of vegetables and fruits isn't possible without teeth. The majority of the clients we see have varying stages of gum disease, with some exhibiting advanced decay. Maintaining clients' oral hygiene schedules is an effective way to prioritize care and help prevent more serious conditions from arising.

Additionally, oral health affects other significant aspects of a person's life. Our smiles are one of the first things others notice, and they affect our confidence and our speech, as with the case with David. For people experiencing homelessness, for example, it is vital to feel confident and speak clearly while looking for a job. A job could make the difference between gaining and losing housing.

Delivering quality care is a challenging work. Providing integrated, interdisciplinary care with a transient client population intensifies those routine challenges. Inadequate public health and housing benefits create and sustain homelessness while hampering our ability to scale services and limiting access to much needed specialty care. Comprehensive Medicaid benefits for essential health care is a critical component of ending homelessness. Though the dental pilot program made some progress, the scope of that pilot is extremely limited, as it is limited only to people enrolled in both Medicaid and Medicare (also known as "dual eligibles"). To give a sense of the scope, within the first year, we saw fewer than 10 clients who qualify (due in large part to the small number of Medicare recipients we see).

Ensuring a full adult dental benefit will power the transformative dental work happening at our clinics and throughout the state. Since we first started offering dental service, we have helped thousands of people with the luck and generosity of private entities and limited support from the state. But our goal is to ensure that 100% of our clients have access to dental care. We can only provide that care if Maryland Medicaid provides full adult dental care coverage.

Dental care is basic and essential health care. As such, it should be a full Medicaid benefit. We stand in strong support of SB 150 and we urge a favorable report on the bill.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*

# Written Testimony SB 150.pdf

Uploaded by: Dr. Ricardo Kimbers

Position: FAV





SYMPHONY CENTER 1040 PARK AVENUE SUITE 102 BALTIMORE, MARYLAND 21201  
DIRECT: 410-523-2662 FAX: 410-523-5070  
contact@drkimbers.com

### Written Testimony In Support Of 2022 SB 150

#### Maryland Medical Assistance Program – Dental Coverage For Adults

Madam Chair and members of the Maryland Senate Finance Committee. I would like to first thank you for the opportunity to present a brief but very important topic that is before your committee today. I have been practicing dentistry for over 37 years in the city of Baltimore. I am a second generation dentist, having the opportunity to practice with my father. I have always participated in the Medical Assistance Program in the State of Maryland since its inception. Children are our most vulnerable members of society. After that, I feel that our seniors and all others living below the poverty level are next. SB 150 would be a great start in getting adults over the age of 21 the coverage that they so desperately need. I am a member of the American Dental Association, The Maryland State Dental Association, National Dental Association and The Maryland Dental Society, to name a few. I am also on the Maryland Healthy Smiles Medicaid Advisory Board, The DentaQuest Adult Advisory Board and the Maryland Task Force on Oral Health.

So much of our population has been affected by the pandemic. Many have lost jobs in their field. It has caused those living on the edge, economically, to look for governmental assistance. This is where this bill will fill the void for so many. Every day I see adult patients that are covered by the present adult Medicaid program. They would like to save their teeth, but the coverage does not allow for those services i.e.: root canals or crowns. Therefore, their only alternative is to have the tooth extracted. I'm sure that my colleges will cover other aspects as to why this bill is so desperately needed. Maryland has been a national leader in providing its citizens with the medical care that it needs. The Maryland Legislature along with the Maryland State Dental Association and the Maryland Dental Society, among others, have led the way making sure that all citizens get the care that they need in our state.

The dental providers, like myself, participate in the Medical Assistance program, because they truly care for their patients. It is not for financial gain. The reimbursement schedule is about 40% of regular fees. This fee schedule has not been increased in over 12 years. We are losing providers every day, unfortunately.

I thank you for this opportunity to give my thoughts on this very important piece of legislation and ask for your support.

Ricardo C. Kimbers, D.D.S., FACD

**SB150 SUPPORT.pdf**

Uploaded by: Elaine Crain

Position: FAV



A Voice for Advanced Practice Clinicians in Maryland



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Michele Williams, DNP, CRNP*

#### Support

### **SB150: Maryland Medical Assistance Program – Dental Coverage for Adults**

January 25, 2022

The Maryland Academy of Advanced Practice Clinicians supports passage of Senator Malcolm Augustine's bill  
**SB150: Maryland Medical Assistance Program – Dental Coverage for Adults**

I am a family nurse practitioner with over forty years' experience providing obstetrics and gynecology services to women throughout the life span in Maryland and DC. My practice was in Southern Maryland for thirty years, where there continues to be access-to-care issues for many people, but particularly vulnerable populations with limited financial resources. Adult dental care is among the most serious threats to the long-term health of vulnerable populations.

Maryland is behind almost every other state in adult dental coverage in Medicaid. Only three states – Alabama, Maryland, and Tennessee do not require some level of Medicaid coverage for adult dental.

The peer-review research strongly demonstrates a strong return on investment for adult dental coverage. States can lower costs and improve lives by investing in dental coverage:

- In a study on dental coverage for New York's Medicaid program, preventative dental care lowered overall health care costs by \$530.50 per participant annually.
- A study of insurance data, published in 2014 in the American Journal of Preventative Medicine, demonstrated that periodontal treatment lowered overall health care costs for the following: \$2,841 for type 2 diabetes, \$5,681 for cerebral vascular disease, and \$1,040 for coronary artery disease.

The Affordable Care Act demonstrated that expanded coverage is an important part of the strategy to address health disparities: With more people covered, Black and Hispanic adults encountered fewer cost-related barriers in accessing overall care:

- Nearly twice as many non-Hispanic Black or Mexican American adults have untreated cavities as non-Hispanic White adults. More than 9 in 10 older adults have had cavities, and 1 in 6 have untreated cavities. Older non-Hispanic Black or Mexican American adults have 2 to 3 times the rate of untreated cavities as older non-Hispanic White adults.
- 82% of adults report that poor oral health affects their ability to interview and find employment.

And last, but not least:

- Dental coverage for adults in Medicaid has a positive impact on the oral health of children. In a recent study, researchers found that untreated caries dropped by 5% when the parents had dental coverage for one year in the Medicaid program.

This bill will provide adult dental care to vulnerable populations under the Medical Assistance Program. Adequate dental care is known to reduce complications from diseases such as diabetes, coronary artery disease, rheumatoid arthritis, and cerebral vascular disease.

We urge a favorable report on this bill. If you need further information, please contact me at [LDianaart@aol.com](mailto:LDianaart@aol.com).

Sincerely,  
Lorraine Diana, CRNP  
MAAPC Legislative Co-Chair

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Tax ID 56-2521799

**2022 Dr. Goodman SB 150 Senate Side.pdf**

Uploaded by: Harold Goodman

Position: FAV

Dr. Harry Goodman  
2307 Birmingham Court  
Jarrettsville, MD 21084  
[harrygoodman2307@gmail.com](mailto:harrygoodman2307@gmail.com)  
(443) 243-7143

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.

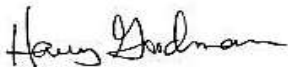
Passage of SB150 will help alleviate these problems for adults through the systematic availability of evidence-based diagnostic, preventive and restorative dental services. Even providing limited coverage for adults will be an important first step as these services will still be able to address a significant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

**2022 Moveable Feast SB 150 Senate Side.pdf**

Uploaded by: Ilene Cervantes Del Toro

Position: FAV



**Written Testimony of**  
**Ilene Cervantes del Toro, MSPH, RD, LDN**  
Nutrition Services Manager  
Moveable Feast

January 21, 2022

Chair Senator Delores G. Kelley, Vice Chair Senator Brian J. Feldman and Committee Members:

Thank you for the opportunity to provide testimony on behalf of Moveable Feast regarding Senate Bill 150. Moveable Feast is a local, non-profit organization that makes and delivers nutritious meals to individuals with chronic illnesses. In addition to the meals, the clients have access to a registered dietitian, who designs individualized nutrition plans and sets goals with clients that are aimed to improve their overall long-term health.

One of the challenges we often face is poor dentition among our clients. We see a wide array of issues ranging from dentures that no longer fit correctly to clients with severe tooth decay and several teeth missing. Based on our records, the majority of our clients do not have access to routine dental care that might prevent such complications. Those clients with chewing difficulties may experience a loss of appetite or may feel limited to choose only soft foods. This can significantly impact one's nutrition and can often be exacerbated by their other health conditions.

Moveable Feast client, Betty\*, has been profoundly impacted by her lack of access to routine dental care. When the dietitian spoke to her in August, she was struggling to eat most foods and had lost a significant amount of weight due to having sharp edges on her teeth that were causing her severe pain. When I spoke with her recently, her dental issues had still not been resolved, and her food intake had decreased even more. She was relying almost entirely on oral nutrition supplements, such as Ensure, to provide her nutrition. In addition to be a recent cancer survivor, Betty has congestive heart failure, which means that she has to limit her fluid intake. Thus, her inability to chew solid foods

901 North Milton Avenue, Baltimore, MD 21205 • 410.327.3420 • 410.327.3426 Fax • [www.mfeast.org](http://www.mfeast.org)

*Moveable Feast is a 501 (c)(3) charitable organization, contributions to which are tax-deductible. A copy of our current financial statement is available upon request by contacting our accounting office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.*



not only means that she is likely not getting the nutrition she needs, but her reliance on beverages such as Ensure can further complicate her heart condition and put her at greater risk for being readmitted to the hospital for fluid overload.

Routine access to dental care, as SB150 would provide, would help to ameliorate the unintended nutrition and health consequences that Betty has faced. Thus, for Betty, and the many clients we serve, I urge you to support Senate Bill 150. On behalf of all of us at Moveable Feast, thank you for your time and consideration.

Respectfully submitted,

Ilene Cervantes del Toro, MSPH, RD, LDN  
Nutrition Services Manager  
Moveable Feast  
[410-419-4260/ilenec@mfeast.org](mailto:410-419-4260/ilenec@mfeast.org)

\*Note: Client name has been changed for client protection under HIPAA.

901 North Milton Avenue, Baltimore, MD 21205 • 410.327.3420 • 410.327.3426 Fax • [www.mfeast.org](http://www.mfeast.org)

*Moveable Feast is a 501 (c)(3) charitable organization, contributions to which are tax-deductible. A copy of our current financial statement is available upon request by contacting our accounting office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.*

# **SB 150 AARP Medicaid dental testimony -Favorable.p**

Uploaded by: James Gutman

Position: FAV



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## **SB 150 Maryland Medical Assistance Program – Dental Coverage for Adults**

Senate Finance Committee

**FAVORABLE**

January 25, 2022

Good afternoon, Chair Kelley and members of the Senate Finance Committee. I am Jim Gutman, a Howard County resident and member of the Executive Council and lead health advocacy volunteer for AARP Maryland. Before my retirement, for 25 years I edited, published and for 10 years owned subscription regulatory and financial newsletters about U.S. health care, including one on managed dental care. I am here today representing AARP Maryland and its 850,000 members in support of SB 150. As you know, AARP Maryland is one of the largest membership-based organizations in the country. We thank Senators Augustine and Guzzone for sponsoring this bill for Maryland's most vulnerable citizens.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

All states must cover dental benefits for children in low-income families under Medicaid, but they aren't required to do so for adults. And Maryland is one of about 15 states that does not and hasn't for more than 45 years, although it does have a pilot program that covers about 33,000 disabled adults on Medicaid. That number represents less than 3% of the number of adults on Medicaid in Maryland. Moreover, the pilot, while well-intentioned and certainly much better than doing nothing, doesn't have enough funding — only \$4.2 million for the first year — to cover the costs should all those eligible under it seek dental care. Were that to occur, the cost would be about \$26 million, according to state budget estimates. And while the pilot does have coverage for those 33,000 people for removing teeth, it doesn't pay for replacing them. It also doesn't cover root canals or dentures, which are especially important for people with long-neglected teeth, as is common for adult Medicaid recipients. Nor is the state's insurance exchange, Maryland Health Connection, a good alternative since it doesn't have any beneficiary out-of-pocket limit for adult dental coverage.

The extreme limits on coverage represent a big problem in financial as well as health terms. The Maryland Medicaid programs spends millions of dollars when adults covered under it go to hospital emergency departments for dental problems. The nonprofit DentaQuest Institute found there were more than 42,000 visits to ERs in Maryland for dental problems in 2016, its most recent data, at a cost of \$22 million. Medicaid paid for more than half of those, at a cost of nearly

\$10 million. Moreover, a majority of these patients returned to the ER with a similar dental complaint within 15 days at an average ER visit cost of \$537 then. The costs undoubtedly are much higher now.

In addition, the same DentaQuest study found that from 2013 to 2016, 15 people died in Maryland hospitals after being admitted for severe oral health conditions. Its data for 2014 showed the rate of ER visits due to dental problems was 40% higher in Maryland than the national rate and was especially high in Baltimore City. And all that the ERs generally are equipped to do for dental problems is provide antibiotics or pain medicine.

The problems caused by poor dental health go far beyond oral conditions. The federal Centers for Disease Control (CDC) reported last year that untreated tooth decay, a condition it said is found in more than 40% of low-income and non-Hispanic black adults for instance, has a large impact on quality of life and productivity. More people are unable to afford dental care than other types of health care, CDC said, and the results include a negative impact on their ability to interview effectively for jobs.

Beyond this economic impact, the effect of inadequate dental care for overall health is huge. Poor oral health allows bacteria to build up in the mouth and potentially cause infections like abscesses that can spread to the brain. It also has been shown to be associated with higher risk for cardiovascular disease, dementia, respiratory infections, diabetes, cancer, pregnancy complications, and infertility. Furthermore, bacterial infections associated with poor oral health also can spread to the blood stream, in turn affecting the heart valves, and potentially cause endocarditis, which can be fatal.

Despite those clear reasons to have regular dental care, the CDC in this same 2021 study reported that more people are unable to afford dental health care than other kinds of health care. And that is also a big concern in low-income older adults since Medicare doesn't cover dental care. The CDC found that low-income adults aged 65 and above are more than three times as likely to have lost all their teeth as are adults with higher incomes.

While SB 150 can't and won't remedy all these problems, it can make a significant dent in them and do so in an affordable way. The provisions of the legislation make clear the comprehensive dental care it would provide is "subject to the limitations of the state budget" and that the provisions cover only adults with annual household incomes at or below 133% of the Federal Poverty Level. And laws in other states that have provided adult dental coverage via Medicaid have been effective. *The New York Times*, for instance, reported that adult Medicaid dental coverage increased the chances that Medicaid-eligible people had dental visits by up to 22%.

All states should elect the option to expand Medicaid to cover uninsured populations with low incomes. States should exercise available options to cover optional services, including the Program of All-Inclusive Care for the Elderly (known as PACE) and dental services for adults.

AARP believes that state governments should: ensure that all people living at or below 138 percent of the federal poverty level are covered by Medicaid; increase Medicaid participation

among eligible people of all ages; and ensure adequate provider participation in Medicaid, including participation by dental.

For these reasons, AARP Maryland requests that the Senate Finance Committee give a favorable report to SB 150. Thanks very much for your time and consideration. If you have questions, please contact Tammy Bresnahan [tbresnahan@arp.org](mailto:tbresnahan@arp.org) or by calling 410-302-8451.

**ACS CAN\_SB 150\_FAV.pdf**

Uploaded by: Jocelyn Collins

Position: FAV



American Cancer Society Cancer Action Network, Inc.  
655 15<sup>th</sup> St. NW, Suite 503  
Washington, D.C. 20005  
[fightcancer.org/md](http://fightcancer.org/md)

January 25, 2022

The Honorable Delores G. Kelley, Chair  
The Honorable Brian J. Feldman, Vice Chair  
Members of the Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401

**RE: SUPPORT OF SB 150 Maryland Medical Assistance Program – Dental Coverage for Adults**

Dear Chair Kelley, Vice-Chair Feldman, and Members of the Senate Finance Committee,

930 Marylanders are expected to be diagnosed with oral cavity and pharynx cancer in 2022, and an estimated 220 Marylanders will die from the disease.<sup>1</sup> Providing individuals access to affordable, comprehensive health care and dental care is essential to detecting, treating and surviving cancer. The American Cancer Society Cancer Action Network (ACS CAN) supports public policy proposals such as **SB 150 Maryland Medical Assistance Program— Dental Coverage for Adults** aimed at expanding Medicaid eligibility for low-income parents and adults.

There's no routine screening test or program for oral cavity and oropharyngeal cancers. Still, many pre-cancers and cancers in these areas can be found early (when they're small) during routine oral exams by a dentist, doctor, dental hygienist, or by self-exam.

Some dentists and doctors recommend that you look at your mouth in a mirror every month to check for any changes, like white patches (leukoplakia), sores, or lumps.<sup>2</sup> This is especially important if you use or have used tobacco, and/or if you routinely drink alcohol, as these put you at much higher risk for these cancers.

Regular dental check-ups that include an exam of the entire mouth are important in finding oral and oropharyngeal cancers (and pre-cancers) early.

