



MARYLAND ORAL HEALTH PROGRAM

2025 Report

Pursuant to Health General Article §13-2504(b)

Wes Moore
Governor

Aruna Miller
Lt. Governor

Meena Seshamani, MD, PhD
Secretary of Health

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Executive Summary

Maryland has implemented programs to improve access to oral health services and oral health outcomes among Marylanders through expansions of the Maryland Medical Assistance Program (Medicaid) and the State's public health dental infrastructure. Maryland continues to receive high grades from the federal government for its oral health initiatives because of State efforts to improve dental care access for Marylanders, especially those who are Medicaid-eligible, underserved, or underinsured.

The Maryland Department of Health (the Department) focuses its oral health improvement efforts on oral health literacy, increasing access to oral disease treatment and prevention, and increasing the availability of quality dental care for underserved communities in Maryland. The Department's Office of Oral Health (OOH) addresses these focus areas by running communication campaigns which improve oral health literacy, leading a multitude of programs which increase utilization of preventive and restorative dental care, advancing medical/dental collaboration to address the connectedness of the mouth and body, and promoting dental career pathways among members of underserved communities to address the workforce shortage. The OOH led 14 programs during fiscal year (FY) 2025, which provided funding to 20 Local Health Departments (LHDs) and 13 not-for-profit organizations to target these focus areas. Medicaid and OOH have worked together to target outreach to pregnant women with the message that dental care is safe, important, and available through Medicaid. Medicaid has seen increases in the number of providers and in utilization of dental care throughout the last 10 years.

Office of Oral Health

The Governor included \$2.4 million in the FY 2025 budget for all operations of OOH. Of this, \$1.4 million was awarded to local health departments and other community partners through the Oral Health Safety Net Program. This program is divided into two sub-programs under which LHDs and not-for-profit organizations may apply for funding. These are known as the Oral Disease and Injury Prevention program (ODIP) and the Dental Sealant program. Recipients of ODIP funding expand access to clinical procedures within community clinics, and recipients of Dental Sealant funding provide dental sealants to children within schools. Funding from both sources provide startup funding and expand dental provider capacity for the underserved, including low-income, uninsured, disabled, and Medicaid-eligible populations. This program provides Marylanders in every county access to a public health dental clinic.

Federal funds received by OOH totaled \$780,800 in FY 2025. Of this, \$400,000 was received from the Health Resources and Services Administration (HRSA) and \$380,800 was received from the Centers for Disease Control and Prevention (CDC). These funds are used to improve underserved Marylanders' access to oral health care, oral health education, and overall health.

Fourteen programs are administered by OOH, ranging from promoting dental clinical careers for members of underserved communities to linking People Living With HIV/AIDs (PLWHA) with dental care via referral from their primary care provider (PCP). These diverse and innovative programs each have their own impacts. One example, the Dental Sealants Program, provided 37,344 dental sealant applications in FY 2025. This program, as with the others described in this

report, has a significant impact on Maryland's most underserved communities.

Medicaid Dental Care Access

Maryland's Medicaid dental benefits, collectively called the Maryland Healthy Smiles Dental Program, are administered by a single statewide dental benefits administrator (DBA). The DBA is responsible for coordinating all dental services for children, pregnant and postpartum women, adults in the Rare and Expensive Case Management (REM) Program, former foster care youth up to age 26, and adults 21 and older enrolled in full Medicaid.

Additionally, the DBA is responsible for all functions related to the delivery of dental services for these populations, including provider-network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. SKYGEN USA (formerly known as Scion) has been serving as the DBA since calendar year (CY) 2016.

Utilization rates have increased, and provider networks have expanded since the Department improved and rebranded its dental benefit as the Maryland Healthy Smiles Dental Program. Maryland dental utilization continues to outpace national averages. During the 2022 legislative session, House Bill (HB) 6 Maryland Medical Assistance Program – Dental Coverage for Adults expanded the adult dental benefit previously provided only to those within the Adult Dental Pilot Program to all adults. The pilot, which provided services to those eligible for both Medicaid and Medicare, concluded when the benefit for all adults became available on January 1, 2023. The expansion now provides comprehensive services to more than 730,000 adults, including preventive, restorative, diagnostic, endodontics, periodontics, oral surgery, prosthodontics, and emergency services. Covered services match those offered to pregnant and postpartum women covered by Medicaid, including oral exams, cleanings, X-rays, fillings, root canals, crowns, extractions, and anesthesia. Dental services are not subject to copayments or cost-sharing.

I. Introduction

Pursuant to Health-General Article §13-2504(b), Annotated Code of Maryland, Medicaid and OOH within the Maryland Department of Health (the Department) are required to submit a comprehensive oral health report that addresses the following areas:

1. The results of the Oral Health Safety Net Program administered by OOH;
2. Findings and recommendations for the Oral Health Program and any other oral health programs established under Title 18, Subtitle 8 of this article (Health-General);
3. The availability and accessibility of dentists throughout the State participating in Medicaid;
4. The outcomes that managed care organizations (MCOs) and dental MCOs under Medicaid achieve concerning the utilization of targets required by the Five-Year Oral Health Care Plan, including:
 - a. Loss ratios that the MCOs and dental MCOs experience for providing dental services; and
 - b. Corrective actions taken by MCOs and dental MCOs to achieve the utilization targets; and
5. The allocation and use of funds authorized for dental services under Medicaid.¹

¹ The Five-Year Oral Health Plan was established by Chapter 113 of the Acts of 1998 (Senate Bill 590) and at the time established five consecutive years of dental access targets starting in 1998 when dental access was expected to increase by 10 percent each year. This iteration of the Plan concluded in 2003 and information related to the targets set by the 1998 Plan will not be included in this report. Currently, the dental DBA is the primary provider of dental services; MCOs may provide a limited dental package to their members. There is no dental MCO.

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

According to MD Code, Health - General, §13-2502, the purpose of the program is to:

1) In general

- a) The Office of Oral Health shall solicit proposals from local health departments, federally qualified health centers, and entities providing dental services within State facilities, for the purpose of issuing grants to support collaborative and innovative ways to increase dental provider capacity for the underserved.

2) Duties of Office

- a) Subject to the limitations of the State budget, the Office of Oral Health shall:
 - i) Award grants; and
 - ii) Oversee the operation of the Program.

3) Grant priorities

- a) The Office of Oral Health shall place priority on awarding grants to proposals that:
 - i) Are targeted to regions of the State where oral health services are most scarce for low-income, disabled, and Medicaid populations; and
 - ii) Outline how the potential grantee will maximize limited resources, including:
 - (1) Sharing of resources with other persons;
 - (2) Case management to eliminate barriers to dental services;
 - (3) Public-private purchasing agreements;
 - (4) Obtaining matching funds to increase resources;
 - (5) Incentives to increase provider participation;
 - (6) Quantifiable outcome measures of success;
 - (7) School-based screenings; and
 - (8) Plans to ensure sustainability of services after termination of grants awarded under this subtitle.

All activities of OOH, as listed in Part 1, are aimed at fulfilling statutory requirements. Descriptions of the Department's oral health programs are outlined by funding type in the narrative below.

OOH continues to explore new and creative strategies to enhance the oral health safety net, including:

- Providing new or expanded oral health services in publicly funded federal, State, or local programs;
- Developing public and private partnerships; and
- Expanding school-based and school-linked dental programs.

Oral Health Programs Funded by the State

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (the Commission) continues to collaborate with OOH to fulfill its commitment to expand and create new capacity for dental care to

serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, the Commission has awarded 55 dental services grants totaling \$13.7 million. The Commission's dental grant projects, awarded to LHDs, Federally Qualified Health Centers (FQHCs), not-for-profit community-based organizations and foundations, and hospitals throughout the State, have collectively served more than 76,000 low-income children and adults, resulting in more than 176,000 dental service visits. In FY 2026, grantees will provide dental services in Baltimore City, Baltimore, Garrett, and St. Mary's counties, and on Maryland's Eastern Shore. Grantee projects include expanding access to dental care services for justice involved adults reentering society; expanding oral surgery services to uninsured and underinsured Marylanders; and providing financial assistance to cover the cost of prosthetics and other services not covered under the Medicaid Dental Benefit.

Maryland's Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids

The *Maryland's Mouths Matter* program improves Medicaid enrolled children's access to fluoride varnish, a preventive dental treatment. Launched in July 2009, the program trains medical providers for certification in Medicaid's Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT), a credential required for non-dental clinicians to apply fluoride varnish. The Department reimburses certified providers for applying fluoride varnish to Medicaid enrolled children aged nine months through five years.

