

Sen. Ellis Written Testimony SB0120.pdf

Uploaded by: Arthur Ellis

Position: FAV

ARTHUR ELLIS, CPA
Legislative District 28
Charles County

DEPUTY MAJORITY LEADER

Finance Committee

Vice Chair, Rules Committee

Senate Chair

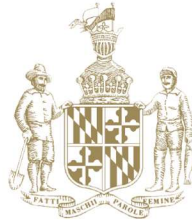
Joint Committee on the
Management of Public Funds

Senate Chair

Joint Committee on
Workers' Compensation Benefit and
Insurance Oversight

Senate Chair, Charles County Delegation

Chair, Select Committee Southern
Maryland



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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Arthur.Ellis@senate.maryland.gov

District Office
3261 Old Washington Road
Waldorf, Maryland 20602

February 2, 2026

Re: Primary Sponsor Written Testimony in Support of Senate Bill 0120: Health Insurance – Required Benefits for Dental Preventive Care – Frequency Limitation Interval (Healthy Moms and Family Smiles Act)

Dear Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee:

I am writing to express my strong support for Senate Bill 0120, which would shorten the maximum interval of days that certain carriers may impose as a frequency limitation on dental preventive care.

Under current Maryland law, if a health insurance plan covers dental services, carriers can make the frequency between visits maximum 120 days. Therefore, individuals may wait up to 120 days before they can afford to attend another appointment regarding dental services. A recent statewide report finds that cost and lack of access are key reasons people skip dental care in Maryland (Eye on Annapolis, 2026). This bill would alter the maximum of 120 days to 90 days; therefore, those whose health insurance covers dental services may receive more frequent care. This includes families, especially mothers and children. In addition to checkups and cleaning, mothers may have more dental care needs, particularly through pregnancy. As children grow and develop, they require a range of oral health services, including orthodontic care such as braces, routine checkups to monitor the loss of baby teeth, and evaluations as permanent and wisdom teeth emerge (Health Resources & Services Administration, 2024). Both mothers and children would greatly benefit from more regular preventive care as dental benefits become more accessible and less restricted.

National data show that people with dental benefits visit the dentist more often and have better oral health habits (Guardian, 2024). Individuals would have increased access to routine dental care, and there would be an overall decrease in oral related issues. By supporting this bill, Maryland will be able to provide individuals and families with more accessible dental services. I request a favorable report on Senate Bill 0120.

Sincerely,

A handwritten signature in cursive script that reads "Arthur Ellis".

Arthur Ellis, CPA

ARTHUR ELLIS, CPA
Legislative District 28
Charles County

DEPUTY MAJORITY LEADER

Finance Committee

Vice Chair, Rules Committee

Senate Chair

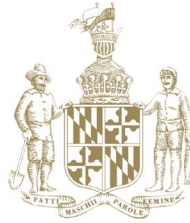
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References

Eye on Annapolis. (2026, January). Maryland report finds dental care is the top medical service skipped due to cost. <https://www.eyeonannapolis.net/2026/01/maryland-report-finds-dental-care-is-the-top-medical-service-skipped-due-to-cost/>

Health Resources & Services Administration. (2024). Oral health and pregnancy. U.S. Department of Health & Human Services. <https://www.hrsa.gov/oral-health/pregnancy>

The Guardian Life. (2024). Once of prevention: Dental insurance report. <https://www.guardianlife.com/reports/dental-insurance/once-of-prevention>

SB120 - MDHA - Testimony in Support.pdf

Uploaded by: Caitlin McDonough

Position: FAV



Maryland
DENTAL HYGIENISTS'
ASSOCIATION

February 4, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East
11 Bladen Street
Annapolis, MD 21401

TESTIMONY IN SUPPORT

SENATE BILL 120 - HEALTH INSURANCE – REQUIRED BENEFITS FOR DENTAL
PREVENTATIVE CARE – FREQUENCY LIMITATION INTERVAL (HEALTH MOMS AND
FAMILY SMILES ACT)

Dear Chair Beidle and Members of the Committee:

The Maryland Dental Hygienists Association (MDHA) is the professional association for dental hygienists providing services in Maryland. As an organization, MDHA seeks to improve the public's total health by advancing the art and science of dental hygiene, including ensuring access to quality oral health care, increasing awareness of the cost-effective benefits of preventative dental services, promoting the highest standards of dental hygiene education, licensure, practice and research, and representing and promoting the interests of dental hygienists in Maryland.

