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SB 237
Public Health - Dental Services - Access
Hearing of the Senate Finance Committee
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1:00 PM

FAVORABLE WITH AMENDMENTS

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 and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **The PJC supports SB 237 with amendments.** SB 237 would require parents and guardians of children enrolled in the Maryland Public School System and other specific settings to provide evidence that the child has received a dental screening within certain time periods. It would also expand the Dent-Care Program's loan assistance grants to dental hygienists and require the Maryland Department of Health (MDH) to reimburse Community Health Workers for services provided to dental patients. While we support the spirit and intention of SB 237, we have concerns with the provisions described below and the potential unintended impact.

Childhood Dental Screenings Requirement

Access to pediatric dental care has been an advocacy priority for PJC for many years since one of our client's children, 12-year-old Deamonte Driver, died of an untreated tooth infection in 2007. While we believe Maryland should continue to increase access to dental care for children, we have concerns that the requirement for parents and guardians to obtain a dental screening for their children could create unintentional barriers to education and may place additional strain on Maryland's dental system.

We thank the House Health and Government Operations Committee and Senate Finance Committee for passing legislation to require Maryland's Medicaid program to cover adult dental care. Dental providers and advocates are working to build capacity in the community to successfully meet the needs of newly covered adult dental patients, many of whom have been waiting for years to address chronic dental conditions and pain. Due to the tremendous focus on capacity building for the adult Medicaid community, families, especially those with more than one child, may experience hardship in obtaining timely dental screenings and needed follow up care and may

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have to delay school enrollment as a result. Similarly, this provision would create a significant increase in demand for pediatric dental screenings which could also unintentionally hinder dental providers from building the capacity needed to serve the adult Medicaid population. It is also unclear whether pediatric dental providers will have capacity to schedule timely dental screenings and follow up care for thousands of children in Maryland.

We respectfully recommend striking this language and replacing it with a requirement for MDH and the Maryland State Department of Education to collaborate on educational materials and outreach for families on the importance of childhood dental screenings and how to obtain such screenings. These materials could be developed in plain language in collaboration with the state-designated Consumer Health Information Hub. PJC believes that education and outreach would be a more effective pathway towards improving childhood oral health.

CHW Medicaid reimbursement for services provided to dental patients

PJC strongly supports expanding access to community health workers as a way to improve health equity and access in Maryland. However, we believe that the requirement to reimburse CHWs for services provided to dental patients should be part of a comprehensive package to reimburse all CHW services under Medicaid in a wider variety of settings. CHWs are frontline public health workers who are members of and have a deep understanding of the communities they serve; provide culturally-competent health education, care coordination, and social and emotional support; help people navigate health and social service systems; and advocate for individuals and communities. Though CHWs help address social determinants of health, improve health outcomes, and reduce costs¹, CHWs are still not reimbursed by Maryland Medicaid.

This is a glaring issue that has led to some CHWs leaving the field or being terminated from positions with providers who do not have funding to support the services. We are concerned that only reimbursing CHWs who provide services to dental patients could create unintentional inequities in the field as not all CHWs work with dental patients. We respectfully recommend that this type of reimbursement expansion first be studied to determine how best to provide sustainable funding, including Medicaid reimbursement, to CHWs working in a variety of settings with patients with dental and other health needs.

Thank you for your consideration of these concerns and recommendations. We thank Delegate Bagnall for championing this important oral health access legislation and urge the committee to issue a **FAVORABLE** report for **SB 237 with amendments to address the concerns above**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

¹ [Chidinma A. Ibe and Obie S. McNair. Abell Foundation. *Advancing and Sustaining the Community Health Worker Workforce in Baltimore City: A Call to Action for Key Stakeholders*. \(October 2021\).](#)