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Testimony in Support of HB 103 & SB 600

Submitted by Charles A. Doring DDS

Thank you for the opportunity to provide my reasonings why HB 103 / SB 600 should be supported. I am on the medical staff of the Hebrew Home of Greater Washington and provide portable dentistry in long term care facilities as well as the homebound. I am a general dentist in Rockville, MD and a Maryland Healthy Smiles (Dental Medicaid) provider. I am also a member of the University of Maryland School of Dentistry Deans Faculty and also on the Maryland Healthy Smiles Provider Advisory Board but speaking today as an individual.

According to the NIH National Institute of Dental & Craniofacial Research April 2022 Bulletin on Oral Health in America "In adulthood, the relationship between oral health and overall health becomes more apparent and manifests in various ways, impacting quality of life. Oral diseases can affect individuals' ability to eat, speak, and smile, and are associated with certain health conditions". Numerous studies have found a connection between oral inflammation and heart disease, dementia, pneumonia, diabetes, and premature & low weight child birth. Several of these medical conditions exist with our older patients who may also lack the ability to perform activities of daily living such as tooth brushing. Many of our elderly patients are unable to have routine professional dental care provided in the traditional dental office. To truly expand access to dental care, I have been teaching dental students and dental hygiene students the benefit of being able to perform portable or mobile dentistry. "House Calls or Extended care facility calls" are not a covered procedure under the current Maryland Healthy Smiles (MHS) dental Medicaid program.

Also related to aging can be the lack of teeth. Proper mastication of food is needed as the initial function of our digestive system. Lack of some or all teeth results in poor chewing efficiency, increased risk of aspiration of food particles resulting in choking, change in diet let alone issues of smiling and low self-esteem due to unesthetic appearance. Dental extraction of hopeless and infected teeth is a covered benefit under the MHS program but providers are unable to provide dentures to replace missing teeth. This leaves the provider and patient with very few options such as charging the patient or trying to locate a charitable organization that will pay the dental laboratory fee while the dentist performs gratis care. One charity, the Maryland Foundation of Dentistry currently has a backlog of 400 patients waiting for care (communication with their executive director).

HB 103 & SB 600 would have the Maryland Department of Health study the cost and benefit of adding dental coverage to the MHS program for "house/extended care facility calls" as well as removable dentures. This dental coverage benefit is needed to assist some of our most dentally and medically challenged patients, many who can not advocate on their own behalf.

For the reasons stated above, I ask that the committees please give HB 103 & SB 600 a favorable report.