

Maryland Oral Health Plan, 2026-2030

**This draft is for public review and feedback. Review period from
November 17, 2025 until Friday, January 9, 2026.**

Please provide your feedback through an online survey, which can be
[accessed here](#) or by emailing your feedback to info@mdac.us by the
deadline.

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Welcome Letter from MDAC CEO and MOHP Committee Chairs

Dear Colleague,

On behalf of the Maryland Dental Action Coalition (MDAC), we are pleased to share the 2026-2030 Maryland Oral Health Plan. This plan builds on the major accomplishments achieved in pursuing goals and objectives from the previous two plans (2011 and 2018) and continues the work of enhancing oral health equity and improving health outcomes in Maryland's communities.

The MOHP is a broad roadmap rather than a prescriptive list of actions. This plan will serve as a guide for improving the oral health of all Marylanders, regardless of where they live and inclusive of their individual needs. It is an evolving, living document that allows for the development of innovative and flexible implementation strategies to meet the needs of Maryland's unique communities.

Thank you to the individuals and organizations throughout the state who have contributed their time, knowledge, expertise and passion to this work. Please join us in engaging with this plan over the next five years as we work toward advancing oral health, and thus overall health and well-being in our communities.

Sincerely,

Mary Backley, Chief Executive Officer, MDAC

Robyn Elliott, Chair, Access to Oral Health Care Committee, MOHP

Dushanka Kleinman, Co-Chair, Oral Health Literacy and Education Committee, MOHP

Alice Horowitz, Co-Chair MOHP, Oral Health Literacy and Education Committee, MOHP

Toyin Fatogun, Chair, Oral Disease and Prevention Committee, MOHP

Executive Summary

Overview of Oral Health in Maryland

Since the launch of the 2018-2023 Maryland Oral Health Plan (MOHP), the Maryland Dental Action Coalition (MDAC) and the oral health community have made significant progress on the plan's goals, including an historical, statewide, multi-year campaign to secure comprehensive dental coverage for adults in Maryland Medicaid. This coverage has expanded access to oral health care to hundreds of thousands of Maryland residents.

Other accomplishments during the 2018-2023 period include establishing a Task Force on Oral Health, which convened stakeholders to review oral health care; identify barriers to accessing care; address community-level disparities in oral health; and propose strategies to increase access to oral health care in Maryland. Notable achievements also include expanding dental coverage to 12 months postpartum for new mothers enrolled in Medicaid and through the Healthy Babies Equity Act to immigrants during pregnancy and four months postpartum. Dental hygienists can now work in additional practice settings due to a Maryland law that expanded scope of practice to include working under general supervision in nursing homes, physicians' offices and other settings. Additionally, the Department of Health increased Medicaid reimbursement rates for dental services in 2022 and 2023.

However, many oral health challenges persist, and new ones have emerged. Dental Health Professional Shortage Areas continue to impact access. Between 2018 and 2023, Maryland saw a decrease in the number of practicing dentists and dental hygienists. The workforce shortage has decreased access to care for Marylanders and disproportionately affected those in rural areas and Baltimore City. The unprecedented COVID-19 pandemic added to the oral health workforce shortage, substantially impacting oral health.

Maryland is experiencing some concerning downward trends in key oral health indicators, particularly among children. For example, more children are experiencing tooth decay,¹ and the incidence of throat and mouth cancers has increased.²

Maryland must continue its work to expand equitable access to oral health care and improve the overall health of its marginalized communities. Improving access to oral health care, reducing oral disease and injury, and improving health literacy and oral health education will help us move forward in advancing optimal oral health for all Marylanders.

Oral Health Plan for Maryland 2026-2030

This MOHP builds on the successes of the previous two state plans (2011 and 2018), providing a roadmap to accomplishing critical goals and objectives in three key areas: access to oral health care; oral disease and injury prevention; and oral health literacy and education. The MOHP is centered on achieving optimal oral and overall health equity and contains a new section on tracking accomplishments to help us monitor, adjust and celebrate our progress in advancing oral health in Maryland.

- **Access to Oral Health Care:** All Maryland residents need access to affordable, comprehensive oral health care to prevent and treat oral disease and improve their overall health and quality of life. The goals and strategies in this area focus on addressing gaps in access to oral health care for Maryland communities, including children, underserved individuals and Medicaid participants, as well as support dental providers to deliver care.
- **Oral Disease and Injury Prevention:** Prevention of oral disease and injury is essential for good oral health and is especially important for people with special health needs. The goals and strategies in this area focus on advancing evidence-based oral disease and injury prevention strategies through environmental and community interventions, and foster collaboration.
- **Oral Health Literacy and Education:** Maryland residents need access to accurate, easy-to-understand information to prevent oral disease and obtain affordable oral health care. The goals and strategies in this area focus on increasing personal and organizational health literacy, emphasizing the oral-systemic connection and its impact on overall health, and calling for routine assessment to monitor oral health outcomes.

Implementation of the Maryland Oral Health Plan

The MOHP is a broad roadmap, rather than a prescriptive list of actions. This encourages innovative implementation strategies to meet the needs of Maryland's diverse regions and communities. Implementation of the plan and defining next steps will be led by MDAC, as we work with stakeholders and develop tactics to build momentum toward achieving the plan's goals.

The goal of this plan is to continue fostering working relationships and harnessing cross-regional synergies to improve the oral health of all Marylanders. The MOHP is a living and evolving document. We recognize that new opportunities will arise, and we will adjust strategies as needed.

Note on Terminology Used in the Maryland Oral Health Plan

Throughout the plan, language used to describe various communities and individuals (e.g., Black, Latino, women) reflect the language used in the data sources and how data were collected. Some terminology may not be preferable; however, to be accurate in reporting the data, the original data source wording was kept the same.

Overview of the Maryland Dental Action Coalition

MDAC facilitated the development of the MOHP in collaboration with partners across the state. As facilitator, we thought it would be useful to provide more background on our organization.

MDAC is the state's leading oral health policy and advocacy organization. MDAC's primary goal is to improve oral health equity for all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health care. MDAC's diverse network consists of dental, public health, health professionals, and most importantly, community members.

In 2007, Deamonte Driver, a 12-year-old child with Medicaid coverage, died from an untreated dental infection that spread to his brain. In response, the Maryland Secretary of Health formed the Dental Action Committee (DAC), the precursor to MDAC, to ensure other children would not face a similar fate. The DAC recommendations made Maryland a national model for providing access to oral health care for children. The DAC recommendations and report can be [viewed here](#).

In 2010, MDAC was established as an independent, statewide nonprofit organization dedicated to addressing oral health equity and disparities for all Marylanders.

Since MDAC's inception, its advocacy efforts have resulted in the passage of key legislation to improve access to oral health care, including the signature achievement of legislation to establish adult dental coverage in 2022. MDAC's [significant legislative achievements](#) are part of its long-term strategy to address oral health disparities for every Marylander regardless of age, income, race or ethnicity.

MDAC leads the development and monitors the progress of the MOHP which addresses Marylanders' most critical oral health needs. MDAC and its partners lead the way in educating the public and health care providers on the importance of oral health.

For more information, visit mdac.us

Why Oral Health Matters

Anyone who has experienced tooth or mouth pain knows how much it can affect daily life. What many people may not realize is that oral health goes beyond the mouth, teeth and gums — it has a profound effect on overall health. For example:

- **Older Adults:** The oral health of older adults has been linked to chronic illnesses like heart disease, diabetes, arthritis, and cancer. For example, having diabetes dramatically increases the risk of gum disease, and left untreated, gum disease can make it more challenging to manage blood sugar levels.³
- **Risks for People with Poor Oral Hygiene:** Individuals with poor oral hygiene are at an increased risk of developing oral cancers. In addition, adults who brush their teeth once a day or less are more likely to be overweight or obese.⁴
- **People Facing Behavioral and Cognitive Health Challenges:** People who are depressed may have poor oral hygiene. Those who take medications for mental health conditions may experience dry mouth, which can cause tooth decay. Poor oral health can also affect memory and cognition. Adults who have lost teeth and have difficulty eating have a higher risk of having problems with thinking and memory. Having gum disease increases the likelihood of an older adult developing Alzheimer's.⁵
- **Essential for Economic and Educational Success:** Good oral health means more job opportunities for adults and better performance in school for children.⁶
- **Essential for the Fiscal Health of the State:** Poor oral health puts pressure on state budgets when preventable dental conditions result in higher chronic disease costs and emergency room visits.⁷

Oral Health Equity

Health Equity Definition

According to the World Health Organization, “Health and health equity are determined by the conditions in which people are born, grow, live, work, play and age, as well as biological determinants. Health equity is achieved when everyone can attain their full potential for health and well-being.”

Health Equity and the Maryland Oral Health Plan (2026-2030)

The purpose of the MOHP is to address oral health inequities and improve the oral health of Marylanders with the greatest needs. The development of this plan was a collaborative effort that included stakeholders representing diverse groups across Maryland. Recommendations to address oral health needs incorporated health equity into the plan's goals and strategies. Although it was limited, data was disaggregated to view disparities when possible.

Oral Health Equity Demonstrated by the Research

Differences in oral health outcomes persist among various groups of people. Income and geographic location affect access to care. Disparities exist based on race or ethnicity.

On the national level, research clearly demonstrates that oral diseases continue to affect Black, Hispanic, and American Indian/Alaska Native communities disproportionately. Existing disparities in oral health care visits and access continued through the COVID-19 pandemic. For example, Hispanic children had larger increases in risk of experiencing adverse oral health outcomes compared with White children.⁸

Maryland also has data that demonstrates demographic differences for several oral health indicators. A larger percentage of Black and Hispanic Marylanders ages 65 and older reported having all their teeth removed compared to White adults in that age range. In addition, a higher percentage of Asian and White adults are visiting the dentist regularly compared to Black, Hispanic, and American Indian or Alaskan Native adults.⁹

It is vital to look at the whole picture when addressing the oral health needs of Marylanders by examining workforce diversity, access to care, cultural competency and the engagement of underserved communities in decision-making. This plan includes strategies to improve equity by working to change systems and bridge gaps where disparities exist so that all Marylanders can achieve optimal oral health.

COVID-19 Impact on Oral Health

The COVID-19 pandemic significantly disrupted health care systems, including oral health. In Maryland and nationwide, dental practices shut down for months, limiting services to emergencies only. This led to delays in preventive and therapeutic care,¹⁰ especially for children who missed school-based treatments like sealants and fluoride. Adults also lost dental coverage due to pandemic-related job losses, widening gaps in access.

Maryland's oral health programs were heavily impacted, with about 35% of the 2018–2023 Maryland Oral Health Plan timeline disrupted by 18 months of shutdowns in schools, clinics and public health programs. Dental providers adapted quickly by adopting teledentistry and enhanced infection control protocols.

Despite these efforts, challenges remain. Misinformation and mistrust of physicians and hospitals increased over the course of the pandemic.¹¹ Additionally, the oral health workforce was affected; according to the ADA's Health Policy Institute (HPI), roughly 1.6%¹² of dental hygienists across the nation left the profession permanently due to the pandemic.

