Maryland
DEPARTMENT OF HEALTH

MARYLAND ORAL HEALTH PROGRAM

2026 Report

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

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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 services, 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 through communication campaigns which improve oral health literacy, leading programs to 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 programs led by OOH during fiscal year (FY) 2026 provided funding to 20 local health departments (LHDs) and 11 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 2026 budget for all operations of OOH. Of this, $1.43 million was awarded to LHDs 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. Dental sealants are thin protective coatings placed on the chewing surfaces of back teeth to help prevent cavities. Funding from both sources provide startup funds 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.

During the reporting period, the ODIP program provided on-site clinical dental services to 18,887 children, 12,626 adults, and 300 pregnant women, as well as off-site clinical services to 8,079 children. The program also provided oral cancer screenings to 7,420 adults and pregnant women during the reporting period. The Dental Sealant program screened 12,905 children for tooth decay and other oral health needs, provided dental sealants to 4,536 children, and placed 21,031 dental sealants.

Including the previously described ODIP and Dental Sealant programs, 14 programs are

administered by OOH. These programs range from promoting dental clinical careers, to members of underserved communities, to linking People Living With HIV/AIDS (PLWHA) with dental care via referral from their primary care provider.

The Maryland's Mouths Matter program provided 29,987 fluoride varnish applications to young children enrolled in Medicaid in FY 2026, bringing the total to more than 523,000 applications since 2009. Fluoride varnish is a protective coating applied to the teeth to help prevent tooth decay.

In calendar year (CY) 2025, dentists participating in the Maryland Dent-Care Loan Assistance Repayment Program served 39,899 unique Medicaid patients and provided 99,748 dental visits. Through the Health Resources and Services Administration (HRSA)-funded Pathways to Bright Futures (PBF) initiative, 119 dental career presentations across 56 schools reached more than 3,500 students. These students received access to educational programs, and connection to experiential learning opportunities. Additionally, 59 students received scholarships working with our collaborative partners, the Maryland State Dental Association Foundation and Maryland Dental Action Coalition (MDAC).

OOH also advanced medical-dental integration, community outreach, community water fluoridation, emergency preparedness, and oral health workforce data through its other programs. At the statewide level, OOH provided funding and technical support for the Maryland Oral Health Plan 2026–2030, which establishes 14 strategic goals to guide continued improvement in oral health.

Federal funds received by OOH totaled $780,800 in FY 2026. Of this, $400,000 was received from 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.

Together, these activities strengthen Maryland's oral health infrastructure and support continued efforts to prevent oral disease, reduce barriers to care, and improve oral health outcomes across the state.

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

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 625,000 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 57 dental services grants totaling $14.7 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 77,768 low-income children and adults, resulting in more than 179,000 dental service visits.

Current grantees are providing dental services in Baltimore City, and Anne Arundel, Baltimore, Calvert, Caroline, Garrett, Prince George's, and Wicomico counties. One grantee is providing dental services statewide for individuals with disabilities.

Programs are expanding access to dental services for medically vulnerable, low-income adults; adults with intellectual, developmental, and physical disabilities; individuals who previously lacked access to a Medicaid-accepting dental provider; and individuals who are not eligible for the Maryland Medicaid Dental Benefit. Grantee programs also support dental prostheses and address barriers to dental care, including transportation, caregiver coordination, and dental laboratory services.

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

The *Maryland's Mouths Matter* program improves access to preventive oral health services for Medicaid enrolled children aged nine months through five years by integrating fluoride varnish into medical care. Fluoride varnish is a protective coating applied to teeth to help prevent tooth decay. Launched in July 2009, the program trains medical providers to apply fluoride varnish during routine well-child visits. Providers must be Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) certified before completing the fluoride varnish online training.

Upon completion of the online training, EPSDT medical providers receive a starter kit that includes fluoride varnish applicators, educational brochures, and a dental referral form. The referral form directs families to the Maryland Healthy Smiles Dental Program website, where they can locate a Medicaid enrolled dental provider. This approach supports early prevention while also helping connect children to ongoing dental care.