Expanding Medicaid coverage to dental care will promote earlier cancer detection, fewer deaths and improved outcome for patients. Studies show that, individuals enrolled in Medicaid prior to their cancer diagnosis have better survival rates than those who enroll after their diagnosis.<sup>3</sup> The health and dental coverage provided by Medicaid helps to improve outcomes and reduce the burden of cancer by offering access to prevention services; timely cancer screening and early detection services; as well as affordable treatment services and care.<sup>4 5 6</sup>

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<sup>1</sup> American Cancer Society. "American Cancer Society: Cancer Facts & Statistics." *American Cancer Society | Cancer Facts & Statistics - Maryland*, 14 Jan. 2022, <https://cancerstatisticscenter.cancer.org/#/state/Maryland>.

<sup>2</sup> "What Are Oral Cavity and Oropharyngeal Cancers?" *American Cancer Society*, <https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/about/what-is-oral-cavity-cancer.html>. March 23, 2021.

<sup>3</sup> Adams E, Chien LN, Florence CS, et al. The Breast and Cervical Cancer Prevention and Treatment Act in Georgia: effects on time to Medicaid enrollment. *Cancer*. (2009); 115(6):1300-9.

<sup>4</sup> Aparna Soni, Kosali Simon, John Cawley, Lindsay Sabik, "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses", *American Journal of Public Health* 108, no. 2 (February 1, 2018): pp. 216-218.

<sup>5</sup> Dehkordy, SF, Hall, K, West, B, et al. "Medicaid Expansion Improves Breast Cancer Screening for Low Income Women." November 30, 2015. [https://www2.rsna.org/timssnet/Media/pressreleases/14\\_pr\\_target.cfm?id=1849](https://www2.rsna.org/timssnet/Media/pressreleases/14_pr_target.cfm?id=1849)

<sup>6</sup> Ungar, Laura. "More KY Medicaid Patients Get Preventative Care." *Courier Journal*. August 7, 2015. Web [www.courier-journal.com/story/life/wellness/2015/08/05/preventive-care-rises-among-kentucky-medicaid-patients/31190973](http://www.courier-journal.com/story/life/wellness/2015/08/05/preventive-care-rises-among-kentucky-medicaid-patients/31190973)



American Cancer Society Cancer Action Network, Inc.  
655 15<sup>th</sup> St. NW, Suite 503  
Washington, D.C. 20005  
[fightcancer.org/md](http://fightcancer.org/md)

Dental and health insurance coverage makes it easier to work, find a new job, pay for basic needs and succeed in today's economy. Having access to health insurance is a matter of life or death for countless cancer patients, survivors and

Marylanders facing a cancer diagnosis. Ensuring that low-income individuals and families have access to comprehensive, affordable health care and dental coverage is one of the most critical ways lawmakers can successfully reduce cancer incidence and mortality in this country.

ACS CAN asks the committee for a favorable report on SB 150.

Sincerely,

Jocelyn Collins  
Delaware, Maryland, and Washington D.C. Government Relations Director  
American Cancer Society Cancer Action Network  
[jocelyn.collins@cancer.org](mailto:jocelyn.collins@cancer.org)  
(301)254-0072 (cell)



**MDDCSAM Dental Care FAV SB 150.pdf**

Uploaded by: Joseph Adams, MD

Position: FAV



Senate Bill 150 Maryland Medical Assistance Program - Dental Coverage for Adults  
Senate Finance Committee, January 25, 2022

by Jessica Friedman, MD, MPH, for MDDCSAM

## **FAVORABLE**

As a family physician who cares for many people with substance use disorders (SUDs), I regularly witness how Medicaid expansion has helped my patients. This has changed the lives of thousands of Marylanders with SUDs as well as hepatitis C, HIV, depression, heart failure, and other conditions.

However, for many patients, I am unable to help with one of their most pressing needs: dental care. Unlike almost every other Medicaid expansion state, Maryland Medicaid denies access to dental care.

### **People with Substance Use Disorder are disproportionately affected by dental problems.<sup>1</sup>**

In addition to direct dental effects of many drugs, oral hygiene is an area of general functioning that is often impaired by SUD. Patients in the throes of addiction often have impairments in occupational and social functioning, and physical health as well.

All those who interact with people affected by SUD are very well aware that **addictions go hand in hand with dental problems**. These problems cause chronic and acute problem with severe **pain, infection, and social embarrassment**. Dental problems are often quite obvious and can be a real **barrier in applying for jobs**. They often cause **lack of confidence in re-establishing relationships** with others.

*Dental pain can be a factor in relapse when patients feel the need to self-medicate for pain.*

For a great many of our patients with SUD, dental care is on their treatment plan. It is a necessary part of their overall recovery, allowing them to become re-integrate into society.

Historically, dental insurance has been artificially separated from general medical care in the U.S., which has no basis in medical science.

Fundamentally, expanding **coverage of dental care is an issue of equity**. People of color and low-income communities have been systematically denied comprehensive preventative and restorative dental care<sup>1</sup>, predisposing them to further dental problems and all of the resulting sequelae. Failure to cover dental health in MD Medicare **would be inconsistent with the General Assembly's demonstrated commitment to equity**.

Reference 1. National Institutes of Health. Oral Health in America: Advances and Challenges. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2021

**SB150\_MDCEP\_FAV.pdf**

Uploaded by: Kali Schumitz

Position: FAV

# Dental Care Is Essential Health Care

## Position Statement Supporting Senate Bill 150

*Given before the Finance Committee*

Maryland is just one of three states without adult dental coverage in its Medicaid program. While some adults are eligible under certain circumstances, Maryland still has far too many adults not covered by dental health in its Medicaid program. This lack of care results in poor oral health, which can lead to chronic disease that becomes hard to control, difficulty obtaining employment, and can even effect people's ability to eat, speak or socialize. **The Maryland Center on Economic Policy supports Senate Bill 150 because ensuring that low-income Marylanders have proper, equitable dental care is a human right and good for the state economy.**

More than 30 states provide comprehensive or limited adult dental coverage in their Medicaid programs. The remaining states provide a form of emergency coverage, however Maryland, Alabama, and Tennessee do not. Mounting research suggests that good oral health supports the overall health and well being of individuals, families, communities, and society<sup>i</sup>. Poor oral health reduces the economic productivity of society by limiting participation in the workforce as well as by increasing health care costs. Additionally, adolescents are most at risk for poor health since they tend to fall off their parents' insurance and participate in high-risk behaviors such as smoking and sports.

Lack of use of access to regular dental care often results in ineffective and expensive misuse of emergency rooms due to people seeking treatment for chronic oral pain. A recent report indicated that in 2019, there were 35,000 emergency room visits for non-traumatic dental conditions among adults in Maryland at a cost of \$25.7 million to taxpayers<sup>ii</sup>. This data suggests that Maryland continues to have rates of emergency room visits for dental care that exceeds the national average. The average cost for these visits has risen from \$486 in 2013 to \$728 in 2019. Although Medicaid recipients account for 17% of Maryland adults, they account for 54% of all emergency room visits for non-traumatic dental conditions.

Based on social and economic factors, Marylanders of color experience more disease and more barriers to care than the general population due to several reasons including lack of dentists in underserved areas. This results in unacceptable, but reversible, inequities in oral health. Additionally, the added structural barriers in some communities contribute to poor oral health conditions due to lack of healthy food and higher access to tobacco and sugar-sweetened foods and beverages. This emergency health crisis combined with COVID-19 puts Black and Brown people more at risk for chronic health conditions and highlights the importance of establishing public health partnerships with both public and private entities to bring care to the populations that need it the most.

**For these reasons, the Maryland Center on Economic Policy respectfully requests the Finance Committee to make a favorable report on Senate Bill 150.**

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## Equity Impact Analysis: Senate Bill 150

### Bill Summary

Provides comprehensive dental care for adults whose income is at or below 133 percent of the federal poverty level.

### Background

Maryland is just one of three states without adult dental coverage in Medicaid. This lack of care results in poor oral health that lead to chronic disease that becomes hard to control, difficulty obtaining employment, and can even effect people's ability to eat, speak or socialize. A recent report indicated that in 2019, there were 35, 000 emergency room visits for non-traumatic dental conditions among adults in Maryland at a cost of \$25.7 million to taxpayers. Although Medicaid recipients account for 17% of Maryland adults, they account for 54% of all emergency room visits for non-traumatic dental conditions.

### Equity Implications

Based on social and economic factors, people of color experience more disease and more barriers to care than the general population due to several reasons including lack of dentist in underserved areas and not having dental insurance. This results in unacceptable, but reversible, inequities in oral health.

Older adults have a higher risk for poor oral health than any other age group because many of them lack dental insurance, have underlying health conditions, lack convenient access to care (especially those living in underserved urban and rural areas), and have limited financial resources. These factors result in the higher prevalence of many oral diseases in older adults, compared to younger adults. Adolescents are most at risk for poor health since they tend to fall off their parents' insurance and participate in high-risk behaviors such as smoking and sports.

### Impact

**Senate Bill 150 will increase racial and economic equity** by improving access to oral health care for the most at-risk Marylanders by providing dental insurance to the population most at risk for poor oral health.

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<sup>i</sup> NIH (2021) *Oral Health in America: Advances and Challenges* [https://www.mdac.us/file\\_download/inline/e007dc4c-675f-4530-ac59-fd344a46c6ea](https://www.mdac.us/file_download/inline/e007dc4c-675f-4530-ac59-fd344a46c6ea)

<sup>ii</sup> Maryland Dental Action Coalition & Institute for Oral Health (2021) *Financial Impact of Emergency Department Visits for dental Conditions in Maryland* [https://www.mdac.us/file\\_download/inline/2ed08573-f47a-47b4-a535-4bffd815823e](https://www.mdac.us/file_download/inline/2ed08573-f47a-47b4-a535-4bffd815823e)

**SB150\_MCHI\_fav.pdf**

Uploaded by: Kathleen Hays

Position: FAV



MARYLAND CITIZENS' HEALTH INITIATIVE

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## TESTIMONY IN SUPPORT OF SENATE BILL 150

Maryland Medical Assistance Program – Dental Coverage for Adults  
Before the Finance Committee

By Kathleen Hays, Intern, Maryland Citizens' Health Initiative, Inc.  
January 25, 2022

Chair Kelley and Members of the Finance Committee, thank you for this opportunity to testify in support of Senate Bill 150, which would expand dental coverage to adults at or below 133% of the federal poverty level. We especially thank Senators Augustine and Guzzone for introducing this bill.

Thanks to the great work of the Maryland General Assembly, Maryland is one of the leading states for health care. However, we lag behind when it comes to dental coverage. Maryland is one of only three states that does not offer some level of dental care to adults enrolled in Medicaid. Dental care is crucial to the overall health and wellbeing of adults. Untreated oral health problems can lead to tooth loss and difficulty eating, which can result in nutrition issues.<sup>1</sup> Untreated oral health problems are also associated with other health issues such as oral and throat cancers, diabetes, stroke, heart and lung disease, poor birth outcomes, tooth decay, and periodontitis (chronic gum inflammation resulting in irreversible tooth and bone loss).<sup>1,2</sup>

Furthermore, racial and ethnic disparities in untreated cavities make lack of dental coverage an issue of health equity.<sup>3</sup> Senate Bill 150 would help Marylanders get the dental care that they desperately need.

Thank you again to the Committee for your recognized efforts toward improving access to quality, affordable health care for all Marylanders. This bill is crucial for Maryland to remain a leader in health care. We urge a favorable report from the Committee on Senate Bill 150.

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<sup>1</sup> Hinton, E. & Paradise, J. (2016, March 17). *Access to Dental Care in Medicaid: Spotlight on Nonelderly Adults*. KFF. <https://www.kff.org/report-section/access-to-dental-care-in-medicaid-spotlight-on-nonelderly-adults-issue-brief>

<sup>2</sup> Lee, J.S. & Somerman, M.J. (2018). The Importance of Oral Health in Comprehensive Health Care. *JAMA*, 320(4), 339–340. <https://doi.org/10.1001/jama.2017.19777>

<sup>3</sup> Centers for Disease Control and Prevention. (2019). *Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016*. <https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html>

**SB150-CBH-FAV.pdf**

Uploaded by: Lori Doyle

Position: FAV





Testimony on SB 150  
**Maryland Medical Assistance Program – Dental Coverage for Adults**  
Senate Finance Committee  
January 25, 2022  
**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

**CBH supports expanded access to dental coverage for adults.** A large portion of individuals served through CBH member organizations have severe mental illness, or SMI. Individuals with SMI have increased rates of tooth decay, gum disease, and periodontal disease because of poor nutrition and oral hygiene, comorbid substance use disorders, and financial barriers to care. Poor oral health has significant impacts on quality of life for people with serious mental illness and can lead to heightened isolation, social withdrawal, and low self-esteem <sup>1</sup>.

Coordinating successful behavioral health interventions includes addressing the oral health needs of behavioral health patients. Every day our members see the first-hand consequences of insufficient access to oral health care that leads to pain, discomfort, and additional stress on their clients. With a limited pool of free or low-cost dental clinics and mobile dental programs in the state there is only so much that can be done outside of seeking care in emergency settings.

Expanding Maryland Medicaid to cover adult dental care will provide much needed resources to improve the preventive and emergent oral health care needs of Marylanders in the public behavioral health system.

Thank you for your consideration.

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<sup>1</sup> Kisely S. No Mental Health without Oral Health. *Canadian Journal of Psychiatry*. 2016 May; 61(5): 277–282.

**2022 MNA Senate Bill 150 Senate Side.docx.pdf**

Uploaded by: Melani Bell

Position: FAV



**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 150  
**Title:** Maryland Medical Assistance Program – Dental Coverage for Adults  
**Hearing Date:** January 25, 2022  
**Position:** Support

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The Maryland Nurses Association (MNA) strongly supports *Senate Bill 150 – Maryland Medical Assistance Program – Dental Coverage for Adults*. The bill would address a critical gap in Medicaid coverage by establishing an adult dental program. Maryland is among just three states, with the other two being Alabama and Tennessee, without some form of required dental coverage for adults in Medicaid.<sup>i</sup>

Maryland has been striving to improve population health through innovative programs such as the Total Cost of Care Model and the Maryland Primary Care Program. However, we will not achieve our public health goals, including addressing health disparities without dental coverage in Medicaid. Dental care is primary care, with many dental services being preventative.

If our state wants to bend the health care cost curve, we need to invest in dental coverage for adult in Medicaid. Research<sup>ii</sup> demonstrates that dental coverage lowers health care costs for people with chronic diseases:

- \$2,841 for type 2 diabetes
- \$5,681 for cerebral vascular disease, and
- \$1,040 for coronary artery disease.

As we have seen with experience with the Affordable Care Act, Medicaid coverage is one of the most effective tools to increase access to care, improve health outcomes, and address health disparities.<sup>iii</sup> We need to use every tool available to keep people healthy. We ask you for a favorable vote on this legislation. If we can provide any additional support, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> [https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_091519.pdf](https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf)

<sup>ii</sup> Jeffcoat et al. Impact of periodontal therapy on general health: evidence from insurance data for five systemic conditions. Am J Prev Med. 2014

<sup>iii</sup> <https://www.commonwealthfund.org/publications/2020/jan/how-ACA-narrowed-racial-ethnic-disparities-access>

**MD Catholic Conference\_FAV\_SB0150.pdf**

Uploaded by: MJ Kraska

Position: FAV



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

**January 25, 2022**

**SB 150**

**Maryland Medical Assistance Program – Dental Coverage for Adults**

**Senate Finance Committee**

**Position: Support**

The Maryland Catholic Conference (“Conference”) represents the public-policy interests of the three Roman Catholic (arch)dioceses serving Maryland: the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington.

Senate Bill 150 requires the Maryland Medical Assistance Program, beginning January 1, 2023, and subject to certain limitations, to provide certain dental care for adults whose annual income is at or below 133 percent of the federal poverty level; and repealing certain provisions of law requiring the implementation of a pilot program to provide limited dental coverage to adult recipients under the Program.

The Catholic Church has a strong interest in ensuring access to quality, affordable, and life-giving health care for all. As such, the Conference supports expanding access to health care options for those who need it, as every person has a basic right to adequate health care arising from the Church’s teaching on the sanctity and dignity of human life.

Senate Bill 150 aims to achieve this lofty goal in Maryland. Dental care is an important part of an individual’s overall physical health, and providing it for those who are less likely to be able to afford it is central to maintaining a person’s wellbeing and advancing their health. It also closes a crucial gap for those who are unable to afford dental services, most often the vulnerable and poverty-stricken in our communities. Providing even limited dental coverage will not only improve overall health, but also open doors by way of job opportunities and other societal benefits.

The Conference appreciates your consideration and, for these reasons, urges you to support Senate Bill 150.

**SB150\_MdPHA\_fav.pdf**

Uploaded by: Mukta Bain

Position: FAV



*Mission:* To improve public health in Maryland through education and advocacy *Vision:* Healthy Marylanders living in Healthy Communities

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**SB150 Maryland Medical Assistance Program – Dental Coverage for Adults**

**Hearing Date: 1/25/22**

**Committee: Finance**

**Position: SUPPORT**

Madam Chair and Members of the Senate Finance Committee, we thank you for this opportunity to testify in support of SB 150, which would provide dental coverage to adults at or below 133% of the federal poverty level. Thank you especially to the bill’s sponsors, Senator Augustine and Senator Guzzone.

