



March 7, 2023

The Honorable Joseline A. Pena Melnyk
Chair, House Health and Government Operations
Room 241
House Office Building
Annapolis, Maryland 21401

Re: HB 970 – Maryland Medical Assistance Program - Hospitals - Dental Services - Letter of Information

Dear Chair Pena-Melnyk and Committee Members,

The Maryland Health Care Commission (the “MHCC”) is submitting this letter of information on *HB 970 – Maryland Medical Assistance Program - Hospitals - Dental Services - Letter of Information*. This bill would mandate the Maryland Department of Health to require an acute care hospital that participates in the Maryland Medical Assistance Program to develop a plan that demonstrates a commitment by the hospital to provide operating room time for specified dental services; and requiring, on or before January 1 each year, that each acute hospital submit the plan to the Secretary of Health for approval.

Given that dental decay is one of, if not the, most common chronic illness of children in America, a crisis in children’s oral health is also a significant challenge for children’s health. The challenge of providing sedation or general anesthetic dentistry and dental surgery is a challenge in Maryland and many parts of the US. The deficit in access has been exacerbated by the challenges triggered by the COVID-19 Pandemic, resulting closure of dental practices and the limitations most hospitals placed on scheduling ‘elective’ surgeries. Untreated dental cavities lead to more serious infections, at least requiring more extensive dental treatment, but sometimes resulting in serious bodily infections. Children who already had significant decay and had planned restorative treatments when the shutdowns began, frequently ended up in hospital emergency departments to treat their increasing symptoms (pain, inability to eat or sleep, etc.), or more seriously, the spreading infections caused by untreated cavities.

For many patients, what might have been in-office treatment often ended up requiring hospital-based general anesthesia for dental surgery, further increasing expenses, patient risk, and adding to the backlog in cases that could only be treated under deep sedation or general anesthesia. Children with moderate dental problems at the onset of the pandemic fared only

slightly better, often requiring more invasive in-office procedures to restore worsened dental health.

Resolving this challenge requires short-term and longer-term solutions. In the short-term, hospitals and ambulatory surgery centers must temporarily provide increased operating room time and providers including dentists, dental surgeons, and anesthesiologists must commit to provide increased services to reduce the backlog. In some cases, these services will need to be performed for reimbursement that the provider may not judge adequate under typical care delivery. MHCC argues that those concerns need to be temporarily set aside until the backlog of pediatric patients needing dental treatment under deep sedation or general anesthesia can be reduced. Recent surveys from dental providers puts the backlog at 3,000 to 4,000 patients. That estimate however may be low given that not all pediatric dentists participated in the survey.

Reducing the current backlog could reduce the short-term crisis but will not resolve the structural challenges that have existed for many years. MHCC notes that as long ago as 2013, the Maryland Department of Health (MDH) issued the [Report on Pediatric Restorative Dental Surgery and Analysis of Rates for Anesthesia Services](#) which was required by the 2013 Joint Chairman's Report(JCR).¹ That report identified problems with hospital operating room scheduling, unwillingness of ambulatory surgery centers to schedule dental cases, and the adequacy of reimbursement for dentists and anesthesiologists. Those problems have not been resolved a decade later. MHCC fears that the long-term challenges will not be resolved even if providers are mandated to deliver care.

The Report required by the 2013 JCR diagnosed the problems, but there was insufficient follow-up to fully address the long-term structural issues. MHCC believes that a focused workgroup needs to be convened to identify solutions to the longer term crisis. MHCC has reviewed the amendment offered by the Maryland Hospital Association. MHCC supports their amendment and would participate in the workgroup should the amendment be accepted by the Committee.

Maryland has known about the broad challenges of providing dental care to pediatric patients, particularly those covered by the Medicaid program for almost two decades.

¹ See "Report on Pediatric Restorative Dental Surgery and Analysis of Rates for Anesthesia Services", accessed at <https://health.maryland.gov/mmcp/Documents/pediatricdentalJCRfinal9-13.pdf>),



The sad legacy of Deamonte Driver's tragic death in 2007 persists.² Untreated dental cavities can lead to more serious infections, at least requiring more extensive dental treatment.

The MHCC supports strong action to resolve the short and long-term challenges associated with providing access to deep sedation and general anesthesia dentistry. We believe the short-term challenges do not require legislation just the resolve from everyone to focus on the goal to eliminate the backlog of dental cases requiring anesthesia. The longer-term challenges on the other hand may require a more focused and methodical strategy to address. Again, the MHCC supports the amendment offered by the Maryland Hospital Association to establish a focused workgroup on this issue to tackle the longer-term challenges.

If you any questions or would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov or Tracey DeShields, Director of Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,



Ben Steffen,
Executive Director

cc: Maryland Hospital Association

² <https://oneill.law.georgetown.edu/death-from-a-toothache-the-story-of-deamonte-driver-and-where-we-stand-today-in-ensuring-access-to-dental-health-care-for-children-in-the-district/>