In FY 2026, 29,987 fluoride varnish applications were provided through the program. Since the program began in 2009, more than 523,000 fluoride varnish applications have been provided to Medicaid enrolled children. Additional program outcomes are presented in Appendix C.

Maryland Dent-Care Loan Assistance Repayment Program

The *Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP)* expands access to oral health care by supporting dentists and dental hygienists who serve Medicaid recipients, particularly in high need areas of the state. Established under Education Article, §18-2401 - 18-2408, Annotated Code of Maryland, the program provides educational loan repayment to eligible Maryland licensed dentists and dental hygienists.

Recent legislation has expanded the program to include a broader range of oral health professionals. Chapter 377 of the Acts of 2023 (HB 290) made dental hygienists eligible for this program. Chapter 357 of the Acts of 2025 (HB 265/Senate Bill (SB) 456) further expanded eligibility to part-time dental clinicians. Beginning with the CY 2026 application cycle, dentists and dental hygienists working 20-39 hours per week are eligible to apply.

Under the current award structure, selected full-time dentists receive $50,000 annually for three years, and full-time dental hygienists receive $10,000 annually for two years. Selected part-time dentists receive $25,000 annually for three years, and part-time dental hygienists receive $5,000 annually for two years.

In January 2026, five new dentists began their three-year service commitments through MDC-LARP, and three new dental hygienists began their two-year commitments. There are currently 24 participating providers in the program situated across Anne Arundel, Carroll, Charles, Frederick, Garrett, Harford, Montgomery, Prince George's, Queen Anne's, and Wicomico counties, as well as Baltimore City.

In CY 2025, MDC-LARP providers served 39,899 unique Medicaid patients and provided 99,748 dental visits to Medicaid recipients. Since the program began in 2001, participating providers have contributed to 946,729 dental visits.

Oral Cancer Prevention and Detection

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. The Department employs various approaches to fulfill these requirements.

OOH works in partnership with the Department's Center for Cancer Prevention and Control (CCPC) to provide ongoing oral cancer education which addresses key risk factors, signs, symptoms, high-risk behaviors, and access to oral cancer screening services. Health care providers are trained to identify potential oral cancers, appropriately refer patients for further evaluation and care, and promote tobacco cessation. The Cigarette Restitution Fund (CRF), established by the Maryland General Assembly in 2000, provides funding for cancer prevention and tobacco related activities across the state, including oral cancer education. The CRF is administered through CCPC and Center for Tobacco Prevention and Control. Supported activities provide education on oral cancer risk factors, signs and symptoms, high-risk behaviors, and the importance and availability of early detection and screening.

In FY 2025, OOH developed and distributed an educational resource which describes the harmful effects of tobacco use and vaping on oral and overall health and connects the reader to the Maryland Tobacco Quitline. In FY 2026, OOH-funded programs provided oral cancer screenings to 7,420 individuals and 8 individuals received, or were referred for biopsy. Additional program outcomes are presented in Appendix D and Table 1.

HIV/AIDS Oral Health Referral Program

The *HIV/AIDS Oral Health Referral Program*, funded by Maryland AIDS Drug Assistance Program Special Fund, works to improve access to dental care for adults in Baltimore aged 21 years and older who are living with HIV/AIDS. Routine oral health care is particularly important for people living with HIV/AIDS (PLWHA) because of the interactions between oral disease and HIV. For example, HIV can weaken the immune system, increasing the risk of oral infections and other conditions that can affect overall health and quality of life.

OOH developed a collaborative referral model to help medical and HIV support service organizations connect PLWHA to dental providers who participate in Medicaid and/or the Ryan

White HIV/AIDS Program. Through this approach, the *HIV/AIDS Oral Health Referral Program* works to strengthen coordination between medical, HIV support, and dental care services, and reduce barriers to accessing dental care for this population.

Program activities establish referral partnerships with Medicaid participating dental providers; train medical, dental, and HIV support service staff; provide educational materials to partner organizations and PLWHA; assist individuals with scheduling dental appointments; and educate dental and medical providers.

