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Editor's Note: Quotes included below from advocates testifying in support of Senate Bill 150 were pulled from written testimony as prepared. Oral testimony may not be verbatim.

Senators, Advocates & Patients Testify in Support of Adult Dental Coverage by Maryland Medicaid

MD one of only three states to exclude dental coverage for adults in Medicaid; Powerful testimony from elected leaders, advocates and family members led the call to close the gap

(ANNAPOLIS, MD) Senator [Malcolm Augustine](#) (D-Prince George's County) today presented [Senate Bill 150](#) to the Finance Committee that would mandate comprehensive adult dental coverage in Maryland's Medicaid program, the health insurance program for the state's poorest residents. The bill would bring the State of Maryland in line with 47 other states that include adult dental health care in its Medicaid coverage. The states of Alabama and Tennessee also do not offer any Medicaid adult dental coverage. United States Senator [Ben Cardin](#) testified in support of the bill and has introduced [federal legislation](#) that would require states' Medicaid programs to provide comprehensive adult dental health care.

The virtual hearing (which can be found via this [link](#)) featured compelling testimony from patients, family members and advocates who described situations ranging from fatal drug overdoses due to chronic pain to detrimental quality of life to excessive and costly medical bills due to untreated dental care and lack of access.

“Oral care is health care. Our state is the most innovative state in advancing public health goals, yet we are one of just three states, alongside Alabama and Tennessee, that do not provide adult dental coverage in Medicaid,” said Senator Augustine. “Maryland needs to follow the data that demonstrates dental coverage improves overall health and saves money in managing chronic diseases and substance use disorders. And most importantly, we need to recognize the dignity of all those who participate in Medicaid.”

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Senate Budget Committee Chairman [Guy Guzzone](#) (D-Howard County) is also a lead sponsor of SB 150.

“This bill not only isn’t just about ensuring equity in access to health care, it’s also the fiscally prudent and financially responsible step for the State of Maryland to take. Adding adult dental coverage to Maryland Medicaid is an investment, not just a cost, especially if we can leverage 60 percent of these costs in matching Federal dollars,” said Senator Guzzone.

The [Maryland Dental Access Coalition](#) (MDAC) has advocated for the inclusion of dental care for adult Medicaid patients for the past seven years. The death of Deamonte Driver in 2007, a seventh grader from Prince George’s County who died from complications of an untreated abscessed tooth due to lack of access to dental care for Medicaid patients, eventually led the State of Maryland to becoming the best state in the nation for children covered by Medicaid.

One of the nation’s leading advocates for the inclusion of oral health care in the Affordable Care Act was U.S. Senator Ben Cardin. Senator Cardin sponsored the amendment to the Children’s Health Insurance Program (CHIP) Reauthorization bill that included dental care as a mandated benefit in the federally-funded program.

“Maryland cannot lead the country in access to dental care for children on Medicaid and then turn a blind eye to the complete lack of coverage for adults. Just as untreated dental care can lead to death of children, it can and does lead to the death of adults,” said U.S. Senator Cardin, who testified before the Senate Finance Committee today. “It’s past time that all Marylanders have access to quality oral health care.”

Panels of advocates ranging from health care nonprofits to families who have lost loved ones to addiction and disease resulting from untreated dental issues testified in support of the bill.

“The single most important step in improving the oral health - and overall health - of Marylanders is a Medicaid program that covers dental services for adults. It’s time to close the gap. Oral health affects systemic health, including conditions such as diabetes, cardiovascular disease and cancer,” said Mary Backley, chief executive officer for MDAC, in prepared written testimony. “Oral health also affects quality of life - our ability to eat, speak, work and be pain free. Medicaid adult dental coverage is a wise investment and critical step forward to help all Maryland adults lead healthy and productive lives.”

Ashley Carothers submitted written testimony in support, and in memory of, her brother, a former Medicaid patient.

“My 20-year-old brother, Cody Nichols, had little income and was insured by Maryland Medicaid. In December of 2016, Cody had been in recovery for almost three years. He had a sore tooth that had progressively worsened, but he couldn’t obtain an appointment to see a dentist. Most of the dental offices he contacted would not see him based on his Medicaid insurance and his inability to pay out of pocket. The one dental office that agreed to see him, stated they would not be available until January 2017. Knowing that he had to wait until January and in extreme pain, he reached out to friends seeking pain medication.