Our member shares: “As a young adult with student debt, I had the opportunity to have free dental coverage through Maryland Medicaid. Not many were as privileged as me to be able to get access to dental coverage. I felt less anxious because I knew my oral health was being taken care of.”

Currently 800,000 low-income adults in Maryland do not have a reliable source of dental coverage for basic preventative and restorative services. This is a major public health problem. Untreated oral health problems can lead to malnutrition, cancers, heart and lung disease, poor birth outcomes, diabetes, and stroke.<sup>1</sup> Untreated oral health problems also harm mental health. About forty-two percent of low-income adults have difficulty biting and chewing, and twenty-three percent of low-income adults reduce participation in social activities due to the condition of their mouth and teeth. One in every five adults experiences anxiety due to the state of their mouth and teeth.<sup>2</sup>

In addition, this is a matter of public health equity. About twice as many non-Hispanic Black or Mexican American adults have untreated cavities as non-Hispanic White adults. Also, more than nine in ten older adults have had cavities, and one in six have untreated cavities. Older non-Hispanic Black or Mexican American adults have two to three times the rate of untreated cavities as older non-Hispanic White adults.<sup>i</sup>

Thank you again to the Committee for your leadership on public health in Maryland. This bill is essential for Maryland to continue to lead in the nation. We urge a favorable report from the Committee on Senate Bill 150.

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<sup>1</sup> Hinton, E. & Paradise, J. (2016, March 17). Access to Dental Care in Medicaid: Spotlight on Nonelderly Adults. KFF. <https://www.kff.org/report-section/access-to-dental-care-in-medicaid-spotlight-on-nonelderly-adults-issue-brief>

<sup>2</sup> Oral Health and Well-Being in the United States. <https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us-oral-health-well-being.pdf>



*The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.*

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<sup>i</sup> Centers for Disease Control and Prevention. [Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016](#). US Dept of Health and Human Services; 2019.

**NCADD-MD - SB 150 FAV - Medicaid Dental.pdf**

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee  
January 25, 2022

Senate Bill 150  
Maryland Medical Assistance Program – Dental Coverage for Adults  
Support

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*Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, the number of opioid-related deaths increased by 20% between 2019 and 2020, and preliminary data indicates a continued increase in 2021.*

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The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports Senate Bill 150 to create a comprehensive dental benefit for adults enrolled in Maryland Medicaid.

Recent studies have shown a strong relationship between oral health and substance use disorders (SUDs). On the one hand, the inability for someone to obtain routine dental care can lead to unattended problems that cause pain. As with any pain, many people self-medicate and use of opioids – legal or illicit – can lead to a substance use disorder.

Substance use itself can lead to dental and gum problems. Tobacco use has long been known to contribute to various oral health problems. The increase in use of e-cigarette produces, especially among adolescents, is leading to more oral health problems. Other substances such as methamphetamines also create significant problems.

A 2019 study out of the Journal of the American Dental Association entitled “Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders,” shows comprehensive oral health care improves SUD treatment outcomes. “Integrated comprehensive oral health care of major dental problems significantly improves treatment outcomes in patients whose disorders are particularly difficult to manage, such as patients with SUDs.” (Hanson, McMillan, et al, July 2019)

Finally, poor oral health can have a negative impact on people in recovery. When a person is unable to get care, pain resulting from dental or gum problems can lead to relapse. When people have poor dental conditions, the lack of self-confidence can prove to be barriers to good nutrition and even in obtaining employment.

It's time for Maryland to join the other 47 state in this country that provide dental benefits to adults enrolled in Medicaid. **We urge your support of Senate Bill 150.**

# **SB0150 Testimony - Maryland Medical Assistance Pro**

Uploaded by: Prince George's County Maryland

Position: FAV



# THE PRINCE GEORGE'S COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

**BILL:** Senate Bill 150 – Maryland Medical Assistance Program – Dental Coverage for Adults

**SPONSOR:** Senators Augustine & Guzzone

**HEARING DATE:** January 25, 2022

**COMMITTEE:** Finance

**CONTACT:** Intergovernmental Affairs Office, 301-780-8411

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**POSITION:** SUPPORT WITH AMENDMENTS

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The Office of the Prince George's County Executive **SUPPORTS Senate Bill 150**, which would allow Maryland Medicaid to cover “comprehensive dental care” for low-income adults. The dental coverage would be “subject to the limitations of the state budget”. Prince George's County strongly supports this expansion and recommends amendment to remove “limitations,” instead fully funding this critical legislation.

**SB150** would increase access to dental care for low-income adults in Maryland. The Prince George's County Health Department dental clinic is currently unable to see adult residents because treatment is costly and reimbursement from Medicaid is unreliable. **SB150** would allow the Health Department, and many other community dental clinics, to serve adults at or below 133% Federal Poverty Level.

Residents who are unable to access affordable dental services are more likely to have severe outcomes including abscess and infection, and to seek treatment for these complications with expensive emergency room visits.<sup>1</sup> Even for those without emergency dental needs, chronic diseases can be exacerbated by oral health challenges like periodontitis (gum disease).<sup>2</sup> Oral inflammation and infection have been linked to diabetes, heart disease, and cognitive impairment.<sup>3</sup> Ensuring access to

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<sup>1</sup> National Institutes of Health, National Institute of Dental and Craniofacial Research. December 2021. *Oral Health in America: Advances and Challenges. Section 1: Effect of Oral Health on the Community, Overall Well-Being, and the Economy.* <https://www.nidcr.nih.gov/sites/default/files/2021-12/Effect-Oral-Health-on-the-Community-Overall-Well-Being-and-the-Economy.pdf>

<sup>2</sup> National Institutes of Health, National Institute of Dental and Craniofacial Research. December 2021. *Oral Health in America: Advances and Challenges. Section 3A: Oral Health Across the Lifespan, Working Age Adults.* <https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-Across-the-Lifespan-Working-age-Adults.pdf>

<sup>3</sup> Ibid

routine and emergency dental services will improve overall health for low-income adults.

For the reasons stated above, the Office of the Prince George's County Executive **SUPPORTS Senate Bill 150** to strengthen the bill's impact and asks for a **FAVORABLE** report.

# **SB 150 - MMAP Dental Coverage - DD Coalition - Sup**

Uploaded by: Rachel London

Position: FAV



# MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

Senate Finance Committee

January 25, 2022

**SB 150: Maryland Medical Assistance Program - Dental Coverage for Adults**

**Position: Support**



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**Maryland Developmental  
Disabilities Council**

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7000 Tudsbury Road  
Windsor Mill, MD  
21244

The Maryland Developmental Disabilities Coalition (DD Coalition) is comprised of five statewide organizations that are committed to improving the opportunities and outcomes for Marylanders with intellectual and developmental disabilities (IDD). As such, the DD Coalition supports SB 150.

A lack of comprehensive oral health services is of great concern to individuals with developmental disabilities and their families. Access to health care, including oral health care is a basic need.

### **WHAT does this legislation do?**

This bill requires that the Maryland Medical Assistance Program provide comprehensive dental care for adults whose annual income is at or below 133 percent of the federal poverty level.

### **WHY is this legislation important?**

- Many people with significant disabilities have Medicaid as their health insurance, which currently only covers basic cleaning two times per year and simple extractions.
- Many people with significant disabilities rely on Supplemental Security Income (SSI) as their main or sole source of income.
- People with disabilities make up approximately 12 percent of the U.S. working-age population; however, they account for more than half of those living in long-term poverty.
- Cost and service coverage remain significant barriers for people with disabilities to access oral health care.

People with disabilities often have difficulty locating dentists and lack access to comprehensive oral health care due to the current Medicaid coverage structure. Additionally, dentists and dental hygienists frequently lack sufficient training to provide their services to people with significant support needs. The DD Coalition strongly advocates for and encourages the completion of this additional training. Expanding coverage to include comprehensive, but basic, oral health care services will assist in increasing both access and affordability.

**The DD Coalition supports SB 150 because the required increase in comprehensive dental services for adults will begin to address a barrier to oral health care for people with disabilities.**

Contact: Zach Hands, Communications and Legislative Liaison,  
[Zhands.mddc@gmail.com](mailto:Zhands.mddc@gmail.com)



**2022 ACNM SB 150 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 150  
**Title:** Maryland Medical Assistance Program – Dental Coverage for Adults  
**Hearing Date:** January 25, 2022  
**Position:** Support

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 150 – Maryland Medical Assistance Programs – Dental Coverage for Adults*. The bill establishes dental coverage for all adults in Medicaid.

Maryland is just one of three states that does not provide some level of dental coverage for adults, except for a few pockets of coverage.<sup>i</sup> In November 2021, Medicaid took a step forward by extending dental coverage to individuals in the postpartum care. This recent step is a significant improvement, but not enough. Most adults still lack dental coverage in the Medicaid program.

Dental coverage is critical for the health of the individual, and the health of their families:

- In a recent study, researchers found that untreated carries dropped by 5% when the parents had dental coverage for one year in the Medicaid program<sup>ii</sup>.
- Poor oral health and periodontal disease are associated with other health issues, specifically coronary heart disease, diabetes, arthritis, and liver disease. A peer-reviewed study found that people with severe periodontal disease were up to 1.4 times more likely to have chronic health conditions compared to people without periodontal disease<sup>iii</sup>

ACNM asks that Maryland keep moving forward in expanding access to dental care. We request a favorable vote on Senate Bill 150. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> [https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_091519.pdf](https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf)

<sup>ii</sup> The Association Between Medicaid Adult Dental Coverage And Children's Oral Health. Lipton et al. Health Affairs 2021 40:11, 1731-1739

<sup>iii</sup> Bensley L, VanEenwyk J, Ossiander EM. Associations of self-reported periodontal disease with metabolic syndrome and number of self-reported chronic conditions. Preventing Chronic Disease 2011;8(3):A50.

**2022 CFES SB 150 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV

# Community Foundation

OF THE EASTERN SHORE

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Dr. Julius D. Zant

## President

Erica N. Joseph

January 14, 2022

Chair Delores G. Kelley  
Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

Dear Honorable Chair Kelley,

The Community Foundation of the Eastern Shore (CFES) strongly supports SB 0150 *Maryland Medicaid Assistance Program – Dental Coverage for Adults*.

According to the Centers for Disease Control and Prevention, low-income adults suffer a disproportionate share of dental disease, and are nearly 40% less likely to have a dental visit in the past 12 months, compared to those with higher incomes. Adults who are disabled, homeless, homebound, or institutionalized have an even greater risk of dental disease. Furthermore, poor oral health can elevate risks for chronic conditions such as diabetes and heart disease and can lead to preventable use of costly emergency care.

Peer-review research demonstrates a strong return on investment for adult dental coverage. A 2021 report in *The Journal of Dental Research* analyzing the impact of New York State's Medicaid program confirmed that preventative dental care lowered overall health care costs by \$530.50 per participant annually. Yet Maryland is one of only three states to not require some level of Medicaid coverage for adult dental service.

CFES is currently facilitating an adult oral health task force, which includes many local dental health providers, to generate short- and long-term solutions to the needs of vulnerable populations in our region. In late 2021, the CFES Board of Directors approved a \$20,000 allocation toward matching an \$80,000 grant from the Schattner Foundation to support adult oral health needs. We are also assisting to obtain matching dollars from additional funders for this project.

As leaders, grant makers, and stewards of philanthropy, CFES connects people who care to causes that matter for the common good of the Lower Eastern Shore. Adult oral health for vulnerable populations matters. Enacting SB0150 is a positive step in that direction.

Thank you for considering our testimony. If I can provide any further information, please contact me at the phone number below or my email, [ejoseph@cfes.org](mailto:ejoseph@cfes.org)

Sincerely,



Erica Joseph  
President



Excellence. Accountability. Impact.™

**2022 Chase Brexton SB 150 Senate Side .pdf**

Uploaded by: Robyn Elliott

Position: FAV

Karyn Carr Porter, RDH, BS  
Dental Hygiene Supervisor  
1111 North Charles St  
Baltimore, MD 21201  
410-837-2050 \* 4412  
kcarrporter@chasebrexton.org

Chair Delores G. Kelley  
Miller Senate Office Building  
11 Bladen St.  
Annapolis, MD 21401

To the Honorable Chair Kelley:

On behalf of myself and the entire dental team at Chase Brexton Health Care, we strongly support Senate Bill SB 150 - Maryland Medical Assistance Program – Dental Coverage for Adults. This bill will greatly increase the span and quality of care our patients can affordably receive.

As a dental hygienist, I have worked in the public health field since 2012 to the present day and am currently employed in one of Baltimore's largest Federally Qualified Health Center (FQHC). Most of our patients are low-income, uninsured adults in the surrounding area. Many of our adult patients that already have a dental plan through the state of Maryland are only able to receive preventive care or limited emergency care. If they need anything else, such as restoratives, extractions, dentures, and deeper cleanings (scaling and root planning), they have only a few options right now to afford these services.

- Pay out of pocket, full cost.
- Apply for our sliding fee scale for reduced fee (based on income and family size).
- Apply for hardship voucher our FQHC can sometimes provide for a coupon towards dental services.
- Put off getting any work done.

Sadly, putting off needed dental work is the most common choice, and has greater consequences than it might first appear to have. Maintenance of cavities and infections in the mouth is a vital step in preventing escalation of health issues. Left untended due to difficulty of receiving care, these problems can damage health in other parts of the body, such as an increased risk of cardiac disease and complications to managing diabetes. If we could ensure options for more robust dental coverage throughout this state, and see these important treatments carried out, that can only serve to benefit the immediate oral health of our patients, and prevent further, more dramatic burdens on their overall health and the healthcare system.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Karyn Carr Porter at [kcarrporter@chasebrexton.org](mailto:kcarrporter@chasebrexton.org) or 410-837-2050 \* 4412.

Sincerely,

Karyn Carr Porter, RDH, BS  
Dental Hygiene Supervisor  
Chase Brexton Health Care

**Chase Brexton Dental Team:**Mount Vernon:

Dr. Brooks Woodward  
Dr. Neuthan Rao  
Dr. Sean O'Connor  
Karyn Carr Porter, RDH, BS  
Antonio Robinson  
Twila Shipley  
Chekeda Hatcher  
Jessica Graves  
Tamiya Taylor  
Gerhari Jackson  
Mallorie Brothers  
Sean Terry

Columbia:

Dr. Ayana Gallego  
Saidat Popoola-Sampson, RDH, BS  
Karuna Warriar, RDH, BS  
Edlam Demisse

Glen Burnie:

Dr. Lisa King-Baker  
Dr. Stephanie Dennison  
Leah Soucy, RDH, BS  
Tonya Hawkins

Randallstown:

Dr. Genevieve Graves-Appiah  
Nikia Stevens



**2022 Chesapeake Health Care SB 150 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



P.O. Box 1978  
Salisbury, MD 21802-1978  
Office 410-749-1015 Fax 410-749-1020

January 18, 2022

The Honorable Delores G. Kelley  
Chair, Senate Finance Committee  
Maryland General Assembly  
3 East Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

Dear Senator Kelley:

Chesapeake Health Care enthusiastically supports Senate Bill 150, Maryland Medical Assistance Program – Dental Coverage for Adults.

Access to routine oral health care is a critical part of a person's overall health status and it is time for Maryland Medicaid to include dental coverage for all adult Medicaid beneficiaries. Maryland is only one of three states - Maryland, Alabama and Tennessee - that does not provide some level of adult dental coverage for adults enrolled in Medicaid.

Every year, thousands of adults enrolled in Medicaid seek "oral health care" from Maryland hospital emergency departments because they do not have coverage for and access to dental care. Emergency departments do not have the capability to treat underlying dental issues, and can only provide temporary, palliative care.

Not only does providing dental care for adults enrolled in Medicaid have important implications for improving a Medicaid enrollee's overall health status, but it also makes sound financial sense. Dollars currently spent to provide only temporary relief from dental pain can help fund a benefit structure that provides actual dental treatment. We at Chesapeake Health Care know from experience that routine, sustained dental care leads to better nutrition, avoidance of infection and improvement in patients' overall health status.

Maryland led the way in improving access to dental services for children - and now it is time for Maryland to join the ranks of 47 other states and provide dental coverage for all adults enrolled in Medicaid. Chesapeake Health Care urges a favorable vote on *Senate Bill 150* by the Senate Finance Committee and enter a new era of comprehensive health care for all adults enrolled in Medicaid.

Sincerely,

Brian E. Holland, CEO

**2022 Choptank SB 150 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



Chair Delores G. Kelley  
Miller Senate Office Building  
11 Bladen St.  
Annapolis, MD 21401

Dear Honorable Chair Kelley:

Choptank Community Health (CCHS) strongly supports Senate Bill SB 150 - Maryland Medical Assistance Program – Dental Coverage for Adults. This bill will allow for much needed dental coverage to a population of patients that can not afford and have no access to improving their dental health. It will allow them to simply be able to eat or chew their food, esthetically being able to smile and feel confident in bettering themselves and their families' futures and assist them in avoiding daily toothaches, pain, and intra-oral infection. It also has a direct impact on their medical health which is outlined below.

Most of these Adult Medicaid patients utilize the local urgent care centers or hospitals ER to address their dental pain and infection. They are only provided antibiotic medication and at times pain medication when seen at these locations. They have Medical Insurance coverage that they utilize for these ER visits which then can add extra costs to the Medicaid system but does not resolve their dental concerns.