Oral Health Resource Guide

OOH produces the *Oral Health Resource Guide* annually to help Maryland residents locate affordable dental care services across the state. The guide organizes dental care resources by geographic region and provides information on affordable public health dental clinics within each region. It includes key information about each clinic to help individuals identify available services, eligibility, and how to access care. The guide is available in both English and Spanish and can be accessed in printed form or online through the Department's website.[2]

Maryland Oral Health Plan 2026–2030

OOH provided funding and technical support to the MDAC to develop the Maryland Oral Health Plan 2026–2030, a five-year strategic framework for improving oral health across the state. Released in 2026, the plan identifies 14 strategic goals to expand access to oral health care, prevent oral disease and injury, improve oral health literacy and education, and advance the oral and overall health of Maryland residents. The plan provides a flexible framework that allows state and local partners to develop implementation strategies based on the needs and priorities of their communities.[3]

National Oral Health Leadership

During the reporting period, the Director of the Office of Oral Health was elected President of the Association of State and Territorial Dental Directors, strengthening Maryland's engagement in national oral health leadership. This role provides opportunities to contribute to national discussions, share Maryland's experiences, and learn from other state and territorial programs.

Oral Health Programs Funded by the Federal Government

CDC Oral Health Grant

OOH receives funding from the CDC to strengthen evidence-based oral disease prevention programs and improve oral health outcomes among Maryland residents. This program includes three projects: evidence-based prevention activities, strengthening infection prevention and control in dental practices, and using data to guide program interventions. OOH partners with 10 LHDs in Allegany, Anne Arundel, Baltimore, Charles, Harford, Kent, Montgomery, Prince George's, Somerset and Wicomico counties. Through these partnerships, oral health screening, dental sealants, and fluoride varnish are provided to children attending eligible Title 1 elementary and middle schools and head start centers. These evidence-based preventive services help prevent tooth decay and improve access to dental care among children in underserved communities.

During the reporting year, participating LHDs screened 12,905 children, provided dental sealants to

[2] https://health.maryland.gov/.../Pages/ResourceGuide.aspx.
[3] https://www.mdac.us/file_download/1db2d835-93e7-4603-86f6-42eb3ebd9277.

4,536 children, placed 21,031 dental sealants, and provided fluoride varnish to 13,955 children. Fluoride varnish applications increased by 20 percent compared with the previous reporting year.

HRSA Oral Health Grant

OOH receives funding from HRSA through the *Building a Diverse and Dynamic Workforce* grant to strengthen Maryland's dental workforce, particularly in Dental Health Professional Shortage Areas (HPSAs). This program includes three projects: cultivating dental professionals in shortage areas, establishing emergency preparedness in dental clinics in shortage areas, and enhancing the dental workforce data collection process.

The first project, Pathways to Bright Futures (PBF), developed and expanded an oral health workforce pipeline for students, with a particular focus on Dental HPSAs in Western Maryland and Baltimore City, and on the Eastern Shore. PBF provided dental career presentations to school-aged children, dental education scholarships, mentorships, externships, and other outreach to promote careers in dentistry in Dental HPSAs. This program also implemented a statewide communication campaign and developed partnerships with educational institutions, oral health professionals, professional associations, Area Health Education Centers (AHECs), and state partners to increase student exposure to oral health careers.

From September 2022 through June 2026, PBF completed 119 dental career presentations across 56 participating schools, reaching more than 3,500 students. The program also conducted seven Discovering Dentistry Symposia, awarded 49 scholarships, and engaged 105 current dental students in dental seminars promoting practice in Dental HPSAs.

The second project, Understanding and Advancing Emergency Preparedness and Continuity of Operation, was developed in response to challenges experienced by public dental clinics during the COVID-19 pandemic. The project focuses on strengthening the ability of dental programs in LHDs to maintain essential oral health services during future public health emergencies. OOH provided training, technical guidance, and subject matter expertise to help participating jurisdictions develop Continuity of Operations Plans (COOP) tailored to their essential functions, resources, and local needs.

The project included four local health departments: Baltimore City, and Allegany, Charles, and Montgomery counties. During the reporting year, all of the participating jurisdictions developed continuity plans and participated in tabletop exercises to activate and test their plans. Through this process, participants identified essential functions, assessed resources needed to maintain dental services, and identified opportunities to strengthen emergency preparedness.