The long-term impact of COVID-19 on oral health is still unfolding, but restoring trust and emphasizing preventive care will be essential for recovery and resilience.¹³

An Overview of Dental Coverage in Maryland

In 2025

After the implementation of the Affordable Care Act, the portion of Marylanders without health insurance has dropped to 6%.¹⁴ About 12% of Marylanders lack dental coverage.¹⁵ We may not know the true number of people without dental coverage, as the data sources do not align.

The major sources of health and dental coverage in Maryland are as follows:

- **Medicaid:** The Maryland Healthy Smiles Dental Program provides dental coverage for eligible Medicaid participants. Approximately 1.5 million individuals, including children and adults, have dental coverage under Medicaid.¹⁶ Coverage includes a wide range of preventative, diagnostic and restorative services. An administrative services organization manages provider reimbursement and claims for the program. There are no premiums, deductibles or copays for covered services. There is no maximum benefit amount each year. MHSDP members do not pay for covered services out of pocket.
- **Medicare:** There are 898,929 Marylanders covered under traditional Medicare plans and 176,141 Marylanders in Medicare Advantage plans. Traditional Medicare provides limited dental coverage for individuals with specific medical conditions. Most Medicare enrollees do not qualify for dental coverage. However, many Medicare Advantage plans provide some level of basic to comprehensive dental coverage. In 2024, 130,585 Marylanders had dental coverage through a Medicare Advantage plan.¹⁷
- **Federal Employee Dental and Vision Insurance Plan:** There are no publicly available figures for the number of Marylanders covered under the Federal Employee Dental and Vision Insurance Plan. In 2024, there were just over 530,000 Marylanders employed by the federal government. Some portion of those employees and their families have dental coverage.¹⁸
- **Commercial Plans:** Commercial plans fall into two major categories: state-regulated commercial plans and ERISA exempt plans.
 - **State-Regulated Plans:** The Affordable Care Act (ACA) requires state-regulated health plans to provide pediatric dental coverage. In 2024, the U.S. Department of Health and Human Services updated rules¹⁹ to allow states the flexibility to mandate adult dental coverage in the state-regulated market. Maryland has not yet explored this option. As of December 2024, approximately 857,000 people under the age of 65 were enrolled in state-regulated commercial health plans in Maryland.²⁰ Just over 100,000 people have stand-alone dental plans.²¹ Of the individuals covered by state-regulated plans, approximately 218,000 were enrolled in a qualified health plan (QHP) under the Maryland Health Benefit Exchange.²² All children enrolled in a QHP have dental coverage, as required under the ACA. Adults are allowed to purchase coverage. As of May 2025, there were 59,507 people with dental coverage through a Health Benefit Exchange plan.²³
 - **ERISA Plans:** Most commercial plans purchased by medium and large employers are self-insured, which means those plans are exempt from state requirements, including the mandate of pediatric dental coverage under essential health benefits.

Beyond 2025

Maryland can expect a dramatic shift in the health insurance landscape, including dental coverage, because of federal changes, including the implementation of Medicaid restrictions under House Resolution 1 – One Big Beautiful Bill. Expected changes include:

- **Medicaid Coverage for Immigrants:** Maryland has long provided Medicaid coverage to qualified legal immigrants. Under the Healthy Babies Act, the Maryland General Assembly extended Medicaid coverage to pregnant and postpartum immigrants who had been legal residents less than five years or were without legal residency documentation. Despite intense debate about coverage for immigrants during the HR 1 debate, the final bill did not contain a provision that interferes with Maryland's Healthy Babies Act. However, according to Maryland Medicaid officials, approximately 60,000 immigrants will lose Medicaid coverage in 2025 in Maryland because of changes in their immigration status.²⁴
- **Expected Medicaid Enrollment Loss of 175,000 People:** When the eligibility redetermination and work requirement provisions of HR 1²⁵ are implemented in 2027, Maryland anticipates that 175,000 people will lose Medicaid coverage²⁶. While the biggest losses will be enrollment of adults in the expanded eligibility provided under the Affordable Care Act, there could also be some disenrollment of children because of new challenges in keeping families enrolled.
- **Copayments in Medicaid on the Horizon:** HR1 requires copayments for Medicaid enrollees, but states will not be able to assess the impact on any type of service, including dental, until federal guidance is released.
- **Potential Loss of Federal Support for Lower Premiums in Marketplace Plans:** If Congress does not extend federal subsidies to keep premiums affordable for marketplace plans, some people will not be able to afford healthcare coverage under the Maryland Health Connection. This situation could have a profound impact on number of people with dental coverage in Maryland. While all children with an Exchange plan have dental coverage, coverage remains option for adults. When premiums of health insurance are lower, adults use the savings to purchase dental insurance.

Today's Medicaid Program In-Depth

The Maryland Healthy Smiles Dental Program (MHSDP) provides dental coverage for eligible Medicaid participants. Approximately 1.5 million adults, pregnant and postpartum people, children and former foster care members through age 25 in Maryland have dental coverage through MHSDP.²⁷ There are no premiums, deductibles or copays for covered services. There is no maximum benefit amount each year.

Dental Coverage for Adults

In January 2023, the MHSDP established comprehensive dental coverage for all adults enrolled in Medicaid. Since then, more than a quarter of a million Maryland adults have received oral health care, many for the first time in years. An estimated 34% of eligible adult Medicaid participants have had at least one dental visit. Additionally, half of Medicaid participants who

received oral health care in 2024 also received care in 2023, indicating that these individuals are establishing dental homes and receiving ongoing, preventive care. Notably, Maryland is exceeding the national annual dental utilization average for adult Medicaid participants at 23% for 2024²⁸ (the national average is 17%).

Reimbursement Rates

While Maryland's Medicaid reimbursement is higher than the national average, low reimbursement is often cited by Maryland dentists as a barrier to participation in the program. According to the American Dental Association Healthy Policy Institute, Maryland's Medicaid fee for service reimbursement was 47% of average dentist charges for child oral health care and 45% for adult services, as of 2024.²⁹ This is compared to a national average of 39% of children dentist charges and 30% for adults. When compared to the average private dental insurance rates, Maryland Medicaid fee for service covers 92% of child services and 87% of adults. This is compared to a national average of 67% for children and 50% for adults.³⁰ The most recent Medicaid dental reimbursement rate increases in Maryland occurred in 2022 and 2023.

Dental Provider Enrollment

Forty-nine percent of dentists in Maryland have enrolled in MHSDP, an increase from approximately 38% in 2019. Participation in MHSDP varies across the state, with Baltimore Metro and Washington suburban areas having the highest number of total dentists and dentists enrolled in MHSDP. It is important to note that only 38% of active dentists in Maryland have billed one or more services to Medicaid in 2023, and 31% of active dentists in Maryland have billed MHSDP \$10,000 or higher. The limited number of providers in key areas of the state impacts access to oral health care. The number of total active licensed dentists in practice across the state has decreased by nearly 6% since 2019.³¹

The expansion of Medicaid to include comprehensive dental coverage for adults has led to an increase in the number of dentists participating in MHSDP. The number of dentists enrolled in MHSDP has increased by 22% since 2019 (1,567 CY2019 to 1,912 CY2023). In 2023, the first year of the expansion of adult dental coverage, there was a 6% increase in providers participating in the pediatric and adult Medicaid programs. This marks a reversal of previous trends: a -2.4% decrease in 2022 and a -0.7% decrease in 2021. Furthermore, there was a 12% increase in Medicaid providers billing at or above \$10,000 annually in 2023, compared to a -3.5% decrease in the prior year.³²

Chart:

Number of Active Dentists and Dentists Participating in MHSDP by Region³³

Region	Total Number of Active Dentists	Dentists who Participate in the MHSDP and Billed One or More Services in CY2023
Baltimore Metro	1,671	559
Washington Suburban	1,684	591

Southern Maryland	109	55
Western Maryland	264	119
Eastern Shore	189	76
Out of State		122
Total	3,917	1,522

Chart Notes:

- Active Dentists Information from Maryland Board of Dental Examiners as of August 2024.
- Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford and Howard Counties. Washington Suburban includes Prince George's and Montgomery Counties. Southern Maryland includes Calvert, Charles and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester Counties.

Dentist Shortages

While we have seen recent improvements in enrollment in the last two years, the number of dentists participating in the Medicaid program was higher before the COVID-19 pandemic. Overall, the number of dentists billing Medicaid for one or more services has decreased in every region of Maryland since 2019.³⁴ Between 2019 and 2020, the number of dentists participating in Medicaid decreased by 19% due to the COVID-19 pandemic. Since 2020, the Baltimore and Washington Metro regions have experienced increases in the number of enrolled dentists, while Southern Maryland and Western Maryland have continued to see decreases in the number of enrolled dentists. The Eastern Shore has had about the same number of dentists enrolled since 2020 (76). Additionally, specialist dentists, such as oral maxillofacial surgeons, are less likely to accept Medicaid than general dentists.

Maryland Medicaid does not currently permit dental hygienists to enroll and bill as providers. However, it is notable that Medicaid programs in 19 states recognize dental hygienists as rendering providers.³⁵

In Maryland, 18 of its 23 counties and Baltimore City are designated as Health Professional Shortage Areas (HPSA) for oral health care.³⁶

Oral Health in Maryland: Key Findings

The following themes emerged from the evaluation of measurable data, state reports and through discussions with a network of partners composed of clinical and nonclinical professionals, nonprofit organizations, managed care organizations, county and state governments, academic institutions, social service agencies, area health education centers, philanthropic organizations and Maryland consumers.