These repeated active dental infections do compromise their overall medical health. Their immune systems become depleted, their bodies become tolerant of the antibiotic and no longer are effective in treating the infection. These dental infections can become life threatening and at times hospitalization is required – adding to the overall costs. The average cost for a dental emergency visit, single x-ray and possible simple tooth extraction here at CCHS is approximately \$298.00 without any patient sliding fee discount. It would be interesting and probable very eye opening to see what that patient hospital ER visit, CT scan (routinely ordering when patient seen in ER for dental pain or swelling) costs their state medical insurance in comparison. Please understand also that this patient still must have access and see a dentist to get the treatment to solve this dental issue. Or they can repeatedly continue to visit the ER and incur more medical costs without getting the issue resolved.

The link between patients' systemic health and dental health is well documented.

- 1.) Diabetic patients cannot control their blood glucose or A1C levels with ongoing infections caused by untreated periodontal disease or tooth decay that leads to dental infections. They then require an increase in their frequency in their medical appointments, medication dose and frequency increases and changes in medication constantly to try and alter the systemic issues that the untreated dental infections are causing. They are even referred to medical specialists



which is an added exponential cost that could be avoided if they had dental insurance and could get their dental needs addressed and ultimately help in getting their chronic disease under control.

2.) Immuno-compromised patients cannot fight infection. A lot of these adult patients fall into this category. This means that if they have untreated chronic dental infections their bodies cannot fight any underlying diseases and they end up being admitted, expensive IV antibiotics and longer hospitalizations. All of this does is increase medical costs for these patients.

3.) Lastly, most of these patients have been diagnosed with hypertension. We know that with active, untreated dental disease and infection their blood pressure will never be controlled. A lot of times we cannot even extract their teeth due to their elevated blood pressure which can cause a medical emergency in our dental chairs. We then must send them back to their medical provider to increase medication or change medication to get their blood pressure at a healthy level to be able to simply extract their teeth.

See below three patient care, real-life examples that my team - boots on the ground staff - asked me to provide in this testimonial. They care about their patients and only want them to be able to come in and get the treatment they need and deserve

1. 69-year-old female patient needing 19 extractions and complete upper and lower dentures. Due to the severity of her oral health and her compromised medical history, the extractions need to be completed with an oral surgeon. This patient has financial hardships and cannot afford the much-needed dental treatment. She also participates with CCHS Sliding Fee Program and is approved for our lowest cost slide; even with a great discount, this patient still cannot afford the dental treatment that she desperately needs. We have been working with this patient and a Senior Services program through a local health department to try to find other programs that could assist financially with the cost of dental treatment. Unfortunately, the one program in our area, Choptank Trust, no longer provides financial aid for dental treatment. Aside from the financial barriers, the much-needed dental treatment is also important for her overall health. She has periodontal disease and a history of chronic periodontal abscesses throughout several areas of her mouth. The untreated dental decay and disease can cause additional medical concerns.
2. A 58-year-old male medical patient needs comprehensive dental care. He continues to cancel his dental visits due to having the money to cover his costs even at a discounted rate. He has been to the ER 7 times since 2019 for dental related complaints. This patient is aware that he needs dental care, but unfortunately, is unable to financially afford to keep her appointments and is embarrassed to notify the office - he just does not show up but confides in our dental case manager that it is due to her financial situation and not having dental coverage. He has a medical history with diabetes and hypertension. In addition to his medical history, he is also a smoker; the combination of these can cause additional dental and medical concerns. He makes all of his



medical appointments that have increased over the past two years and per the ER report did inform the Medical ER provider that he knows he needs to get this dental treatment done to improve his health, but he just cannot afford to do so.

3. a 33-year-old female with special needs presents to our office for her routine care consisting of her yearly dental exam. This patient's mom – her caretaker – always makes sure she makes it to dental appointments. But this visit patient presents in pain with a tooth that we have been watching for a while. The tooth has fractured– it has now extended to the nerve causing an infection. The doctor presents to the pt and her mother the options to save this tooth which will require 3 procedures to save the tooth costing over \$2,000.00. The only other option is to have the tooth extracted which is covered by her insurance. Two problems, the patient's mother is a single mother caring for her adult child and cannot afford to save the tooth. Therefore, she needs an extraction by an oral surgeon with sedation because she has severe special needs and medical issues. She is also terrified of needles. We prescribe antibiotics to rid the infection that only buys the patient a little time to relieve her from pain. We then connect the patient and her mother to our community outreach support team to help them find the help they need. With no success in finding a participating oral surgeon or having the funds yet the patient returns to our office to do what we can to keep her out of discomfort. If this patient had oral surgery coverage, multiple appointments in our office could have only been one maybe two appointments with an oral surgeon. Instead of 8 visits to our office just "buying her time" and compromising her overall medical health.

Choptank Community Health is a Federally Qualified Health Center on the Eastern Shore of Maryland. We are currently the safety net for these Adult Medicaid patients. We are the only dental practices providing comprehensive dental care (restorative, periodontal, fixed crowns and bridge work, removable dentures, oral surgery, and preventative dental care) to these patients with walk-in emergencies available daily and on-call services linked to our local hospital systems. Currently, we have five dental locations in Caroline County (Goldsboro, Federalsburg, and Denton Dental Centers), Talbot County (St. Michaels /Bay Hundred Dental Center) and Dorchester County (Cambridge Dental Center). All our dental centers are co-located with our medical teams - Adult medicine, Pediatric medicine, and Behavioral health services. We work very closely with our medical teams and get the direct referrals for these adult Medicaid patients daily trying to address their dental needs. We also get hospital admission and patients seen in ER reports through the CRISP system that our dental case manager addresses and reached out to these patients to try and get them into one of our centers to address their dental needs once they were given antibiotic or released from the hospital. If these patients had appropriate, comprehensive dental coverage they could have avoided their hospital visits and hospitalizations. Also, our medical providers would not have to refer for the daily, urgent dental needs of their adult Medicaid patients as they would already be seen to address these dental needs routinely if they had dental coverage. Quote below from our Chief Clinical Officer, Megan Wojtko, MSN, FNP-BC supports our



medical providers frustration in dealing with these Adult Medicaid patients who do not have adequate dental coverage.

***“The ability for our Medicaid patients to access dental services is invaluable. I’ve seen poor health outcomes directly related to lack of dental care and the inability to pay for dental services out of pocket. There are countless stories of uncontrolled diabetic patients that you know are carrying dental infection and bringing their a1c up and adults with dental disease that impact their diet and nutrition. There is only so much we can do to treat their chronic diseases if they can’t get their oral health needs cared for. “***

In the past year, 2021, we provided care to 6100 adult Medicaid patients throughout our organization and over 2000 Adult Medicaid unique dental patients majority of which were for dental emergencies. The fact is a lot of these patients traveled hours to see us since there are no other dental providers or dental offices providing comprehensive care to these patients. If these Adult Medicaid patients had one universal comprehensive dental coverage plan that would then allow other dental providers and dental offices in our areas to participate it would provide greater capacity/access for these patients to receive the quality dental care they deserve. Our current wait times can be up to 3-4 months for next available appointments – this includes for a simple filling or extraction. We are at and beyond capacity and patients are waiting months to get in for care to allow them to be dental disease free. If this Adult Medicaid population had universal, comprehensive dental insurance they would have options to other dental homes and providers increasing their access to dental care and addressing improvement systemically of their chronic care concerns and improving their overall health.

Lastly, I wanted to focus on the specialty needs of this population of patients. CCHS has added a specialist in Oral Maxillofacial Surgery. This allowed patients access to oral surgery procedures our general dentists are not qualified to complete. But, more importantly, for access to oral cancer biopsies, early detection of oral cancer and early less invasive treatment of these conditions. This population of patients also do not have access to this specialty dental service. It not routinely covered by their medical insurance and have no dental coverage to offset this cost. Early detection of Oral Cancer can save lives. But it also can save financial drainage on the system if detection is early, and treatment can be minimal compared to the cost of later stage cancer treatment. Most of these patients do not have dental coverage that allows for early detection and then do not have access to specialty oral surgery care including biopsies or treatment. If not detected early these cancers metastasize and are detected in other areas of their bodies and is usually in a much later stage causing a great cost to the system, themselves, and their families.

The other groups that we need to consider are our special needs patients and our adolescents. What are their needs when they mature in age, and they then do not qualify or do not have coverage or access to dental care? This group pf patients will have medical needs their entire lives and without proper dental



coverage will continue to have their medical health deteriorate. This then becomes a long-term cost to the system, their care takers, and their families. We need to consider their needs also, including possible sedation for dental treatment, for our special needs and severe dental phobic patients when we are considering universal, comprehensive dental coverage.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Dr. Sandra Garbely -Kerkovich at [sgarbely@choptankhealth.org](mailto:sgarbely@choptankhealth.org) or 410-200-6080.

Sincerely,

*Sandra Garbely-Kerkovich, DMD*

**Senior VP and Chief Dental Officer  
Choptank Community Health Systems, INC.**

***“We do not have to become heroes overnight. Just a step at a time, meeting each thing that comes up, seeing it as not as dreadful as it appears, discovering that we have the strength to stare it down.” Eleanor Roosevelt***



**2022 Dr. Carter SB 150 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV

Wenzell E. Carter, D.D.S.  
5 Meadowcroft Court  
Montgomery Village, Maryland 20886  
Mobile: (315) 790-7012  
Evening Phone: (315) 734-1009  
Email: [wenzell1@icloud.com](mailto:wenzell1@icloud.com)

January 4, 2022

Senator Nancy J. King, District 39  
James Senate Office Building, Room 121  
11 Bladen St., Annapolis, MD 21401

Delegate Bonnie L. Cullison, District 19  
Lowe House Office Building, Room 312  
6 Bladen St., Annapolis, MD 21401

Senator Malcolm L. Augustine, District 47  
Miller Senate Office Building, 3 East Wing  
11 Bladen St., Annapolis, MD 21401

Delegate Michael W. McKay, District 1C  
Lowe House Office Building, Room 322  
6 Bladen St., Annapolis, MD 21401

Senator Guy J. Guzzone, District 13  
Miller Senate Office Building, 3 West Wing  
11 Bladen St., Annapolis, MD 21401

Mary Backley, Chief Executive Officer  
Maryland Dental Action Coalition  
10015 Old Columbia Road, Suite B215  
Columbia, Maryland 21046

Good afternoon Legislative Leaders and CEO Backley,

I am writing to lend my voice in support of **SB0150 and HB0006**: Maryland Medical Assistance Program, Dental Coverage for Adults.

I am a 35-year Air Force veteran and my military career ended in 2012. I was also a Facility Dental Director in 2 of New York State's Correctional institutions. We relocated to Montgomery County where I worked in the County's Public Health Dental Program until 2019 and I became a member of the Maryland Dental Action Coalition. With that lengthy Dental Public Health career in mind, I can say unequivocally that SB0150 and HB0006 is a worthy investment in the health of Maryland's most vulnerable citizens.

Health Equity is a guiding priority and core value of the American Public Health Association. By Health Equity, we mean everyone has the opportunity to attain their highest level of health. Giving more Marylanders access dental care is also a net positive for Maryland taxpayers because they will be less of a burden for hospital emergency rooms, it will mitigate one cause unemployment, and these patients will be less subject to chronic illness.

While working with Montgomery County's Dental Program, my personal objective was to meet the immediate needs of my patients, but also to try to find solutions for them when their care needs were beyond the scope of practice of our Program. In other words, what we were able to provide was very often inadequate in terms treatment. For example, there were times when adult patients would cry

when I informed them that we could not provide dentures for them. They needed this service so they could have a measure of confidence when they have job interviews. In a not insignificant way, the labor shortage businesses complain about might be alleviated to some degree if the oral health of the labor force were not an impediment to seeking employment. This bill would address Periodontal (gum) disease in this population, a problem has documented adverse effects ranging from Diabetes and Heart Disease to Cancer and Alzheimer's Disease. It is also well documented that providing dental care mitigated the costs associated with Emergency Department visits for dental disease. Visits to hospital Emergency Rooms for dental emergencies do not solve the cause of the health emergency; the patient is likely to leave to with a prescription and no definitive treatment. There is an invisible population of disabled individuals, who have no access to dental care that would benefit from this bill also.

I understand that budget surpluses are rare and in high demand, but just as adding post-partum dental coverage decreased the likelihood of low birth-weight infants and the myriad of health problems associated with it, so too will providing an adult dental benefit be a benefit we can all be proud of. For the Maryland Dentists, the reimbursement rates will have to be to a level that encourages participation. My colleagues in the Maryland State Dental Association have voiced support for this legislation.

Thank you for your support of this bill.

Sincerely,

Wenzell E. Carter, D.D.S.

**2022 LCPCM SB 150 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 150

**Title:** Maryland Medical Assistance Program – Dental Coverage for Adults

**Hearing Date:** January 25, 2022

**Position:** Support

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 150 – Maryland Medical Assistance Program – Dental Coverage for Adults*. The bill establishes dental coverage for adults with Medicaid. Maryland is just one of three states without some form of dental coverage for most adults.<sup>i</sup>

LCPCM supports Medicaid dental coverage because there is a strong correlation between oral health and behavioral health, including conditions such as depression.<sup>ii</sup> In a white paper on the integration of oral and behavioral health, national policy analysts noted that, “Poor oral health can create or exacerbate problems with mental health, self-esteem, cognitive health, substance use and impede social functioning in areas such as employability and school engagement”<sup>iii</sup>

As Maryland continues to work to improve access to behavioral health, we should not leave dental care behind. Oral health and behavioral health are both part of overall health. Please move Maryland forward by voting favorably on this legislation to establish adult coverage in Medicaid. If we can provide any further information, please contact Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net).

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<sup>i</sup> [https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_091519.pdf](https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf)

<sup>ii</sup> O'Neil A, Berk M, Venugopal K, Kim SW, Williams LJ, Jacka FN. The association between poor dental health and depression: findings from a large-scale, population-based study (the NHANES study). *Gen Hosp Psychiatry*. 2014 May-Jun;36(3):266-70.

<sup>iii</sup> Bowling J, Matulis R. Oral Health, Mental Health and Substance Use Treatment: A Framework for Increased Coordination and Integration. National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions; 2021.

# **2022 Maryland Dental Action Coalition SB 150 Senat**

Uploaded by: Robyn Elliott

Position: FAV



**Support**

**Senate Bill 150 - Maryland Medical Assistance Program – Dental Coverage for Adults**

Senate Finance Committee

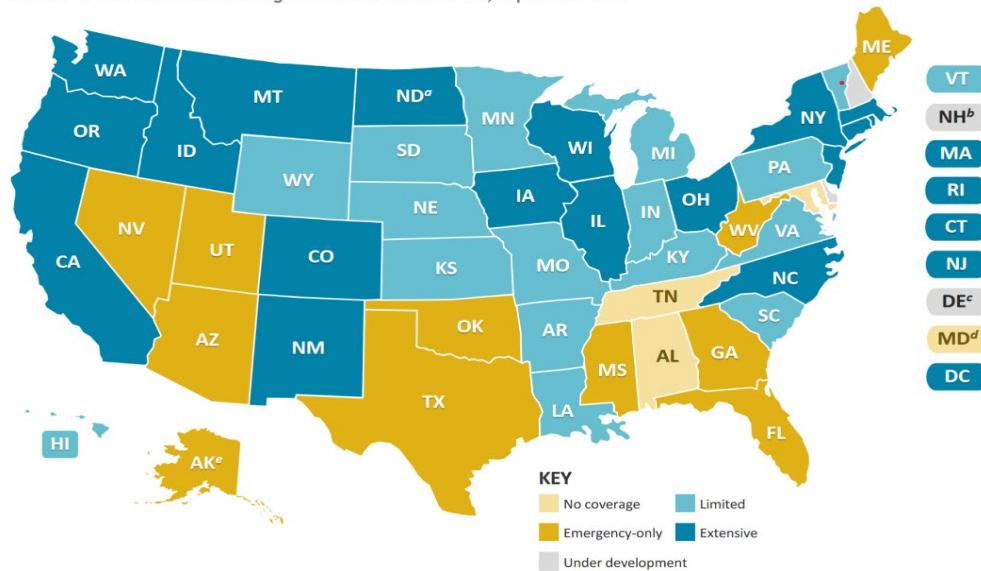
January 25, 2022

The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 150 – Maryland Medical Assistance Program – Dental Coverage for Adults*. The bill establishes a comprehensive dental coverage program for all adults in Medicaid.

**It’s Time to Close the Gap. Dental Care is Health Care.**

Maryland is behind almost every other state for adult coverage in Medicaid. Over thirty other states provide comprehensive or limited dental coverage in Medicaid, with the remaining coverage in emergency situations. Just three states – Alabama, Maryland, and Tennessee – do not provide dental coverage for adults in Medicaid.<sup>i</sup>

EXHIBIT 1. State Medicaid Coverage of Adult Dental Benefits, September 2019



Maryland has pockets of adult coverage in Medicaid: dually eligible adults under the age of 65, pregnant and postpartum individuals, and young adults who have aged out of foster care. Managed care organizations may provide some basic benefits – but Maryland law does not require it, so that it could change at any time. This means that about 750,000 adults are left without a reliable source of adult dental coverage that meets their needs for basic preventative and restorative services.