The third project focuses on strengthening dental workforce data collection and analysis. This effort is designed to improve information on dental practice locations, provider types, provider patterns, and other workforce characteristics. Improved workforce data has strengthened OOH's ability to identify workforce needs, monitor trends, and better target future public health strategies and resources to communities with the greatest need (see Table 1 for additional program outcomes).

Oral Health Programs Funded by the Department and the Federal Government

Diabetes Prevention and Obesity Screening in the Dental Setting

OOH leads the *Diabetes Prevention and Obesity Screening in the Dental Setting* program which identifies individuals in dental clinics who are at risk for obesity, prediabetes, and diabetes. For some individuals who do not routinely visit a primary care provider, a dental visit may provide an important opportunity to identify health risks and connect patients with appropriate medical and community based services.

The project integrates screening, education, referral, and follow-up into routine dental care, and includes separate components for adults and children. Participating dental providers screen children and adults for body mass index (BMI); adults are also screened for prediabetes risk. Patients identified as overweight, obese, or at risk for prediabetes receive education and are referred, as appropriate, to primary care providers, pediatricians, nutrition professionals, and other resources. Patients are also connected with virtual healthy cooking and physical activity resources. Through this approach, OOH promotes greater integration and coordination among dental providers, primary care providers, and nutrition professionals.

In FY 2026, participating providers screened 3,057 adults for BMI and 2,877 adults for prediabetes risks. Among those screened, 1,508 adults were identified as obese, 837 as overweight, and 826 as being at risk for prediabetes. The program provided education to 3,124 adult patients and family members, referred 1,874 individuals to primary care providers, nutrition professionals, or other services, and referred 3,092 individuals to virtual healthy cooking and physical activity resources. A total of 560 adult patients received follow-up from medical providers. Among adults with recorded weight outcomes, 1,543 patients reported weight loss, ranging from up to 5 pounds to more than 21 pounds.

Among children, participating providers screened 2,646 patients for BMI, identifying 585 as obese and 350 as overweight. The program provided education to 2,584 pediatric patients and family members, referred 820 patients to primary care providers, nutrition professionals, or other services, and referred 1,374 to virtual healthy cooking and physical activity resources. A total of 520 pediatric patients received follow-up. Weight loss outcomes were not measured for children.

Oral Disease and Injury Prevention (ODIP) Program

The ODIP program works to improve access to preventive and clinical dental services for underserved populations across the state. Through funding and partnerships with LHDs, FQHCs, not-for-profit organizations and other community-based providers, the program supports oral health services to children, adults, pregnant women, and other populations who may experience barriers to dental care. The program supports a range of services based on community needs, including preventive and clinical dental care, oral cancer screening, oral health education, case management, and school and community-based services.

In FY 2026, ODIP-supported programs provided on-site clinical services to 18,887 children, 12,626 adults, and 300 pregnant women, and off-site services to 8,079 children. The program also provided 7,420 oral cancer screenings to adults and pregnant women, and case management services to 832 adults, helping to connect individuals in need of dental care with providers.

Through these activities, ODIP strengthens Maryland's oral health safety net by expanding access

to preventive and clinical services, supporting early detection of oral disease, and helping underserved populations connect with needed dental care.

Dental Sealant Program

The Dental Sealant Program works to prevent tooth decay and improve access to preventive dental services for school-aged children across Maryland. Through partnerships with LHDs the program provides school-based oral health services, particularly for children who may experience barriers to receiving routine dental care.

Participating programs provide oral health screenings, dental sealants, and fluoride varnish in school settings. Dental sealants are thin protective coatings placed on the chewing surfaces of back teeth to help prevent cavities, while fluoride varnish is applied to the teeth to help strengthen tooth enamel and prevent tooth decay. By providing these preventive services in schools, the program helps reach children who might otherwise have limited access to dental care.

In FY 2026, Dental Sealant programs screened 12,905 children to identify dental needs, provided sealants to 4,536 children, and placed 21,031 sealants. Of the children who received sealants, 2,342 were enrolled in Medicaid. The programs provided services in 136 schools, including 13,955 fluoride varnish applications.