In keeping with those goals, MDHA takes this opportunity to submit testimony in support of Senate Bill 120 which lessens from 120 days to 90 days, the amount of time that an insurance carrier may limit the frequency of coverage for dental preventive care, as defined in statute. The bill would provide patients and families with more flexibility of coverage for essential preventative care. This helps lower the cost of oral health in Maryland by increasing access to preventative care, which can deter the need for more costly restorative services in the future. As this Committee knows, oral health care is often neglected by patients and in times when healthcare costs are increasing, it is commonly the first type of health services sacrificed due to challenges from cost and/or access. Incentivizing coverage and access to this care and giving patients more flexibility to coverage through their insurance is a simple, but essential step in prioritizing and protecting care.

Maryland has been a longtime leader in emphasizing the importance of oral health and the essential role of preventative services and the practitioners who provide those services. SB120 is another valuable tool in that vital public health initiative and MDHA thanks Senator Ellis and the members of the Finance Committee for their continued leadership on this issue. MDHA respectfully urges a favorable report on Senate Bill 120.

SB 120, Support, Charles Doring.pdf

Uploaded by: Charles Doring

Position: FAV



Written testimony in support of SB 120
Health Insurance-Required Benefits for Dental Preventive Care – Frequency Limitations Interval
(Healthy Moms and Family Smiles Act)
By Dr. Charles Doring
President, Maryland State Dental Association

Thank you for the opportunity to provide my reasonings why SB 120 should be strongly supported to improve the oral health of all Marylanders. I am a general dentist in Rockville, MD. I provide dental care to those in long term care facilities as well as the homebound and I am a Maryland Healthy Smiles (dental Medicaid) provider. I am also the current president of the Maryland State Dental Association.

SB 120 would require dental benefit plans to shorten the frequency limitation on dental preventive care from 120 days to 90 days. The days of the routine dental checkup of every six months for everyone is gone. We have for some time been teaching our dental and dental hygiene students that frequency of “preventive” dental care, as well as the patient’s own oral home care routine, needs be customized in each individual case to maximize oral health to contribute to good systemic health.

To give you an example from my patients:

A healthy patient who maintains optimum oral home care (i.e. brushing for 2 minutes ,2x/day and flossing daily) can often be placed on a preventive schedule of 12 to 18 months.

A non-healthy patient with obstacles to perform good oral hygiene and presents with dental disease or high risk for dental disease, needs to be placed on a much more frequent recare schedule. The decision of what that interval is should be decided between the oral health care provider and the patient, not by a dental benefits insurer.

Examples of patients who require more frequent dental preventive or periodontal (gum) care as early as every two to three months could include:

- 1) Children with nursing bottle tooth decay.
- 2) Patients with dry mouth caused by medication, salivary gland disorder or head and neck radiation.
- 3) Dental evaluation prior to surgery such as joint replacement or cancer.
- 4) Patients undergoing chemotherapy, organ transplant, or radiation treatment.