Oral Health Strengths

1. **Medicaid dental utilization in Maryland continues to outpace national averages.** In the last few years, the Maryland Healthy Smiles Dental Program has seen an increase in dentist participation and member utilization of oral health care. In 2023, the state established comprehensive dental coverage for adults who are fully enrolled in Maryland Medicaid, expanding access to care for hundreds of thousands of Maryland residents. In 2023, 19.9% (155,167) of enrolled adults received at least one dental service, up from 16.2% (93,988) in 2019.³⁷
2. **Maryland has comprehensive adult coverage in Medicaid.** The CareQuest Institute for Oral Health's Medicaid Dental Coverage Checker gives Maryland a score of 26 out of 31, with only 16 states ranking higher.³⁸
3. **Maryland has been a national leader in children's oral health.** Over the last decade, a strong foundation was established through implementation of the Dental Action Committee's recommendations. The recommendations can be [viewed here](#).
4. **More pregnant and postpartum individuals are receiving oral health care.** As of August 2024, at least 13,700 additional pregnant individuals in Maryland have gained access to dental coverage through the Healthy Babies Equity Act. The program covers legal residents who have been in the U.S. for less than five years and are noncitizen pregnant women who would qualify for Medicaid but for their immigration status and their children up to the age of 1 year.
5. **More Maryland adolescents have completed the whole series of the HPV vaccine.** As of 2023, an estimated 67% of males and females ages 13 to 17 are fully vaccinated, compared to 58% in 2018. The rate in Maryland (67%) is higher than the national rate, which is 61% for the same age group. HPV vaccinations reduce one's risk of multiple cancers, including mouth, throat and cervical cancers.³⁹
6. **Community water fluoridation rates are top 10 in the country.** In 2022, 93.2% of Marylanders on community water systems had fluoridated drinking water.⁴⁰ Community water fluoridation has been proven to prevent tooth decay and promote good oral health, especially for children.⁴¹
7. **Maryland has seen an increase in enrollment of adults in standalone dental plans through the Maryland Health Benefit Exchange.** Between 2018 and 2023, dental plan enrollment increased by 66% from 39,334 to 65,393. The growth in dental plan enrollment is likely among individuals who were already purchasing health insurance through the Health Benefit Exchange.⁴²

Oral Health Challenges

- 1. Some Maryland regions and communities experience barriers to oral health.** Stark disparities between groups exist related to access to and use of oral health care and oral health outcomes. Black and Hispanic Marylanders have worse oral health outcomes compared to other racial groups. For example, according to 2022 data, 44% of Black and 49% of Hispanic Marylanders have had a permanent tooth extracted compared to 37% of White Marylanders and 34% of Asian Marylanders.⁴³ People who live in rural areas of Maryland and Baltimore City do not have the same access to oral health care as people in other regions.
- 2. Dental provider shortages are a barrier to accessing oral health care.** The ratio of dentists and dental hygienists per 100,000 population in Maryland is decreasing and provider shortage areas are increasing.⁴⁴
- 3. Lack of oral health surveillance data at state and local levels.** Ongoing collection of oral health data for surveillance purposes is critical to focus efforts where they are needed most. Additionally, Maryland data specific to racial and ethnic groups, geography, gender, LGBTQ+, immigration status and income level are necessary to further identify oral health inequities.
- 4. More children have experienced tooth decay and children's utilization of preventive oral health care under Medicaid has declined.** During the 2022-2023 school year, 43% of children experienced tooth decay compared to 36% in 2015-2016. During the COVID-19 pandemic, children did not receive preventive treatments through schools, like dental sealants and fluoride treatments, and only 48% of children enrolled in Medicaid received a preventive oral health service. In 2023, this percentage had increased to 56% but had not fully rebounded to the previous high of 64% in 2015.⁴⁵
- 5. Incidence of mouth and throat cancer has increased.**⁴⁶ From 2000 to 2022, the incidence rate for mouth and throat cancer has been increasing with an 0.8% annual percent change for women and 0.7% for men. Fewer adults report being screened for oral cancer. Oral cancer screenings reduce oral cancer rates at advanced stages and reduce deaths from this type of cancer. In 2018, 21.6% of adults reported having an oral cancer exam in the past year.⁴⁷ This was a decrease from 2012, when 24% of Maryland adults reported having an oral cancer screening in the past 12 months.

Oral Health in Maryland Communities

Adult Oral Health in Maryland

In 2023, Maryland Medicaid expanded comprehensive dental coverage for adults, benefiting approximately 800,000 residents. This expansion has greatly increased access to dental services, particularly for those who might otherwise be unable to afford care.

In addition, the state has broadened the scope of practice for dental hygienists, allowing them to work under general supervision in various settings, including medical day programs, group homes, nursing homes, assisted living programs, and the offices of physicians, nurse practitioners and certified midwives.

One of the major barriers is the limited dental coverage for those over the age of 65 who rely on Medicare. As of 2019, nearly half of all Medicare participants in the U.S. lacked dental coverage, and the rate of dental care utilization drops significantly after age 65. Many older adults experience a higher rate of tooth loss and face challenges accessing restorative care. Although Medicare Advantage plans offer some dental coverage, this has not led to a significant increase in oral health care utilization. In 2024, only 130,585 Maryland residents had some level of dental coverage through Medicare Advantage, a number that still leaves many older adults without adequate care.⁴⁸

Disparities in oral health are also prevalent among older adults in Maryland. Data shows that more Black (44%) and Hispanic (49%) adults have had permanent teeth removed compared to their White (37%) and Asian (34%) counterparts, highlighting persistent inequities in dental care access and outcomes.⁴⁹

Veterans in Maryland also face barriers to oral health care, despite having better overall access than veterans in other parts of the country. Only 15% of veterans nationwide are eligible for oral health care through the Veterans Affairs (VA) system. In addition, many veterans have chronic health conditions such as heart disease and diabetes, which can exacerbate oral health problems, creating a greater need for specialized care.⁵⁰

Individuals experiencing homelessness in Maryland struggle with the cost of care, lack reliable transportation and face a shortage of available dental providers. Moreover, people experiencing homelessness have higher rates of oral disease and other risk factors, making it even more important for them to receive regular dental care. Several community health centers, including Health Care for the Homeless in Maryland, provide services to this population, but significant gaps in care remain.

Children's Oral Health in Maryland

Maryland has seen notable improvements in children's oral health since the early 2000s, thanks to enhanced access to oral care, the expansion of preventive programs, statewide health literacy campaigns and growing community awareness. These efforts have contributed to higher utilization rates of dental services compared to national averages. For example, in 2023, 53% of Maryland children enrolled in Medicaid visited a dentist,⁵¹ surpassing the national average of 42%.⁵² Additionally, in 2021, 68% of privately insured children in Maryland saw a dentist, compared to 66% nationwide, while 57% of Maryland's Medicaid-enrolled children visited a dentist that same year, well above the national average of 47%.⁵³

Another key strength is the improved access to fluoride varnish treatments. In FY 2024, the Maryland's Mouths Matter program saw over 500 certified medical providers administer more than 34,000 fluoride varnish applications, with a cumulative total of over 460,000 applications since the program began in 2009.⁵⁴ This initiative has played a significant role in enhancing preventive care for children enrolled in Medicaid.

Despite these gains, there are still significant barriers to accessing oral health care for children in Maryland. A lack of dental providers in rural areas, combined with challenges around transportation to appointments, leaves many children without adequate preventive care. Additionally, tooth decay remains a growing concern. According to the 2022-2023 National Survey of Children's Health, 11% of children ages 1 through 17 in Maryland had decayed teeth or cavities in the past year, slightly better than the national average of 12.1%.⁵⁵

Some of the challenges Maryland faces in children's oral health are linked to broader trends, including the impacts of the COVID-19 pandemic. While the percentage of Medicaid-enrolled children who accessed preventive oral care increased from about 50% in 2008 to 64% in 2015, it declined sharply during the pandemic, dropping to just 48% in 2020. Though the number has since improved, with 56% of children receiving preventive services in 2023, it has not yet fully recovered to pre-pandemic levels.⁵⁶

Oral Health School Survey

The Oral Health Survey of Maryland School Children is conducted approximately every five years by the Maryland Department of Health, Office of Oral Health (MDH OOH) to assess the oral health of a sample of public school children in kindergarten and third grade. Licensed dentists and dental hygienists use standardized protocols to conduct oral health screenings. Data are then weighted to ensure representation.

In the 2022-2023 survey, 4,950 children at 48 schools from 14 county school districts participated. The children who participated were of the following racial groups: 32% White, 33% Black, 22% Hispanic and 13% other. Key findings included a sharp rise in the number of students who had dental decay experience (43%) as compared to the previous 2015-2016

survey (36%). Dental decay experience was defined as having dental decay at some point, either treated (fillings, extractions) or untreated. Similar results were observed for untreated dental decay, with 21% (2022-2023) vs. 14% (2015-2016). Fewer children had dental sealants on first permanent molars than the previous survey as well (29% vs. 41%). Fifty-one percent of students needed dental sealants.

Disparities were seen in socioeconomic factors, by race and by region. For example, Hispanic children had the highest incidence of dental decay experience at 58%, followed by Black children at 42% and White children at 35%.

Children from schools in areas with higher concentrations of poverty had a much higher prevalence of dental decay experience than those from higher-income schools. And specific regions of the state had higher or lower prevalence of dental decay. The highest prevalence of decay experience, untreated decay and urgent care needs was observed in Western Maryland, whereas Southern Maryland had a generally lower prevalence of dental concerns. This may be primarily due to access to dental providers, socioeconomic conditions and availability of community resources. Limitations of the survey include the exclusion of private school students and grades (only kindergarten and third grade); low response rates in some regions may introduce bias; the use of school-level data for socioeconomic status vs. individual socioeconomic status; and the COVID-19 pandemic may have affected participation and data collection.⁵⁷

Oral Health School Survey Trends [To be presented as a line or bar graph]

Dental Decay Experience

Has had dental decay at some point, either treated (fillings, extractions) or untreated.

2011-2012
33% overall

2015-2016
36% overall

2022-2023
43% overall

Percentage of Children with Untreated Dental Decay

Evidence of cavities present but has not received treatment.

2011-2012
13% overall

2015-2016
14% overall

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2022-2023
21% overall

Percentage of Children with Dental Sealants on First Permanent Molars (3rd Graders Only)

2011-2012
33% overall

2015-2016
41% overall

2022-2023
29% overall

Percentage of Children Needing Dental Sealants

2011-2012
N/A

2015-2016
66% overall

2022-2023
51% overall

Percentage of Children Needing Early Follow-Up In need of cleaning or intervention due to pain or infection at the time of the assessment.

2011-2012
N/A

2015-2016
13% overall

2022-2023
30% overall

Percentage of Children Needing Urgent Care

Due to pain or infection at the time of the assessment.

2011-2012
N/A

2015-2016

Less than 1% overall

2022-2023

6% overall

Children and Youth with Special Health Care Needs

Children and Youth with Special Health Care Needs (CYSHCN) have or are at risk for having prolonged physical, developmental, behavioral or emotional conditions. CYSHCN have higher rates of use for preventive oral health care; however, their oral health status is worse than non-CYSHCN. Nationally, more than 95% of pediatric dentists report treating CYSHCN, but only 10% of general dentists do, which can make it difficult to find a dental provider who is comfortable providing care to this community.⁵⁸ This highlights the need for oral health workforce training in treating CYSHCN.

CYSHCN are more likely than non-CYSHCN to experience unmet health care needs, defined as needing but being unable to receive health care for any reason. The top two reasons are related to cost and availability of health care appointments.

In 2022, Maryland had a population of 1.3 million children and adolescents ages 0-17; 18.4% of children (0-17 years) in Maryland have special health care needs compared to 20% nationally.⁵⁹

CYSHCN are more likely to need oral health care in operating room (OR) settings. Access to operating room time for Maryland dentists and driving distance for families on the Eastern Shore and Western Maryland are documented barriers to providing care to this community. A recent MDH report studied these issues and provided a list of recommendations to improve access to care.⁶⁰ This report can be [accessed here](#).