Through these activities, the Dental Sealant Program expands access to school-based preventive services, helping to identify dental needs early, and prevent tooth decay among children.

Additional program outcomes are presented in Table 1, Appendix D, and Appendix E.

Table 1: Subrecipients Funded Through Office of Oral Health (OOH) Programs, FY 2026[4]

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: 7/1/2025 - 6/30/2026
Total Funding: $126,000

- $65,000 from State General Funds and
- $61,000 from Preventive Health and Health Services Block Grant Federal Funds

Organization	County(ies) Funded	Activities	Outcomes
Allegany and Charles counties LHDs: Funding: $61,000 (Preventive Health and Health Services Block Grant)	Allegany, Charles	Obesity screenings, referrals, and education integrated into dental visits for adults at LHDs.	• Adults screened for obesity: 3,057 • Adults referred to medical treatment and nutrition counseling: 1,874 • Adults educated on healthy behaviors: 3,124
Allegany and Charles counties LHDs: Funding: $65,000 (Cancer and Chronic Disease Bureau, State General Funds)	Allegany, Charles	Obesity screening referrals and education integrated into dental visits for children at LHDs.	• Children screened for obesity: 2,646 • Children referred to medical treatment and nutrition counseling: 820 • Children and parents educated on healthy behaviors: 2,584

[4] 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.

Program: CDC Oral Health Grant (State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes)
Purpose: To promote community water fluoridation and provide support to programs providing dental care to Maryland's underserved population.
Project Period: 9/1/2024 - 8/31/2027
Total Funding: $1,142,400 from Federal Funds ($380,800 per year)

Organization	County(ies) Funded	Activities	Outcomes
Maryland Rural Water Association (MRWA) Funding: $28,000	Statewide	MRWA and their circuit riders survey community water systems and provide technical assistance regarding fluoridation. They also conduct quarterly regional community fluoridation training.	● Onsite technical assistance visits to Maryland water systems: 24 ● Regional community water fluoridation trainings: 4
Water Fluoridation Mini-Grants Funding: $31,100	Carroll, Frederick, Garrett, Wicomico	Five water systems received funds to provide replacement water fluoridation equipment in order to ensure the continued provision of optimally fluoridated water to the service population.	People served: 128,913 ● Town of Deer Park: 288 ● Town of Delmar: 5,825 ● City of Frederick: 82,000 ● City of Fruitland: 2,800 ● City of Westminster: 38,000

Program: HRSA Oral Health Grant (Grants to States to Support Oral Health Workforce Activities)
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

Organization	County(ies) Funded	Activities	Outcomes
Area Health Education Center (AHEC) West Funding: $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 that live 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:** ● 10 Pathway Entry Point presentations reaching 378 students through 8 different schools *Note: The same types of presentations are also funded by the Department. When including both, the total is 32 presentations with 824 students reached*
Maryland Dental Action Coalition (MDAC) Funding: $29,000	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.	● Awarded 5 Dental Education Scholarships of $3,000 each ● Supported planning and implementation of PBF annual scholarship event
Maryland State Dental Association Foundation (MSDAF) Funding: $11,650	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.	● Awarded 9 DAT support scholarships of $476 each ● 12 students participated in experiential learning opportunities
University of Maryland School of Dentistry (UMSOD) Funding: $10,000	Statewide	UMSOD faculty serves on the PBFAC, provides a venue for a seminar to promote UMSOD students to consider practicing in Dental HPSAs.	● Provided venue and students for annual Dental HPSA practice seminar ● 54 students attended the Dental HPSA practice