As part of the certification process, providers must complete online training. Upon completion, providers receive a starter kit containing fluoride varnish applicators, caregiver educational brochures, and a referral form. The referral form provides a link to the Maryland Healthy Smiles website where the patient may find a Medicaid enrolled dental provider. In FY 2025, 32,971 fluoride varnish applications were completed, with over 493,000 applications since the start of the program. (See Appendix C for additional program outcomes).

Maryland Dent-Care Loan Assistance Repayment Program

Established under Education Article, §18-2401 - 18-2408, Annotated Code of Maryland, the *Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP)* expands access to oral health care by increasing the number of dentists and dental hygienists serving Medicaid recipients in the highest need areas of the State. The program awards loan repayment assistance to Maryland licensed dentists and dental hygienists who demonstrate financial need, who work full time, and treat a minimum of 30 percent Medicaid patients. Preference is given to providers practicing in underserved communities. Chapter 377 of the Acts of 2023 (HB 290) required changes to the MDC-LARP, most notably that dental hygienists were made eligible to receive funds. Chapter 357 of the Acts of 2025 (HB 265/Senate Bill (SB) 456) made part time dental clinicians eligible. Beginning with the application cycle in CY 2026, part-time dentists and part-time dental hygienists working 20-39 hours per week will be eligible to apply.

Dentists awarded in 2023 receive \$23,740 annually. As a result of Chapter 377 of the Acts of 2023 (HB 290), those awarded after 2023 receive \$50,000 annually. Dental hygienists receive \$10,000 per year for two years. In January 2025, eight new MDC-LARP dentists started their three-year commitment to the program, and five new dental hygienists began their two-year commitment. There are a total of 21 participating providers who practice in Anne Arundel, Carroll, Charles, Frederick, Garrett, Harford, Montgomery, Prince George's, Queen Anne's, and Wicomico counties, and Baltimore City. During CY 2024, MDC-LARP dentists treated 20,403 unique Medicaid patients and provided 51,007 dental visits for Medicaid recipients. MDC-LARP dentists have provided 846,981 dental visits since the start of the program in 2001.

Oral Cancer Programs

Health-General Article, §18-801 - 18-802, Annotated Code of Maryland directs the Secretary to establish and promote the *Oral Health Program(s)* to prevent and detect oral cancer in the State, with a primary focus of meeting the needs of high-risk underserved populations, with the intent to reduce oral cancer mortality. These statutes require, in consultation with dental care providers, the Secretary to develop and implement ongoing oral cancer educational programs in the State. This includes training health care providers to screen and properly refer patients with oral cancers, and promoting smoking cessation with a primary focus of meeting the needs of high-risk underserved populations. This must be achieved according to the statutory requirements of addressing risk factors that lead to oral cancer, signs and symptoms of oral cancer, high-risk behaviors that may lead to oral cancer, and the accessibility of screening to detect oral cancer. OOH works in partnership with the Department's Center for Cancer Prevention and Control (CCPC) to fulfill these statutory requirements.

In 2000, the Maryland General Assembly created the Cigarette Restitution Fund (CRF), which is administered by CCPC and Center for Tobacco Prevention and Control. The CRF provides funds for cancer and tobacco related activities throughout the State, including oral cancer education. These educational activities addressed risk factors that lead to oral cancer, the signs and symptoms of oral cancer, the high-risk behaviors that may lead to oral cancer, and the accessibility of screening to detect oral cancer.

The Office of Oral Health fulfills these statutory requirements through oral health education and clinical care programs. For example, in FY 2025, OOH produced and distributed a one-page document which provides information on the dangerous effects of tobacco smoking and vaping on oral and overall health. This resource also highlights the benefits of quitting, and connects the reader to the Maryland Tobacco Quitline and other resources. OOH continues to promote oral health education at routine seminars for dental clinicians, create and distribute oral health education materials for providers and the public, and organize other provider trainings. Clinical care programs funded by OOH provided oral cancer screenings to 7,514 individuals in FY 2025. (See Appendix D and Table 1 for additional program outcomes).

HIV/AIDS Oral Health Referral Program

The Department's Infectious Disease Prevention and Health Services Bureau provides staffing to OOH for the *HIV/AIDS Oral Health Referral* program. This five-year initiative aims to raise awareness about the importance of regular oral health care among PLWHA and to increase referrals from medical professionals at HIV/AIDS treatment centers to private dental practices and FQHCs.

The core component of this program is the development and implementation of a referral system connecting medical providers with oral health providers in Baltimore City. PLWHA referred for oral health services by their medical providers can schedule appointments with the program's network of participating oral health providers.

As part of the program, a continuing education kickoff seminar was held in May 2024. This six-hour seminar covered the relationship between oral health and HIV/AIDS; highlighted the roles of clinicians in promoting oral health in clinical settings, and emphasized the importance of medical-dental collaboration, medical-to-dental referrals, and trauma-informed care practices. OOH also assembled an inter-professional Advisory Committee to provide ongoing guidance for the project. The committee includes physicians, oral health clinicians, community advocates, subject

matter experts, representatives from public health and academia, PLWHA, and community members.

In 2025, the program expanded with the addition of eight new dentists and two new medical providers. Currently, 18 dentists across five locations and seven medical providers across four locations are participating in the program.

Oral Health Resource Guide

The *Oral Health Resource Guide* is produced annually by OOH. This booklet guides Marylanders in locating affordable public health dental care services. The guide is outlined by region, listing affordable clinics within each region, and detailing key criteria for each clinic.²

Oral Health Programs Funded by the Federal Government

CDC Oral Health Grant

The CDC funded *Maryland State Oral Disease Prevention Program* reduces the prevalence of dental caries and improves oral health outcomes among Marylanders. Due to the impact of COVID-19, CDC extended the grant term for all recipients from five years to six (originally FY 2018-2024, extended to FY 2025). Since its launch in 2018, the grant has supported the expansion of evidence-based oral disease prevention programs, particularly school dental sealant programs and community water fluoridation.

The sealant program focuses on Title I elementary school children, promoting the application of dental sealants to prevent tooth decay. Initially launched in partnership with ten public health programs, the initiative grew steadily as new partner schools joined each year.

OOH also partnered with the Maryland Department of the Environment and Maryland Rural Water Association to strengthen community water fluoridation. Support included equipment replacement, technical assistance for water treatment facility operators, guidance on achieving optimal fluoridation, and ongoing equipment maintenance. (See Table 1 and Appendix E for additional program outcomes).

After the close of the Maryland State Oral Disease Prevention Program, CDC funded the *Advancing Oral Health Through Targeted and Collaborative Interventions* program (FY 2025–2029). This program includes three elements: evidence-based prevention activities, strengthening infection prevention and control (IPC), and using data to guide policy and practice. Evidence-based prevention activities include a school dental sealant program and community water fluoridation equipment replacement, operator training, and technical guidance. The sealant program provides sealants and fluoride varnish for Title I elementary school children. In FY 2025, the number of eligible schools with on-site sealant activities increased from 84 to 158, with some counties also offering clinic-based services. As part of CDC funded activities, IPC standards were communicated statewide through creation and distribution of a virtual toolbox with webinars, courses, and certifications, facilitating consistent adoption, workforce competency, and accountability.

OOH collected and analyzed data on the relationship between oral health and Type 2 diabetes among adults. Results underscored the importance of dental care for this population, and identified missed opportunities for medical dental integration. Based on this analysis, OOH developed six

² The Oral Health Resource guide is available in both English and Spanish and can be accessed online at: <https://health.maryland.gov/.../Pages/ResourceGuide.aspx>.

data briefs and infographics to raise awareness of the oral health needs in Maryland, and to guide improvements in dental service delivery. (See Table 1 and Appendix E for additional program outcomes).

HRSA Oral Health Grant

The HRSA funded *Building a Diverse and Dynamic Workforce* grant strengthens the dental workforce in Maryland's Dental Health Professional Shortage Areas (HPSAs), including Baltimore City, the Eastern Shore, and Appalachian regions. The grant supports three major projects designed to enhance the presence, data collection, and resilience of the dental workforce in these areas.

The first project, Pathways to Bright Futures (PBF), connects youth living in Dental HPSAs with career pathways into dental professions. PBF activities include a communications campaign, an annual event at the National Museum of Dentistry, presentations to youth by dental professionals, experiential learning opportunities, scholarships, externships, and seminars at the University of Maryland School of Dentistry to encourage students to practice in Dental HPSAs. In FY 2025, 32 dental career presentations were attended by 821 youth, 22 scholarships were awarded to dental students who plan to practice in Dental HPSAs, and 12 students participated in experiential learning within dental clinics.