Pregnant Individuals' Oral Health in Maryland

In Maryland, there have been significant advancements in access to preventive oral health care for pregnant individuals. The Healthy Babies Equity Act, which was enacted in 2022, mandates that Medicaid extend coverage — including oral health care — to pregnant individuals for up to four months postpartum, regardless of their immigration status, as well as to their children up to one year of age. By August 2024, more than 13,700 individuals have benefited from this expanded coverage, receiving essential medical and oral health care services.⁶¹ Additionally, a 2021 legislative change extended Medicaid's postpartum coverage, including dental, from 60 days to one full year. The state also established a prenatal services grant program to serve pregnant individuals, including immigrants without legal residency, who are not typically eligible for Medicaid.

Further support for integrating maternal and oral health care came in 2022 when Maryland passed legislation allowing dental hygienists to work alongside nurse practitioners, nurse-midwives and certified midwives in medical offices. This collaboration enables more seamless prenatal and postpartum care, ensuring that both maternal and oral health are given attention during these critical periods.

Challenges remain, including the low rates of preventive dental visits during pregnancy. The oral health of pregnant individuals is closely linked to the health of their child, yet many individuals are not accessing the care they need. While there has been a slight improvement in Maryland's rates post-pandemic, disparities based on race and ethnicity persist. For example, in 2020, 53% of women reported not having their teeth cleaned during their most recent pregnancy, with even higher percentages among Black non-Hispanic (56%) and Hispanic (60%) women. This is a concerning trend, as the state's target for preventive dental care during pregnancy has not been met, and pregnant individuals reporting receiving dental care during pregnancy has been declining since 2014.⁶²

Medicaid data reveals a similar gap: among women aged 14 and older enrolled in Medicaid, only 25% had at least one dental visit during their pregnancy in 2023, which marks a decrease from 29% in 2019.⁶³ The reasons for this low utilization are varied, including lack of awareness about the importance of oral health care during pregnancy, the cost of dental care and a reluctance among some dental providers to treat pregnant individuals.⁶⁴ These barriers contribute to the ongoing challenge of ensuring that all pregnant people in Maryland receive adequate oral health care.

Rural Maryland Residents

Oral health in rural communities across Maryland and the nation is significantly affected by geographic, socioeconomic and systemic barriers. Rural residents have worse access to oral health care, lower rates of utilization and poorer oral health outcomes compared to urban residents. National research has shown that these disparities are driven by a combination of factors, including a low dental provider-to-population ratio, lack of transportation, fewer dentists who accept Medicaid or offer reduced fees, limited dental insurance and persistent poverty.⁶⁵ Many of these factors are also impacting rural Marylanders.

Children in rural areas are acutely impacted. National data from 2019-2020 shows that only 59.6% of children living in rural areas received preventive medical and oral health care in the past year, compared to 66.7% of children living in urban areas.⁶⁶ These gaps persist across all income levels. Similarly, in 2019, only 57.6% of adults living in rural areas aged 18 to 64 had a dental visit in the past year, compared to 66.7% of adults living in urban areas.⁶⁷

In Maryland, although the state is generally wealthy, its wealth is concentrated in metro areas. People living in rural regions, covering 80% of Maryland's land area but only 25% of its population,⁶⁸ often struggle to find dental providers and dentist specialists. The rate of poverty

in rural counties in Western Maryland and the Eastern Shore is significantly higher than most of the state.⁶⁹ These regions have all been designated as Dental Health Professional Shortage Areas⁷⁰ and have higher participation in MHSDP.

Addressing rural oral health disparities requires tailored strategies to expand access to oral health care, improve dental provider availability and increase community awareness of the importance of preventive oral health care.⁷¹

Oral Cancer

Oral cavity cancer, also known as oral cancer, originates in the mouth. Oropharyngeal cancer starts in the middle part of the throat just behind the oral cavity that can be seen when the mouth is open.⁷² Oral cavity and oropharyngeal cancers occur most often in the tongue, tonsils and oropharynx (part of the throat behind the mouth), and the gums, floor of the mouth and other parts of the mouth. The rest are found in the lips, minor salivary glands (often in the roof of the mouth) and other sites.⁷³

Oral Cancer Statistics in the U.S. and Maryland

In 2024, there were an estimated 58,450 new cases of and 12,230 deaths from oral cavity or oropharyngeal cancer in the U.S. Nationally, the incidence rate is 12.0 cases per 100,000 and 2.6 deaths per 100,000 (2017 – 2021). Maryland's incidence rates for the same period are slightly lower than the national average with 852 average cases and a rate of 11.1 cases per 100,000. The five-year trend for Maryland shows a 0.8 increase in cases. This increase is similar to what is being seen at a national level, where incidence rates increased by less than 1% a year in women and stabilized in men (2015-2019). However, oral cavity and oropharyngeal cancers associated with the human papillomavirus (HPV) infection continued to increase by 1.3% and 2.8% in women and men, respectively, each year in the same period.⁷⁴ The mortality rate for oral cavity and pharynx cancers in Maryland is 2.4 deaths per 100,000. The five-year trend for mortality is stable.⁷⁵

Oral Cancer Screening and Education

Oral cancer screenings identify potential oral cancers early and reduce the rate of advanced oral cancers and deaths. Dental providers are essential in screening for oral cancer and in providing oral cancer prevention education.

Only 21% of Maryland adults reported having an oral cancer screening in the past 12 months (2018). This is a 3% decrease from 2012, when 24% reported having a screening. The Maryland Comprehensive Cancer Control Plan 2021-2025 set a goal to increase this to 27%.⁷⁶

Other oral cancer goals of the Maryland Comprehensive Cancer Control Plan include:

- By 2025, reduce age-adjusted oral cancer incidence rates to not greater than 10.8 per 100,000 (2016 Baseline: 10.8 per 100,000). The objective will not be met as the most current rate is 11.11 per 100,000 (2017-2021).

- By 2025, reduce age-adjusted oral cancer mortality rates to 2.6 per 100,000 (2016 Baseline: 3.0 per 100,000). The objective is being met as of 2017-2021 date at 2.4 deaths per 100,000 in Maryland.

Demographic Disparities

Men are more likely to develop and die from oral cancer than women. Black individuals are less likely to develop oral cancer than White individuals but are more likely to be diagnosed at intermediate and advanced stages, having a slightly higher mortality rate.

Human Papillomavirus (HPV) Vaccination and Oral Cancer Prevention

HPV causes several cancers, including oropharyngeal cancer, which has been rising — especially among men over 40, White men, and those in the Midwest — likely due to changes in sexual behaviors. While smoking has declined, HPV is now seen as a key factor in the increase in oral cancers.⁷⁷ Vaccination significantly reduces the risk of HPV-related cancers, including head and neck cancers in men and boys. The CDC recommends vaccination at ages 11 to 12, with eligibility extending up to age 26 and possible consideration up to 45.⁷⁸ As of 2024 69% of Maryland teens (13 to 17) are up to date on HPV vaccines, above the national rate of 63%, and an improvement from 2018. Oral health professionals play an important role in promoting vaccination and completion of the vaccine series.

Maryland's Oral Health Workforce

[To be presented as a table.]

Maryland's 2023 Oral health workforce⁷⁹

3,917 dentists (1 dentist per 1,587 residents⁸⁰)

3,590 dental hygienists (1 hygienist per 1,717 residents)

5,700 dental assistants (1 assistant per 1,081 residents)

[To be presented as a graphic]

Who is the oral health workforce?

Dental Providers

Dentists

Dental Hygienists

Dental Assistants

Other Health Care Providers

Primary Care Physicians

Pediatricians

Advanced Practice Nurses

Registered Nurses

Physicians Assistants

Behavioral Health Practitioners

OB/GYNs and Midwives

Social Workers

Community Based

Community Health Workers

Health Navigators

Administrative Care Coordinators

Home Visitors

Head Start staff

Women Infant and Children (WIC) staff

Other trusted community referral and education sources

A Growing Shortage of Dental Providers

The number of dental providers in Maryland continues to decrease, although the state's population has grown.⁸¹ In 2023, there were 3,917 active dentists, the equivalent of 1 dentist per 1,587 residents. This represents a 5.6% decrease in the number of dentists since 2019⁸², when there were 4,148 active dentists. There were 3,590 active dental hygienists (1 hygienist per 1,717 residents) in 2023, a 10% decrease from 2019 when there were 4,010 hygienists. More dental assistants have joined the workforce in recent years, following a decline in 2020. From 2022 (5,040) to 2023, the number increased by 13% to 5,700 dental assistants, although it remains below the high point of 6,040 in 2019.⁸³ The drop in the number of dental assistants could be a result of the COVID-19 pandemic.

Oral Health Workforce Diversity

Diversity in race and ethnicity within the health workforce can help communities receive treatment and address the health needs of diverse populations. Studies find that racial and ethnic diversity among health professionals is connected to improvements in access to care, patient satisfaction and better communication between patients of color and their providers.

Dentists of color are underrepresented. Less than 4% of all dentists in the country are Black.⁸⁴ Black dentists typically work in counties with a Black population of about 30%. Additionally, almost 45% of all patients treated by Black dentists are Black.⁸⁵ Dentists who are Hispanic and American Indian/ Alaska Native show comparable trends.⁸⁶

The country's racial demographics are not reflected in the workforce.⁸⁷ Provider participation rates in Medicaid and the Children's Health Insurance Program (CHIP) vary considerably by race and ethnicity, with more than half of Black dentists (63%) and Hispanic dentists (51%) and only 39% of White dentists taking part in the programs, with an overall average of 43% of dentists participating nationally.

Race and Ethnicity of Maryland's Population⁸⁸

2023

White (non-Hispanic)	54.1%
Black (non-Hispanic)	34.5%
Hispanic/Latino	12.6%

Asian (non-Hispanic)	7.9%
Multiracial (non-Hispanic)	3.1%

Race and Ethnicity of Maryland Dentists⁸⁹

2023

56.5% White

15% Black

22% Asian

2.9% Hispanic

When comparing the diversity of dentists in Maryland in relation to state demographics, the workforce is less diverse than the population. There are significantly fewer Black and Hispanic dentists, and a notably higher proportion of Asian dentists, compared to the state's population. This echoes the nation's overrepresentation of White and Asian dentists and underrepresentation of Black and Hispanic dentists.⁹⁰

Training, Recruitment and Loan Repayment Programs

The MDH Office of Oral Health, Maryland State Dental Association and other organizations sponsor continuing education courses for dental providers in the state.

- The Ava Roberts Oral Health Symposium is an annual continuing educational program hosted by the MDH Office of Oral Health, in partnership with MDAC, that provides dental public health professionals an opportunity to learn, train and engage on dental practices, procedures and topical issues in oral health care. Approximately 150 oral health professionals participate in the program each year.
- Professional organizations offer in-person and virtual continuing education courses to dentists and dental providers in Maryland.

To address dental professional shortages in rural Maryland, the MDH Office of Oral Health sponsors several initiatives to grow the oral health workforce in the state.

- The [Maryland Pathways to Bright Futures](#) program connects young people who live in Dental HPSAs with opportunities to learn about careers in dental professions. The program offers a four-year grant to prospective dentists and dental hygienists who plan to work in Baltimore City, Maryland's Eastern Shore or in Western Maryland. Many parts of those areas have fewer than 20 dentists per 100,000 people, below the national average of 61 and the state average of 68.

The Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) aims to improve access to oral health care by increasing the number of dentists and dental hygienists who serve Medicaid participants. MDC-LARP dentists serve for three years, and it is required that 30% of their patient base are Medicaid participants.⁹¹ Upon recommendation of the Oral Health Task Force the Maryland General Assembly enacted legislation in 2023 to double the level of loan repayment for dentists to \$50,000 per year, as well as expand eligibility to dental hygienists for

\$10,000 per year. In 2025, the Maryland General Assembly enacted legislation to allow part-time dentists and dental hygienists to be eligible for the program.⁹²

Accomplishments in Maryland 2017-2025

Maryland continues to be recognized as a national leader in oral health, ranking higher on many oral health indicators than other states. This recognition is a direct result of the State's continued focus on and progress in implementing the goals and strategies outlined in the last MOHP.

Access to Oral Health Care

Since 2017, Maryland has made significant progress in expanding access to oral health care for its most underserved residents. Beginning in 2015, the Maryland Dental Action Coalition (MDAC) led a strategic, multi-year advocacy effort that resulted in the 2022 passage of legislation providing comprehensive dental coverage to all adults on Medicaid — benefiting more than 260,000 Marylanders by 2024. Access was further expanded through landmark legislation in 2022 and 2024, including the Maryland Healthy Babies Equity Act and the Access to Care Act, which extended dental benefits to immigrants, including undocumented individuals and DACA recipients. From 2021 to 2025, Maryland implemented key policies to raise Medicaid reimbursement rates and support teledentistry, while also launching studies to better align dental payment rates with commercial insurance. In response to rising childhood tooth decay, the state established the Collaborative to Improve Children's Oral Health Through School-Based Programs in 2025. Additionally, legislation passed between 2019 and 2025 strengthened Maryland's oral health workforce by expanding the roles of dental hygienists, assistants and community health workers, and by easing licensure for internationally trained dentists.

Oral Health Community Programs

Maryland has made important progress in expanding access to oral health care, thanks in large part to the efforts of local health departments, community health centers and other community-based programs. The Maryland Department of Health's Office of Oral Health and the Community Health Resources Commission fund and support safety net programs that provide critical dental care to underserved populations. Institutions like the University of Maryland School of Dentistry and eight dental hygiene schools also play a major role in delivering preventive and comprehensive oral health services. Additionally, initiatives like the Mission of Mercy offer free dental care to thousands of low-income adults each year through volunteer-led clinics.

For a more detailed summary of the legislative and policy achievements and during this period and successes of the community programs see the [Appendix](#).

Oral Disease and Injury Prevention

Maryland has made significant progress in preventing oral disease through evidence-based interventions, benefiting communities statewide.

Community Water Fluoridation

Community water fluoridation is the single most effective public health measure to improve oral health by preventing tooth decay. The Healthy People 2030 objective is to increase the proportion of people whose water systems have the recommended amount of fluoride (.7 ppm) to 77.1%. As of 2022, 90% or 5,484,265 Marylanders are on a community water supply, and 10% have private wells. Of those on a community water supply, 93.7% of the population in Maryland receive fluoridated water, exceeding the HealthyPeople 2030 objective.⁹³

However, debates about community water fluoridation are on the rise nationally, despite ample evidence of its safety and effectiveness in helping prevent tooth decay.⁹⁴

Improved Monitoring of Oral Health of Pregnant and Postpartum Parents

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a national surveillance project designed to identify groups of women and infants at high risk for health problems and monitor changes in health status.⁹⁵ In August 2022, the Maryland PRAMS [steering committee](#) voted on which standard (non-core) questions should be included in the Phase 9 PRAMS questionnaire, which started with 2023 live births and is still currently in use. In addition to the required oral health questions that ask if a woman had her teeth cleaned during her pregnancy or within the last 12 months, the committee voted to add three questions related to oral health. These new questions ask what makes it hard to go to a dentist during pregnancy; if the mother has had their teeth cleaned since the baby was born; and if they received prescription pain relievers from a dentist or oral health provider.⁹⁶ By adding these questions, additional oral surveillance data will be gathered and analyzed from Maryland mothers each year.

Mid-Atlantic P.A.N.D.A. Program

The Mid-Atlantic Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) program provides oral health professionals with assistance, including a continuing education course, to help them recognize and appropriately report signs of abuse and neglect. As of 2016, the course is part of the curricula at the University of Maryland School of Dentistry and all dental hygiene schools in the state. It is also available as a virtual course at midatlanticpanda.org.

Oral Health Literacy and Education

Understanding the effect of oral health on an individual's overall health is essential for the well-being of Marylanders. Oral health literacy is important because it empowers individuals to make informed decisions about their oral hygiene, seek timely dental care and understand the connection between oral health and overall well-being. For this plan, we embrace the health literacy definitions set by Healthy People 2030:⁹⁷

- Personal health literacy is the degree to which individuals can find, understand and use information and services to inform health-related decisions and actions for themselves and others.

- Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others.

Consumer Health Information Hub

In 2022, Maryland law established the Consumer Health Information Hub at the University of Maryland School of Public Health, encompassing oral health, with the Horowitz Center for Health Literacy serving as the organizer. The Hub's purpose is to increase plain language and language access to health, health insurance, safety and social services benefits information and services in Maryland. The Hub offers resources on health literacy recommendations and tools like the Maryland Plain Language Checklist and Web Content Review Tool.⁹⁸

Expansion of Outreach for Medicaid Expansion

[My Reason to Smile campaign](#), a multi-year social media outreach initiative aimed at informing adult Medicaid beneficiaries about their newfound dental coverage through the Maryland Healthy Smiles Dental Program. Launched in March 2024 by MDAC, the campaign utilizes a variety of social media platforms (Facebook, Instagram and YouTube) and engages the audience in both English and Spanish. People are directed to the campaign landing page, [MyReasonToSmile.org](#), offering comprehensive details on expanded dental coverage, locating a dentist and additional resources.

Oral Health Plan for Maryland 2026-2030

Outlined below are the goals and strategies for the three oral health plan priorities: Access to Oral Health Care, Oral Disease and Injury Prevention, and Oral Health Literacy and Education. These goals were developed through committees of key stakeholders using oral health surveillance data and surveys, evidenced-based practices, as well as their professional and organizational expertise. There is intentional overlap between the three sections because the work is interdependent. Improving oral health by working toward these goals is a collaborative effort of statewide partners and stakeholders. The MOHP should be viewed as a roadmap, rather than a prescriptive list of actions. This flexible approach allows and encourages innovative implementation strategies to meet the needs of Maryland's diverse regions and communities.

Consistent and comprehensive data collection and analysis will help Maryland determine where the greatest needs for oral health care are, and how to target and improve care for everyone. The ability to capture geographic differences, particularly urban versus rural and specific regions in Maryland would allow us to better target resources and interventions to the areas of the state with the most need. Development of specific, effective interventions to improve oral health cannot happen without the ability to identify and categorize racial inequities.

While these priorities are thorough and address current needs, the federal landscape is shifting quickly and will have state impacts. This may affect our ability to achieve the plan's goals and implement its activities. As with previous plans, we will monitor and adjust as needs change or the health care environment shifts.

Access to Oral Health Care

All Maryland residents need access to affordable, comprehensive oral health care to prevent and treat oral disease. This requires access to commercial insurance, Medicaid, Medicare or the Maryland Children's Health Program (MCHP), or paying directly for the care yourself. The goals below outline strategies to further expand access to oral health care through changes to policy, strengthening the dental professional workforce and fostering coordination between oral health professionals and other health professionals.

Goal One: Expand the number of Marylanders with dental coverage.

The insurance market is segmented. Each market has its own unique set of requirements for dental coverage, which is why we recommend a varied strategy approach to expanding coverage.

- **Strategy One:** Continue implementation of comprehensive adult dental coverage in Medicaid.
- **Strategy Two:** Modify the Maryland Health Benefit Exchange plan rules and regulations to include adult oral health care as an essential health benefit (EHB).
 - **Action A:** Conduct an in-depth analysis of commercial dental coverage in Maryland. Maryland policy-makers need to understand trends in commercial dental coverage, how Maryland compares to other states, and opportunities to increase access to commercial dental coverage. The analysis should be segmented into state-regulated commercial plans and commercial plans exempt from state regulation.
 - **Action B:** Establish adult dental coverage as a requirement for qualified health plans under the Maryland Health Benefit Exchange. This strategy is an extension of Maryland's efforts to reach low-income adults with Medicaid dental coverage. The Maryland Health Benefit Exchange could work with stakeholders and establish adult dental coverage requirements through Plan Management Standards.
 - **Action C:** Modify Maryland's EHB to include adult dental as a standard for the state-regulated commercial market. Dental coverage would be more affordable under the Maryland Health Benefit Exchange. Consumers would be able to use advance premium tax credits to purchase adult dental coverage.
- **Strategy Three:** Expand dental coverage opportunities for immigrants regardless of legal residency status through Medicaid and the Maryland Health Benefit Exchange. Maryland can build upon other state initiatives, including the Healthy Babies Equity Act and the Qualified Residents Act. With federal efforts to rescind these opportunities,

Maryland should explore how to preserve our current program options and think creatively on how the state can meet the dental needs of immigrant communities.

- **Strategy Four:** Establish dental coverage under Medicare. Recently, Centers for Medicare & Medicaid Services finalized a rule to provide Medicare dental coverage under limited circumstances related to certain medical illnesses. While the impact of this rule is limited, it is still an important step in improving access to oral health care for Medicare enrollees. While Medicare is a federal program, Marylanders should advocate for the expansion of Medicare to include dental coverage with our Congressional delegation and support national coalition work on this important issue.
- **Strategy Five:** Develop an outreach and engagement initiative to increase enrollment in dental plans through the Maryland Health Benefit Exchange.

Goal Two: Improve access to oral health care by enhancing covered services when financially feasible.

In Maryland, Medicaid provides coverage of critical oral health care for both adults and children. Medicaid has worked with the advocacy and provider community to shape the dental coverage package to meet the needs of Marylanders. In the commercial market, plans have flexibility to structure their dental coverage. Plans generally cover certain preventive services with no or low cost-sharing, while providing coverage for more expensive restorative services with higher cost-sharing requirements. In the Medicare Advantage market, plans have the flexibility to structure their dental coverage. Most plans offer coverage of a wide range of preventive and restorative services but may impose annual expenditure caps and cost-sharing requirements.⁹⁹

- **Strategy One:** Expand the dental coverage package of services for adults in the Maryland Healthy Smiles Dental Program to include full and partial dentures.
 - **Action A:** Prepare a comprehensive assessment of the impact of dentures on the health of consumers. Leverage partnerships in the state and beyond to demonstrate the impact that this expanded coverage could have on the health of Marylanders.
 - **Action B:** Develop an incremental plan to establish coverage of dentures in Medicaid. The stakeholder community should assess options for incremental progress and then work with the Maryland Department of Health and the Maryland General Assembly to move forward. The plan will need to be phased in, as the State is currently facing severe fiscal constraints.
- **Strategy Two:** Annually review parameters of the Maryland Healthy Smiles Dental Program and compare services covered to other states. The Maryland Department of Health has been working collaboratively with the stakeholder community on establishing and refining program parameters including preauthorization requirements and frequency limits on procedures. This collaborative relationship has strengthened the Maryland Healthy Smiles Program for children and adults.