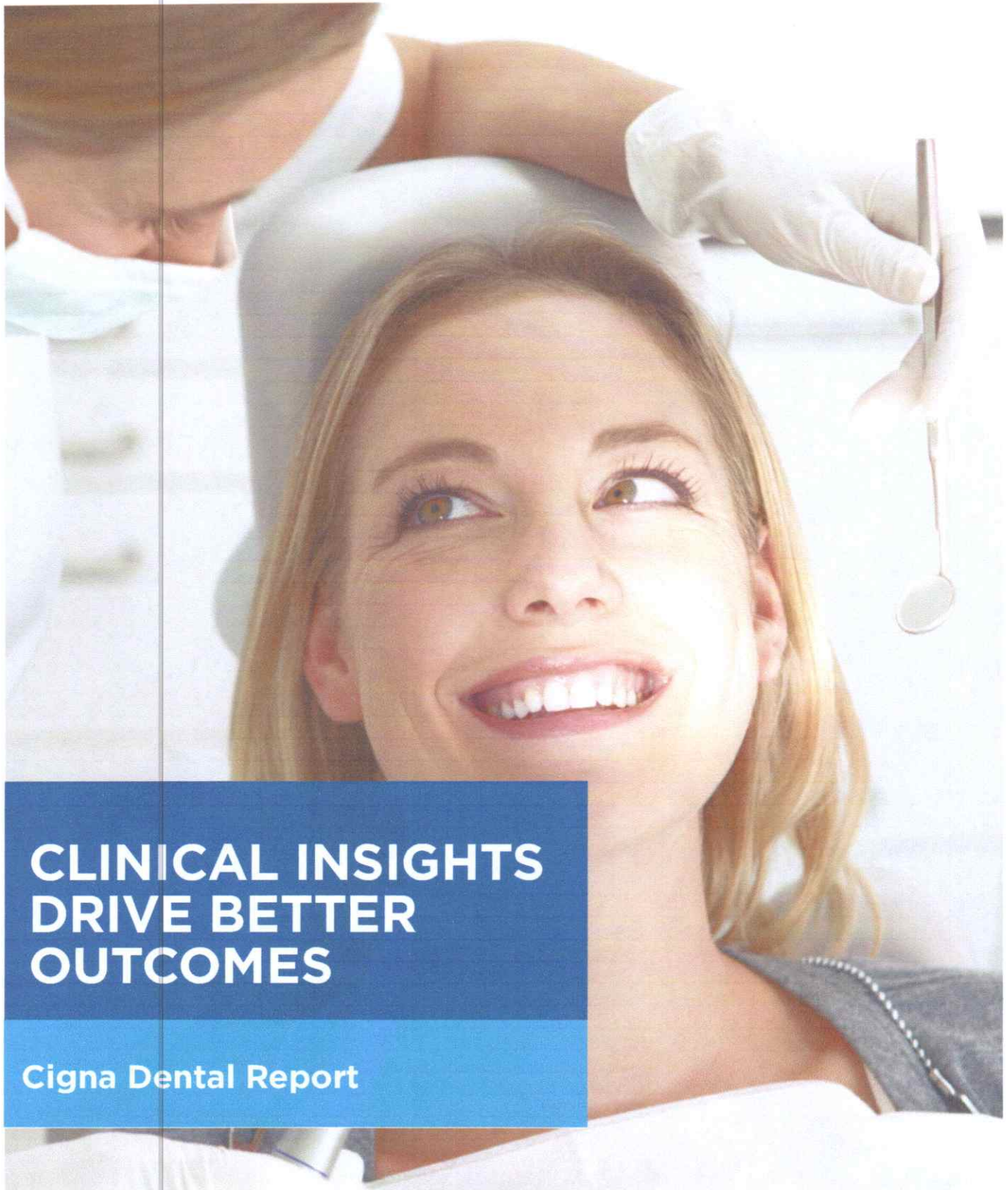
5) Patients with systemic conditions with known oral conditions such as diabetes, Sjogren syndrome, or osteoporosis.

5) Patient unable to perform activities of daily living to include tooth brushing.

SB 120 allows the dentist and patient or guardian to decide on the frequency of preventive dental care best for the patient at a minimum of 90 days. This will lower dental and medical costs in the long run and remove a barrier to optimum oral health.

Attached to this letter of support for SB 120 is a 2019 report from Cigna. The report not only looks at dental care costs being reduced when preventive care utilized, but also helps to reduce medical costs such as few emergency department visits and hospital admissions.

For the reasons stated, the Maryland State Dental Association asks for a favorable report on SB 120.



CLINICAL INSIGHTS DRIVE BETTER OUTCOMES

Cigna Dental Report

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company and its affiliates.

The impact of preventive dental care.

It's no secret that oral health and overall health are inextricably connected. Research has shown that gum disease can significantly affect systemic health, ultimately impacting not only the patient's **quality of life**, but their **out-of-pocket costs** for medical and dental care.¹ When it comes to preventive care, it's clear the old adage is true – an ounce of prevention is worth a pound of cure.

The Cigna Dental Clinical Team completed a multi-year study to better understand the impact that preventive dental care has on medical and dental costs, and what impact periodontal treatment has on patients diagnosed with periodontal disease.