The second project evaluates the impact COVID-19 on Maryland's dental workforce, and strengthens emergency preparedness and response in three LHDs located in HPSAs. Guided by an OOH-led Emergency Response and Preparedness Advisory Committee, these LHDs are developing Continuity of Operations (COOP) plans to ensure dental workforce resiliency during public health emergencies. In FY 2025, draft COOP plans were developed and reviewed, with tabletop exercises scheduled for FY 2026 to test and refine these plans.

The third project focuses on strengthening dental workforce data collection. This effort will improve the Department's knowledge of dental practice locations, provider types, provider patterns, and other criteria which will further the understanding of dental workforce trends. An analysis of these data will be used to target future public health interventions to the greatest areas of need. (See Table 1 for additional program outcomes).

Oral Health Programs Funded by the Department and the Federal Government

Obesity Screening in the Dental Setting Program

OOH developed the *Obesity Screening in the Dental Setting* program to address the shared risk factors of obesity and dental caries, while also screening for pre-diabetes. This program provides BMI screenings for adults, and refers those considered to be overweight, obese, and at-risk of obesity to PCPs and nutrition counselors. The program also offers patient education on sugary beverage consumption, adoption of healthy eating habits, increasing physical activity, and limitation of screen time on electronic devices; healthy cooking classes; and physical activity sessions. To support these efforts, OOH created *Healthy Mouth, Healthy Body - Making Healthy Choices for Life*, a communications campaign designed to help dental professionals and patients to recognize obesity as a health concern and respond according to their needs.

In FY 2025, the program screened 4,999 adult dental patients for obesity and 3,921 for prediabetes. Of these, 2,249 patients were referred to medical providers and nutritionists. Guidance on healthy behavior to support long-term wellness was provided to 5,696 adults. (See Table 1 for additional program outcomes; see Oral Health Programs Funded by the State for the equivalent program for

children). The program also screened 2,534 pediatric dental patients for obesity. Of these, 1,209 patients were referred to medical providers and nutritionists. Guidance on healthy behavior to support long-term wellness was provided to 3,480 pediatric patients and their parents.

Oral Disease and Injury Prevention Program and Dental Sealant Program

OOH supports community partner programs in LHDs, FQHCs, and not-for-profit organizations via the *ODIP* and *Dental Sealant* programs. These programs operate across the State, targeting areas of need specified by OOH. By leveraging funding from OOH, federal grants, and inter-agency collaborations, these partners improve access to dental care statewide using a diverse set of initiatives. (See Table 1, Appendix D, and Appendix E for program outcomes).

Table 1: Subrecipients Funded Through Office of Oral Health (OOH) Programs, FY 2025³

Organization	County(ies) Funded	Activities	Outcomes
Program: Adult and Child Obesity Screening in the Dental Setting Purpose: To support LHD efforts to integrate adult and child obesity screenings and referrals into dental settings. Project Period: July 1, 2024 - June 30, 2025 Total Funding: \$146,000 \$85,000 from State General Funds and \$61,000 from Preventive Health and Health Services Block Grant Federal Funds			
LHDs: <u>Funding:</u> \$81,000 (Preventive Health and Health Services Block Grant \$61,000 and Cancer and Chronic Disease State General Funds \$20,000)	Allegany, Charles, Dorchester	Obesity screenings, referrals, and education are being integrated into dental visits for adults at LHDs.	<ul style="list-style-type: none"> • Adults screened for obesity: 4,999 • Adults referred to medical treatment and nutrition counseling: 2,249 • Adults educated on healthy behaviors: 5,696
LHDs: <u>Funding:</u> \$65,000 (Cancer and Chronic Disease Bureau, State General Funds)	Allegany, Charles, Dorchester, Wicomico	Obesity screening referrals and education are being integrated into dental visits for children at LHDs.	<ul style="list-style-type: none"> • Children screened for obesity: 2,534 • Children referred to medical treatment and nutrition counseling: 1,209

³ Not all programs within the narrative award funds to subrecipients, and therefore not all programs appear in this table. Maryland Community Health Resources Commission is not a program of OOH, and thus also does not appear in this table.

Organization	County(ies) Funded	Activities	Outcomes
Program: CDC Oral Health Grant Purpose: To promote community water fluoridation, and provide support to programs providing dental care to Maryland's underserved population. Federal Grant: CDC - State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes Project Period: 9/1/2024 - 8/31/2027 Total Funding: \$1,142,400 from Federal Funds (\$380,800 per year)			
Maryland Rural Water Association (MRWA) <u>Funding:</u> \$22,400	Statewide	MRWA and their circuit riders survey community water systems and provide technical assistance regarding fluoridation. They also conduct quarterly regional community fluoridation training.	<ul style="list-style-type: none"> Conducted 24 onsite technical assistance visits to Maryland water systems Conducted four regional community water fluoridation trainings
Pinnacle Communications, Inc. <u>Funding:</u> \$48,762	Statewide	Pinnacle Communications was contracted to determine appropriate goals, content, creative approach, communication strategy, materials, and tools to be part of a Maryland-specific communication toolkit used to communicate the oral health benefits of drinking fluoridated tap water in preventing dental caries. The contract also included the complete production of the various tools and materials included in the communication toolkit, such as radio, print, TV, internet and digital advertising as well as posters, flyers, and infographics.	<ul style="list-style-type: none"> Developed a comprehensive Maryland-specific communication toolkit used to communicate the value and benefits of drinking fluoridated tap water to prevent dental caries, the disease that causes cavities.
Town of Rock Hall <u>Funding:</u> \$6,300	Kent	Town of Rock Hall received funds to provide replacement water fluoridation equipment in order to ensure the continued provision of optimally fluoridated water to the service population.	<ul style="list-style-type: none"> People served: 1,189

Organization	County(ies) Funded	Activities	Outcomes
Program: HRSA Oral Health Grant Purpose: To address the shortage of dental professionals in Baltimore City, on the Eastern Shore, and in Appalachian regions of Maryland by enhancing the data collection on, and the presence and resilience of the dental workforce in these regions. Project Period: 9/1/2023 - 8/31/2026 Total Funding to Partners: \$220,639 Total Funding: \$1,610,000 \$1,600,000 from HRSA Grants to States to Support Oral Health Workforce Activities Federal Funds (\$400,000 per year), \$10,000 from State General Funds			
Area Health Education Center (AHEC) West <u>Funding:</u> \$50,000	Allegany, Carroll, Frederick, Washington	AHEC West designates a project lead/regional oral health coordinator (ROHC) in Western Maryland to fulfill designated grant activities as approved by HRSA for OOH. These include promoting careers in dentistry to youth residing in Dental HPSAs, providing dental career-focused presentations in area schools, connecting youth to experiential learning opportunities in dentistry, building partnership networks with community organizations, assessing regional oral health needs and gaps in the dental workforce, promoting dental provider enrollment in Medicaid, and developing regional oral health training networks and training resources.	Off-Site Services: <ul style="list-style-type: none"> 10 Pathway Entry Point presentations reaching 378 students through 8 different schools <i>Note: The same types of presentations are also funded by the Department. When including both, the total is 32 presentations with 824 students reached</i>
Maryland Dental Action Coalition (MDAC) <u>Funding:</u> \$35,000	Statewide - Dental HPSAs	MDAC participates in the HRSA Pathways to Bright Futures Advisory Committee (PBFAC), administers the Dental Education Scholarship for high school, community college, and university students who plan to practice in Dental HPSAs, coordinates an annual scholarship event at the National Museum of Dentistry (NMD), and conducts follow-up with recipients.	<ul style="list-style-type: none"> Awarded 10 Dental Education Scholarships of \$2,000 each Supported planning and implementation of Pathways to Bright Futures (PBF) kick-off-event

Organization	County(ies) Funded	Activities	Outcomes
<p>Maryland State Dental Association Foundation (MSDAF)</p> <p><u>Funding:</u> \$15,000</p>	Statewide – Dental HPSAs	MSDAF participates in the HRSA PBFAC, identifies externship sites for youth in PBF, administers the Dental Admission Test (DAT) Support Scholarship, and conducts follow-up with scholarship recipients.	<ul style="list-style-type: none"> • Awarded 10 DAT support scholarships of \$540 each • 11 students participated in experiential learning opportunities
<p>University of Maryland School of Dentistry (UMSOD)</p> <p><u>Funding:</u> \$20,000</p>	Statewide	UMSOD faculty serves on the PBFAC, provides a venue for a seminar to promote UMSOD students to consider practicing in Dental HPSAs, supports recruitment of dental students to attend presentations to youth conducted by ROHCs, and collects surveys for dental students participating in externships in Dental HPSAs.	<ul style="list-style-type: none"> • Provided venue and students for annual Dental HPSA practice seminar • 54 students attended the Dental HPSA practice seminar • Faculty served as academic advisor for the program
<p>Maryland Dental Action Coalition (MDAC) / University of Maryland (UMB) National Museum of Dentistry (NMD)</p> <p><u>Funding:</u> \$10,000 (State General Funds)</p>	Baltimore City	MDAC works with UMB to provide field trip opportunities for youth primarily from Baltimore City and other underserved areas to visit its NMD. UMB coordinates with selected schools and organizations to bring pre-K through 5th grade students to the Museum on field trips and provides an educational program to the groups. The visits improve awareness of important oral health issues, promotes oral health literacy, and educates students from diverse backgrounds on viable pathways to joining the dental profession.	<p>Dental Career Pipeline Reach:</p> <ul style="list-style-type: none"> • Children: 620 • Schools: 12
<p>Continuity of Operations Planning (COOP)</p> <p><u>Funding:</u> \$6,000</p>	Allegany, Baltimore City, Charles	Participating counties work to assess COVID-19's impact on the oral health workforce in underserved areas and to develop improved emergency response protocols to mitigate the impact of future emergencies on the oral health workforce in Dental HPSAs.	<ul style="list-style-type: none"> • Completion of the essential functions section of the COOP plan