Organization	County(ies) Funded	Activities	Outcomes
			seminar ● Faculty served as academic advisor for the program
Maryland Dental Action Coalition (MDAC) / University of Maryland, Baltimore (UMB) National Museum of Dentistry (NMD) <u>Funding</u>: $10,000 (State General Funds)	Baltimore City	MDAC works with UMB to provide field trip opportunities for youth primarily from Baltimore City and other underserved areas to visit NMD. UMB coordinates with selected schools and organizations to bring pre-K through 5th grade students to NMD on field trips and provides an educational program to the groups. The visits improve awareness of good oral health habits, promotes oral health literacy, and educates students from diverse backgrounds on viable pathways to joining the dental profession.	**Field Trip Visits**: ● Children: 620 ● Teachers: 58 ● Chaperones: 69 ● Schools: 12
Continuity of Operations Planning (COOP) <u>Funding</u>: $6,000	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.	● Participation in the tabletop exercise on continuity plan activation ● Presentation of the 2nd draft and final versions of the COOP

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: 7/1/2025 - 6/30/2026
Total Funding: $958,739 from State General Funds

Organization	County(ies) Funded	Activities	Outcomes
Local Health Departments Funding: $744,714	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: ● On-site clinical services for children ● On-site clinical services for adults ● On-site clinical services for pregnant women ● 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:** ● Children: 14,149 ● Adults: 7,481 ● Pregnant Women: 299 ● Oral Cancer Screening: 4,981 **Off-Site Services:** ● Children: 7,991 ● Oral Cancer Screenings: 66 ● Adult Case Management: 518
Chase Brexton Health Services Funding: $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:** ● Children: 86
Health Care for the Homeless Funding: $32,118	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:** ● Children: 421 ● Adults: 3,174 ● Oral Cancer Screening: 2,373

Organization	County(ies) Funded	Activities	Outcomes
Primary Care Coalition of Montgomery County Funding: $31,977	Montgomery	Provide specialty dental care for low-income, uninsured, and immigrant children with complex needs.	**Seen On-Site:** ● Children: 27
University of Maryland Rehabilitation and Orthopaedic Institute Funding: $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:** ● Children: 3,103 ● Adults: 1,971
University of Maryland School of Dentistry (UMSOD) Prenatal Clinic Funding: $50,274	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:** ● Adult: 117 ● Adult Case Management: 314
University of Maryland School of Dentistry (UMSOD) Oral Health for Underserved Uninsured Children Program Funding: $35,000	Statewide	Provide oral health care to uninsured children from limited-income families, and establish a dental home.	**Seen On-Site:** ● Children: 1,187

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: 7/1/2025 - 6/30/2026
Total Funding: $398,241

- $314,441 from State General Funds
- $83,800 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) Funding: $398,241	Allegany, Anne Arundel, Baltimore, Harford, Kent, Montgomery, Prince George's, Somerset, St. Mary's, Wicomico	Improve oral health of Maryland children, by: ● Screening children for oral disease; ● Providing dental sealants; and ● Referring children for follow-up care.	● Schools Visited: 136 ● Children Seen: 12,905 ● Children Receiving Sealants: 4,536 ● Sealants Placed: 21,031

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: 7/1/2025 - 6/30/2026
Total Funding: $65,000 from State General Funds

Organization	County(ies) Funded	Activities	Outcomes
Maryland Dental Action Coalition (MDAC) Funding: $65,000	Statewide	Finalize the 2026 - 2030 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 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 sixteenth Annual Ava Roberts Oral Health Symposium on October 3, 2025.	● Ava Roberts Symposium Attendees: 160 ● 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 industry, philanthropic, and 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 populations, minority communities, and residents of rural areas. 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 percent of children were in need of sealants, only 29 percent 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 2026, the Maryland's Mouths Matter program provided 29,987 fluoride varnish treatments as part of well-child visits, demonstrating the effectiveness of medical-dental integration. Successful community-collaborative initiatives like the HIV/AIDS Oral Health Referral Program show the value of connecting medical and dental care. 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[5] 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 used. These materials can help improve oral health knowledge, promote preventive behaviors, and increase awareness of available oral health services and resources among populations experiencing disparities. Collaboration with schools and faith and community-based organizations can be strengthened to extend the reach and effectiveness of these efforts.