## Dental coverage is not a Medicaid cost. It's an investment.

There is a reason that a majority of states provide dental coverage to adults in their Medicaid program. Health care cannot be delivered effectively without dental care. The lack of adult dental coverage drives up health care costs and contributes to health disparities, making it difficult to keep our communities healthy:

Chronic Disease	Behavioral Health	Children's Health	Emergency Dept. Visits
<b>From a NY State Medicaid Study:</b> Reduces chronic disease costs in Medicaid per patient each year:  \$772 – Cardiovascular <b>\$2,065 – diabetes</b> \$8,194 – cognitive impairment <sup>ii</sup>	<b>From a HRSA-Funded Study in Utah:</b> People who receive dental care stay in substance used disorder treatment <b>two</b> times longer, and are more likely to complete treatment. <sup>iii</sup>	<b>From National Health and Nutrition Examination Survey Data:</b> Untreated tooth decay in children dropped by <b>5%</b> when the parents had Medicaid dental coverage for one year <sup>iv</sup>	<b>From an Evaluation of HSCRC Data:</b> Maryland Medicaid spends over <b>\$10 million</b> annually on emergency dept. visits related to chronic dental conditions. <sup>v</sup>

## Dental coverage is key to improving health outcomes for all.

Dental coverage is a key strategy to address health disparities. Older non-Hispanic Black or Mexican American adults have 2 to 3 times the rate of untreated cavities as older non-Hispanic White adults.  
<sup>vi</sup>Medicaid coverage improves access to dental care as demonstrated with the Affordable Care Act.

## Dental coverage can transform the life of someone you know.

One in four Marylanders<sup>vii</sup> is covered by Medicaid. We all know someone who is covered by Medicaid, and that person may be a friend, family member, or even ourselves. Dental care can transform lives. If someone suffers from poor oral health, they may face many struggles, including: managing dental pain; controlling a chronic disease; obtaining a job; or even eating. Medicaid dental coverage can mean the difference between suffering and living a productive life for many Marylanders

## More information on options for investing in dental coverage

The Maryland Dental Action Coalition appreciates the Committee's consideration of SB 150. To support the consideration of this initiative, we requested that a national consultant, M2, examine financing options for dental coverage in Medicaid. We have attached the report for your consideration. If there is any additional information that we can provide, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).



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<sup>i</sup> Center for Health Care Strategies. [https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_091519.pdf](https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf)

<sup>ii</sup> NY State Medicaid.

<sup>iii</sup> Hanson GR, McMillan S, Mower K, et al. Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders. *J Am Dent Assoc.* 2019;150(7):591-601. doi:10.1016/j.adaj.2019.02.016

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<sup>iv</sup> The Association Between Medicaid Adult Dental Coverage and Children's Oral Health. Lipton et al. *Health Affairs* 2021 40:11, 1731-1739

<sup>v</sup> Financial Impact of Emergency Department Visits for Dental Conditions in Maryland. CareQuest Institute, 2021. [https://www.mdac.us/file\\_download/inline/2ed08573-f47a-47b4-a535-4bffd815823e](https://www.mdac.us/file_download/inline/2ed08573-f47a-47b4-a535-4bffd815823e)

<sup>vi</sup> Centers for Disease Control and Prevention. [\*Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016\*](#). US Dept of Health and Human Services; 2019.

<sup>vii</sup> Extrapolated from September 2021 Medicaid enrollment figures presented at October 2021 Medicaid Advisory Committee meeting and 2020 Census <https://msa.maryland.gov/msa/mdmanual/01glance/html/pop.html>

For more information, please visit [www.mdac.us](http://www.mdac.us)

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**The Maryland Dental Action Coalition and the following organizations and individuals support adult dental coverage in Maryland Medicaid:**

**ORGANIZATIONS**

American College of Nurse Midwives – Maryland Affiliate  
American Dental Hygienist Association  
Area Health Education Center West  
Baltimore City Substance Abuse Directorate  
Baltimore Harm Reduction Coalition  
BH Health Services, Inc.  
Biotechnology Health Management & Care, LLC  
CareQuest Institute for Oral Health  
Chesapeake Voyagers, Inc.  
Clinical Management and Development Services  
Eastern Shore Area Health Education Center  
Health Care for the Homeless  
Hilda’s Place Behavioral Health Organization  
Institute for Behavioral Resources, Inc.  
James’ Place, Inc.  
Legal Action Center  
Maryland Academy of Advanced Practice Clinicians  
Maryland Addictions Directors Council  
Maryland Assembly for School Based Health Care  
Maryland Association for the Treatment of Opioid Dependency  
Maryland Chapter of the American Academy of Pediatrics  
Maryland Coalition of Families  
Maryland Community Health Systems  
Maryland-DC Society of Addiction Medicine  
Maryland Health Care for All! Coalition  
Maryland Nurses Association  
Maryland Occupational Therapy Association  
Mary’s Center  
MDHA Dental Hygiene Well Being Committee  
Mid-Atlantic Association of Community Health Centers  
National Council of Alcoholism and Drug Dependence of Maryland  
New Life Recovery Center  
Northern Parkway Treatment Service  
OCA/Soul Haven  
On Our Own of Carroll County  
On Our Own of Howard County  
On Our Own of Maryland  
Peer Wellness and Recovery Services  
Planned Parenthood of Maryland  
Public Justice Center  
The Coordinating Center  
Voices of Hope, Inc.  
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# Dental Care for Adults

## Options for Financing Adult Dental Coverage in Maryland Medicaid

JANUARY 2022

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Report prepared for the Maryland Dental Action Coalition

# Options for Financing Adult Dental Coverage in Maryland Medicaid

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## Lack of Access to Dental Care Has Far Reaching Impacts

### *Background*

Oral health is an important contributor to overall health. If you have ever had a bad toothache or a broken tooth, it is particularly clear: oral health affects every other part of your mind and body. Still, working age adults and older adults are less likely to have dental health coverage than medical, prescription drug, and mental health care coverage. Neither Medicaid nor Medicare is required to provide adult dental coverage. In turn, many people cite the cost of dental care as the main reason they don't seek treatment (APHA, 2020). Lack of access to dental care drives people to emergency rooms, which is expensive and treats symptoms, not problems. Lack of access also exacerbates chronic medical conditions, and is a factor in health disparities (APHA, 2020; Tranby, 2021).

Federal statute requires states to provide the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to children under age 21 who are enrolled in Medicaid. This benefit includes screening, diagnostic, and treatment for medical, dental, and mental health, as well as developmental and specialty services. There is no similar requirement for adults, however, as dental services for adults in Medicaid is optional. States are also able to determine the scope, frequency, and duration of adult dental coverage. Maryland currently offers some dental coverage for certain adults in Medicaid, but the coverage is so limited, an analysis by The Center for Health Care Strategies named Maryland as one of just three states not offering meaningful adult dental coverage. The other two states named in the analysis are Alabama and Tennessee (Vujicic, 2021).

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Maryland is a national leader in health care system reform but does not offer meaningful adult dental coverage in Medicaid

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While Maryland is not one of the states providing comprehensive dental coverage to adults in its Medicaid program at present, Maryland is a national leader in health care system reform. Building on the reforms already underway to access to dental health services in Medicaid, and the innovative work being undertaken more broadly to enhance quality and patient experience, improve population health, and reduce the total cost of care for Marylanders, now could be an ideal time to consider the addition of adult dental coverage to Maryland Medicaid. This paper considers some of the main benefits of an expansion and lays out options for financing that coverage.

### *Impact of Lack of Access to Dental Care on Health Outcomes*

Lack of access to dental care has a significant impact on health outcomes and often leads to more severe dental problems later, affecting a person's quality of life and increasing disability-adjusted life-years (Naavaal, 2020). Poor oral health and periodontal disease are also correlated with other health issues, specifically coronary heart disease, diabetes, arthritis, and liver disease (Bensley, 2011). One analysis found people with severe periodontal disease were up to 1.4 times more likely to have chronic health conditions compared to people without periodontal disease (Bensley, 2011).

Treating periodontal disease can lead to improved health outcomes. In the case of diabetes, studies show “control of periodontal infection has an impact on improvement of glycemic control evidenced by a decrease in demand for insulin and decreased hemoglobin A1c levels” (Southerland, 2005). A more recent study reviewing health outcomes and cost data for adult New York State Medicaid members ages 40 to 64 explains “clinical studies indicate that dental treatment, specifically conservative periodontal therapy, can have a beneficial effect on outcomes associated with certain chronic diseases”, including diabetes, cardiovascular disease, and atherosclerosis (Lamster, 2021). Notably, Maryland identified diabetes as a top priority area in the Statewide Integrated Health Improvement Strategy (SIHIS), so improving access to dental care for adults in Medicaid would align with those goals (HSCRC, 2020).

Improving access to dental health care for adults doesn’t just improve health outcomes for adults. Adults can also be parents (or aunts or uncles or grandparents!) and access to dental health care for an adult is not unrelated to dental health care for children. Dentists often use the phrase “tell, show, do” to explain to parents how to help children learn and perform positive dental health habits. A recent study

Improving access to dental health care for adults doesn’t just improve health outcomes for adults, but also helps children learn and perform positive dental health habits

serves as a further proof point that adult dental coverage has an effect on children’s oral health by showing a “statistically significant 5-percentage-point reduction in the prevalence of untreated caries among children after Medicaid-enrolled adults had access to coverage for at least one year” (Lipton, 2021).

#### *Impact of Lack of Access to Dental Care on Behavioral Health*

As with medical care, integrating oral health with behavioral health holds promise “to improve patient outcomes and potentially reduce health care costs” (Bowling, 2021). This is because lack of access to dental care has what are called “bi-directional connections” to behavioral health, including mental health and substance use disorder, treatment, and recovery. For example, “having a mental health or substance use challenge such as depression, anxiety or substance use disorder (SUD) can negatively impact one’s oral health, and vice versa. Poor oral health can create or exacerbate problems with mental health, self-esteem, cognitive health, substance use and impede social functioning in areas such as employability and school engagement” (Bowling, 2021).

There is a clear association between poor dental health and mental health issues, such as depression (O’Neil, 2014), as well as a “high prevalence of poor oral health among individuals with serious mental illness” such as schizophrenia or bipolar disorder (Lam, 2019). There are similar associations between poor dental health and substance use disorder, treatment, and recovery. For example, patients who seek dental care in a hospital ED “are often provided only an antibiotic and an analgesic, which frequently is an opioid, and told to seek definitive care elsewhere” (Laniado, 2020). In fact, opioids are the most common category of prescription provided at emergency dental visits (Fiehn, 2020). Improving access to preventive dental care for adults in Medicaid therefore supports another priority area



identified in the Statewide Integrated Health Improvement Strategy (SIHIS), that of addressing opioid use (HSCRC, 2020).

As with mental health issues and oral health, the relationship between dental care and substance use disorder, treatment, and recovery is bi-directional. Research shows more than half of patients with substance use disorders have “coexisting medical and emotional pathologic conditions that make managing their care difficult and expensive, thereby compromising treatment outcomes” (Hanson, 2019). But recent research showed when people in substance use treatment programs “had their oral health problems addressed by a dental professional [they] stayed in treatment approximately two times longer and had a more than 80% increase in completing their program” (Univ of Utah, 2019).

#### *Impact of Lack of Access to Dental Care on Health Disparities*

Lack of access to dental care also has an impact on health disparities, often exacerbating existing inequities. Approximately 25% of U.S. adults from 20 to 64 years of age have untreated tooth decay, but prevalence varies greatly by race and ethnicity (CDC, 2019). Nearly 41% of non-Hispanic Black and just over 38% of Mexican American adults have untreated tooth decay, compared to 20% of non-Hispanic white adults (CDC, 2019). In Maryland, there are age, race, and income disparities in ED visits for non-traumatic dental care. Even though Maryland Medicaid participants are just 17% of adults, they account for over 50% of ED visits. Adults between the ages of 25 and 34 have over five times as many ED visits for non-traumatic dental care than adults aged 65 to 74 in the state (Tranby, 2021). There are also differences by race: “Black adults have the highest rates among racial groups of ED visits, at 145 visits per 10,000 adults — nearly three times the rate of other racial/ethnic groups.” (Tranby, 2021). Many of these visits are repeat visits, indicating the ongoing nature of people’s dental conditions and that ED visits are often not fixing the problem, but simply treating pain (APHA, 2020).

#### *Impact of Lack of Access to Dental Care on Income and Employment*

Lack of access to dental care creates disparities related to income and employment as well. Studies have shown people with poor oral health say it is more difficult to find employment (Reusch, 2021). This is due to a range of issues including people’s ability to interview for a job, get hired for a job, and maintain employment. Recent studies from Maine and Virginia, for example, provide evidence regarding the link between poor oral health and the ability to interview. “In Maine, an estimated 37 percent of low-income adults indicate their oral health problems are so severe that they interfere with their ability to interview for a job” (Vujicic, [Maine] 2021). “In Virginia, more than one in three low-income adults indicate that the condition of their mouth and teeth affects their ability to interview for a job” (Vujicic, [Virginia] 2020).

Lack of access to dental care creates disparities in income and employment

Interviewing for a job may seem like a small issue, but it is just one component to be considered when it comes to income and employability. Research confirms better oral health “is linked with increases in the probability of being employed as well as lifetime earnings, particularly among women and low-income populations” (Moeller, 2017; Hamermesh, 1994). More recently, a team of researchers examined the

outcomes from improved access to dental health for Michigan Medicaid enrollees. The results found “Michigan’s Medicaid expansion contributed to self-reported improved oral health, which was associated with improved job outcomes” (Kieffer, 2021).

Interviewees in the Michigan study explained how access to dental coverage improved their “oral health, functioning, appearance, confidence, and employability” and “those reporting improved oral health were more likely to report improved job seeking and job performance” (Kieffer, 2021) More specifically, after the oral health improvements, 60% of these Michigan Medicaid enrollees said they were better able to look for a job, 76% said they did a better job at work, and 43% said better oral health helped them get a better job.

#### *Impact of Lack of Access to Dental Care on Health Costs*

The total cost of care can be reduced when dental care is integrated with health care. As mentioned previously, this is in part due to the lower cost of care for people with certain comorbidities. Emerging evidence indicates “increased access to dental care can lead to lower medical care costs among patients who are pregnant or who have chronic conditions such as diabetes and heart disease” (Vujicic, 2021).

These total cost savings are not just theoretical. The health insurer Cigna has published detailed results showing the impact on the total cost of care when oral health care coverage is provided to adults. Their research found a 67% lower hospital admission rate and a 54% lower ED rate, but more importantly, Cigna’s analysis of its own claims data also showed an average medical savings of 27.5% for their customers receiving appropriate dental care. For their patients with diabetes, the savings was 27.6%; for those with heart disease 25.4%; for people with stroke, a 34.7% average annual medical savings was realized (Cigna, 2014).

Medicaid data from New York tells a similar story to the total cost of care research published by Cigna. The state of New York added adult dental coverage to its Medicaid managed care plan in 2012 so researchers were able to compare health costs before and after the addition of adult dental coverage. Preliminary data for adults ages 40 to 64 enrolled in New York Medicaid from 2012 to 2015 showed the provision of preventive dental services reduced several types of state spending and, more importantly, reduced total health care costs for certain patients. The total cost of care for patients with cardiovascular disease decreased by \$772; for patients with diabetes, costs decreased by \$2,065; and for patients with cognitive impairment, costs decreased by \$8,194 (Malloy, 2019).

While this retrospective study of actual costs in a Medicaid program shows the effect of adding adult dental coverage to a state’s total cost of health care, estimates are also useful. Specific to Maryland, the Health Policy Institute estimated an investment of \$57,275,116 in adult dental care spending in Medicaid would result in \$23,521,013 in additional medical care savings, for a net cost to Maryland of \$33,754,102 (Vujicic, 2021). These estimates are explained in more detail in the next section.

The state of Maryland is a leader in looking at its health care spending holistically, which is why it is essential to consider adult dental coverage in Medicaid as part of the total cost of care. At the same time, Maryland Medicaid has a strong interest in reducing inefficient spending, including lowering the costs associated with treating non-traumatic dental conditions in emergency departments (ED) and

hospitals. Research conducted on the use of EDs and inpatient hospital admissions by adults in Maryland for non-traumatic dental conditions found Medicaid pays for a disproportionate share of these visits. Maryland Medicaid paid 46% of the total cost of ED visits for non-traumatic dental conditions in 2019; Medicaid members accounted for 54% of these visits, but just 17% of Maryland adults are enrolled in Medicaid (Tranby, 2021). In total, Maryland Medicaid pays approximately \$11 million annually for inpatient admissions and for ED visits related to non-traumatic dental conditions, approximately half funded by the General Fund. (Tranby, 2021).

### **Financial Considerations for Adult Dental Expansion in Maryland Medicaid**

A broad range of stakeholders in Maryland have demonstrated a strong commitment to transforming access to oral health services over the past several years. Sweeping reforms to address the dental care access crisis that existed in Maryland began in response to the death of Deamonte Driver, and have continued since. Building on those systemic reforms, a range of supports has been provided to enhance oral health service provision in Maryland in the past few years. These efforts are supported by legislative initiatives and funds the Governor has included in annual budgets to support community-based oral health grants targeting underserved areas and individuals with unmet needs, and newly approved access to care for women for two full calendar months after the date pregnancy ends, as well as adults ages 21 through 64 who are eligible for both Medicaid and Medicare through an adult dental pilot.