Organization	County(ies) Funded	Activities	Outcomes
Program: Oral Disease and Injury Prevention Program Purpose: To build and sustain capacity to provide oral disease treatment and prevention services, including oral health education to underserved populations. Statutes Fulfilled: MD Code, Health - General § 13-2501, § 13-2502, § 18-801, § 18-802 Project Period: July 1, 2024 - June 30, 2025 Total Funding: \$1,053,114 from State General Funds			
Local Health Departments <u>Funding:</u> \$731,946	Allegany, Anne Arundel, Baltimore City, Baltimore, Caroline, Carroll, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Worcester	ODIP funds a variety of activities to support LHDs in improving oral health conditions through numerous strategies, including: <ul style="list-style-type: none"> ● On-site clinical services for children ● On-site clinical services for adults ● On-site clinical services for pregnant patients ● School-based/linked community oral health services ● Off-site oral cancer screening programs, and ● Off-site adult case management. ODIP partners collaborate with community organizations such as WIC, Head Start, Early Head Start, and senior centers.	Seen On-Site: <ul style="list-style-type: none"> ● Children: 12,850 ● Adults: 8,444 ● Pregnant Patients: 237 Off-Site Services: <ul style="list-style-type: none"> ● Children Seen: 4,668 ● Adult Oral Cancer Screenings: 2,077 ● Adult Case Management: 940
Chase Brexton Health Services <u>Funding:</u> \$29,656	Howard	Provide high-quality, patient-centered oral healthcare for children enrolled within the Early Childhood Education Program in Howard County.	Off-Site Services: <ul style="list-style-type: none"> ● Children Seen: 112

Organization	County(ies) Funded	Activities	Outcomes
Health Care for the Homeless <u>Funding:</u> \$37,552	Baltimore City	Provide essential dental services to children and adults experiencing homelessness. More complex pediatric cases are referred to UMSOD for treatment.	Seen On-Site: <ul style="list-style-type: none"> • Children: 296 Off-Site Services: <ul style="list-style-type: none"> • Adult Oral Cancer Screenings: 1,915 • Adult Case Management: 73
Maryland Foundation of Dentistry <u>Funding:</u> \$70,000	Statewide	Recruit volunteer dentists to treat and educate disabled patients at no cost to the patient. Patients are provided with treatment, oral cancer screening, and case management services.	Off-Site Services: <ul style="list-style-type: none"> • Adult Case Management: 864
Maryland State Dental Association Foundation (MSDAF) <u>Funding:</u> \$43,350	Statewide	Conduct Mission of Mercy and Give Kids a Smile events during which dental treatment and education are provided to underserved Marylanders around the State at no cost to the patient.	Seen On-Site: <ul style="list-style-type: none"> • Adults: 238 Off-Site Services: <ul style="list-style-type: none"> • Children seen: 75 • Adult Oral Cancer Screenings: 1,165
Primary Care Coalition of Montgomery County <u>Funding:</u> \$30,000	Montgomery	Provide specialty dental care for low-income, uninsured, and immigrant children with complex needs.	Seen On-Site: <ul style="list-style-type: none"> • Children: 25

Organization	County(ies) Funded	Activities	Outcomes
University of Maryland Rehabilitation and Orthopaedic Institute <u>Funding:</u> \$35,000	Statewide	Provide preventive and restorative dental services, operating room treatment, and a medical home for underserved, special needs, and uninsured children in Baltimore City and surrounding areas.	Seen On-Site: <ul style="list-style-type: none"> • Children: 3,133 • Adults: 2,484
University of Maryland School of Dentistry (UMSOD) Prenatal Clinic <u>Funding:</u> \$40,610	Statewide	Provide comprehensive oral health, including case management, and oral health education for low-income and at-risk prenatal and postpartum individuals.	Off-Site Services: <ul style="list-style-type: none"> • Adult Case Management: 143
University of Maryland School of Dentistry (UMSOD) Oral Health for Underserved Uninsured Children Program <u>Funding:</u> \$35,000	Statewide	Provide oral health care to uninsured children from limited-income families, and establish a dental home.	Seen On-Site: <ul style="list-style-type: none"> • Children: 1,281
Program: School Dental Sealant Program Purpose: To prevent oral disease in children, particularly those in Title I schools, through school-based, school-linked, and mobile dental sealant programs Statutes Fulfilled: MD Code, Health - General §13-2501, §13-2502, §18-801, §18-802 Project Period: July 1, 2024 - June 30, 2025 Total Funding: \$419,936 \$338,636 from State General Funds \$81,300 supplement from CDC - State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes Federal Funds (see previous section)			

Organization	County(ies) Funded	Activities	Outcomes
Dental Sealant Programs (LHDs) <u>Funding:</u> \$419,936	Allegany, Anne Arundel, Baltimore, Harford, Kent, Montgomery, Prince George's, Somerset, St. Mary's, Wicomico	Improve oral health of Maryland children, by: <ul style="list-style-type: none"> • Screening children for oral disease • Providing dental sealants • Referring children for follow-up care 	<ul style="list-style-type: none"> • Schools Visited: 158 • Children Seen: 13,207 • Children Receiving Sealants: 4,740 • Sealants Placed: 20,100
Program: Strategic Partnership with Maryland Dental Action Coalition Purpose: To promote statewide partnership among oral health leaders with the shared goal of improving the oral health of Marylanders Statutes fulfilled: MD Code, Health - General §13-2501, §13-2502, §18-801, §18-802 Project Period: July 1, 2024 - June 30, 2025 Total Funding: \$60,000 from State General Funds			
Maryland Dental Action Coalition (MDAC) <u>Funding:</u> \$60,000	Statewide	<p>Develop the 2024 - 2029 Maryland Oral Health Plan (in process) in partnership with OOH. The plan sets goals and actions to provide strategies that help OOH programs expand access to oral health care. MDAC conducts stakeholder meetings to inform the plan's development.</p> <p>MDAC organizes the annual Ava Roberts Oral Health Symposium, which is OOH's primary method of providing training to dental providers in Maryland. OOH collaborated with MDAC to organize the fifteenth Annual Ava Roberts Oral Health Symposium on November 15, 2024.</p>	<ul style="list-style-type: none"> • Stakeholder events: 36 • Ava Roberts Symposium Attendees: 144 • Aided in the development of the Maryland Oral Health Plan, a collaborative plan to achieve optimal oral health for all Marylanders

Findings and Recommendations for the Program

Maryland continues to improve oral health outcomes through state and federally funded programs, Medicaid expansion, and collaborative partnerships with community-based organizations. These efforts have led to increased access to preventive and restorative dental services, particularly for Medicaid-eligible and underserved populations. However, findings from the 2022-2023 Oral Health Survey of Maryland School Children and evaluations from the 2025 Oral Health Report highlight persistent challenges, especially among low-income and minority communities. To address these challenges and further reduce disparities in oral health, the following evidence-based recommendations are based on continuation and/or expansion of current programming.

1. Expand School-Based Preventive Services

Preventive dental services such as fluoride varnish and dental sealants are critical to reducing early childhood caries. Data from the 2022-2023 survey show that while 51% of children were in need of sealants, only 29% had received them. Expanding school-based oral health programs, especially in Title I schools, can improve early access to care. Standardizing oral health screenings for kindergarten and third-grade students across Maryland will increase early detection and referral rates.

2. Enhance the Dental Workforce in Underserved Areas

Several regions in Maryland, particularly rural and low-income areas, continue to face a shortage of dental professionals. Programs like MDC-LARP have shown promise, but currently serve a limited number of providers. Strengthening the Pathways to Bright Futures initiative can help create a sustainable pipeline by encouraging youth from underserved communities to pursue careers in oral health.