[5] https://health.maryland.gov/phpa/oralhealth/Documents/SchoolSurveySummary2023.pdf

Collectively, these recommendations support Maryland's commitment to advancing oral health equity, enhancing preventive service delivery, and fostering stronger collaboration across communities and 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 $393.8 million for CY 2025 (see Appendix F). The Medicaid program delivered oral health services to 631,344 adults and children (ages 0-64) in CY 2025 compared to 633,217 children and adults during CY 2024. 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 support, 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.[6] Performance payments are tiered and allow for continued demonstrations of improvement over the life of the

[6] 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.

contract. Currently, SKYGEN USA is conducting outreach to dental providers to increase participation in the program. In CY 2025, there were 1,632 in total (1,610 unique) providers enrolled who billed one or more services, compared to 1,464 (1,455 unique) in CY 2021 (see Table 2).

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

Region[7]	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
Baltimore Metro	530	520	559	599	606
Washington Suburban	539	553	591	612	637
Southern Maryland	60	57	55	59	60
Western Maryland	119	115	119	105	117
Eastern Shore	75	74	76	75	82
Other	141	126	122	130	130
Total[8]	**1,464**	**1,445**	**1,526**	**1,580**	**1,632**
Unique Total[9]	**1,455**	**1,420**	**1,508**	**1,564**	**1,610**

According to the Maryland State Board of Dental Examiners, there were 4,382 dentists actively practicing in Maryland in August 2026, 207 of whom were pediatric dentists (see Table 3). As of June 2026, 1,793 dentists participated with the Maryland Healthy Smiles Dental Program. In CY 2025, 1,610 unduplicated dentists billed one or more Medicaid services, and 1,370 unduplicated dentists billed $10,000 or more to the Medicaid program.

[7] 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.

[8] Please note that the total is the sum of all regions.

[9] 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[10]	Total Active Dentists[11]	Active Pediatric Dentists	Dentists Enrolled with Maryland Healthy Smiles Dental Program[12]	Dentists Who Billed One or More Services in CY 2025[13]	Dentists Who Billed $10,000+ in CY 2025
Baltimore Metro	1,915	101	821	606	535
Washington Suburban	1,830	75	917	637	547
Southern Maryland	135	3	95	60	49
Western Maryland	292	16	185	117	96
Eastern Shore	210	12	146	82	69
Out of State	--	--	197	130	82
Total[14]	**4,382**	**207**	**1,793**	**1,610**	**1,370**

[10] 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.

[11] Source: Maryland Board of Dental Examiners, as of August 2026.

[12] Source: SKYGEN USA, as of August 2026.

[13] 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.

[14] 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 2025.

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.[15] 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 2025, 66.8 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

Table 4: Number and Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at Least 320 Days Receiving Dental Services[16]

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average[17,18]
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%	↑
CY 2025	539,955	360,536	66.8%	↑

Of the 791,242 children enrolled in Medicaid for any period during CY 2025, 56.2 percent of these children received one or more dental services compared to 53.8 percent in CY 2024 (see Table 5). The total number of children with any period of enrollment who had at least one dental visit increased by 2.4 percentage points across all age groups in the last year.

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

[16] 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.

[17] 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.

[18] 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.

Table 5: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid[19] for Any Period who had at least One Dental Visit by Age Group, CY 2021 – CY 2025

Age Group	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
0–3	28.8%	29.5%	30.5%	31.8%	35.1%
4–5	60.3%	61.6%	60.4%	59.6%	64.2%
6–9	64.2%	66.2%	65.9%	66.7%	68.5%
10–14	61.0%	61.9%	62.2%	62.7%	64.9%
15–18	53.7%	53.9%	53.8%	54.8%	56.5%
19–20	37.8%	37.1%	36.8%	37.5%	38.8%
Total	**52.1%**	**53.0%**	**53.1%**	**53.8%**	**56.2%**

Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services increased from 63.3 percent in CY 2024 to 65.2 percent in CY 2025; utilization of restorative services has slightly increased from 20.1 percent of all children in CY 2024 to 20.5 percent in CY 2025 (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 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%
CY 2025	539,955	65.2%	61.7%	20.5%

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, 55.3 percent received a preventive or diagnostic visit in CY 2025. Of those receiving a preventive or diagnostic visit, 26.1 percent received a follow-up restorative visit (see Table 7).

[19] The study population for CY 2021 through CY 2025 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.