Goal Three: Increase the number of dental providers that participate in Medicaid.

Dental coverage is only part of the equation in advancing access to dental services. There must also be a sufficient number of dental providers in a diverse range of geographic areas, that participate with Medicaid and commercial plans. See “Maryland’s Oral Health Workforce” section for more details.

- **Strategy One:** Continue to conduct a regular review of Maryland Medicaid dental reimbursement rates and report on how state reimbursement rates compare to other states. Develop and implement a plan for regular rate increases in Medicaid and targeted rate increases to grow enrollment of dentist specialists. Rate increases may not be feasible in the near term, given the State’s fiscal situation.
- **Strategy Two:** Develop and implement a strategy to support recruitment and retention of dental providers in community health centers, local health departments and school-based health centers.
 - **Action A:** Identify opportunities for sustainable funding for uncompensated oral health care. Federally qualified health centers and other types of community health centers have reported that uncompensated care rates are impacting their capacity.
 - **Action B:** Expand capacity of community health centers through loan repayment programs. The Maryland Dent-Care Loan Assistance Repayment Program is an essential tool in the recruitment and retention of dental providers in DHPS areas.
 - **Action C:** Support the use of teledentistry in community health centers. Community health centers can have multiple sites, but establishing a dental clinic at each site can be challenging.
- **Strategy Three:** Expand the number of school-based providers offering preventive oral health care (e.g., oral screenings), including the utilization of dental hygienists and school nurses.
 - **Action A:** Actively support the work of the Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs, which was established by House Bill 1143 in the 2025 legislative session.
- **Strategy Four:** Expand the number of Medicaid dental providers by recognizing dental hygienists as rendering providers. The Maryland Medicaid currently does not provide reimbursement for claims submitted by a dental hygienist. If Medicaid policy were updated to recognize dental hygienists as rendering providers, this would expand the number of Medicaid providers who can provide oral health care in a range of public health settings.

Goal Four: Increase dental provider participation in private insurance.

Barriers, including credentialing requirements, make it difficult for dental providers to participate in insurance plans.

- **Strategy One:** Evaluate network adequacy standards for state-regulated dental plans.
- **Strategy Two:** Assess the consistency of provider participation in Maryland Medicaid and health plans offered in the Maryland Health Benefit Exchange. Consistent provider

networks are important to ensure continuity of care for individuals who switch between coverage type.

- **Strategy Three:** Streamline credentialing requirements of dental insurance plans to reduce barriers for dental providers to participate in insurance plans.

Goal Five: Build a sustainable dental professional workforce.

Maryland is facing a long-term shortage of dental providers. See “Maryland Oral Health Workforce” section for more information. Over 1.7 million people live in a DHPS areas in Maryland.¹⁰⁰

- **Strategy One:** Determine the current capacity of allied dental education programs (i.e., dental hygiene and dental assisting) and whether capacity is sufficient to meet Maryland’s needs. Establish a plan to expand educational capacity where needed, while increasing the diversity of students (e.g., by race and ethnic identity, geography and gender).
- **Strategy Two:** Address barriers to licensure of dental providers from other states, including the consideration of compacts and a streamlined reciprocity framework for dentists and dental hygienists.
- **Strategy Three:** Remove barriers for internationally trained dentists to obtain unrestricted licenses and shorten the pathway for licensure for qualified internationally trained dentists.
- **Strategy Four:** Remove barriers for dental hygienists in public health settings. Maryland should modernize the law for dental hygienists in public health settings. The laws are complex, not well understood or fully utilized.
- **Strategy Five:** Develop and implement a sustainable strategy to support the integration of community health workers in a full range of health care settings. Pursue a sustainable financial support through Medicaid as well as state-regulated private plans.

Goal Six: Accelerate integration of oral health care and primary care.

Maryland has made incremental progress in integrating oral health care and medical care. Through the Maryland Department of Health and other community partners, a range of initiatives have been implemented to educate dental and medical care clinicians and pilot the integration of oral health into medical care settings and vice versa. These efforts have laid the groundwork for broader system changes.

- **Strategy One:** Support the integration of electronic health records for dental and medical care providers. Maryland has been a leader in improving population health through partnerships with the state health information exchange, known as the Chesapeake Regional Information System for People (CRISP). Maryland should consider asking the Maryland Health Care Commission and CRISP to spearhead an initiative to advance the utilization of electronic health records among dental providers and integrate these records with medical care.

- **Strategy Two:** Integrate coordination of oral health care into models of care coordination, including Maryland's Patient Centered Medical Home Model and Collaborative Care Model. Maryland should update oral health care its existing care models to include oral health care, as well as ensure that any future models are inclusive of oral health care.
- **Strategy Three:** Recognize dental providers as part of the broader health care team and partners in delivering medical care. Dentists and dental hygienists provide health care, including services that have been labeled as "medical care." These services are within their existing scopes of practice yet are seldom recognized in designing models of health care. Examples include hypertension screening, cancer screenings and addressing social determinants of health.
- **Strategy Four:** Support integration of screening and preventive oral health care into primary care settings. Maryland has increased the number of primary care providers offering risk assessments, oral health screenings and other prevention services, such as fluoride varnish applications, but this can be expanded.
- **Strategy Five:** Support the co-location of dental hygienists in the practices of physicians and advanced practice providers. The Maryland General Assembly passed legislation in 2021 and 2022 to allow the co-location of dental hygienists in the practices of physicians, nurse practitioners, nurse-midwives and certified midwives. This law has never been fully implemented, as it was passed during the pandemic.

Oral Disease and Injury Prevention

Prevention is the key to reducing the burden of oral diseases. Advancing social determinants of health and community collaboration are the primary strategies that comprise the prevention plan. To produce meaningful improvements in oral health, oral health inequities and disparities must be addressed, including making educational materials and campaigns accessible in languages other than English.

Goal One: Advance social, physical and economic environments that reduce disparities and enhance oral health equity for all Marylanders.

- **Strategy One:** Increase access to oral health care, by increasing the number of people enrolled in the Maryland Healthy Smiles Program, increasing use of oral health care, increasing the number of people with a dental home and disaggregating data by race, ethnicity and other demographic factors.
- **Strategy Two:** Increase the number of safety net dental programs, including school-based dental screening and sealant programs.
- **Strategy Three:** Promote healthy environment interventions, such as safe sidewalks, gyms, parks and limiting access to vaping products.
- **Strategy Four:** Monitor and review key health surveillance data on an ongoing basis to identify opportunities for partnership and action.

Goal Two: Continue the current recommended level of water fluoridation for public water supplies in Maryland.

- **Strategy One:** Work closely with the Maryland Department of Health, Office of Oral Health, Maryland Department of Environment, Maryland Rural Water Association and other strategic partners to maintain the current recommended level of water fluoridation.
- **Strategy Two:** Assess and update current educational materials for community members, organizations, health providers and legislators on community water fluoridation, including materials in languages other than English. Ensure that these materials include current science-based information. Develop new resources, if gaps are identified.
- **Strategy Three:** Expand and improve community water fluoridation education campaigns to provide accurate information and increase understanding of fluoride to prevent tooth decay, particularly in children.
- **Strategy Four:** Build and maintain partnerships with community organizations and health provider associations to advance educational campaigns.

Goal Three: Improve oral disease and injury prevention by promoting oral health literacy and education programs.

- **Strategy One:** Increase oral health literacy awareness by conducting public health campaigns and establishing programs that educate the public about the importance of oral health. Campaigns should be culturally competent, available in other languages and include proactive steps that can be taken to improve oral health, especially for populations at high risk for oral disease.
- **Strategy Two:** Provide health professionals with tools and resources to help them communicate clearly with their patients, clients and the public about oral disease and injury prevention. Where needed, help health professionals locate and use resources and training to make communication more comfortable and effective.
- **Strategy Three:** Partner with schools, charitable and social service organizations, faith-based groups and community groups to spread oral health information more widely throughout the community.
- **Strategy Four:** Increase the use of social media to conduct health information marketing targeted to people at high risk for oral disease and injury (e.g., smoking cessation, vaping cessation, oral cancer, overconsumption of sugary beverages, HPV vaccination, wearing mouthguards during sports).

Goal Four: Engage stakeholders in creating and implementing state and local policies to improve oral health for all to reduce oral disease and injuries.

- **Strategy One:** Increase policies that address workforce shortages, including scholarships, loan repayment programs, grants for community health centers and dental providers in HPSA areas and licensure compacts.

- **Strategy Two:** Expand oral and medical health integration initiatives statewide, including obesity screening in dental settings, referral for nutritional and healthy lifestyle counseling and oral health care for pregnant individuals.
- **Strategy Three:** Promote and share information that supports mandates for community water fluoridation, anti-vaping, dental exam requirements for school enrollment and healthy snacks and lunches for school children.

Oral Health Literacy and Education

Providing accurate and easy-to-understand information about how oral health is vital to improving the oral health of Marylanders. This includes providing information in languages in addition to English. Collaborating with oral health providers and other community health providers will help to increase the public's understanding of how oral health affects overall health and quality of life.

Goal One: Increase the ability of individuals to find, understand and use health information and services to inform oral health-related decisions and actions for themselves and others.

- **Strategy One:** Increase individuals' understanding of the importance of oral health and the relationship between oral health, overall health and quality of life.
- **Strategy Two:** Increase the public's understanding of how to prevent and practice behaviors to prevent oral diseases.
- **Strategy Three:** Increase awareness, distribution and use of oral health resources to encourage collaboration among oral health providers, health providers and policy makers.
- **Strategy Four:** Increase individuals' knowledge about the oral health care system and support all Maryland residents to establish a dental home.
- **Strategy Five:** Promote the use of communication (social media and other) campaigns to enhance knowledge and use of oral health care.

Goal Two: Increase opportunities for organizations to enable individuals to find, understand and use information to make decisions about their oral health.

- **Strategy One:** Increase collaboration among health service organizations to help individuals navigate the oral health care system and establish a dental home.
- **Strategy Two:** Increase oral health care providers' awareness and participation in Medicaid.
- **Strategy Three:** Increase integration of oral health care into primary care settings.
 - **Action A:** Encourage collaboration among state and local health-related organizations to integrate oral health care into primary care.
- **Strategy Four:** Increase the use of non-traditional support professionals (case managers, social workers, childcare administrators and staff, nursing home and long care staff, community health workers) to help individuals receive oral health care and close the loop on referrals.
 - **Action A:** Develop educational materials and resources in multiple languages that help health and human services providers improve patients (adults)

understanding of oral health care options to make appropriate decisions about their care.

