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**Committee:** House Ways and Means Committee

**Bill Number:** House Bill 167 - Public Schools - Student Health - Certificate of Dental Health

**Hearing Date:** January 31, 2024

**Position:** Support

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The Maryland Dental Action Coalition (MDAC) strongly supports *House Bill 167 - Public Schools - Student Health - Certificate of Dental Health*. The bill would require the Maryland State Department of Education, in consultation with the Maryland Department of Health, to establish a system where parents and guardians would submit dental care information to schools.

This bill reflects a long-standing recommendation of the Maryland Dental Action Committee, a pre-cursor of our own organization, the Maryland Dental Action Coalition. Following the death of Deamonte Driver, the Maryland Dental Action Committee made a series of recommendations in 2007 to ensure all children receive dental care to ensure their overall oral health, including:

“Incorporate dental screenings with vision and hearing screenings for public school children or require dental exams prior to school entry.”

This legislation does not require dental screening before entry into schools, but by requiring parents and guardians to submit this information to the school, the bill takes a huge step forward in promoting utilization of dental care. The Maryland Dental Action Coalition is committed to working with the State agencies and other stakeholders in supporting the

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implementation of this legislation in a manner that works for parents, guardians, schools, and most importantly, children.

Dental health is a critical part of overall health. Yet, tooth decay, known as dental caries, remains the most prevalent disease among children.<sup>i</sup> From a 2015-2016 survey of Maryland schools, the Maryland Department of Health reported that the percentage of children with dental caries was 41.3% in third grade and 30.2% in kindergarten.<sup>ii</sup> This means that a significant number of children are at risk for the health complications caused by dental caries.

We also know that dental caries and other oral health issues have a significant impact on children's ability to attend school, as evidenced by findings from peer reviewed research:

- Among students with access to oral care, 36% of students missed two or more days due to dental problems
- Among those with access who cannot afford dental care, 73% of children missed two or more days<sup>iii</sup>
- Optimal Oral Health for All Marylanders Low-income children suffer twelve times more restricted-activity days due to dental problems than higher-income families<sup>iv</sup>
- The U.S. Dept. of Health and Human Services estimates that 51 million school hours are missed each year because of dental problems<sup>v</sup>
- Sixty percent of children are affected by tooth decay, making it one of the most common chronic childhood diseases. In another study, children with poor oral health were nearly 3 times more likely to miss school because of dental pain<sup>vi</sup>
- A study examining oral health and attendance in South Carolina found that in a sample of 2,120 children, an average of 4.32 days were missed in the school year from general illness or injury while 21.6% of the students missed a day or more of school from routine dental care, and a little over 4% missed a day or more of school from dental pain<sup>vii</sup>
- One study found that children with poor oral health and general health were 2.3 times more likely to have poor academic performance<sup>viii</sup>

This legislation offers the opportunity to improve children's dental health, and in doing so, their overall health and their participation in their education by:

- Making dental care part of routine care for children. Families already obtain physicals and immunizations before the school year begins. The bill signifies that dental care should be part of that routine care; and

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- Promoting more linkages to dental care resources. The legislation will mean that more families will be seeking dental care; and some families will turn to schools for support if they do not have a dental coverage or a dental provider. In the implementation of the legislation, we can support schools in connecting to community providers in their communities who provide services to children without dental coverage or enrolled in a Medicaid program.

The Maryland Dental Action Coalition asks for a favorable report. If we can assist the Committee as it considers this important legislation, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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<sup>i</sup> Benjamin, Regina. "Oral Health: The Silent Epidemic." Public Health Rep. 2010 Mar-Apr; 125(2): 158–159.

<sup>ii</sup> Maryland Department of Health. Performance Progress Update: The Oral Health Status of Maryland's School Children. The Oral Health Survey of Maryland School Children, 2015-2016. November 2017.

<sup>iii</sup> Pourat N., Nicholson G. Unaffordable Dental Care is Linked to Frequent School Absences. UCLA Health Policy Res Brief. 2009;(November):1–6.

<sup>iv</sup> Centers for Disease Control. After 60 Years of Success in Fighting Dental Decay, Water Fluoridation is Still Lacking in Many Communities. 2013.

<sup>v</sup> Id.

<sup>vi</sup> Jackson S.L., Vann W.F., Kotch J.B., Pahel B.T., Lee J.Y. Impact of poor oral health on children's school attendance and performance. Am J Public Health. 2011 Oct;101(10):1900–6.

<sup>vii</sup> Id.

<sup>viii</sup> Blumenshine S.L., Vann W.F., Gizlice Z., Lee J.Y. Children's school performance: impact of general and oral health. J Public Health Dent. 2008 Jan;68(2):82–7.