Preventive care reduces future dental costs.

We concluded that individuals who practice good preventive oral health care* by visiting their dentist as recommended show consistent cost savings year over year.

In fact, over a five-year period, dental costs declined steadily to reach a **total savings of 31% per customers, per year (PMPY)** for age groups 18-64.¹ Customers in this group also see lower costs for dental services such as endodontics, restorative, crown and bridge, and more.

*For purposes of this study, preventive care is defined as receiving at least one cleaning per year.

LOWER COSTS WITH PREVENTIVE ORAL CARE



The benefits of receiving good preventive care are clear. But what about the consequences of NOT seeing the dentist for preventive care? They are staggering. **Customers who did not receive preventive care experienced a 43% increase to their annual dental costs over the same period of time.**¹ This financial impact can be a drain on your and your employees' dental health dollars, and on their overall well-being.

HIGHER COSTS WITHOUT PREVENTIVE ORAL CARE



	Customers who received preventive care	Customers who did not receive preventive care
Cost of dental care ¹	Decreased by 31%	Increased by 43%
Cost of crowns ¹	\$79	\$119
Cost of emergency visits ¹	\$7	\$16
Cost of root canal treatments ¹	\$25	\$57
Cost of restorations ¹	\$58	\$109

In addition to saving customers money, practicing good preventive dental care was also shown to reduce the number of emergency room visits and hospital admissions. This translates into **medical cost savings** for the customers, and increased value for your benefit dollars.

**36%
REDUCTION**
in emergency room rate
resulting in average \$25 PMPY
cost reduction for all
matched customers.¹



**39%
REDUCTION**
in hospital admission
rate resulting in average
\$110 PMPY cost reduction
for all matched customers.¹

Periodontal treatment reduces medical costs.

Using data collected from an earlier study on the impact of periodontal treatment on medical costs, published and presented at the International Association for Dental Research Meeting, in March 2015, the Cigna Dental clinical team reviewed claim data since the original report to determine if additional time and dental services had an impact on longer-term savings. The results are compelling, with customers who received treatment for their periodontal disease seeing a **reduction in medical costs of \$375 PMPY**, or 6% in one year, and 8% over two years.² We also saw a significant decrease in the number of emergency room visits and hospital admissions.



\$375
in **medical cost savings**,
an 8% reduction in PMPY
cost to the employer.

Reduction in Total
Medical Cost (TMC):
6% in one year,
8% over two years.²



23%
fewer ER
visits²



25%
fewer annual
in-patient
admissions²

Despite the availability of preventive care and the impact it can have on dental costs, nearly **50% of all adults (aged 30 and over) have signs of periodontal (gum) disease.**³ This is a serious concern for the 65 million people with symptoms, because when a dentist diagnoses periodontal disease, there may be other serious health problems lurking that could be exacerbated by the oral problem.

The impact of periodontal treatment on patients diagnosed with chronic conditions.

Within the periodontal study group, we also saw additional savings for customers diagnosed with coronary heart disease and diabetes who received treatment for periodontal disease. Customers with one of these chronic conditions, who received treatment for their periodontal disease, saw a **reduction in emergency room visits** as well as a **13.6% TMC savings**.²

REDUCTION IN EMERGENCY ROOM VISITS RESULTED IN:



13.6%
savings for
customers with
chronic conditions²



\$48 PMPY
average savings
for customers with
heart disease²



\$34 PMPY
average savings
for customers with
diabetes²



Bottom line? Regular routine oral care helps address minor problems **before** they become major, and more expensive to treat.



The challenge? Motivating customers to recognize the connection and take control of their health through programs and services designed to proactively address – and get ahead of – the consequences of poor oral health.

Identify, educate, treat and prevent. The path to better health.

Using our whole-person health insights, learnings and experience, we have built innovative dental solutions that help customers access care when, where and how they need it – all to help them lead the healthiest lives possible.