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Maryland is a national leader in using health financing as a mechanism to catalyze health care delivery changes

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The Maryland Healthy Smiles Dental Program is the state’s main Medicaid dental care program and serves approximately 525,000 people per year, including children under the age of 21, former foster care recipients under the age of 26, pregnant women 21 years of age and older, women for two full calendar months after the date they give birth or their pregnancy ends, and adults enrolled in the Rare and Expensive Case Management (REM) program. Additionally, the nine Medicaid MCOs in the Maryland Medicaid program voluntarily cover limited adult dental services out of their profits to their members as part of their benefit package (MDH, 2021; Brown, 2021). What is still missing, however, is access to care for adults in the Maryland Medicaid program. The 2018-2023 Maryland Oral Health Plan, developed by a coalition of stakeholders led by The Maryland Dental Action Coalition (MDAC) and funded by the Office of Oral Health, includes five goals related to improving access to oral health care for all Marylanders, one of which is the establishment of “a comprehensive dental benefit for all adults who are Medicaid recipients” (MDAC, 2017).

Maryland is a national leader in using health financing as a mechanism to catalyze health care delivery changes, and is furthering its leadership position with efforts to reduce health disparities and inequities. Maryland’s unique payment system is seen as a model for many states across the country, in particular because of its Total Cost of Care Model that began in 2019. Covering dental care in Medicaid for adults should be viewed as a component of Maryland’s total health care strategy. This includes an analysis of

total health care spending that would consider comprehensive cost offsets, for example, the effect on state expenditures outside of health care.

### *Components of Calculating Investments and Savings*

In order for policymakers to decide whether to finance adult dental coverage in Medicaid, the investment and likely savings of coverage should be calculated.

The Medicaid, Medicare, CHIP Services Dental Association (MSDA) has created a [Cost Offsets Tool](#) to help policymakers and Medicaid program administrators quantify the return on investment for funding Medicaid adult dental coverage, including an assessment of potential socio-economic cost offsets. Calculating the estimated costs of the coverage requires several inputs. While the tool provides extensive detail on how to estimate the cost of providing the dental services, the key inputs are:

- The estimated number of adults who would be *eligible to receive* the new coverage
- The estimated number of adult enrollees who *would use* the new coverage (rate of utilization)
- The estimated costs of providing the coverage

Maryland has not yet determined the benefit design for adult dental coverage in Medicaid (scope, duration, frequency of services, for example), nor the reimbursement rates for the services that would be provided, so precise cost estimates are not possible. Estimates specific to Maryland have been published by the American Dental Association (ADA) Health Policy Institute, as shown in Table 1 below, indicating an investment of \$57,275,116 in adult dental care in Maryland Medicaid would result in \$23,521,013 in offsetting medical care cost savings in diabetes and heart disease, for a total cost of \$33,754,102 (Vujicic, 2021).

**Table 1: Health Policy Institute – Estimated Cost of Comprehensive Adult Dental Coverage in Medicaid Programs in All States without an Extensive Benefit**

Maryland Adult Medicaid Enrollment	Utilization Rate (% with a dental visit)	Estimated PMPM	Increase in Dental Care Expenditure	Additional Medical Care Savings	Total Cost After Medical Care Savings
759,189	13.3% to 40.8%	\$3.71	\$57,275,116	\$23,521,013	\$33,754,102

In addition to medical care savings, there are likely other cost offsets to the state. The MSDA [Cost Offsets Tool](#) also helps states calculate savings that might be incurred to offset some portion of the cost of providing Medicaid adult dental coverage. These cost offsets fall into three broad categories: employability-related, pain-related, and direct medical-related. As mentioned above, data on ED and hospital spending related to non-traumatic dental visits is available, including costs specific to Maryland. That information could be useful in examining the potential direct medical-related cost savings from the provision of Medicaid adult dental coverage. Additional offsets will need to be calculated as policymakers determine the total cost of providing this coverage.

A sample of the summary table of the calculated offsets from the MSDA Cost Offsets Tool appears below.

**Table 2. Summary Table of Results with More Detail on Offsets**

Offsets	Category	Overall Medicaid expenditures	State-only portion of Medicaid	Overall state budget impact	Total offsets (societal impact)
Employability-related	Reduction in Medicaid spending	\$	\$	\$	\$
	Reduction in unemployment benefits paid out	\$	\$	\$	\$
	Increase in state income tax revenue	\$	\$	\$	\$
	Increase in federal income tax revenue	\$	\$	\$	\$
Pain-related	Reduction in opioid-related property crimes, secondary to chronic dental pain	\$	\$	\$	\$
	Reduction in opioid-related ED visits, secondary to chronic dental pain	\$	\$	\$	\$
	Reduction in end-stage renal disease, secondary to chronic dental pain	\$	\$	\$	\$
	Reduction in lung transplants, secondary to chronic dental pain	\$	\$	\$	\$
Direct medical-related	Reduction in dental-related ED visits	\$	\$	\$	\$
	3% reduction among one or more of diabetes, cardiovascular disease, COPD, or stroke	\$	\$	\$	\$
	<b>VALUE OF OFFSETS</b>	\$	\$	\$	\$

Authors' recreation of chart from Dellapenna 2020 webinar materials.

### Options for Financing

While the positive effects of offering adult dental coverage in Medicaid on health outcomes, health inequities, and overall health care costs are clear, Maryland policymakers must still decide how to finance this coverage. “Medicaid financing is a shared responsibility of the federal government and the states, with states receiving federal matching funds toward allowable state expenditures” (MACPAC, 2021). States have flexibility in how they generate their share of Medicaid expenditures. The three most common sources of the state share are: general revenue, health care-related taxes and other local sources such as counties or municipalities, or intergovernmental transfers.

Most states providing adult dental coverage in Medicaid finance the coverage with appropriations from the General Fund. Some states use other funding sources; for example, Missouri first funded a portion of its adult dental coverage through a one-time tax amnesty program for delinquent taxpayers (Missouri

media release, 2016). Colorado uses a combination of funding from fees collected from hospitals and funds from the Unclaimed Property Trust Fund (Colorado Fiscal Note, 2021).

Based on a policy and financing review of other states that currently have more robust Medicaid coverage of dental care for adults and extensive conversations with a wide range of stakeholders in the state, below are five options Maryland could consider for funding adult dental coverage in Medicaid.

*Option 1: Use tobacco funds currently earmarked for Medicaid*

One option for funding adult dental coverage is to use some of the funds currently earmarked for Medicaid from the Maryland Cigarette Restitution Fund (CRF). The Tobacco Master Settlement Agreement, entered into by most tobacco companies in 1998, created a pool of funds for states. In 2001, the Maryland General Assembly required all tobacco settlements go to Maryland's Cigarette Restitution Fund. The state receives approximately \$100 to \$150 million annually from this Agreement. In FY 2021, Maryland Medicaid received \$57 million from the CRF.

The advantage of using the CRF as a funding source is that Maryland does not need to use its own tax receipts as it would for spending from the General Fund or surplus fund. However, the amount of funding in the CRF has been declining over the past several years as fewer people use tobacco, which in turn lowers tax receipts, making this funding stream a disappearing resource. Additionally, because Medicaid already relies on this funding stream for some provider reimbursements, it is likely adult dental coverage funded through the CRF would supplant current Medicaid funding and create a need for an additional revenue source for provider reimbursement.

*Option 2: Appropriate spending from the General Fund*

Another option is to fund the adult dental coverage with appropriations from the General Fund. This option has the advantage of being the simplest to execute; still, there would need to be an appropriation from the General Fund. As noted previously, there are several possible offsets for these appropriations, including lowering total health care costs, and reducing spending on ED visits and hospitalizations for non-traumatic dental visits.

*Option 3: Use current surplus funds*

The Comptroller of Maryland announced in September 2021 that the state finished FY 2021 with a \$2.5 billion surplus – the largest in Maryland's history. Based on estimated tax receipts and spending projections, the surplus is also projected to continue for several years, even after adding to the Rainy Day Fund (MDLS, 2021). Using current surplus funds to add adult dental coverage in Maryland Medicaid has the advantage of being technically simple. On the other hand, there are already suggested uses for the surplus, including a framework proposed by Governor Hogan focused on providing tax relief for Marylanders and exploring new benefits for state workers. Still, among the competing interests for use of the surplus funds, coverage of adult dental care in Medicaid should be a top priority.

*Option 4: Leverage current MCO spending*

All nine of the currently contracted Medicaid managed care organizations in Maryland “voluntarily cover limited adult dental services for their members as a part of their benefit package using their own profits” (MD Oral Health Legislative Report, 2020). While this spending by Medicaid MCOs provides

some enrollees with limited dental services, because the state does not include adult dental coverage in its rate setting for Medicaid MCOs, Maryland is not able to receive federal matching funds toward the MCO's non-emergency adult dental expenditures.

Leveraging current MCO spending could take the form of adding adult dental coverage to the Medicaid managed care contracts and including the coverage in their capitated rates. In so doing, Maryland would be able to receive federal matching funds because payment to the MCOs in their rate setting would be a state expenditure that enables federal cost sharing.

It is important to note that the Maryland Department of Health (MDH) provided a Medicaid Dental Services Review to the Chair of the Senate Budget and Taxation Committee and the Chair of the House Appropriations Committee October 19, 2021, outlining several approaches for delivering dental services in Medicaid. The approach described in this option – including the adult dental coverage in MCO's capitated rates, also known as a carved-in managed care model – is one of several models considered. All of the delivery models explained in the MDH report would enable a federal match, but the report clearly acknowledges “there are opportunities to continue to make improvements to drive quality and reduce costs under the existing administrative service organization (ASO)/dental benefits administrator (DBA) model.”

#### *Option 5: Build on hospital rate setting and the Total Cost of Care model*

Hospitals in Maryland are reimbursed based on a unique and complicated formula set by the Health Services Cost Review Commission (HSCRC) that is designed to be population- and value-driven. Maryland hospitals are not paid more for volume, but most are instead reimbursed under a Global Budget Revenue (GBR) system that prospectively establishes a fixed annual revenue cap for each hospital. Still, as described in other parts of this paper, the system is not perfectly efficient as Maryland Medicaid is spending approximately \$11 million annually on non-traumatic dental visits in hospitals (Tranby, 2021). This also means that Maryland's Medicaid MCOs are using part of their capitated rate to cover those services.

Is there another way for current funding to flow that would allow an investment in adult dental coverage in Maryland Medicaid? What if hospitals used part of their global budgets to “credit” MCOs for preventive dental coverage? What if hospitals used part of their global budgets to contribute funds to an ASO or DBA that would administer adult dental preventive benefit? A variety of innovative approaches could be pursued by Maryland in its efforts to address total costs, but currently, Maryland hospitals cannot spend a portion of their global budgets on care provided outside of the hospital, nor can they spend money on non-physician services. In the public meeting of the Health Services Cost Review Commission on November 10, 2021, the Commission staff recommended a new approach called Revenue for Reform that might be useful in thinking about ways to fund adult dental coverage in Maryland Medicaid. The types of spending that would be allowed under the program, as recommended by the staff proposal, had several requirements, but one would allow “initiatives which target demonstrated community health needs”, as documented by one of the following:

- The Hospital's Community Health Needs Assessment or the CDC's Healthy People 2030 goals;
- OR

- Primary Care, Mental Health, and Dental Care in a Medically Underserved Area (HSCRC, 2021).

Instead of relying on funding transfers between hospitals and other entities, the state could take a more direct route to providing adult dental coverage in Medicaid by leveraging the Total Cost of Care (TCOC) Model approved by the federal Center for Medicare & Medicaid Innovation (CMMI) in March 2021. The TCOC is based on Maryland’s Statewide Integrated Health Improvement Strategy (SIHIS) which aligns statewide efforts across three domains: hospital quality, care transformation across the system, and total population health (HSCRC, 2020). Under the third domain, total population health, the State identified three key health priority areas for improvement: diabetes, opioid use, and maternal and child health (HSCRC, May 2021). In anticipation of the partnership with CMMI, the HSCRC approved a five-year investment of 0.25% of statewide all-payer hospital revenue (approximately \$45 million annually) in November 2019 to support these population health goals via the Regional Partnership Catalyst Program (HSCRC, May 2021). One approach for covering adult dental in Medicaid would be to use a similar statewide investment of all-payer hospital revenue.

Another approach is to work with the HSCRC to set aside some of the funds in the Regional Partnership Catalyst Program to invest in adult dental coverage since oral health care is integral to the total cost of care and to population health. The Commission used a competitive bid process for the funding streams related to diabetes and opioid use, but for the maternal and child health spending, HSCRC staff recommended directing “the funding stream to investments led by... Medicaid, and the Prevention and Health Promotion Administration (PHPA) under the Maryland Department of Health (MDH), in conjunction with the Medicaid HealthChoice MCOs and partnering hospitals” (HSCRC, May 2021).

An advantage of using this option is that it maintains the current delivery system and financing approach that is most familiar to payers and providers in Maryland. Another advantage is that this approach is part of a broader recognition that a payment system focused on the provision of health care services, whether “fee-for-service” or global budgeting, will not be successful in lowering total spending without focusing on the whole person.

## Conclusion

Maryland has a range of options available to finance adult dental coverage in Medicaid. As policymakers weigh the advantages and disadvantages of these options, selecting more than one of the options to be used at different points in time should be considered. For example, policymakers could choose to use surplus funds for the first year or two of the new coverage, then transition to the General Fund; it may take a few years for rate setting for hospitals and possibly MCOs, if the coverage is carved-in, to be determined with more accuracy. Similarly, General Funds could be used initially, then reduced, as Maryland adjusts its payment model to accomplish broader population health goals.

Regardless of which financing option is selected, it is important to recognize that ensuring access to dental care for people in Medicaid will also require continued attention to network adequacy, provider reimbursement rates, and patients’ preferred patterns of use. The state would also need to engage in education and awareness efforts to help patients and providers learn about the new coverage and how to use it. Many of these factors related to providing dental care to both children and adults in Medicaid



are ongoing in Maryland, and while they were not the focus of this paper, should be addressed in implementation planning. In addition, there will continue to be gaps in the availability of care, even if adult dental coverage is added to Maryland Medicaid. A robust safety net will still be an essential part of ensuring all patients can access at least some dental services.

Lack of access to dental health services leads to negative medical and behavioral health outcomes, exacerbates health disparities, lower incomes and employability, and creates substantial cost inefficiencies. Maryland should continue to build on its decades of efforts establishing the state as a national health reform leader by expanding access to dental services in Medicaid for adults.

*We appreciate the invaluable input we received from various stakeholders and interview participants, without whom this report would not have been possible.*

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**2022 MASBHC SB 150 Senate Side.pdf**

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Position: FAV



**Committee:** Senate Finance Committee

**Bill:** Senate Bill 150 – Maryland Medical Assistance – Adult Dental Coverage

**Date:** January 25, 2022

**Position:** Support

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The Maryland Assembly on School-Based Health Care strongly supports *Senate Bill 150 – Maryland Medical Assistance – Adult Dental Coverage*. The bill establishes adult dental coverage in Medicaid.

Adult dental coverage is critical for the health of families. We want all individuals in a home – parents, grandparents, and children – to be able to have the needed coverage to maintain their oral health. Oral health is an intrinsic part of overall health, and people with caries and periodontal disease are at higher risk for diabetes, hypertension, and stroke. These are all conditions which can devastate the wellbeing of families.

Children’s health outcomes are linked to their parents’ health outcomes, whether somatic or oral health. Research demonstrates that:

- Children are significantly less at risk for dental caries if parents have good oral health. A recent study demonstrated that the children’s rate of caries dropped by 5% when their parents had dental coverage for one year in the Medicaid program<sup>i</sup>.
- Almost 20% of children in the U.S. have untreated caries – putting them at greater risk for dental pain, difficulties in eating healthy food, poor sleep and poor oral health as an adult. Children in Black and brown communities are more likely to have untreated caries.<sup>ii</sup>

We ask for a favorable report on this legislation. Please vote to protect oral health and overall health of family members. If we can provide any additional information, please contact Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net).

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<sup>i</sup> The Association Between Medicaid Adult Dental Coverage And Children’s Oral Health. Lipton et al. Health Affairs 2021 40:11, 1731-1739

<sup>ii</sup> Assessing the Relationship Between Children’s Oral Health Status and that of Their Mothers. Dye et al. Journal of the American Dental Association. February 2011.



**2022 MCHS SB 150 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



## Maryland Community Health System

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 150 – Maryland Medical Assistance – Dental Coverage for Adults

**Hearing Date:** January 25, 2022

**Position:** Support

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The Maryland Community Health System (MCHS) strongly supports *Senate Bill 150- Maryland Medical Assistance – Dental Coverage for Adults*. We are a network of federally qualified health care providers across Maryland, and our mission is to provide health care services to people who are underserved.