- **Strategy Five:** Highlight collaborations among state and local health-related organizations and activities improving health and quality of life.
- **Strategy Six:** Ensure information about dental coverage is accessible and consumer-friendly for individuals purchasing coverage through the Maryland Health Benefit Exchange. In 2024, MDAC was successful in obtaining a recommendation from the Maryland Health Benefit Exchange's Consumer Decision Support Workgroup¹⁰¹ to streamline and simplify information about dental coverage.

Goal Three: Educate students in health care and health-affiliated fields and practicing health care providers in Maryland about the oral-systemic connection and its impact on overall health.

- **Strategy One:** Educate dental and non-oral health care providers about the new definitions of health literacy (see page xx for definitions) and their vital roles in improving the health literacy of their patients.
 - *Note: They should result in providers understanding the new definitions of health literacy and seeing where they fit in this new model and embracing their responsibility in the health literacy process.*
- **Strategy Two:** Educate all ancillary organizations of their “organizational” role within the new definition of health literacy and how, by embracing this role, they support and create personal health literacy.
- **Strategy Three:** Develop materials and programs to educate medical students and practicing providers on how to provide oral health guidance and preventive interventions (e.g., risk assessment, screenings, fluoride varnish, referrals)
- **Strategy Four:** Develop materials and programs to educate nontraditional support professionals about oral health preventive measures to support patients (adults) seeking health care.
- **Strategy Five:** Increase knowledge of medical and oral health professionals about the importance of achieving optimal oral health for individuals, including but not limited to, individuals with special health care needs, children, pregnant individuals and older adults.
- **Strategy Six:** Increase dental providers’ ability to identify and refer patients with undiagnosed chronic health conditions (diabetes, hypertension, obesity) to appropriate medical professionals for diagnosis and treatment.

Goal Four: Conduct routine assessments to monitor the impact of strategies on the understanding, health outcomes and health decisions of individuals, populations and organizations informing interventions.

- **Strategy One:** Assess the impact of communications (social media and other) campaigns on knowledge and use of oral health care.
- **Strategy Two:** Assess the patient-provider interaction and the patients’ response to their provider’s communication skills and practices.

Note: These objectives are from the communication section of Healthy People 2030, modified to be applicable to oral health.

- **Action A:** Increase the number of adults who report that their health care providers involved them in decisions made for their oral health care.
- **Action B:** Decrease the proportion of patients (adults) reporting poor communication with their oral health care team.
- **Action C:** Increase the proportion of patients (adults) whose oral health care provider checked their understanding about the proposed treatment.
- **Action D:** Increase the proportion of patients (adults) with limited English proficiency, indicating that their oral health care providers explained things clearly.
- **Strategy Three:** Assess and monitor trends in the use of electronic resources, including social media, by individuals and organizations to improve oral health care.

Implementation and Tracking Process

MDAC, in collaboration with the Maryland Oral Health Plan committee chairs and other stakeholders, will conduct an annual review of the plan's goals and strategies and an extensive evaluation in 2028, halfway through the plan's timeframe. The 2028 evaluation will assess progress on the goals outlined in the plan and track outcomes based on the proposed strategies. In these evaluations, data will be reviewed from national and state surveillance systems, including the National Oral Health Surveillance System, Maryland Behavioral Risk Factor Surveillance System (BRFSS) data and the Maryland Department of Health Office of Oral Health's annual legislative reports to the Governor. An annual review also will include legislative actions that impact state health systems and access to oral health care in Maryland. It is essential to note that some of these data sources have been impacted by federal changes to public health, which may affect data collection and our monitoring of oral health in the state.

In addition to tracking the goals for Access to Oral Health Care, Oral Disease Injury and Prevention and Oral Health Literacy and Education, MDAC will monitor key indicators of oral health including:

- Frequency of dental appointments (Source: BRFSS)
- Number of extractions (Source: BRFSS)
- Oral health care before, during and after pregnancy (Source: PRAMS and Oral Health Legislative Report)
- Dental decay experience (Source: Oral Health Survey of School Children 2027/2028)
- Dental sealants (Source: Oral Health Survey of School Children 2027/2028)
- Active tooth decay in children (Source: Oral Health Survey of School Children 2027/2028)
- Children's oral health status (Source: National Children's Health Survey)
- Child who received preventive oral health care (Source: National Children's Health Survey)

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- Community water fluoridation (Source: CDC)
- Percentage of children enrolled in Medicaid that received a preventive dental visit in the last year (Source: Oral Health Legislative Report)
- Provider participation in the Maryland Healthy Smiles Dental Program (Source: Oral Health Legislative Report)
- Maryland Medicaid Dental Reimbursement Rate Schedule (as compared to other states)
- Average Medicaid dental reimbursement compared to private insurance plan reimbursement (Source: American Dental Association, Health Policy Institute)

Healthy People 2030 sets data-driven public health objectives for a 10-year period for the nation. Oral health objectives are outlined at the link below. As data is available, these objectives are integrated into the Maryland Oral Health Plan. To learn more about these objectives and how they are measured, visit <https://odphp.health.gov/healthypeople>

While efforts will focus on the plan's goals and key indicators to evaluate outcomes, MDAC will be flexible and open to other needs and opportunities that may arise, observe any shifting trends and adjust strategies as needed.

We will continue to engage with our stakeholders in the movement to improve oral health and overall health for all Marylanders.

MHOP 2026-2030 Appendices

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[List of organizations and individuals who contributed to the development of the MOHP will be added here.]

Oral Health Care Resources

Organizations

- American Academy of Pediatric Dentistry is the membership organization representing the specialty of pediatric dentistry, which contributes to professional education programs and scholarly works concerning dental care for children (www.aapd.org).
- American Dental Association is the oldest and largest dental association and is an oral health information authority. It provides a wide array of data and information on oral health topics and state oral health resources (www.ada.org).
- Centers for Disease Control and Prevention, Division of Oral Health works to improve the oral health of the nation by promoting oral health surveillance and the use of proven strategies of prevention and control of oral diseases (www.cdc.gov/OralHealth).
- Centers for Medicare & Medicaid Services is responsible for ensuring effective, up-to-date health care coverage and for promoting quality care for participants (www.cms.hhs.gov).
- Health Resources and Services Administration is the principal federal agency charged with increasing access to health care for those who are medically underserved (www.hrsa.gov).
- Maryland Department of the Environment (MDE) was created to protect and preserve the state's natural resources, including water, and it oversees fluoridation of water supplies. (www.mde.maryland.gov).
- Maryland Medicaid Program (HealthChoice), administered by the Maryland Department of Health, is a statewide mandatory managed care program, which provides health care to most Medicaid recipients (www.health.maryland.gov/mmcp).
- Maryland Office of Oral Health was established in 1996 to address a myriad of dental or oral diseases affecting the State's neediest children and adults. The mission of Office of Oral Health is to improve the oral health of Maryland residents through a variety of

public oral health initiatives and interventions (www.phpa.health.maryland.gov/oralhealth).

- National Center for Health Statistics conducts surveillance activities and compiles statistical information to guide actions and policies to improve the health of people of the nation (www.cdc.gov/nchs).
- Oral Cancer Foundation is a national public service, nonprofit entity designed to reduce suffering and save lives through prevention, education, research, advocacy, and support activities related to oral cancer (<https://oralcancerfoundation.org>)

Publications

- Maryland's Annual Oral Health Legislative Report is a comprehensive oral health legislative report that followed the enactment of House Bill 70 during the 2009 legislative session submitted by the Maryland Medicaid Program and the Office of Oral Health within the Department of Health. It is produced annually. (<https://phpa.health.maryland.gov/oralhealth/Pages/Annual-Legislative-Reports.aspx>).
- Maryland Oral Health Resource Guide is designed to inform and assist children, adults, people with special health care needs, caregivers, consumer groups, and government agencies in finding affordable and appropriate oral health care in Maryland and the immediate surrounding regions. It is updated annually. (<https://health.maryland.gov/phpa/oralhealth/Documents/ResourceGuide.pdf>)
- Oral Health in America: A Report of the Surgeon General focuses the nation's attention on oral health (<https://www.nidcr.nih.gov/research/oralhealthinamerica>).

Surveillance Programs

- Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. BRFSS data are used to design, implement and evaluate prevention efforts (www.cdc.gov/brfss).
- Healthy People 2030 provides a framework for prevention for the nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats (www.healthypeople.gov).
- Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project that collects and makes available state-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy (www.cdc.gov/prams/index.htm).
- SEER Cancer Statistics Review is a premier source for cancer statistics in the United States. Surveillance, Epidemiology, and End Results (SEER) collects information on cancer incidence, survival, and prevalence from specific geographic areas representing 26% of the U.S. population (<https://seer.cancer.gov>).
- Oral Health Survey of Maryland School Children is a survey conducted every five years by the Maryland Department of Health, Office of Oral Health to assess the oral health

status of public school children who are in kindergarten and third grade (<https://health.maryland.gov/phpa/oralhealth/Pages/Reports.aspx>).

Access to Oral Health Care Accomplishments 2017-2025

Since 2017, Maryland has made great strides in expanding access to oral health care for our most underserved residents.

Medicaid Coverage Extends to All Adults

MDAC led the advocacy campaign for establishing adult dental coverage with strong support from the dental and health care advocacy community. MDAC began the work to secure adult dental coverage in Medicaid in 2015 with support from the Leonard & Helen R. Stulman Charitable Foundation to conduct an environmental scan of dental coverage in Maryland. Results of the scan revealed that data sets, to provide a comprehensive picture of the state of oral health among Maryland's adults, were limited, inadequate and incomplete.

MDAC, along with its coalition partners, recognized that achieving the adult dental coverage goal would require a strategic plan with incremental milestones. MDAC coordinated a seven-year campaign that culminated in the passage of House Bill 6/Senate Bill 150 – Maryland

Medical Assistance Program – Dental Coverage for Adults:

- In 2015, Chairs Pete Hammen and Mac Middleton requested that MDAC study and report back on the state investment needed to establish adult dental coverage to their committees, the House Health and Government Operations Committee, and the Senate Finance Committee. With support from the Abell Foundation, MDAC worked with the Hilltop Institute to conduct the study.
- In 2016, MDAC presented findings of the Hilltop study to legislative leadership, the Governor's office, and MDH. MDAC presented the report at formal legislative briefings.
- In 2017, MDAC worked with Chair Mac Middleton to secure passage of Senate *Bill 169 - Health - Cost of Emergency Room Visits to Treat Dental Conditions and Coverage of Oral health care Under Medicaid – Study*. The bill required MDAC to study and report to the Maryland General Assembly the cost of dental emergencies on uncompensated care in emergency departments. MDAC partnered with the DentaQuest Institute (now known as the CareQuest Institute for Oral Health) to conduct the study.
- In 2018, MDAC presented the findings of the study to legislative leaders, including a briefing in front of the Senate Finance Committee. CareQuest found that Maryland Medicaid was spending over \$10 million on emergency department visits for dental conditions that could have been prevented if individuals had access to oral health care.¹⁰²
- Also in 2018, MDAC and coalition partners, in collaboration with legislative champions Senator Mac Middleton and Delegate Mike McKay, secured passage of *Senate Bill 284 – Maryland Medical Assistance Program – Dental Coverage for Adults – Pilot Program*. The bill established a waiver program that provided dental coverage for individuals who are dually eligible. The program covered a wide range of oral health care and had an annual

spending cap for participants. MDAC formed the Medicaid Adult Dental Collaborative to support the implementation of the waiver program and begin preparations for expanding coverage to all adults. This group of highly influential oral health stakeholders had deep subject matter expertise in serving the Medicaid community.