PERSONAL HEALTH INSIGHTS,
LEARNING & EXPERIENCE

BUILD INNOVATIVE
DENTAL SOLUTIONS

TO HELP CUSTOMERS
ACCESS CARE

WHEN AND HOW THEY NEED IT

Maryland Catholic Conference_FAV_SB120.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 4, 2026

Senate Bill 120

**Health Insurance - Required Benefits for Dental Preventive Care - Frequency
Limitation Interval (Healthy Moms and Family Smiles Act)
Senate Finance Committee**

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 120 shortens from 120 to 90, the maximum interval of days that certain carriers may impose as a frequency limitation on dental preventive care; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.

This legislation strengthens access to preventive dental care by ensuring that carriers may not impose frequency limitations requiring preventive services to be provided at intervals greater than 90 days. Under the bill, if dental preventive care is a covered benefit, carriers must allow individuals to access that care as medically appropriate throughout the plan year, rather than restricting visits to rigid annual schedules. Allowing more frequent preventive dental visits is especially important for children and other high-risk patients who may require multiple cleanings or screenings within a short period due to developmental stages, medical conditions, or elevated risk of decay. Preventive care during childhood is not optional or cosmetic—it is foundational to healthy development and can prevent the need for painful, invasive, and costly procedures later in life.

Preventive dental services, including cleanings, examinations, and fluoride treatments, are most effective when provided every 3 to 4 months. At these intervals, providers can detect early signs of tooth decay and gum disease before they progress into serious conditions requiring extensive treatment. Consistent preventive care reduces bacterial buildup, supports overall health, and protects long-term oral health outcomes.

Preventing disease is also significantly more cost-effective than treating it. Patients who receive regular preventive dental care spend less time undergoing complex procedures and incur substantially lower lifetime dental costs than those who delay or forgo care. The average Medicaid enrollee with five continuous years of preventive care experienced 43% lower costs than an individual who received no preventive dental care at all.¹ These savings benefit not only families but also the broader health care system.

Poor oral health has been linked to a wide range of negative health outcomes, including infections and chronic conditions, making access to preventive dental care an essential component of comprehensive health care. Expanding timely access to preventive services improves overall health outcomes and reduces long-term system costs. Health care is so important for full human dignity and so necessary for the proper development of life that it is a fundamental right of every human being.²

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 120**.

Thank you for your consideration.

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9303757/>

² <https://www.chausa.org/news-and-publications/publications/health-progress/archives/march-april-2010/ethics---catholics-understand-health-care-as-a-right#:~:text=Pope%20John%20XXIII%20stated%20straightforwardly,within%20the%20Catholic%20social%20tradition>

SB0120_2026_dental_care_written_testimony_Lizzy_Gr

Uploaded by: Lizzy Graham

Position: FAV

SB0120 Health Insurance - Required Benefits for Dental Preventive Care - Frequency Limitation Interval (Healthy Moms and Family Smiles Act) - Maryland Legislative session 2026

Position: Favorable

Dental and oral hygiene health care is important. However, oral hygiene is a unique challenge to people with developmental disabilities. I am an Autistic woman and I work full-time in the developmental disabilities support service field as a case manager and previously as a direct support professional.

Many people with developmental disabilities, especially those requiring a level of support to warrant Medicaid Home and Community Based Services waivers, experience challenges with oral hygiene that include sensory sensitivities, executive functioning around habits and routine, and fine motor challenges. Although I do not receive Medicaid, I myself experience challenges with executive functioning and tactile sensory issues around oral hygiene. Flossing can bring a piercing feeling. I sometimes get so exhausted after a long day that I overlook brushing and flossing before bed.

With the reduction of interval days for insurance coverage of preventative dental care will greatly help maintain good oral hygiene.

I ask that this bill gets moved forward and I ask for a favorable outcome.

Ms. Elizabeth "Lizzy" Graham (pronouns she/her)
Silver Spring, MD
lizzyg0816@gmail.com

SB120_WrittenTestimony_Favorable_MdPHA.2.4.26.pdf

Uploaded by: Oluwatosin Olateju

Position: FAV



Mission: To improve public health in Maryland through education and advocacy ***Vision:*** Healthy Marylanders living in Healthy Communities

**WRITTEN TESTIMONY IN SUPPORT OF SENATE BILL 120
Health Insurance - Required Benefits for Dental Preventive Care - Frequency
Limitation Interval (Healthy Moms and Family Smiles Act)
Committee: Finance
By: Maryland Public Health Association (MdpHA)
Hearing Date: February 4, 2026**

Chair Beidle, Vice-Chair Hayes, and members of the Senate Finance Committee, thank you for this opportunity to testify in favor of SB 120, which proposes to shorten insurance frequency limitations on preventive dental care to improve access to timely, evidence-based oral health services for families and pregnant individuals.