Senate Bill 150 is our highest policy priority. Maryland is considered one of the most innovative states, if not the most innovative, in utilizing the health care system to improve population health. Yet, we are woefully behind nearly every state – except Alabama and Tennessee – in dental coverage for adults in Medicaid.<sup>i</sup>

There is ample peer reviewed research that shows dental coverage lowers overall health care costs, including a Cigna study that reported a reduction of annual costs for patients with diabetes (\$1,687 a year) and heart disease (\$2,101).<sup>ii</sup> We know that investment in dental coverage makes sense in terms of health outcomes and health care costs.

We want to focus on the real-life impact of the lack of dental coverage. Every day, our health centers see patients who have forgone dental services because they did not have coverage. They are often in pain, battling to control chronic disease such as diabetes, and suffering because they are so self-conscious about the appearance of their mouths. By the time they seek services, there are no other clinical options but to remove teeth, which can be devastating on a personal and professional level.

Maryland has so strongly invested in other preventative services. At the core, dental coverage is one of the most basic strategies to improve overall health and the lives of our individual patients. We need to offer dental coverage to all adults in Medicaid to move forward in improving public health.

We ask for a favorable report, and we stand ready to assist the Committee in every way possible in this endeavor. If we can be helpful in any way, please let us know by contacting Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> [https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_091519.pdf](https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf)

<sup>ii</sup> <https://www.cigna.com/assets/docs/business/large-employers/dental-white-paper.pdf>

**2022 The Coordinating Center SB 150 Senate Side.pd**

Uploaded by: Robyn Elliott

Position: FAV



THE COORDINATING CENTER  
INSPIRED SOLUTIONS

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 150

**Hearing Date:** January 25, 2022

**Position:** Support

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The Coordinating Center strongly supports *Senate Bill 150 – Maryland Medical Assistance Program – Dental Coverage for Adults*. The bill establishes adult dental coverage for adults in Medicaid, just as other health care services are covered. Dental care should not be treated differently than somatic care. All individuals covered under Medicaid, or any other type of coverage, should be able to access dental care.

Our organization provides care coordination services for many individuals in home and community-based waivers. We have seen the transformative effect of dental coverage first-hand. In 2018, as a result of the support of your committee, the Maryland General Assembly enacted SB 284 in 2018 to establish dental coverage for dually-eligible individuals under the age of 65. In 2021, even in the midst of the pandemic, over 4,000 people obtained dental services as a result of this legislation. Some of those individuals had forgone dental services for years because of a lack of coverage.

The Coordinating Center has enthusiastically participated in the Medicaid Collaborative, organized by the Maryland Dental Action Coalition. The Collaborative pulls together dental providers, health care professionals, care coordinators, and social service organizations to make dental care a reality for all the people served under the new waiver. With the Collaborative's careful coordination with the Maryland Department of Health, we know that our Maryland community has the experience, expertise, and commitment to support implementation of Senate Bill 150.

Recent analysis of Emergency Department data in Maryland by CareQuest, Institute for Oral Health demonstrates that investing in quality dental coverage for adults in Medicaid will lead to less costly options for care that can prevent oral diseases or treat infections before they become more serious or life-threatening resulting in significant cost for Maryland's Emergency Departments.

- Although Medicaid members comprise only 17% of Maryland adults, they account for 54% of all the state's ED visits for NTDCs and 46% of total cost.
- Maryland continues to have rates of adult ED visits for NTDCs that exceed the national average.

- Like in other states, younger adults are much more likely to visit hospital EDs for NTDCs than older adults in Maryland. In 2019, the rate of visits among adults aged 20-34 was more than double the rate among those aged 45 or older.

Poor oral health has been linked to an increase in heart disease, cancer and diabetes. Lastly, from socio-economic perspective, lack of access to oral health care leads to things like poorer school performance and consequent reduced employment opportunities, low self-esteem and social isolation. Passing of this bill is a vital part of helping individuals move forward towards self-sufficiency, gainful employment and improved quality of life.

We ask for a favorable report. Please let us know if we can provide any support for your consideration of this crucial legislation by contacting Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**2022 Dr. Roman SB 150 Senate Side.pdf**

Uploaded by: Scott Tiffin

Position: FAV



**VCU**

School of Dentistry

Chair Delores G. Kelley  
Miller Senate Office Building  
11 Bladen St.  
Annapolis, MD 21401

Dear Honorable Chair Kelley:

I strongly support Senate Bill **SB 150 - Maryland Medical Assistance Program – Dental Coverage for Adults**. As a lifelong resident of Maryland, an epidemiologist, and now a soon-to-be Maryland dentist, I have seen first-hand the potential positive impact this bill would have upon the overall health and well-being of Maryland residents.

On July 1<sup>st</sup>, 2021, the state of Virginia underwent a Medicaid expansion that provided a comprehensive dental benefit for all Medicaid subscribers. As a 4<sup>th</sup> year dental student in Virginia, I have the privilege of providing direct dental care for these patients. Since the expansion, I have personally treated an increased number of people who have not had dental care in years, sometimes decades, and the experience has been incredibly rewarding.

A patient of mine who has made the largest impression is a 23 year old, who despite working a full time job, does not have dental insurance. Due to a series of unfortunate circumstances, his dental health was in poor condition and this expansion enabled him to obtain dental care for the first time since he was 18. Growing up, he had never been taught the importance of diet and how to properly take care of his teeth. Since his very first visit, he has been the most positive, engaged, and eager-to-learn patient I have ever had. After his visit, the very next day, he texted me a picture of how he had incorporated one of the dental care suggestions I had asked for him to try. Although I am still working with him to repair the damage to his teeth from years past, one visit consisting of an exam, x-rays, cleaning, oral hygiene instructions, and dietary counseling has already set him up for a lifetime of improved dental health.

Another patient had lived without any teeth or dentures for years and had been unable to find employment because of it. At the start of the pandemic, with the benefit of wearing a mask, she was able to conceal her condition and find a position. However, when the indoor mask mandate was lifted later on, she immediately lost her job once her employer saw her mouth. Her ability to access dental care and have dentures made will finally give her a chance at a normal life.

There are countless other similar stories that showcase how life-changing the passage of this bill could be. The potential to make a positive impact of this magnitude upon so many people's lives does not happen often, so let's not miss this opportunity.

Thank you for your consideration of my testimony, and I urge a favorable vote. If I can provide any further information please contact me at [romanaa@vcu.edu](mailto:romanaa@vcu.edu).

Respectfully,  
Agnieszka Roman, MPH  
VCU School of Dentistry, Class of 2022



**2022 ESAHEC SB 150 Senate Side .pdf**

Uploaded by: Scott Tiffin

Position: FAV



EASTERN SHORE AREA HEALTH EDUCATION CENTER

814 Chesapeake Drive Cambridge, MD 21613  
(443) 521-9442

Chair Delores G. Kelley  
Miller Senate Office Building  
11 Bladen St.  
Annapolis, MD 21401

Dear Honorable Chair Kelley:

The Eastern Shore Area Health Education Center and myself as a Registered Dental Hygienist strongly supports Senate Bill SB 150 - Maryland Medical Assistance Program – Dental Coverage for Adults.

The mouth is the gateway to the rest of the body. Research has proven without a doubt that oral health is directly related to overall health. This means that when there is inflammation and/or infection found in the mouth, that infection is traveling throughout the rest of the body, creating inflammation in our arteries, joints, organs, and tissues. Chronic infection and inflammation is incredibly taxing on one's immune system, making it increasingly difficult to treat other conditions such as hypertension, diabetes and pain management just to name a few. Preventative dentistry is ideal however the reality is that individuals without dental coverage are not as likely to seek routine preventative dental treatment. Years of dental neglect leads to a broken down dentition, poor nutrition, chronic pain, infection, lower self-esteem and is a barrier to employment. Maryland is behind the rest of the United States being 1 of only 3 states in our nation without adult dental coverage. Lack of dental coverage ends up being costlier on the state's healthcare system and unnecessarily crowds emergency departments. In a study on dental coverage for New York's Medicaid program, preventative dental care lowered overall health care costs by \$530.50 per participant annually (source: <https://journals.sagepub.com/doi/pdf/10.1177/00220345211007448>) and Cigna, a health insurance company provides information that demonstrates how dental coverage significantly lowers health care costs. For example individuals with gum disease, dental coverage lowered overall costs for people with chronic conditions, including: \$1,687 for diabetes and \$2,101 for heart disease (source: <https://www.cigna.com/assets/docs/business/large-employers/dental-white-paper.pdf>). These are just two examples of how adult dental coverage is a fiscally responsible choice and helps to alleviate the stress that oral disease places on our medical system which now more than ever is critically important amidst the COVID pandemic and healthcare shortage crisis.

Lastly, in 2007 Marylanders became aware of just how serious dental infections are when we lost 12 year old Deamonte Driver from a dental infection that spread to his brain. Maryland has made great progress in bridging the oral health disparities that existed for our youth. However, we must not forget about the adults. After all they are the ones responsible for caring for the oral health of their children. If the adult/parent/guardian does not understand the benefit good oral health plays in their own health they are less likely to implement healthy oral health and nutrition habits with their children. It's an unfortunate cycle that will continue to repeat unless we start making the oral health of our adult population a priority.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information please contact Caitlin Donohue-Vega, RDH, BS at [cvega@esahec.org](mailto:cvega@esahec.org)

Sincerely,

*Caitlin Donohue-Vega, RDH, BS*

Caitlin Donohue-Vega, RDH, BS  
**Oral Health Outreach Coordinator**  
Eastern Shore Area Health Education Center

**2022 UMMC SB 150 Senate Side .pdf**

Uploaded by: Scott Tiffin

Position: FAV



Chair Delores G. Kelley  
Miller Senate Office Building  
11 Bladen St.  
Annapolis, MD 21401

Dear Honorable Chair Kelley:

As a diabetes social worker, I strongly support Senate Bill SB 150 - Maryland Medical Assistance Program – Dental Coverage for Adults. The coverage will open close the gap in dental needs for all persons living on fixed incomes and in need of dental care over the age of 65.

People with diabetes have slower infection and wound healing because of the disease. Many of these individuals receive emergent dental care only and don't routinely care for their dental health. The lack of coverage prohibits the overall health of these individuals whose immunity is already compromised. Increased preventative medicines will ultimately remove a burden and a cost to the individual and the state over the long-term.

Thank you for your consideration of our testimony, and we urge a favorable vote. IF we can provide any further information, please contact Meaghan Tine at [mtine@som.umaryland.edu](mailto:mtine@som.umaryland.edu).

Sincerely,

Meaghan Tine, LMSW

Glucose Management Team

University of Maryland Medical Center

**2022 WCHS SB 150 Senate Side .pdf**

Uploaded by: Scott Tiffin

Position: FAV



# WCHC

WE CREATE  
HEALTHY  
COMMUNITIES

Chair Delores G. Kelley  
Miller Senate Office Building  
11 Bladen St.  
Annapolis, MD 21401

Dear Honorable Chair Kelley,

West Cecil Health Center supports Senate Bill 150, Maryland Medical Assistance Program - Dental Coverage for Adults. This bill will provide comprehensive coverage for Marylanders to receive basic preventative and restorative dental care. Maryland is one of only three states without adult dental coverage in Medicaid, and this bill could improve, and even save, the lives of Marylanders.

At West Cecil Health Center, we provide dental care for uninsured and underinsured patients in Cecil and Harford Counties and surroundings areas. As frontline workers, we see the ramifications of the lack of dental coverage for Maryland adults. Several times per week, we see a patient who has already been to the emergency room or urgent care because of tooth pain and/or facial swelling. These patients should be going directly to a dentist, but their lack of insurance precludes them. Several times per week, we see patients choosing to extract a restorable tooth because (a) they cannot afford alternative treatment and (b) they did not have dental coverage to address the cavity before it reached the nerve of the tooth. Far too often we see patients who state they once had beautiful teeth and routine dental care, but after losing their job or being injured, they lost their benefits and have been unable to see a dentist. Now these patients need full mouth extractions and dentures. Did you know dentures only provide about 15% efficiency as compared to our natural teeth? If Maryland Medicaid offered comprehensive dental coverage to these adults, preventative dentistry could help us avoid these situations.

Thankfully, Maryland Medicaid does offer *some* dental coverage for those adults dually eligible under age 65, pregnant and postpartum people, and young adults who have aged out of foster care. We have improved lives for these subgroups. Unfortunately, far too many adults do not have dental coverage, resulting in oral health issues that make it difficult to manage dental pain, control a chronic disease, obtain employment, eat, speak, or socialize. At West Cecil Health Center, we treat many adults in recovery, and to have their teeth restored would allow them to obtain employment and improve their mental health. At West Cecil Health Center, we treat many adults with chronic diseases, and to improve their oral health would help manage their diabetes and heart disease. Comprehensive dental coverage for adults with Medicaid will most certainly improve the lives of Marylanders.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information please contact John Ness, CEO at [jness@westcecilhealth.org](mailto:jness@westcecilhealth.org) or Emily Davis, Dental Director at [edavis1@westcecilhealth.org](mailto:edavis1@westcecilhealth.org).

Sincerely,

John Ness, President and CEO  
West Cecil Health Center, Inc.

49 Rock Springs Road  
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Havre de Grace, MD 21078

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**MAP\_SB150\_Support\_Dental Coverage for Adults.pdf**

Uploaded by: Stacey Jefferson

Position: FAV



## TESTIMONY IN SUPPORT OF SB 150

### Maryland Medical Assistance Program – Dental Coverage for Adults

*Senate Finance Committee*

**January 25, 2022**

*Submitted by Julia Gross and Kali Schumitz, Co-Chairs*

### **Member Agencies:**

211 Maryland

Advocates for Children and Youth

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Catholic Charities

Energy Advocates

Episcopal Diocese of Maryland

Family League of Baltimore

Fuel Fund of Maryland

Health Care for the Homeless

Homeless Persons

Representation Project

Job Opportunities Task Force

Laurel Advocacy & Referral Services,  
Inc.

League of Women Voters of Maryland

Loyola University Maryland

Maryland Catholic Conference

Maryland Center on Economic Policy

Maryland Community Action  
Partnership

Maryland Family Network

Maryland Food Bank

Maryland Hunger Solutions

Paul's Place

Public Justice Center

St. Vincent de Paul of Baltimore

Welfare Advocates

### **Marylanders Against Poverty**

Julia Gross, Co-Chair

P: 410-528-0021 ext 6029

E: [jgross@mdhungersolutions.org](mailto:jgross@mdhungersolutions.org)

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: [kschumitz@mdeconomy.org](mailto:kschumitz@mdeconomy.org)

**Marylanders Against Poverty (MAP) strongly supports SB 150**, which would create an adult dental benefit in Maryland Medicaid. The lack of Medicaid coverage for dental care has been a huge barrier to overall health and health care for vulnerable individuals and families in Maryland. As such, MAP fully supports this bill.

February marks 15 years since the death of 12-year-old Marylander Deamonte Driver. His death made national headlines because he was a child who died of a toothache. And he died of a toothache because his family was poor, in and out of homelessness and uninsured, and could not access dental care. Despite improved access to dental care for young people under Medicaid expansion and a limited adult dental pilot program, very few adults in Maryland have dental care covered by Medicaid today in Maryland. Far too many adults do not, resulting in oral health issues that make it difficult to manage dental pain, control a chronic disease, obtain employment, or even eat, speak, or socialize. And without adult dental coverage under Medicaid in Maryland, access to this lifesaving resource will remain out of reach for so many like Deamonte Driver.

Maryland is just one of three states without adult dental coverage in Medicaid and Maryland is behind almost every other state in dental coverage in Medicaid. Over thirty other states provide comprehensive or limited adult dental coverage in their programs. The remaining states provide some dental coverage to most adults in emergency situations, except for the states of Maryland, Alabama, and Tennessee.

It is time for Maryland Medicaid to provide full adult dental coverage.

**MAP appreciates your consideration and urges the committee to issue a favorable report for SB 150.**

***Marylanders Against Poverty (MAP)** is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*



**SB150\_DrStephenDarganMSDA\_Fav (1).pdf**

Uploaded by: Stephen Dargan

Position: FAV



Written Testimony in Support of SB 150  
Maryland Medical Assistance Program-Dental Coverage for Adults  
Dr. Stephen Dargan, of the Maryland State Dental Association  
Favorable

Members of the Committee. Thank you for holding a hearing on this important bill. My name is Dr. Stephen Dargan, a practicing dentist of 45 years in Prince Frederick, and current president of the Maryland State Dental Association.

I have participated in the Maryland Healthy Smiles program and MSDA's Donated Dental Program, have been a volunteer chair of the Southern Maryland Missions of Mercy, and have helped develop a senior discount dental program with the Calvert County Office on Aging.

As such, I have seen first-hand the numerous barriers to access in dental care for many, leading to poor overall health pain, and diminished self-esteem. For too long, Maryland residents have not had the opportunity through Medicaid to access oral health care. This has put our hospital emergency departments in situations to simply address the pain, and not the underlying issue.

Speaking on behalf of the MSDA, we strongly support SB 150. Upon passage of this bill, access to quality dental care will finally be available for those adult Marylanders who otherwise go without.

For this program to be successful in meeting the need of the underserved, the implementation and administration MUST have input from provider dentists. A sustainable network of dental providers must be available, backed by seamless registration and an appropriate fee schedule. A repeat of the healthy smiles program of troublesome registration, and no fee increases for over 12 years will discourage initial participation, and future renewal.

