

Dentistry For Kids
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Written Testimony for 2/25/25

To: Ways and Means Committee
Delegate Vanessa E. Atterbeary
130 Taylor House Office Building
Annapolis, MD 21401

RE: **HB 771** Student Health - Program for Student Dental Health – Established – **SUPPORT**

Dear Madame Chair and distinguished members of the committee

I am Dr. Shari Kohn, a board-certified Pediatric Dentist in Maryland. I am certified in sedation and I have hospital privileges to treat children's dental needs under general anesthesia. I am representing the Maryland Academy of Pediatric Dentistry in **SUPPORT of HB 771** – Student Health – Program for Student Dental Health – Established.

The **most common chronic disease of childhood is dental caries** - cavities. It is caused from oral bacteria combining with sugars resulting in destruction of the tooth structure. **It is five times more common than asthma. It is seven times more common than hay fever. It is more common than both obesity and diabetes.**

However the major difference between this and all other childhood diseases is that dental **caries is preventable**. It is also easily treatable – especially if caught early.

According to the CDC, among younger children, 11% of 2-year-olds, 21% of 3-year-olds, and 44% of 5-year-olds have cavities.

In our pediatric dental practices, we see children as young as **2 and 3 years old** being **hospitalized for facial infections** that could have easily been prevented with early intervention.

Research shows that children with poor oral health miss more school and receive lower grades.

51% of children aged 6-11 have decay.

1 in 10 children with cavities suffers from pain, making it hard for them to eat, sleep and concentrate.

51 million hours of school are lost each year due to poor oral health and dental pain.

Absences caused by dental pain are proven to be associated with poorer school performance. Dental disease can lead to serious general health problems and significant pain. This interferes with eating, lack of sleep, inability to focus and overuse of emergency rooms.

According to the **American Academy of Pediatric Dentistry Research and Policy Center**,

<https://www.aapd.org/research/policy-center/>

“Early dental visits can prevent suffering, reduce dollars spent on future surgical and emergency dental services, and maximize the chances for children to grow up with healthy, happy smiles. Dental services for younger children... as part of the mandatory early and periodic screening diagnosis and treatment” will result in less dental complications and increase preventive care for children. There is strong clinical and scientific evidence which supports early dental visits improve oral health outcomes and reduce dental costs.

In medicine, numerous examples can be found discussing the **cost-effectiveness of preventive services**. “With early and timely intervention, it is possible to prepare parents for dental milestones while reducing or eliminating future dental caries. This, in turn, will reduce dentally related costs throughout childhood, specifically costs related to restorative care and emergency treatment secondary to infection.”

Engaging professionals to screen and educate families, increases oral health knowledge and practices and can promote positive behavioral changes. We must include physicians, **nurses**, social workers, dietitian nutritionists, **schools** and community health workers. There is even an entire nurses oral health group dedicated to this purpose <https://nursing.nyu.edu/w/ohnep>. This page on their website explains it all. <https://nursing.nyu.edu/w/ohnep/aboutOHNEP/OH-OAH>.

Dental care is medically-necessary care and can prevent systemic medical problems and eliminate orofacial disease, infection, pain, restore the form and function of the dentition, and to correct facial disfiguration or dysfunction.

Failing to take a child to the dentist, can even be considered a case of medical child neglect. When a parent or guardian neglects to give their child or children proper medical care, a legal problem can arise.

The amount of decay that we currently see in children, is proof that we are getting to these kids and their parents too late.

In 2007 – 18 years ago, Maryland suffered with the **death of Deamonte Driver**. This boy, died as a result of extensive dental decay. Bacteria from an untreated tooth, caused an infection which ultimately spread to his brain. After two surgeries and six weeks of hospital care, Deamonte died. This tragedy propelled Maryland's Pediatric Medicaid program to a higher level than in most states. **Deamonte Driver died 18 years ago and Maryland still does not have mandatory dental exams for its youngest, most vulnerable population.**

HB 771 is a move in the right direction. The purpose of it is to show parents how important early dental care is for their children. The goal is NOT to punish or prevent any child from going to school – there are no punitive consequences. **It is to bring attention that overall health includes oral health and helps children in need of treatment get the care they require.**

Existing medical forms have been required for children to start school for very long time. These medical forms are much more involved to complete than the requested dental form. Parents are required to take their child to a medical doctor for an examination and often vaccinations prior to starting school. *Why is dental screening not also recommended?*

There are currently only **4 jurisdictions in the state of Maryland that require a dental form** be completed prior to a child starting Kindergarten or when they enter a new school. They are very simple forms. My practice is in Northern Baltimore County, and **even Pennsylvania** requires a dental form be completed prior to starting school. **I would urge you to contact these areas to confirm that this is effective and simple for the school nurses and school systems.**

I have filled out thousands of these forms throughout my career. They are short and very easy to complete.

There are **3 questions**. Has the child visited a dentist - yes or no? Do they have any dental problems – yes or no? There is also a line for comments. The name of the dentist and their contact information? There is a signature line for the dentist to sign or stamp and date. That is all that is required for the forms that currently exist. A school nurse only has to add them to the child's health file where they can refer to them if needed.

There are NO specific diagnosis or treatment listed on the form. There is no list of vaccinations as with the medical forms that currently exist. Simply stated - the child needs or does not need further dental treatment.

The purpose of the dental screening is to encourage the family to have a dental check-up and to have a dentist on record in the event treatment is needed. Not to mention in the case of an oral accident, there is a dentist on file. Oral Trauma is also very common during schools days. You would not believe how many times a week we get a call from a parent that their child went

to the school nurse experiencing tooth pain or fell and chipped a tooth and they were told that they need to see a dentist. Often, this is the child's first dental visit. In addition, if a child repeatedly goes to the nurse from tooth pain, the nurse has a dentist to contact and is aware that the parent may need help finding a dental provider.

In Maryland, our children are very fortunate. There are many dentists. We have a robust **medical assistance** program for children. Over 75% of pediatric dentists accept children's medicaid. Any dentist, not just pediatric, can perform an examination on these kiddos. There are numerous dental programs, clinics, federally qualified health centers and charities that offer dental treatment if needed. **There are many programs that we can refer children to, in order to help them get the dental care that they need.** University of Maryland School of Dentistry even has grants that offer free treatment to children of our state. The American Academy of Pediatric Dentistry Foundation <https://aapdfoundation.org/> has granted Maryland programs money to treat underserved children. The University of Maryland and the Frederick Health Department are two that come to mind. There are new clinics on the Eastern shore with pediatric dental residents that specialize in children's oral health.

This bill will help children and their parents understand their dental needs. It is meant to educate the families and prevent children from living in discomfort and with infection. **If we can help one child get the treatment they need – it is a win. If we can prevent another child from experiencing dental pain – it is a victory.**

Help us help the children of our state by voting in FAVOR of HB 771.

Respectfully,

Shari C. Kohn, DDS

Executive Committee – Maryland Academy of Pediatric Dentistry
Fellow - American Academy of Pediatric Dentistry
Board Member and Grant Reviewer - American Academy of Pediatric Dentistry Foundation
Diplomat - American Board of Pediatric Dentistry
Fellow - American College of Pediatric Dentistry
Fellow – International College of Pediatric Dentistry
Member – Maryland State Board of Dental Examiners
Clinical Instructor – University of Maryland School of Dentistry