3. Integrate Medical and Dental Services

Opportunities to promote oral health during routine medical visits are underutilized. In 2025, nearly 33,000 fluoride varnish applications were administered by non-dental providers as part of well-child visits, demonstrating the effectiveness of medical-dental integration. Successful initiatives like the HIV Oral Health Referral Program show the value of connecting medical and dental care, particularly for populations with chronic conditions. Expanding these models statewide can help close gaps in access and improve care coordination.

4. Address Disparities through Targeted Education and Outreach

Racial and socioeconomic disparities in oral health remain a critical concern. The Oral Health Survey of Maryland School Children, 2022-2023 found that Hispanic children had the highest prevalence of untreated decay (30%), while both Hispanic and Black children had lower rates of sealant use (27%) and higher rates of needing sealants (53-60%) compared to White children. To address these disparities, the oral health education materials, available on the OOH website, can be utilized. Collaboration with schools and community-based organizations can be strengthened to extend the reach and effectiveness of these outreach efforts.

Collectively, these recommendations support Maryland's commitment to advancing oral health equity, enhancing preventive service delivery, and fostering stronger collaboration across the health care system.

Part 2. Medicaid Dental Care Access

The Maryland Medicaid program covers dental benefits through the Maryland Healthy Smiles Dental Program. Dental services are covered for children aged 20 and younger under EPSDT, pregnant and postpartum women, former foster care youth until they turn 26, and adults 21 and older (including those in the REM Program). As of January 2023, MCOs no longer cover adult dental services for their members as a part of their benefit package due to the Adult Dental Medicaid Expansion.

Medicaid dental reimbursement for services was \$385.8 million for CY 2024 (see Appendix F). The Medicaid program delivered oral health services to 633,217 adults and children (ages 0-64) compared to 613,561 children and adults during CY 2023. Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid participants.

COVID-19 Pandemic and Medicaid Unwinding Impact

On March 5, 2020, Governor Larry Hogan declared a state of emergency due to COVID-19. As a result, the Department has seen a substantial decrease in utilization of services, including dental services. In addition, the Department completed its 12-months following the COVID-19 public health emergency on April 30, 2024. Since the end of the unwinding, the Department has seen increased rates of disenrollment, which also has an impact on utilization.

The Department will continue to monitor utilization to assess the continued effects of the pandemic and the unwinding period.

Availability and Accessibility of Dentists in Medicaid

Since 2009, a single statewide DBA has overseen services for Maryland Healthy Smiles Dental Program participants. SKYGEN USA, formerly known as Scion, currently serves as the DBA. The DBA is responsible for claims payment and other dental provider issues, such as resolving provider issues and running a provider call center. This streamlines the dental care process for providers, and the Department has been able to increase the Medicaid dental provider network as a result..

With the goal of increasing dental provider enrollment, the Department outlined pay-for-performance standards in February 2015 in the Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach and reward the DBA for increasing provider enrollment in target counties.

The DBA must be able to demonstrate improvement across two ratios: 1) the general dentist provider-to-participant ratio and 2) the dental specialist provider-to-patient ratio.⁴ Performance payments are tiered and allow for continued demonstrations of improvement over the life of the contract. Currently, SKYGEN USA is conducting outreach to dental providers to increase

⁴ The DBA is tasked with demonstrating improvement in counties that were not meeting the 1:500 general dentist provider-to-participant ratio and the 1:10,000 dental specialists' provider-to-patient ratio as of January 1, 2016.

participation in the program. In CY 2024, there were 1,580 in total (1,564 unique) providers enrolled who billed one or more services, compared to 1,482 (1,465 unique) in CY 2020 (see Table 2).

Table 2: Number of Dentists Participating in Medicaid Who Billed One or More Services, by Region

Region⁵	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
Baltimore Metro	536	530	520	559	599
Washington Suburban	540	539	553	591	612
Southern Maryland	59	60	57	55	59
Western Maryland	133	119	115	119	105
Eastern Shore	76	75	74	76	75
Other	138	141	126	122	130
Total⁶	1,482	1,464	1,445	1,526	1,580
Unique Total⁷	1,465	1,455	1,420	1,508	1,564

According to the Maryland State Board of Dental Examiners, there were 4,171 dentists actively practicing in Maryland in August 2025, 184 of whom were pediatric dentists (see Table 3). As of June 2025, 1,764 dentists participated with the Maryland Healthy Smiles Dental Program. In CY 2024, 1,564 unduplicated dentists billed one or more Medicaid services, and 1,318 unduplicated dentists billed \$10,000 or more to the Medicaid program.

⁵ 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.

⁶ Please note that the total is the sum of all regions.

⁷ Please note that the unique total does not equal the sum of all regions because an individual dentist may have offices in multiple regions. The unique total reflects the number of unique dentists unduplicated statewide. This unique total also includes out-of-state dentists who served Maryland Medicaid enrollees.

Table 3: Active Dentists and Dentists Participating with the Maryland Healthy Smiles Dental Program

Region	Total Active Dentists⁸	Active Pediatric Dentists	Dentists Enrolled with Maryland Healthy Smiles Dental Program⁹	Dentists Who Billed One or More Services in CY 2024¹⁰	Dentists Who Billed \$10,000+ in CY 2024
Baltimore Metro	1,908	90	820	599	515
Washington Suburban	1,687	66	912	612	535
Southern Maryland	131	3	95	59	48
Western Maryland	259	15	185	105	86
Eastern Shore	186	10	146	75	68
Out of State	--	--	276	130	76
Total¹¹	4,171	184	1,764	1,564	1,318

Maryland Healthy Smiles Dental Program Dental Utilization Rates

Children and Dental Utilization

Under EPSDT requirements, dental care is a mandated health benefit for children under age 21.¹² To assess the performance of HealthChoice and the DBA, Medicaid uses a measure closely modeled after the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®) measure for Medicaid children's dental services utilization. In CY 2024, 65 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

⁸ Source: Maryland Board of Dental Examiners, as of August 2025.

⁹ Source: SKYGEN USA, as of June 2025.

¹⁰ Records were manually unduplicated by provider name because providers who practice in multiple locations may have different provider numbers for each practice affiliation. Dentists working for group practices or clinics were impossible to identify; therefore, the number of unique providers may significantly undercount the total number of dentists providing dental services to Medicaid participants.

¹¹ Please note that the totals for Maryland Healthy Smiles Dental Program enrollment, dentists billing one or more services, and dentists billing more than \$10,000 in services do not equal the sum of all regions because an individual dentist may have offices in multiple regions. The totals listed reflect the number of unique dentists unduplicated statewide for CY 2024.

¹² Children are only covered up to age 19 under the Maryland Children's Health Program and up to age 20 under Medicaid.

Table 4: Number and Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at Least 320 Days Receiving Dental Services¹³

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average ^{14,15}
CY 2020	528,488	285,590	54.0%	↑
CY 2021	573,397	344,018	60.0%	↑
CY 2022	602,243	365,168	60.6%	↑
CY 2023	595,009	365,625	61.4%	↑
CY 2024	555,601	360,887	65.0%	↑

Of the 823,825 children enrolled in Medicaid for any period during CY 2024, 53.8 percent of these children received one or more dental services compared to 53.1 percent in CY 2023 (see Table 5). The total number of children with any period of enrollment who had at least one dental visit increased by only 0.7 percentage points across all age groups in the last year, despite the expiration of the Families First Coronavirus Response Act maintenance of effort (MOE) requirement, which had ensured continuous coverage for current Medicaid enrollees. The MOE expired with the end of the COVID-19 public health emergency on April 1, 2023, which allowed State Medicaid programs to resume coverage terminations.

Table 5: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid¹⁶ for Any Period who had at least One Dental Visit by Age Group, CY 2020 – CY 2024

Age Group	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
0–3	24.3%	28.8%	29.5%	30.5%	31.8%
4–5	52.2%	60.3%	61.6%	60.4%	59.6%
6–9	56.7%	64.2%	66.2%	65.9%	66.7%
10–14	54.0%	61.0%	61.9%	62.2%	62.7%

¹³ The study population for CY 2019 through CY 2023 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

¹⁴ Mean for the Annual Dental Visit measure, total age category (ages 2-20 years), as of HEDIS® 2006. The 2–3-year age cohort was added as of HEDIS® 2006.

¹⁵ Due to National Committee for Quality Assurance licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 4. An arrow has been added to indicate if Maryland's performance score is above, below, or equal to the National HEDIS® Mean.