Oral health is a critical yet often overlooked component of overall health and well-being. Preventive dental care plays a vital role in reducing dental caries, periodontal disease, adverse pregnancy outcomes, and avoidable emergency department visits. In Maryland, disparities in oral health outcomes persist across income, race, and geography, with pregnant individuals and children disproportionately affected by barriers to timely preventive dental services^{1,2,3}. Senate Bill 120 addresses one such barrier by shortening the maximum interval that carriers may impose as a frequency limitation on dental preventive care from 120 days to 90 days. This change reflects current clinical evidence demonstrating that more frequent preventive dental visits are medically appropriate for individuals at higher risk of oral disease, including pregnant people, individuals with chronic conditions such as diabetes, and children with elevated caries risk.

Peer-reviewed research has consistently shown that increased access to preventive dental care is associated with reduced incidence of dental disease, lower rates of costly restorative procedures, and decreased emergency department utilization for non-traumatic dental conditions^{3,4}. For pregnant individuals, regular preventive dental care has been

¹ American College of Obstetricians and Gynecologists. (2013). Oral health care during pregnancy and through the lifespan. Committee Opinion No. 569. Accessed 1/30/2026. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan>

² American Dental Association. (2023). Caries risk assessment and preventive interventions. Accessed on 1/30/2026. <https://www.ada.org/resources/ada-library/oral-health-topics/caries-risk-assessment-and-management>

³ Singhal, A., Chattopadhyay, A., Garcia, A. I., Adams, A. B., & Cheng, D. (2014). Disparities in unmet dental need and dental care received by pregnant women in Maryland. *Maternal and child health journal*, 18(7), 1658–1666. <https://doi.org/10.1007/s10995-013-1406-7>

⁴ Griffin, S. O., Jones, J. A., Brunson, D., Griffin, P. M., & Bailey, W. D. (2012). Burden of oral disease among older adults and implications for public health priorities. *American Journal of Public Health*, 102(3), 411–418.

linked to improved maternal oral health and reduced risk of adverse outcomes such as preterm birth and low birth weight ^{1,5}. Arbitrary frequency limitations imposed by insurers undermine these benefits by delaying clinically necessary care.

SB 120 promotes health equity by ensuring that insurance benefit design aligns with evidence-based preventive care standards rather than rigid time-based restrictions. Importantly, the bill does not mandate coverage for services not otherwise required by law, nor does it eliminate reasonable utilization management; rather, it modernizes insurance practices to reflect current public health and clinical guidance. By removing unnecessary barriers to timely preventive dental care, SB 120 supports improved oral health outcomes, reduces long-term health care costs, and advances Maryland's commitment to preventive, person-centered care, particularly for families and pregnant individuals most at risk.

The Maryland Public Health Association urges a favorable report on Senate Bill 120.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

Maryland Public Health Association (MdPHA)
PO Box 7045 · 6801 Oak Hall Ln · Columbia, MD 21045-9998
GetInfo@MdPHA.org www.mdpha.org 443.475.0242

⁵ George, A., Johnson, M., Blinkhorn, A., et al. (2011). Promoting oral health during pregnancy: Current evidence and implications for Australian midwives. *Journal of Clinical Nursing*, 20(7–8), 1136–1146.

Testimony in support of SB0120 - Required Benefits

Uploaded by: Richard KAP Kaplowitz

Position: FAV

02/04/2026

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0120- POSITION: FAVORABLE

Health Insurance - Required Benefits for Dental Preventive Care - Frequency Limitation Interval (Healthy Moms and Family Smiles Act)

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee
FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#/0120, **Health Insurance - Required Benefits for Dental Preventive Care - Frequency Limitation Interval (Healthy Moms and Family Smiles Act)**

The Natural Smiles dental practice explains *How Regular Dental Checkups Can Improve Your Health*¹

One of the key reasons **how regular dental checkups can improve your health** is that they allow for the early detection of dental problems. During a routine checkup, your dentist can identify issues like cavities, gum disease, or oral infections that may not yet be causing pain or discomfort. Early detection allows for prompt treatment, preventing these conditions from becoming more severe or leading to other health problems.