In conclusion, SB 150 addresses the oral health needs of vulnerable Maryland citizens. The MSDA supports SB 150, with input from Maryland dentists.

# **SB 150 - Maryland Medical Assistance Program - Den**

Uploaded by: Steven Chen

Position: FAV



Maryland  
Hospital Association

January 25, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support-Senate Bill 150 – Maryland Medical Assistance Program – Dental Coverage for Adults

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 150. Maryland hospitals support the expansion of Medicaid dental coverage for adults. Offering access to this service will benefit patients and help mitigate lengthy wait times in hospital emergency departments.

A [recent report from the Maryland Dental Action Coalition](#) highlights how the lack of dental coverage for adults adversely impacts Maryland's emergency departments. Among the findings:

- In fiscal year 2019, there were 35,300 emergency department visits for nontraumatic dental conditions among all adults in Maryland
- Although Medicaid members comprise only 17% of Maryland adults, they account for 54% of all the state's emergency department visits for nontraumatic dental conditions and 46% of total cost

While many factors contribute to the lengthy wait times, one of the main causes is the number of patients who could have avoided an emergency department visit if they had access to care at a more appropriate setting.

Under Maryland's unique Total Cost of Care Model agreement with the federal government, Maryland hospitals work to lower costs and improve population health. In addition to treating illness and injury, hospitals reach beyond their four walls to keep people well and improve the health of the communities they serve. The result: hospitals are taking care of the whole person, empowering patients and families, coordinating care among different providers, and addressing social factors that influence people's health. Expanding access to dental coverage will help reduce Medicaid enrollees' reliance on emergency departments for their dental needs, contribute to shorter wait times and help patients receive the right care in the right setting.

For these reasons, we urge a favorable report for Senate Bill 150.

For more information, please contact:  
Steven Chen, Director, Policy  
Schen@mhaonline.org

# **SB150 - Medical Assistnace dental coverage - POG\_S**

Uploaded by: Tami Goldsmith

Position: FAV



**Finance**

**HB 150 -Maryland Medical Assistance Program – Dental Coverage for Adults**

**January 25, 2022**

**Position: support**

People On the Go Maryland is the statewide self-advocacy organization run by and for individuals with intellectual and developmental disabilities.

This bill requires that the Maryland Medical Assistance Program provide comprehensive dental care for adults whose annual income is at or below 133 percent of the federal poverty level.

The expansion of the Maryland Medical Assistance dental coverage program for adults still doesn't go far enough to address the lack of dental facilities that do not accept medical assistance insurance and the current rate is far too low for the lack of basic access to oral care people with disabilities need.

We do feel that this increase is a step towards raising awareness and better access for more people with disabilities to take better care of their teeth. We are looking for a favorable report.

Thank you

Ken Capone  
Policy Director

# **MD Adult Benefit Avesis.pdf**

Uploaded by: Thomas Tremble

Position: FAV

Avēsis, LLC Statement  
in Support of  
SB 150,  
Maryland Medical Assistance Program-Dental Coverage for Adults  
January 25, 2022

Chair Kelly and Committee members, my name is Michael Exler, DDS, FAGD. I am the Chief Dental Officer at Avēsis, LLC, an administrator of dental and vision benefits for Medicaid members across the country, as well as a former practicing dentist in both Baltimore County and Baltimore City for over 40 years. I was a provider in the Healthy Smiles program and know first-hand the value that having dental benefits provides to Medicaid members.

I am proud that in my work at Avesis, which started in Owings Mills and is now a national company, we have partnered with managed care plans, states, and other stakeholders across the country to help expand access to dental care for both children and adults. As a Maryland native, it has been a sore spot for me that our state is behind nearly every other state in not providing dental benefits for its adult Medicaid members.

Maryland is broadly recognized for its world-class medical research and treatment facilities. That we have not been a leader in dental treatment for our most vulnerable citizens, but have lagged behind nearly every other state should end now. While not having a comprehensive adult dental program may provide the state some near-term savings, putting a program in place will provide enormous benefit for the state, the health care system, and Medicaid members.

Without a dental benefit:

- Medicaid members put off minor dental problems until painful complications develop and show up at emergency departments, which are usually unable to provide any help beyond pain relief medication.
- Medicaid members in need of dental care show up at free dental clinics, which may be few and far between, where many are turned away due to the



overwhelming demand. Further, COVID has caused most large mobile free dental clinics to temporarily shut down.

- Adults without dental coverage may be ashamed to seek employment, or be turned down for a job, due to their poor oral health.

For a long time, even our Medicaid program for children had the reputation of being one of the worst in the country. Unfortunately, it took the death of twelve-year-old Deamonte Driver, a Prince George's County resident, in 2007 for the state to make dramatic changes to the children's dental program. It is past time for adoption of a comprehensive dental benefit for adults. Let's not wait until there is another tragedy. I request your support of SB 150.

If you have any questions, contact Tom Tremble, Avēsis Assistant Vice President of Government Affairs at 202-299-6166 or Marta Harting, with Venable, at 410-244-7542.





**MATOD - SB 150 FAV - Medicaid Dental Coverage.pdf**

Uploaded by: Vickie Walters

Position: FAV



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[www.matod.org](http://www.matod.org)

## Senate Finance Committee

January 25, 2021

### Support of Senate Bill 150

The Maryland Association for the Treatment of Opioid Dependence (MATOD) urges a favorable opinion on SB 150.

MATOD represents over 65 healthcare organizations across Maryland that provide and promote high-quality, effective medication assisted treatment for opioid addiction. MATOD members include thousands of highly trained and dedicated addiction counselors, social workers, physicians, nurse practitioners, physician assistants, nurses, psychologists, peer recovery specialists and office personnel who dedicate every day to saving lives. MATOD programs serve over 35,000 Marylanders enrolled in opioid treatment programs (OTPs) receiving methadone and buprenorphine, in conjunction with counseling and other medical services.

Our programs provide many resources to our patients, but the one thing we cannot assist our patients in accessing is dental care. There are long waits and fees for those who choose to use the few resources out there, such as the University of Maryland Dental School and federally qualified health centers, that try to offer some dental care. Those of us who interact with people affected by substance use disorders (SUDs) are very well aware that addiction goes hand in hand with dental problems. These problems cause chronic and acute pain, infection, and social embarrassment. Dental pain can be a factor in relapse to illicit substances when patients feel the need to self-medicate. The embarrassment of missing and/or discolored teeth often causes lack of confidence in re-establishing relationships with others and can limit the desire for participation in self-help groups that may be a valuable aid in their recovery.

Dental care is health care. We know this. The results of poor oral health, including bad breath and missing, or discolored/rotten teeth, can at the very minimum reduce a person's confidence. It can also affect employment prospects. And on a larger scale, poor oral health affects one's well-being. Dental problems can cause chronic headaches, diabetes, and heart problems. It is not logical that medical insurance plans do not cover the mouth. Good oral health prevents other poor health outcomes which saves money, and in some cases, saves lives.

MATOD urges the Senate to prioritize the inclusion of dental services as basic and necessary medical care in the Maryland Medicaid program. Please support Senate Bill 150.

*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*

# **SB150 - Benevis - Testimony in Support.pdf**

Uploaded by: Caitlin McDonough

Position: FWA



January 25, 2022

The Honorable Delores Kelley  
Chair, Senate Finance Committee  
Miller Senate Office Building, 3 East  
11 Bladen Street  
Annapolis, MD 21401

TESTIMONY IN SUPPORT OF SENATE BILL 150 – MARYLAND MEDICAL ASSISTANCE PROGRAM – DENTAL COVERAGE FOR ADULTS

Benevis is a dental support organization providing non-clinical support services to dental practices across Maryland. Benevis is dedicated to its mission to improve access to dentistry by providing the highest quality non-clinical services to some of the nation's leading dental practices. In Maryland, the nine dental practices Benevis supports specialize in providing Medicaid dental services, with those practices serving a patient population that is more than 80% Medicaid. Together, these practices make up one of the largest providers of Medicaid dental services in the state, providing just under 20% of the Medicaid dental services statewide and approximately 40% of the Medicaid dental services in the Baltimore region. As a major Medicaid dental provider in the State, we strongly support the establishment and implementation of an adult dental benefit in Maryland's Medical Assistance Program and urge the State to continue its investment in Maryland's dental provider safety net.

As part of the implementation process for a permanent adult benefit, we urge the General Assembly and the Administration to include a significant increase in the reimbursement rates for Medicaid dental services. Across the nation, Medicaid dental rates have persistently lagged behind commercial dental insurance rates and rates for Medicaid medical services, including Maryland which has not seen a comprehensive increase in Medicaid dental rates for more than a decade. This stagnation in reimbursement rates has significantly limited the ability of Medicaid-focused providers to maintain reasonable wages for dental practitioners, particularly for dental hygienists and dental assistants. This Committee is very familiar with the struggle to maintain and compensate quality healthcare practitioners when reimbursement rates simply do not support it.

This limitation on wages combined with our ability to maintain staff during COVID, in professions with a higher risk for infection and that utilize a workforce that has been particularly hard hit by the shutdown of childcare and other resources, means the practices we support are already operating with minimal staff. Additionally, our practices, which traditionally have focused on pediatric care, have struggled to keep up with increased demand for services due to gaps created by the shutdown of community-based care due to the pandemic. Children who used

to receive services through schools, Headstart programs, and other entities, have not had access to that care, resulting in increased demand on pediatric and Medicaid-focused practices. Patients who were once able to access care within days, or even same-day, now must wait weeks for appointments because there simply is not enough practitioners to treat them.

While Medicaid dental rates have remained stagnant, the cost of providing dental care has increased, particularly during COVID when providers must utilize high cost personal protective equipment (PPE) that cannot be billed to Medicaid, in contrast to PPE for services covered by private insurance or out-of-pocket payment, where that additional cost is passed on to the payer. This combination of increased cost and a lack of requisite increase in reimbursement rates has only intensified the need for higher rates.

As a major Medicaid dental provider, we enthusiastically welcome the implementation of an adult dental benefit here in Maryland, as we have always strived to serve our patients and their entire families. However, under the current rate structure, we are already struggling to keep up with service demand and have serious concerns about our ability to take on an expanded population without a requisite investment in the infrastructure of Maryland's dental safety net.

We look forward to working with the bill sponsors, the Committee, Maryland Medicaid and all of the stakeholders advocating for this legislation to best implement this long-awaited program. Thank you to the Committee for its consideration and its longstanding work on dental access for all Marylanders, and Benevis urges the favorable consideration of Senate Bill 150, including support for increased investment in Maryland's Medicaid dental network.

**3 - SB 150 - FIN - MDH - LOO.docx.pdf**

Uploaded by: Heather Shek

Position: UNF





## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

January 25, 2022

The Honorable Delores G. Kelley  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

### **RE: SB 150 – Maryland Medical Assistance Program – Dental Coverage for Adults – Letter of Opposition**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of opposition on Senate Bill (SB) 150 – Maryland Medical Assistance Program – Dental Coverage for Adults.

SB 150 would require Maryland Medicaid to provide comprehensive dental coverage for adults up to 133% of the federal poverty level beginning on January 1, 2023. MDH respectfully opposes this legislation on the basis of fiscal impact. The cost is estimated to be at least \$155.1 million (\$62.1 million in State general funds and \$93.1 million in federal funds) per year.

Unlike bills introduced in prior sessions which required basic coverage for dental services, SB 150 calls for comprehensive coverage, resulting in a more substantial fiscal impact. Based on estimates in a February 2016 report by the Hilltop Institute for the Maryland Dental Action Coalition (MDAC), MDH anticipates a comprehensive, extensive plan would have a per member per month (PMPM) cost of \$16.88 in 2022 dollars.<sup>1</sup> As of February 2020, there were 745,945 participants enrolled in Medicaid over age 19 who would be newly eligible for dental benefits under the bill.<sup>2</sup> Actual enrollment may be higher which would subsequently increase costs.

Maryland Medicaid currently covers dental services for children under age 21, pregnant women 21 and older, participants 21 and older enrolled in Rare and Expensive Case Management, and former foster care children under age 26, through the Maryland Healthy Smiles Dental Program. In CY 2019, \$199.7 million was spent on dental through the Healthy Smiles Program. To the

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<sup>1</sup> [https://www.mdac.us/file\\_download/inline/fd7f7411-488f-470a-bcb2-3cde211b4151](https://www.mdac.us/file_download/inline/fd7f7411-488f-470a-bcb2-3cde211b4151)

<sup>2</sup> Due to COVID-19, MDH is seeing higher than average Medicaid enrollment. States are currently eligible for an enhanced federal match if they provide continuous eligibility through the end of the month in which the national public health emergency (PHE) ends for those enrolled as of March 18, 2020, or at any time thereafter during the PHE period. For the purposes of this estimate, MDH assumes that the PHE will end prior to the implementation of this bill and that enrollment will return to pre-COVID levels, which is why the February 2020 enrollment numbers are referenced here.

extent that any changes would be required to one of these populations' dental packages to align with a new comprehensive adult package, the fiscal impact of SB 150 would increase. Furthermore, some of Maryland Medicaid's MCOs voluntarily elect to offer limited dental services to their adult participants; Maryland Medicaid does not reimburse the MCOs for these services.

Additionally, in 2021 the General Assembly passed SB 100/HB 368 which created a temporary committee, the Oral Health Task Force. This task force is charged with studying and analyzing the current landscape of oral health services in the State. They are also tasked with making recommendations to improve access to services, especially for our most vulnerable citizens. The task force began its work on July 1, 2021, and is slated to continue for a period of two years. MDH respectfully requests this legislation be revisited after the task force finishes their analysis and provides the legislature with its recommendations.

If you would like to discuss this further, please contact Heather Shek, Director, Office of Governmental Affairs at (443) 695-4218 or [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,



Dennis R. Schrader  
Secretary

**MMCOA SB 150 Statement of Information 01 25 2022.p**

Uploaded by: Jennifer Briemann

Position: INFO



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**Statement on Senate Bill 150- Maryland Medical Assistance Program  
Dental Coverage for Adults**

**Senate Finance Committee**  
**January 25, 2022**

Thank you for the opportunity to submit a statement in regards to SB 150- Maryland Medical Assistance Program- Dental Coverage for Adults.

The Maryland Managed Care Organization Association's (MMCOA) nine member Medicaid Managed Care Organizations (MCOs) that serve over 1.5 million Marylanders through the Medicaid HealthChoice program are committed to identifying ways to improve quality and access to care for all Medicaid participants.

Because Maryland's MCOs greatly value dental health as an important component of overall somatic health and well-being, all nine MCOs serving the HealthChoice program provide adult dental services to their members as a voluntary, value-add benefit.

As this bill is considered, we respectfully request that the importance of care coordination, integration of services, and exchange of dental care information be considered and remain a priority in the development of policy.

The MCOs welcome the opportunity to engage in the policy discussions surrounding SB 150 and look forward to continued collaboration with the State as we work to identify ways to improve access to affordable high-quality care for all Medicaid participants.

*Please contact Jennifer Briemann, Executive Director of MMCOA, with any questions regarding this testimony at [jbriemann@marylandmco.org](mailto:jbriemann@marylandmco.org).*

# **2022 Philip DiMura NY State Health Department SB 1**

Uploaded by: Philip DiMura

Position: INFO

**Philip DiMura**

**Dental Services and Health Outcomes in the New York State Medicaid Program**

**Maryland State Legislature Presentation**

*January 25, 2022*

Thank you for inviting me to discuss our study entitled Dental Services and Health Outcomes in the New York State Medicaid Program recently published in the Journal of Dental Research.

We sought to investigate the relationship between utilization of dental care, subsequent health service utilization, and associated health care costs comparing cohorts of New York State Medicaid members receiving preventive dental care, those receiving extractions and/or treatment for dental disease, and members receiving no dental care. Additional analyses were conducted to evaluate the same relationships among members with selected chronic diseases.

The study included more than half a million Medicaid members, ages 40-64, not also enrolled in Medicare.

We found the all-cause emergency department (ED) rate ratio was significantly lower in members who received preventive dental care compared to those who received dental treatment.

Similarly, for all-cause inpatient admissions, rate ratios were significantly lower for members who received preventive dental care compared to those who received treatment for dental disease, with reductions even larger than those observed in ED visits, particularly among members who received preventive dental care.

With regards to costs, the average adjusted ED cost differences across cohorts were small and mostly not statistically significant.

However, average inpatient admission costs per member were significantly lower for members receiving preventive dental care, with savings ranging from -\$263 to -\$380.

For each additional preventive care visit received, we found a 3% reduction in relative risk for ED visits and a 9% reduction for inpatient admissions.

Each additional preventive care visit significantly lowered costs for all outcomes and was especially pronounced for total adjusted health care at -\$236 and inpatient admission at -\$181.

In an analysis of members with selected chronic diseases, preventive dental care was associated with lower ED and inpatient admission utilization rates and costs per member in all disease cohorts. Cost savings were most pronounced for inpatient admissions for members receiving preventive dental care without dental treatment ranging from -\$539 to -\$1950.

In conclusion, we found that utilization of preventive dental care was associated with reduced ED and inpatient admission rates and inpatient admission costs.

Thank you for this time to share our findings.