¹⁶ The study population for CY 2019 through CY 2024 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

Age Group	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
15–18	48.0%	53.7%	53.9%	53.8%	54.8%
19–20	33.1%	37.8%	37.1%	36.8%	37.5%
Total	45.7%	52.1%	53.0%	53.1%	53.8%

Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services increased from 59.8 percent in CY 2023 to 63.3 percent in CY 2024; utilization of restorative services has slightly increased from 18.9 percent of all children in CY 2023 to 20.1 percent in CY 2024 (see Table 6).

Table 6: Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at Least 320 Days Receiving Dental Services, by Type of Service

Year	Total Number of Participants	Diagnostic	Preventive	Restorative
CY 2020	528,488	51.9%	48.2%	16.0%
CY 2021	573,397	58.3%	55.0%	19.0%
CY 2022	602,243	58.9%	55.5%	19.0%
CY 2023	595,009	59.8%	56.5%	18.9%
CY 2024	555,601	63.3%	59.9%	20.1%

Utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment, because the MCO or DBA has had less opportunity to manage the care of these populations. For those children enrolled in Medicaid for any period, 52.9 percent received a preventive or diagnostic visit in CY 2024. Of those receiving a preventive or diagnostic visit, 26.4 percent received a follow-up restorative visit (see Table 7).

Table 7: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid for Any Period Who Received a Preventive/Diagnostic Visit Followed by a Restorative Visit

Year	Total Number of Participants	Number with Preventive/Diagnostic Visit	Percent with Preventive/Diagnostic Visit	Number with Preventive/Diagnostic Visit Followed by a Restorative Visit	Percent with Preventive/Diagnostic Visit Followed by a Restorative Visit
CY 2020	728,830	323,764	44.4%	83,130	25.7%
CY 2021	759,415	388,045	51.1%	106,712	27.5%
CY 2022	790,925	411,065	52.0%	111,468	27.1%
CY 2023	820,392	427,489	52.1%	112,360	26.3%
CY 2024	823,825	435,558	52.9%	115,025	26.4%

Pregnant Women and Dental Utilization

Academic and professional organizations have long recognized the unique oral health needs of pregnant individuals and the value of receiving proper dental care as a part of broader prenatal care.¹⁷ Chapter 113 of the Acts of 1998 (SB 590) requires that HealthChoice cover dental services for all pregnant women. The percentage of pregnant women aged 21 years and over enrolled for at least 90 days receiving dental services was approximately 30.8 percent in CY 2024 (see Table 8).

Table 8: Number and Percentage of Pregnant Women Aged 21 and Older with at Least 90 Days in Medicaid Who had Dental Services

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visits
CY 2020	30,925	6,666	21.6%
CY 2021	35,263	7,255	20.6%
CY 2022	35,661	7,122	20.0%
CY 2023	45,098	11,387	25.2%
CY 2024	52,902	16,319	30.8%

In CY 2024, 16,319 pregnant women 21 years and older with at least 90 days in Medicaid had at least one visit for dental services. For pregnant women 14 years and older and enrolled for any period, 29.4 percent had at least one dental service in CY 2024 (see Table 9). This is an increase

¹⁷ See the American College of Obstetricians and Gynecologists 2013 committee opinion: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan>

from CY 2023, which had 24.5 percent of pregnant women receiving dental services.

Table 9: Number and Percentage of Pregnant Women Aged 14 and Older Enrolled in Medicaid for Any Period Who had Dental Visits

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visit
CY 2020	35,348	7,606	21.5%
CY 2021	38,884	8,096	20.8%
CY 2022	38,999	7,896	20.2%
CY 2023	50,517	12,365	24.5%
CY 2024	60,186	17,690	29.4%

Rare and Expensive Case Management (REM) Participants

The Department began offering dental benefits to REM adults in July 2009, after acquiring a DBA to administer the Healthy Smiles Dental Program. Overall, 4,391 REM participants utilized dental services in CY 2024 (see Table 10). The highest percentage utilization was in children ten through fourteen years old, with 69.8% percent utilizing services.

Table 10: Number and Percentage of REM Participants Aged 4 through 64 Years with at Least 320 Days in Medicaid Who had Dental Services, by Age Group, CY 2024

Age Group (Years)	Total Number of Participants	Number with Any Service	Percentage with Any Service
4 - 5	334	213	63.8%
6 - 9	652	440	67.5%
10 - 14	883	616	69.8%
15 - 18	704	425	60.4%
19 - 20	323	180	55.7%
21 - 39	1,166	431	37.0%
40 - 64	329	104	31.6%
Total	4,391	2,409	54.9%

From CY 2020 to CY 2024, the percentage of REM participants utilizing dental services increased from 42.1 percent to 54.9 percent (see Table 11). Children ages six through nine had the highest utilization of any age group in all years but CY 2024, when children ages ten through

fourteen had the highest utilization.

Table 11: Percentage of REM Participants Aged 4 through 64 Years Enrolled for Any Period in Medicaid who had Dental Services, by Age Group

Age Group	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
4 - 5	51.1%	55.3%	65.9%	65.3%	63.8%
6 - 9	58.8%	66.4%	67.4%	68.3%	67.5%
10 - 14	51.1%	62.8%	64.5%	67.1%	69.8%
15 - 18	48.7%	55.1%	61.5%	60.2%	60.4%
19 - 20	35.6%	45.5%	44.9%	52.2%	55.7%
21 - 39	25.8%	28.7%	33.5%	35.8%	37.0%
40 - 64	17.7%	20.4%	24.1%	24.1%	31.6%
Total	42.1%	48.5%	52.1%	53.3%	54.9%

Former Foster Care Youth

Chapters 57 and 58 of the Acts of 2016 (HB 511/SB 252) authorized Medicaid to cover dental care for former foster care youth until they reach age 26. The Centers for Medicare and Medicaid Services granted Maryland a waiver to cover these services, and Maryland has provided dental services as an EPSDT benefit to former foster care youth since January 1, 2017.

In CY 2024, 304 or 31.2 percent of all former foster youth received at least one dental visit (see Table 12). This is an increase from CY 2023, during which 20.7 percent received at least one dental visit.

Table 12: Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 320 Days who had Dental Services, by Region

Region ¹⁸	CY 2023			CY 2024		
	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits
Baltimore City	358	81	22.6%	316	92	29.1%
Baltimore Suburban	320	71	22.2%	310	111	35.8%
Eastern Shore	75	12	16.0%	63	17	27.0%
Out of State	*	*	33.3%	*	*	0.0%
Southern Maryland	*	*	15.2%	*	*	22.2%
Washington Suburban	176	34	19.3%	151	48	31.8%
Western Maryland	91	15	16.5%	89	26	29.2%
Total	1,069	221	20.7%	975	304	31.2%

¹⁸ Baltimore Suburban includes 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.

In 2024, 27.4 percent of former foster youth received diagnostic services (see Table 13); 19.9 percent received preventive services and 11.4 percent received restorative services during the same year.

Table 13: Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service and Region, CY 2024¹⁸

Region¹⁹	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Baltimore City	25.6%	18.3%	10.3%
Baltimore Suburban	31.7%	23.8%	14.0%
Eastern Shore	21.5%	10.1%	6.3%
Southern Maryland	17.2%	10.3%	5.2%
Washington Suburban	29.8%	23.2%	12.6%
Western Maryland	25.5%	19.1%	11.8%
Out of State	0.0%	0.0%	0.0%
Total	27.4%	19.9%	11.4%

HealthChoice Dental Utilization Rates

Before 2023, adult dental services were not covered under HealthChoice or the Maryland Healthy Smiles Dental Program, with the exception of pregnant women, adults enrolled in REM, and limited dental services voluntarily offered by MCOs. Broader coverage began with the Adult Dental Pilot Program (2019-2022) and was expanded statewide on January 1, 2023, following the passage of HB 6/SB 150 – Maryland Medical Assistance Program – Dental Coverage for Adults (Chapter 302 and 303 of the Acts of 2022) which required the Department to expand its adult dental benefit to all adults 21 and older.

The adult dental benefit is the same package of services pregnant individuals receive. This includes diagnostic, preventive, and restorative services. There is no maximum dollar amount placed on services received, unlike the Adult Dental Pilot Program. Participants who were enrolled in the Pilot Program transitioned into this new benefit.

¹⁹ Baltimore Suburban includes 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.

In CY 2024, more than 730,000 adults were enrolled in the expanded benefit, and 161,090, representing 22.0 percent of adult HealthChoice beneficiaries, received at least one dental service (see Table 14).

Table 14: Percentage of Non-Pregnant Adults Aged 21 through 64 Receiving Dental Services, Enrolled in HealthChoice for at Least 90 Days²⁰

Year	Total Number of Participants	Participants Receiving One or More Dental Service	Percent Receiving Service
CY 2020	598,370	73,616	12.3%
CY 2021	679,416	77,552	11.4%
CY 2022	736,720	75,509	10.2%
CY 2023	781,681	155,167	19.9%
CY 2024	731,383	161,090	22.0%

Table 15 further breaks down the utilization by region, showing that although overall HealthChoice enrollment declined from 781,681 in CY 2023 to 731,383 in CY 2024, likely due to disenrollment following the end of the COVID-19 public health emergency and the unwinding period. Every region saw growth in both the number of adults with at least one dental visit and the percentage receiving services.