For example, untreated cavities can lead to tooth abscesses, which are painful and can result in the loss of the teeth if not addressed. By catching these problems early, you avoid the need for extensive and costly treatments later.

This bill is how the state of Maryland can better protect the dental health of its residents. It will do that by shortening, from 120 to 90, the maximum interval of days that certain carriers may impose as a frequency limitation on dental preventive care; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.

It is better to have prevention than post detection and expensive treatment. Early detection is enhanced by more frequent visits to dentists.

I respectfully urge this committee to return a favorable report on SB#/0120.

¹ <https://www.naturalsmilestn.com/post/how-regular-dental-checkups-can-improve-your-health>

SB 120-Dental Board-LOS.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

*Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush
Building
55 Wade Avenue/Tulip Drive • Catonsville, MD
21228*

February 4, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401-1991

Re: SB 120 Health Insurance-Required Benefits for Dental Preventive Care-Frequency Limitation Interval (Healthy Moms and Family Smiles Act)- Dental Board- Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland State Board of Dental Examiners respectfully submits this letter of support for SB 120 Health Insurance-Required Benefits for Dental Preventive Care-Frequency Limitation Interval (Healthy Moms and Family Smiles Act). The bill decreases the frequency limitation on dental preventive care from 120 days to 90 days during a plan year. Dental preventive care is essential in minimizing or eliminating tooth decay, gum disease, and caries. Reducing the time limitation will allow dentists to treat patients in a timelier manner, resulting in better oral health.

I hope that this information is helpful. If you would like to discuss this further, please contact me at 202-997-2606; chiyo.alie@maryland.gov.

The opinion of the Maryland State Board of Dental Examiners expressed in this letter of support does not necessarily reflect that of the Department of Health or the administration.

Sincerely,
Chiyo Alie, D.D.S.
Chiyo Alie, D.D.S.
Board President

2026 MDAC SB 120 Senate Side.pdf

Uploaded by: Michael Paddy

Position: FWA



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Finance Committee

Bill Number: Senate Bill 120 - Health Insurance - Required Benefits for Dental Preventive Care – Frequency Limitation Interval (Healthy Moms and Family Smiles Act)

Hearing Date: February 4, 2026

Position: Support with Amendment

The Maryland Dental Action Coalition (MDAC) supports *Senate Bill 120 - Health Insurance - Required Benefits for Dental Preventive Care – Frequency Limitation Interval (Healthy Moms and Family Smiles Act)* with an amendment. The legislation provides that dental insurers must reduce frequency limits on coverage of preventative dental care from 120 days to 90 days.

The most common form of preventative dental care is teeth cleanings, also known as prophylaxis. While not required under law, most dental plans provide for coverage of two teeth cleanings a year. The law permits dental insurers to impose up to 120 days waiting period between teeth cleanings. SB 120 proposes to reduce that waiting period to 90 days.

MDAC supports the direction of SB 120, which recognizes that some patients should not wait 120 days for their next teeth cleaning. Some high-risk patients need up to 4 cleanings a year, including patients with gum diseases or diabetes.^{i, ii, iii} Some dental insurers may already provide coverage for more frequent cleanings. If the Committee wanted to provide a consistency frequency standard, MDAC suggests consideration of an amendment that establishes a standard that carriers provide coverage of dental preventative services for twice a year for patients with normal risk and four-times a year for patients with higher risk.