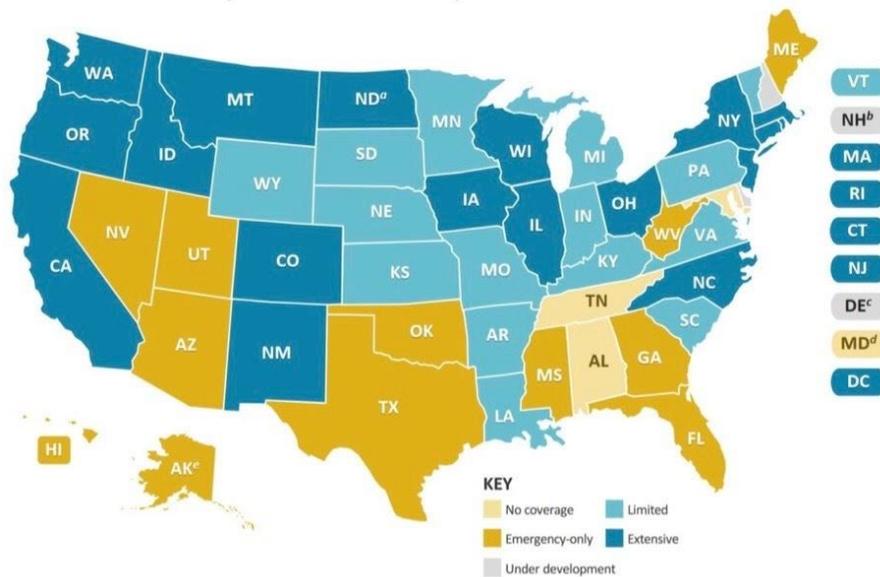
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“Cody finally saw the dentist on January 5, 2017. The dentist told him he had multiple abscessed teeth, but that she would not be able to assist him in extracting the teeth. She prescribed him ibuprofen and referred him to a specialist. The specialist she referred him to, as well as the other specialists Cody contacted, did not accept Medicaid. On January 8, 2017, in unbearable pain, Cody reached out to a known drug dealer and asked for something stronger than ibuprofen. That night my parents found him in his bedroom, he had passed away from a Fentanyl overdose,” said Ms. Carothers.

Additional quotes from today’s oral testimony (as prepared) are listed below.

On an annual basis, Maryland Medicaid covers 53 percent of all dental care provided in emergency rooms despite the fact that only 17 percent of the adult population is covered by Medicaid. This is a direct result of lack of access to preventive and comprehensive dental care for Medicaid patients. About 800,000 Maryland adults - nearly one in five Marylanders - do not have a reliable source of dental coverage that meets even the most basic health care needs.

Coverage of Adult Dental Services in Medicaid



Source: Center for Health Care Strategies, 2019

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There is a reason that a vast majority of states provide dental coverage to adults in their Medicaid program. Health care cannot be delivered effectively without dental care. The lack of adult dental coverage drives up health care costs and contributes to health disparities, making it difficult to keep our communities healthy:

People go to emergency rooms because they can't get preventative dental care. This costs more than \$10 million a year for Maryland Medicaid.

- Basic dental care can lower the cost of managing chronic diseases, saving \$236 for each preventative dental visit.

Chronic Disease	Behavioral Health	Children's Health	Emergency Dept. Visits
<p>From a NY State Medicaid Study: Reduces chronic disease costs in Medicaid per patient each year:</p> <p>\$772 - Cardiovascular \$2,065 - diabetes \$8,194 - cognitive impairment</p>	<p>From a HRSA-Funded Study in Utah: People who receive dental care stay in substance used disorder treatment two times longer, and are more likely to complete treatment.</p>	<p>From National Health and Nutrition Examination Survey Data: Untreated tooth decay in children dropped by 5% when the parents had Medicaid dental coverage for one year</p>	<p>From an Evaluation of HSCRC Data: Maryland Medicaid spends over \$10 million annually on emergency dept. visits related to chronic dental conditions.</p>

Additional Quotes:

Dr. Harry Goodman, former director of the Office of Oral Health at the Maryland Department of Health: *“State Medicaid dental coverage for children is mandated by the federal government but dental coverage for adults is a state decision. And, despite being one of the wealthiest states in the nation, Maryland is one of only a few states without a systematic adult dental Medicaid benefit. I honestly do not understand why there isn't once again a sense of urgency regarding adult dental care coverage. And this has been expressly exposed during the COVID-19 pandemic. If the goal of any health care system, as illustrated during the pandemic, is to achieve health equity and overcome many of the social determinants of health that impede good health for all Maryland residents, oral health must be part of that discussion.”*

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Jessica Friedman, MD, MPH, from the Maryland-DC Society of Addiction Medicine:

“[Medicaid] has changed the lives of thousands of Marylanders with substance use disorders, as well as hepatitis C, HIV, depression, heart failure, and other conditions. However, for many patients, I am unable to help them with one of their most pressing needs: dental care. Unlike almost every other Medicaid expansion state, Maryland Medicaid denies access to dental care. People with substance use disorder are disproportionately affected by dental problems...Dental pain can be a factor in relapse when patients feel the need to self-medicate for pain. Fundamentally, expanding coverage of dental care is an issue of equity. People of color and low-income communities have been systematically denied comprehensive preventative and restorative dental care, predisposing them to further dental problems and all of the resulting sequelae.”

Dr. Parita Patel, Health Care for the Homeless: *“...without adult dental coverage under Medicaid in Maryland, access to this lifesaving resource will remain out of reach for so many of the clients we serve. Many clients we serve come to us with concerns about pain, with concerns about the inability to eat, and with concerns about the inability to feel confident enough to smile without teeth. It is unconscionable that the clients we serve are faced with the impossible choice of pain or homelessness.”*

Karyn Carr Porter, RDH, BS, Dental Hygiene Supervisor, Chase Brexton Health Care:

“Sadly, putting off needed dental work is the most common choice, and has greater consequences than it might first appear to have. If we could ensure options for more robust dental coverage throughout this state, and see these important treatments carried out, that can only serve to benefit the immediate oral health of our patients, and prevent further, more dramatic burdens on their overall health and the healthcare system.”

Ilene Cervantes de Toro, MSPH, RD, LDN, Nutrition Services Manager, Moveable Feast:

“Based on our records, the majority of our clients do not have access to routine dental care that might prevent such complications. Those clients with chewing difficulties may experience a loss of appetite or may feel limited to choose only soft foods. This can significantly impact one’s nutrition and can often be exacerbated by their other health conditions. Routine access to dental care, as SB 150 would provide, would help to ameliorate the unintended nutrition and health consequences.”

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Caitlin Donohue-Vega, RDH, BS, Oral Health Outreach Coordinator, Eastern Shore Area Health Education Center: *“The mouth is the gateway to the rest of the body. Research has proven without a doubt that oral health is directly related to overall health. Maryland has made great progress in bridging the oral health disparities that existed for our youth. However, we must not forget the adults. After all, they are the ones responsible for the caring of oral health for their children. If the adult/parent/guardian does not understand the benefit good oral health plays in their own health, they are less likely to implement oral health and nutrition habits with their children.”*

Maryland Nurses Association: *“As we have seen with experience with the Affordable Care Act, Medicaid coverage is one of the most effective tools to increase access to care, improve health outcomes, and address health disparities. We need to use every tool available to keep people healthy.”*

The Coordinating Center: *Our organization provides care coordination services for many individuals in home and community-based waivers. We have seen the transformative effect of dental coverage first-hand. In 2018, as a result of the support of your committee, the Maryland General Assembly enacted SB 284 in 2018 to establish dental coverage for dually-eligible individuals under the age of 65. In 2021, even in the midst of the pandemic, over 4,000 people obtained dental services as a result of this legislation. Some of those individuals had forgone dental services for years because of lack of coverage.”*

About MDAC: *The Maryland Dental Action Coalition (MDAC), the state’s leading non-governmental oral health policy and advocacy organization, works to improve the health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health care. MDAC’s diverse partner network, consisting of both dental and non-dental professionals and organizations, collaborates in three primary focus areas: oral health literacy and education, advocacy and legislation, and inter-professional collaboration. MDAC develops programs and strategies to reach its primary goal: to improve oral health equity. MDAC leads the development and monitors the progress of the five-year Maryland Oral Health Plan (MOHP), works to improve the oral health of Maryland children through its Healthy Smiles for Life curriculum and the Healthy Teeth, Healthy Kids campaign, and has a well-demonstrated history of partnership development.*

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