- In 2019, MDAC focused on building capacity in the safety net community to support implementation of the new adult dental waiver program. With the support of bill sponsors Delegate Mike McKay and Senator Guy Guzzone, MDAC successfully advocated for passage of *House Bill 332/Senate Bill 158 – Maryland Department of Health – Community Dental Clinics Grant Program*.
- In 2020, MDAC obtained funding in Governor Larry Hogan’s budget bill to add dental coverage to Medicaid’s 60-day postpartum coverage program. MDAC accomplished this goal with the strong partnership of Delegate Mike McKay;
- In 2021, MDAC worked on expanding the number of legislative champions by spearheading work on *House Bill 547/Senate Bill 485 - Maryland Medical Assistance Program - Dental Prophylaxis Care and Oral Health Exams*. The legislation, sponsored by Delegate Robbyn Lewis and Senator Malcolm Augustine, removed barriers to obtaining semi-annual cleanings under Medicaid. MDAC also supported the passage of *Senate Bill 923- Maryland Medical Assistance Program – Eligibility*, which extended eligibility for postpartum coverage, including dental coverage, to 12 months after delivery. Then, MDAC successfully obtained an amendment to *HB 1349/SB 777 - Maryland Prenatal and Infant Care Grant Program Fund* to ensure the prenatal grant program included oral health care.
- In January 2022, in anticipation of questions from legislators on how the state would pay for a comprehensive adult dental benefit in Maryland Medicaid, MDAC commissioned M2 Health Care Consulting, with funding from the Abell Foundation, to produce the comprehensive report, *Options for Financing Adult Dental Coverage in Maryland Medicaid*. The report was part of the MDAC written testimony submitted to members of the Senate Finance and House Health and Government Operations Committees.
- In 2022, MDAC worked with legislative champions — Delegate Mike McKay, Delegate Bonnie Cullison, Senator Malcolm Augustine, and Senator Guy Guzzone — to determine the timing to introduce legislation to expand the dual eligible waiver program to a program that covered all adults. *House Bill 6/Senate Bill 150 - Maryland Medical Assistance Program – Dental Coverage for Adults* was introduced in January 2022. In managing the advocacy campaign, MDAC coordinated its strategy with the bill sponsors and a broad grassroots group of over 80 actively engaged organizations. When the budget committees and Governor Hogan agreed to fund the program, the legislation was passed in April 2022 and was signed into law by the Governor. As a result of the legislation, about 800,000 adults gained dental coverage.
- In 2023, the Medicaid Adult Dental Program was implemented and transformed access to oral health care across Maryland. Since the program’s establishment in January 2023, the Maryland Medical Assistance – Dental Coverage for Adults Program has provided more than 260,000 Maryland adults with oral health care. An estimated 35% of eligible

adult Medicaid participants have received oral health care at least once. Additionally, half of Medicaid participants who received oral health care in 2024 also received care in 2023, indicating that these individuals are establishing dental homes and receiving ongoing, preventive care. Another indicator of Maryland's success is that yearly utilization of oral health care by adult Medicaid participants, which is estimated to be 23% in 2024, is higher than the national average of 17%.¹⁰³

Medicaid and Private Health Insurance Coverage for the Immigrant Community

- In 2022, the Maryland General Assembly enacted the Maryland Healthy Babies Equity Act which extended Medicaid coverage, including dental coverage, to individuals with low incomes who do not qualify for Medicaid because of their immigration status.
- In 2024, the Maryland General Assembly enacted *HB 728/SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*, which removes barriers to immigrants purchasing their own insurance, including dental coverage, through the Maryland Health Benefit Exchange. The coalition work was led by the Maryland Community Health System, Health care for All, and CASA of Maryland.
- In 2024, the Maryland Health Benefit Exchange extended coverage opportunities to DACA recipients as allowed under a new federal rule.

Medicaid Reimbursement

- In 2021, 2023, and 2025, the Maryland General Assembly enacted legislation to establish reimbursement policies for telehealth. Medicaid coverage of teledentistry was recognized in legislation in all three years.
- In 2022 and 2023, funding to support Medicaid reimbursement rate increases for oral health care was included in the budget. The Maryland State Dental Association led the advocacy work with the Maryland Department of Health.
- In 2024, the Maryland General Assembly passed *House Bill 103/Senate Bill 100 - Maryland Medical Assistance Program - Oral health care - Coverage and Rate Study*. This bill was also championed by the Maryland State Dental Association and sponsored by Delegate Heather Bagnall and Senator Ben Kramer. The bill required MDH to conduct a study on the investment needed for Medicaid coverage as well as the cost for increasing Medicaid dental rates to commercial insurance rates.

Children's Access to Oral Health Care

- In 2025, the Maryland General Assembly enacted *House Bill 1143 - Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs – Establishment*, with the support of legislative champions Delegate Heather Bagnall and Senator Clarence Lam. The Collaborative, comprised of dental hygienists, dentists, school nurses, educational professionals and key stakeholders, will study and make recommendations on ways to improve school-based oral health programs. The legislation was a response to declining utilization of oral health care in Medicaid and rising rates of tooth decay.

Building the Dental Professional Workforce and Addressing Access to Oral Health Care Issues

- In 2019, the Maryland General Assembly authorized dental hygienists to practice in additional types of settings, including adult day care centers, under the general supervision of a dentist. The Maryland Dental Hygienists' Association partnered with the Maryland State Dental Association on the legislation. Delegate Nic Kipke sponsored the bill. In 2022, the Maryland General Assembly expanded the law to include clinical offices of nurse practitioners and nurse-midwives with legislation sponsored by Delegate Ariana Kelly and Senator Clarence Lam.
- In 2021, the Maryland General Assembly enacted *House Bill 368/Senate Bill 100 – the Oral Health Task Force* to establish a stakeholder workgroup to make recommendations for improving access to oral health care, including addressing gaps in the oral health workforce. Delegate Heather Bagnall and Senator Delores Kelley sponsored the legislation, and the Maryland State Dental Association led the advocacy campaign to secure its passage.
- In 2022, the Maryland General Assembly acted on several recommendations of the Oral Health Task Force, including updating the Dent-Care Program to increase the loan repayment amount for dentists and adding dental hygienists to the program. This legislation, *House Bill 290* sponsored by Delegate Heather Bagnall, also laid the groundwork for Medicaid dental rate increases. During that same year, Delegate Nic Kipke, working with the Maryland State Dental Association, secured passage of *House Bill 968 - Health Occupations – Dental Assistants – Certification and Regulation*. The legislation expanded the role of dental assistants who met specific requirements.
- There have been several significant steps to advance the work and reimbursement of community health workers. Delegate Bagnall's HB 290 required a study of Medicaid reimbursement for community health workers. In 2025, Delegate Bagnall worked with the Community Health Worker Empowerment Coalition to advocate for *House Bill 871 - Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program*.
- In 2024, the Maryland General Assembly streamlined the process for internationally trained dentists to obtain unrestricted licenses in Maryland. *House Bill 786/Senate Bill 799 - Health Occupations – Limited License to Practice Dentistry – Services for Adults* was sponsored by Delegate Heather Bagnall as well as Senators Mike McKay and Guy Guzzone. This further expands workforce capacity to provide care to a larger population.

Other Health Coverage

- The Access to Care Act was passed in 2024, allowing immigrants, regardless of documentation status, to purchase health and dental insurance through the Maryland Health Benefit Exchange. Maryland also implemented a change in federal rules that allows DACA recipients to enroll in qualified health plans; however, whether this will continue depends on future federal actions and subsequent litigation.

Oral Health Community Programs

While significant accomplishments have been made in Maryland to enhance access to oral health care for Maryland residents, many oral health gaps remain. We want to celebrate the work that local health departments, community health centers, and other community-based oral health programs are doing. From dental screenings and sliding-scale services to integrating oral health care into primary care and behavioral health settings, these community programs provide invaluable oral health care to underserved Maryland residents. To learn more, see the [2025 Maryland Oral Health Resource Guide](#).

Oral Health Safety Net Program

The MDH Office of Oral Health administers public health programs to improve access to oral health care in Maryland. The office awards grants and oversees programs that enhance dental provider capacity for underserved communities.

MDH/ OOH-funded children's programs include:

- Maryland Mighty Tooth School Dental Sealant Program
- Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program: In FY 2024, 34,622 fluoride varnish applications were administered by medical providers, with over 460,000 applications since the start of the program.¹⁰⁴

These programs provide oral health care to children in school settings and medical practices. They increase dental referrals for follow-up care and help establish dental homes for children.

Dental grant projects, awarded to local health departments, community health centers, private, non-profit foundations and hospitals, universities, and other organizations throughout the State, have collectively served more than 74,000 children and adults with low incomes, resulting in more than 172,000 dental visits.

Community Health Resources Commission

The Community Health Resources Commission (CHRC) has been a long-standing partner in supporting the expansion of oral health care at community health centers. CHRC, an independent commission under the Maryland Department of Health, has funded multiple oral health initiatives across the state. The Commission's work has been critical in expanding provider capacity of the safety net and ensuring the success of Medicaid dental coverage for adults.

University of Maryland School of Dentistry (UMSOD)

The UMSOD is the largest provider of comprehensive and emergency oral health care in the state, serving people of all ages and socioeconomic levels, including those who are underserved and low-income. Each year, more than 23,000 people are served through more than 95,000 patient visits.

UMSOD is also the main provider of oral health care to Medicaid-eligible children and Maryland residents living with HIV. UMSOD collaborates with partners at Access Carroll Integrated Health

Care, in Westminster, and with Monocacy Health Partners Dental Clinic in Frederick, to increase access to oral health care. Through new programs and services at the Universities at Shady Grove, in Rockville, the school continues to expand its reach to more communities.

Eight dental hygiene schools in the state also provide preventive services for Maryland residents.

- Alleghany College of Maryland
- Anne Arundel Community College (inaugural class in Fall 2025)
- Baltimore City Community College
- Fortis College – Landover
- Hagerstown Community College
- Howard Community College
- The Community College of Baltimore County
- University of Maryland School of Dentistry

Mission of Mercy

The Mission of Mercy, managed by the Maryland State Dental Association Foundation, is a series of free adult oral health care clinics where the dental and health care community provides free oral health care to the poor and underserved. In addition to providing free oral health care to adult patients in need, they also provide several health screenings and services.

Mission of Mercy dental clinics perform more than 2,500 dental procedures every year for individuals who lack dental coverage, don't qualify for assistance programs, or have low incomes, with some traveling long distances and waiting hours to receive care.

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