²⁰ The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

Table 15: Number and Percentage of Non-Pregnant Adults Aged 21 through 64 Receiving Dental Services with 90+ Days in HealthChoice, by Region

Region ²¹	CY 2023			CY 2024		
	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits
Baltimore City	141,266	27,600	19.5%	132,587	27,999	21.1%
Baltimore Suburban	237,580	48,264	20.3%	224,319	51,138	22.8%
Eastern Shore	70,635	8,890	12.6%	65,777	9,593	14.6%
Out of State	680	93	13.7%	711	107	15.0%
Southern Maryland	41,373	6,503	15.7%	38,321	7,074	18.5%
Washington Suburban	224,886	53,139	23.6%	208,970	54,008	25.8%
Western Maryland	65,261	10,678	16.4%	60,698	11,171	18.4%
Total	781,681	155,167	19.9%	731,383	161,090	22.0%

²¹ Baltimore Suburban includes 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.

Emergency Department Utilization

In CY 2024, 34,052 children and adults with any period of enrollment in HealthChoice visited the emergency department (ED) with a dental diagnosis, not including accidents, injury, or poison (see Table 16).

Table 16: Number and Percentage of Medicaid Participants Aged 0 through 64 Years with at Least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2024

Age Group (Years)	Total Number of Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
0 - 3	153,906	3,315	2.2%	5,139
4 - 5	81,827	1,497	1.8%	2,444
6 - 9	162,760	2,033	1.2%	3,360
10 - 14	198,111	1,455	0.7%	2,312
15 - 18	160,353	1,462	0.9%	2,343
19 - 20	66,868	775	1.2%	1,344
21 - 39	519,343	11,728	2.3%	22,292
40 - 64	404,611	11,787	2.9%	20,347
Total	1,747,779	34,052	1.9%	59,581

In CY 2024, the percentage of participants with an ED visit with a dental diagnosis or procedure was 1.9 percent (see Table 17) with a total of 59,581 visits.

Table 17: Number and Percentage of Medicaid Participants Aged 0 through 64 Years with at Least One ED Visit with a Dental Diagnosis or Dental Procedure Code

Year	Total Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
CY 2020	1,486,342	12,538	0.8%	27,199
CY 2021	1,581,455	34,325	2.2%	61,111
CY 2022	1,672,498	34,210	2.0%	60,604
CY 2023	1,764,501	35,768	2.0%	62,942
CY 2024	1,747,779	34,052	1.9%	59,581

In CY 2024, 10,537 children with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 18). The total number of ED visits with a dental diagnosis was 16,942 in CY 2024.

Table 18: Number of ED Visits with a Dental Diagnosis or Procedure by Children Aged 0 through 20 Years Enrolled in Medicaid for Any Period

Year	Total Number of Participants	Number of Participants who had an ED Visit with a Dental Diagnosis	Number of ED Visits with a Dental Diagnosis
CY 2020	728,830	1,638	2,939
CY 2021	759,415	9,388	14,953
CY 2022	790,925	9,750	15,518
CY 2023	820,392	10,575	16,650
CY 2024	823,825	10,537	16,942

The percentage of former foster youth utilizing the ED was also low. In CY 2024, 5.5 percent of former foster youth visited the ED with a dental diagnosis (see Table 19).

Table 19: Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with an ED Visit with a Dental Diagnosis or Procedure Code, by Region, CY 2024

Region	Percent with at least One ED Visit
Baltimore City	7.0%
Baltimore Suburban	5.0%
Eastern Shore	6.3%
Southern Maryland	3.4%
Washington Suburban	4.0%
Western Maryland	4.5%
Total	5.5%

Recent Dental Legislation and Program Expansions

Healthy Babies: Prenatal and Postpartum Dental

HB 1080—*Healthy Babies Equity Act* – (Ch. 28 of the Acts of 2022) required the Department to provide comprehensive medical care, including dental services, to noncitizen pregnant and postpartum individuals who would qualify for Medicaid but for their immigration status and their children up to the age of one-year, effective July 1, 2023. This coverage is equivalent to the covered services in the State’s adult dental benefit. As of August 2025, 7,218 individuals were enrolled in Healthy Babies and had access to dental services.

III. Conclusion

Through existing programming, the Department will continue education, prevention, and outreach initiatives; promote oral health literacy for the public; and provide funding support for the Oral Cancer Initiative and the Adult Dental Medicaid Expansion. The recent increases to Medicaid dental rates for commonly used codes represent an attempt by the Department to halt decreasing dental utilization rates by increasing incentives for providers to extend additional care to Medicaid participants through more competitive reimbursement. The Department will work to continue the provision of prevention, early intervention, and educational oral health services provided in high-risk, low-income venues, such as WIC and Head Start/Early Head Start programs, as well as in Title I schools.

The Department greatly appreciates the strong commitment demonstrated by the Governor and the Maryland General Assembly to transform Maryland's capacity to provide oral health services.

Appendix A: Glossary of Key Abbreviations

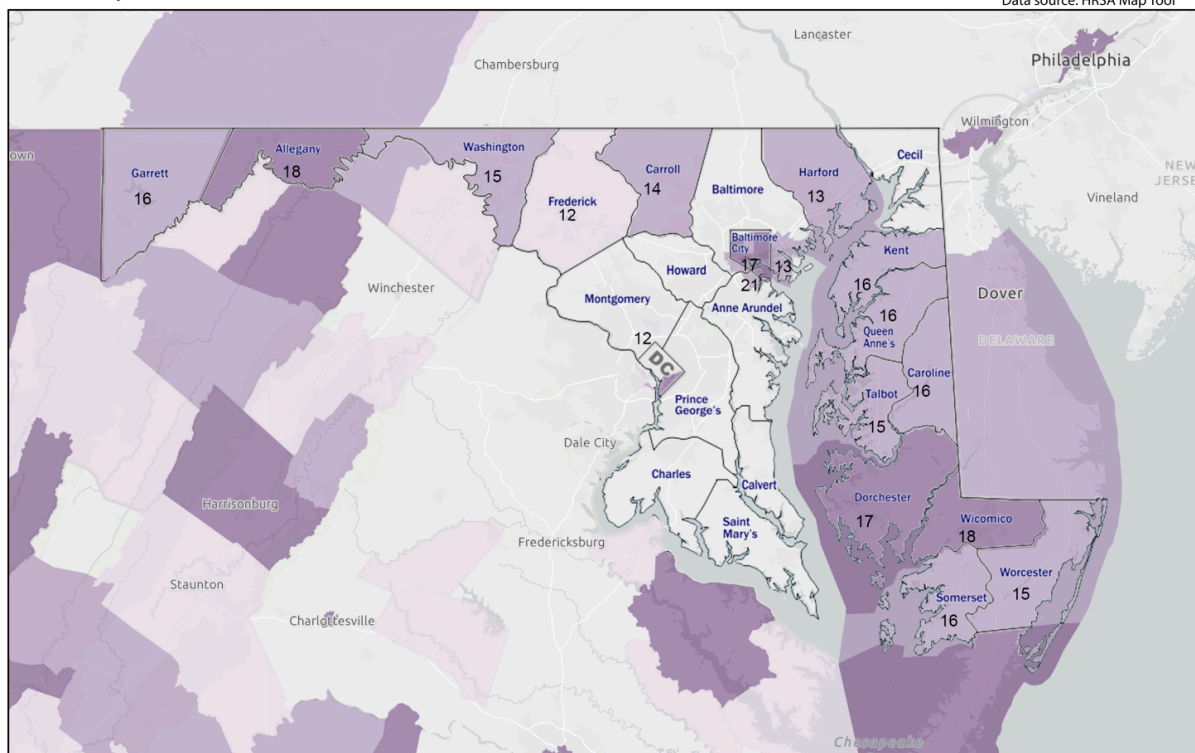
AHEC	Area Health Education Center
BMI	Body Mass Index
CCPC	Center for Cancer Prevention and Control
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Planning
CRF	Cigarette Restitution Fund
CY	Calendar Year
DAT	Dental Admission Test
DBA	Dental Benefit Administrator
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
FFS	Fee-for-service
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HB	House Bill
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IPC	Infection Prevention and Control
LHD	Local Health Department
MCO	Managed Care Organization

MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
Medicaid	Maryland Medical Assistance Program
MOE	Maintenance of Effort
MRWA	Maryland Rural Water Association
MSDAF	Maryland State Dental Association Foundation
NMD	National Museum of Dentistry
ODIP	Oral Disease and Injury Prevention
OOH	Office of Oral Health
PBF	Pathways to Bright Futures
PBFAC	Pathways to Bright Futures Advisory Committee
PCP	Primary Care Provider
PLWHA	People Living with HIV/AIDS
REM	Rare and Expensive Case Management
ROHC	Regional Oral Health Coordinators
SB	Senate Bill
SKYGEN	SKYGEN USA, the Department's DBA
The Commission	Maryland Community Health Resources Commission
The Department	Maryland Department of Health
UMB	University of Maryland
UMSOD	University of Maryland School of Dentistry
WIC	Supplemental Nutrition Program for Women, Infants and Children

Appendix B: Maryland Dental Health Professional Shortage Area Map, July 2025

Maryland Dental HPSA Map

Data source: HRSA Map Tool



8/5/2024

Dental Health Area HPSAs (HPSA Score)

1 - 13	14 - 17	18 - 26
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1:2,311,162

0 15 30 60 mi

0 25 50 100 km

County of Prince William, Fairfax County, VA, VGIN, Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, NPS, USFWS

**Appendix C: EPSDT Fluoride Varnish Certified Providers and Applications by Month in
FY 2025**

Month	Active Providers	Applications
July 2024	508	2,388
August 2024	502	3,227
September 2024	505	2,439
October 2024	474	3,110
November 2024	469	3,211
December 2025	478	2,146
January 2025	486	2,709
February 2025	484	2,212
March 2025	489	2,771
April 2025	464	2,692
May 2025	503	3,813
June 2025	516	2,253
Total	5,878	32,971

Appendix D: Impact Breakdown of ODIP at LHDs in FY 2025

Program	County	Detailed coverage					
		On-Site			Off-Site		
		Children	Adults	Pregnant Women	Children	Adult Oral Cancer Screenings	Adult Case Management
ODIP	Allegany	255	782	49	1,968	782	0
	Anne Arundel	2,465	326	76	84	0	471
	Baltimore City	6	265	0	7	0	0
	Baltimore	0	0	0	0	0	0
	Caroline	0	0	0	0	13	13
	Carroll	445	128	34	0	0	0
	Charles	868	1,655	16	667	19	436
	Dorchester	885	1,059	0	0	0	0
	Frederick	3,360	0	0	413	0	0
	Garrett	1,079	1,895	33	679	0	0
	Harford	0	0	0	764	0	0
	Howard	310	2,334	0	0	0	0
	Kent	0	0	0	0	0	0
	Montgomery	1,067	0	0	86	1,263	0
	Prince George's	812	0	29	0	0	0
	Queen Anne's	0	0	0	0	0	0
	St. Mary's	0	0	0	0	0	20
	Worcester	1,298	0	0	0	0	0
	Total	12,850	8,444	237	4,668	2,077	940

Appendix E: Impact Breakdown of Dental Sealant Programs at LHDs in FY 2025

Program	County	Schools Visited	Children Seen	Children Receiving Sealants	Sealants Placed
Dental Sealants Program	Allegany	15	1,945	1,129	4,580
	Anne Arundel	35	862	261	921
	Baltimore	14	399	298	1,033
	Charles	14	1,014	569	2,452
	Harford	10	484	257	1,088
	Kent	10	1195	678	4,647
	Montgomery	19	795	543	2293
	Prince George's	5	152	96	404
	Somerset	10	2,129	561	1,509
	Wicomico	27	4,232	348	1,173
Total		159	13,207	4,740	20,100

Appendix F: Medicaid Dental Funding, Expenditures, and Utilization Rates, CY 2002 - CY 2023

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amount Spent by MCOs for Dental	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
CY 2002	\$40.3 M	\$28.9 M	34.5%	10.3%
CY 2003	\$33.0 M	\$32.5 M	43.2%	13.6%
CY 2004	\$28.0 M	\$36.7 M	43.7%	13.8%
CY 2005	\$33.0 M	\$42.0 M	45.8%	15.8%
CY 2006	\$35.1 M	\$46.6 M	46.2%	16.4%
CY 2007	\$42.5 M	\$53.8 M	51.5%	19.3%
CY 2008 ²²	\$55.4 M	\$71.4 M	54.6%	20.8%
CY 2009 ²³	\$82.8 M	\$39.6 M	60.9%	23.2%
CY 2010 ²⁴	\$137.6 M	\$6.5 M	64.1%	25.1%
CY 2011	\$152.7 M	\$11.4 M	66.6%	25.2%
CY 2012	\$150.5 M	\$11.1 M	67.8%	24.3%

²² The study population for CYs 2008-2015 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including FFS and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

²³ In CY 2009, the total spent by the Department on dental services was \$82.8 M. This included \$39.6 M in MCO capitation rates for dental services from January 1, 2009 – June 30, 2009, and \$43.2 M for dental services under the new Maryland Healthy Smiles Dental Program for the period July 1, 2009 – December 31, 2009.

²⁴ Beginning in FY 2010, Maryland Healthy Smiles Dental Program was reimbursed FFS and paid an administrative fee. The \$6.5 M in CY 2010 and \$11.4 M in CY 2011 spent by MCOs accounts for adult dental services only and is not reimbursed by the State.

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amount Spent by MCOs for Dental	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
CY 2013	\$157.2 M	\$5.3 M	68.3%	24.4%
CY 2014	\$159.0 M	\$16.5 M	67.7%	23.2%
CY 2015	\$165.2 M	\$14.4 M	69.0%	24.0%
CY 2016	\$174.6 M	\$15.3 M	68.5%	23.2%
CY 2017	\$186.8 M	\$17.0 M	68.1%	23.2%
CY 2018	\$192.1 M	\$18.3 M	69.1%	22.9%
CY 2019	\$199.7 M	\$19.3 M	69.4%	23.0%
CY 2020	\$145.4 M	\$20.1 M	54.0%	16.0%
CY 2021	\$189.7 M	\$25.3 M	60.0%	19.0%
CY 2022	\$209.0 M	\$25.3 M	60.6%	19.0%
CY 2023 ²⁵	\$352.3 M	*	61.4%	18.9%
CY 2024 ²¹	\$385.8 M	*	65.0%	20.1%

²⁵ The amount spent by MCOs for dental is not available for CY 2023. As of January 2023, MCOs no longer cover adult dental services for their members as a part of their benefit package due to the Adult Dental Medicaid Expansion which began covering Medicaid eligible adults January 1, 2023.

Appendix G: Medicaid Dental Utilization Rates, Enrollment in Medicaid > 320 Days, Ages 4-20²⁶

Criteria	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
<i>Age</i>										
4-5	73.9%	73.2%	72.0%	72.4%	72.9%	55.0%	62.7%	63.9%	63.7%	67.7%
6-9	76.5%	75.8%	75.0%	76.0%	76.4%	59.4%	66.5%	68.4%	69.0%	72.3%
10-14	71.2%	71.2%	71.2%	72.2%	72.5%	56.6%	63.1%	64.0%	65.1%	68.1%
15-18	60.3%	60.9%	61.3%	62.5%	62.9%	50.7%	55.6%	55.6%	56.5%	59.9%
19-20	43.9%	42.8%	42.9%	44.7%	44.6%	36.1%	39.5%	38.5%	38.7%	42.8%
All 4-20	69.0%	68.5%	68.1%	69.1%	69.4%	54.0%	60.0%	60.6%	61.4%	65.0%
<i>Region²⁷</i>										
Baltimore City	65.5%	64.6%	64.3%	64.8%	64.2%	45.6%	53.0%	55.1%	54.6%	59.4%
Baltimore Suburban	66.9%	66.7%	66.4%	67.8%	68.1%	53.1%	59.1%	59.6%	60.5%	63.9%
Washington Suburban	74.0%	73.6%	73.2%	74.0%	74.3%	55.2%	65.7%	66.5%	67.6%	71.0%
Western Maryland	68.7%	68.0%	67.3%	67.7%	68.2%	26.3%	57.6%	59.3%	60.1%	62.9%

²⁶ The study population measured dental utilization for all qualifying individuals in Medicaid, including FFS and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

²⁷ Baltimore Suburban includes 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.

Criteria	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
Southern Maryland	59.6%	59.8%	59.1%	59.8%	61.5%	49.7%	55.4%	54.3%	55.1%	57.9%
Eastern Shore	69.6%	68.4%	67.7%	69.7%	70.5%	59.2%	58.1%	56.1%	58.0%	61.1%
All Regions	69.0%	68.5%	68.1%	69.1%	69.4%	54.2%	60.0%	60.6%	61.4%	65.0%