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February 28, 2023

The Honorable Delegates Joseline A. Peña–Melnyk
Chair, Health and Government Operations Committee
Prince George’s and Anne Arundel, District 21
241 Taylor House Office Building | 6 Bladen Street
Annapolis, Maryland 21401

Re: Maryland Medical Assistance Program – Hospitals – Dental Services | House Bill 970

Dear Madame Chair,

Many thanks are due you, Delegate Bonnie Collison and the Health and Government Operations Committee for the introduction of House Bill 970. I appreciate your commitment to legislation that has the greatest potential to elevate the health status of Marylanders from Garrett County to our eastern shores. This legislation is a forward-thinking methodology that is in wise keeping with sound interprofessional collaboration. The circumstances that have compelled you to craft this bill supports the need for this approach to a coordination of health care that will protect the wellbeing of our children and families.

My waiting list for children under 5 years of age that are in immediate need of comprehensive dental rehabilitation under general anesthesia has reached 26 this week. In January, I had one mother who continued to show up in our lobby on multiple occasions insisting she be provided an appointment for the operating room to get her 3-year-old daughter out of pain. Each time she showed up, we stopped caring for the patients already in the office to advocate for this child. Finally, after multiple calls to the hospital a slot of time became available. Since this occurrence, others have begun to do the same, because families in crisis don’t always understand or appreciate what is required to schedule a patient for dental treatment in the operating room. Nor do they understand the barrier we currently face as dental surgeons in our efforts to secure hospital time. This is a stressful and frightening scenario for all -the parent, patient and provider.

Today, our provider-payer-administrator-facility circumstances no longer afford us oral health care treatment as usual. Instead, access to dental care for infants and toddlers frequently necessitates utilization of general anesthesia and the hospital operating room. Sadly, this is more often true of populations increasingly impacted by poor oral hygiene, and poor diet hygiene behaviors, and those who reside in food deserts, and health care deserts. These are populations impacted by the consequences of malnutrition, which often includes the destruction of the teeth and their supporting structures.

Preventable oral health conditions worsened during the advent of the worldwide coronavirus pandemic. Stay-at-home survival activities led to an increase in oral health care neglect. Lack of healthy food choices, excessive confectionary treats, and sugar-sweetened beverage over consumption, coupled with missed dental visits and insufficient emphasis on prevention has led to these levels of disease. The compromise of the oral health care workforce and infrastructure, including the exodus of dentist for earlier retirement, or career change options have all contributed to the exacerbation of *Early Childhood Caries* nationwide and across Maryland.



Lead poisoning of our 1 and 2-two-year-old children is preventable, as is chronic, severe early childhood caries in our infants and toddlers, preventable. Both leave unacceptable sequelae that violate human health. These devastating health circumstances must not be allowed to purpurate in our state, or in our United States. Yet, the fact that these are preventable illnesses, that could lead to death, that continue to plague us as a state, is unthinkable. Even after we have experienced tragedy in 2008 with the loss of 12-year-old Deamonte Driver, we again face what has become another, truly frightening access to care barrier to the crucial oral health treatment needs of our children.

The ability to eat, sleep, speak and function normally are the basic of survival needs that we know are dangerously jeopardized when oral health care neglect violates proper development. House Bill 907 is progressive legislation that addresses shared hospital care equity for all surgical needs to be addressed, including the overwhelming need for the comprehensive dental rehabilitation under general anesthesia, particularly in our youngest populations. It speaks to the responsibility we will all share should the decision to deny Marylanders the opportunities House Bill 970 will afford the children of our state.

We are a better Maryland than to allow the current state of affairs to exist in the 6th wealthy state in the nation, and the wealthiest county in the world. House Bill 970 is paramount for the health, wellbeing and safety of our most vulnerable children - infants and toddlers. This proposed legislation addresses the shared responsibly we must accept for the allocation of equal general anesthesia utilization across hospitals for both oral health restoration procedures and other life sustaining surgeries. I am confident that our stakeholders will develop a plan with a meaningful coordination of health care systems that will effectively align the Maryland Medical Assistance Program, hospitals and our dental services.

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I appeal to our entire Health and Government Operations Committee, our Senate and our entire Generally Assembly to image that it is your love one; your 2- or 3-year-old child; your grandchild or your constituents in need of general anesthesia to relieve the pain and suffering of severely diseased and abscessed teeth. I, ask you on behalf of all the children of Maryland, for preservation of our commerce and for the productive future of our state to give a favorable report to support House Bill 970.

Sincerely,

Winifred J. Booker

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Pediatric Dentist
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CEO & Director of Development | The Children’s Oral Health Institute

cc: The Honorable Delegates Bonnie Collison
Health and Government Operations Committee