We ask for a favorable report with the amendment. We would be pleased to work with the sponsor, Committee, and other stakeholders on this issue. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

ⁱ <https://aap.onlinelibrary.wiley.com/doi/pdf/10.1902/jop.2003.74.9.1395>

ⁱⁱ https://diabetes.org/health-wellness/keeping-your-mouth-healthy#:~:text=The%20ADA%20also%20recommends:%20*%20Using%20fluoride,any%20changes%20in%20your%20health%20or%20medications

ⁱⁱⁱ <https://www.nidcr.nih.gov/health-info/oral-hygiene#:~:text=A%20medical%20expert%2C%20like%20a%20doctor%2C%20is,dentist%20for%20routine%20check%20ups%20and%20professional%20cleaning>

Optimal Oral Health for All Marylanders

2026 MCHS SB 120 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Maryland Community Health System

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 120 - Health Insurance - Required Benefits for Dental Preventive Care – Frequency Limitation Interval (Healthy Moms and Family Smiles Act)
Hearing Date:	February 4, 2026
Position:	Support with Amendment

The Maryland Community Health System supports *Senate Bill 120 - Health Insurance - Required Benefits for Dental Preventive Care – Frequency Limitation Interval (Healthy Moms and Family Smiles Act)* with an amendment. The legislation provides that dental insurers must reduce frequency limits on coverage of preventative dental care from 120 days to 90 days categories.

MCHS is a network of federally qualified health centers providing somatic, behavioral health, and dental care to underserved communities across Maryland. We support Senate Bill 120 because the American Diabetes Association recommends teeth cleanings every three months for people at high risk.ⁱ Maryland has prioritized diabetes prevention and treatment as part of the AHEAD Model.ⁱⁱ

We have noted that Maryland law does not actually require coverage of two teeth cleanings a year, although that is standard coverage for carriers. If the Committee wanted to take an additional step with Senate Bill 120, we would recommend an amendment that requires coverage of preventative services twice a year for patients with normal risk and four times a year for higher risk patients.

Thank you for your consideration of our testimony. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ https://diabetes.org/health-wellness/keeping-your-mouth-healthy#:~:text=The%20ADA%20also%20recommends:%20*%20Using%20fluoride,any%20changes%20in%20your%20health%20or%20medications

ⁱⁱ https://www.medchi.org/Portals/18/AHEAD%20State%20Agreement%20Section%20Slides%2010_29_24%20FINAL.pdf

2026 MDAC SB 120 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



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Committee: Senate Finance Committee

Bill Number: Senate Bill 120 - Health Insurance - Required Benefits for Dental Preventive Care – Frequency Limitation Interval (Healthy Moms and Family Smiles Act)

Hearing Date: February 4, 2026

Position: Support with Amendment

The Maryland Dental Action Coalition (MDAC) supports *Senate Bill 120 - Health Insurance - Required Benefits for Dental Preventive Care – Frequency Limitation Interval (Healthy Moms and Family Smiles Act)* with an amendment. The legislation provides that dental insurers must reduce frequency limits on coverage of preventative dental care from 120 days to 90 days.

The most common form of preventative dental care is teeth cleanings, also known as prophylaxis. While not required under law, most dental plans provide for coverage of two teeth cleanings a year. The law permits dental insurers to impose up to 120 days waiting period between teeth cleanings. SB 120 proposes to reduce that waiting period to 90 days.

MDAC supports the direction of SB 120, which recognizes that some patients should not wait 120 days for their next teeth cleaning. Some high-risk patients need up to 4 cleanings a year, including patients with gum diseases or diabetes.^{i, ii, iii} Some dental insurers may already provide coverage for more frequent cleanings. If the Committee wanted to provide a consistency frequency standard, MDAC suggests consideration of an amendment that establishes a standard that carriers provide coverage of dental preventative services for twice a year for patients with normal risk and four-times a year for patients with higher risk.

We ask for a favorable report with the amendment. We would be pleased to work with the sponsor, Committee, and other stakeholders on this issue. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

ⁱ <https://aap.onlinelibrary.wiley.com/doi/pdf/10.1902/jop.2003.74.9.1395>

ⁱⁱ https://diabetes.org/health-wellness/keeping-your-mouth-healthy#:~:text=The%20ADA%20also%20recommends:%20*%20Using%20fluoride,any%20changes%20in%20your%20health%20or%20medications

ⁱⁱⁱ <https://www.nidcr.nih.gov/health-info/oral-hygiene#:~:text=A%20medical%20expert%2C%20like%20a%20doctor%2C%20is,dentist%20for%20routine%20check%20ups%20and%20professional%20cleaning>

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