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 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%
CY 2025	791,242	437,427	55.3%	114,358	26.1%

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.[20] 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 31.6 percent in CY 2025 (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 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%
CY 2025	49,382	15,586	31.6%

In CY 2025, 16,920 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

[20] 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

period, 29.7 percent had at least one dental service in CY 2025 (see Table 9). This is an increase from CY 2024, which had 29.4 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 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%
CY 2025	56,973	16,920	29.7%

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, 4,177 REM participants utilized dental services in CY 2025 (see Table 10). The highest percentage utilization was in children six through nine years old, with 70.2 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 2025

Age Group (Years)	Total Number of Participants	Number with Any Service	Percentage with Any Service
4 - 5	308	215	69.8%
6 - 9	611	429	70.2%
10 - 14	831	576	69.3%
15 - 18	693	424	61.2%
19 - 20	310	170	54.8%
21 - 39	1,121	481	42.9%
40 - 64	303	96	31.7%
Total	**4,177**	**2,391**	**57.2%**

From CY 2021 to CY 2025, the percentage of REM participants utilizing dental services increased from 48.5 percent to 55.9 percent (see Table 11). Children ages six through nine had the highest utilization of any age group in all years but CY 2024.

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 2021	CY 2022	CY 2023	CY 2024	CY 2025
4 - 5	55.3%	65.9%	65.3%	63.8%	67.4%
6 - 9	66.4%	67.4%	68.3%	67.5%	68.6%
10 - 14	62.8%	64.5%	67.1%	69.8%	67.6%
15 - 18	55.1%	61.5%	60.2%	60.4%	61.3%
19 - 20	45.5%	44.9%	52.2%	55.7%	53.0%
21 - 39	28.7%	33.5%	35.8%	37.0%	42.0%
40 - 64	20.4%	24.1%	24.1%	31.6%	30.0%
Total	**48.5%**	**52.1%**	**53.3%**	**54.9%**	**55.9%**

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 2025, 302 or 34.7 percent of all former foster youth received at least one dental visit (see Table 12). This is an increase from CY 2024, during which 31.2 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[21]	CY 2024			CY 2025		
	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	316	92	29.1%	279	89	31.9%
Baltimore Suburban	310	111	35.8%	282	102	36.2%
Eastern Shore	63	17	27.0%	57	23	40.4%
Out of State	*	*	0.0%	*	*	50.0%
Southern Maryland	*	*	22.2%	*	*	28.1%
Washington Suburban	151	48	31.8%	150	58	38.7%
Western Maryland	89	26	29.2%	69	20	29.0%
Total	**975**	**304**	**31.2%**	**871**	**302**	**34.7%**

[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.

In 2025, 29.3 percent of former foster youth received diagnostic services (see Table 13); 20.1 percent received preventive services and 12.1 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 2025[18]

Region[22]	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Baltimore City	27.1%	16.9%	9.9%
Baltimore Suburban	33.0%	23.0%	15.5%
Eastern Shore	31.2%	20.8%	15.6%
Southern Maryland	33.3%	0.0%	0.0%
Washington Suburban	18.4%	12.2%	12.2%
Western Maryland	33.0%	26.1%	9.9%
Out of State	21.0%	13.3%	10.5%
Total	**29.3%**	**20.1%**	**12.1%**

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.

[22] 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 2025, more than 625,000 adults were enrolled in the expanded benefit, and 158,121, representing 25.3 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 Days[23]

Year	Total Number of Participants	Participants Receiving One or More Dental Service	Percent Receiving Service
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%
CY 2025	625,623	158,121	25.3%

Table 15 further breaks down the utilization by region, showing that HealthChoice enrollment declined from 731,383 in CY 2024 to 625,623 in CY 2025, likely due to disenrollment following the end of the COVID-19 public health emergency and the unwinding period. All regions saw growth in the percentage of adults receiving at least one dental visit.

[23] 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[24]	CY 2023			CY 2024			CY 2025		
	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	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%	113,577	26,952	23.7%
Baltimore Suburban	237,580	48,264	20.3%	224,319	51,138	22.8%	192,908	49,857	25.8%
Eastern Shore	70,635	8,890	12.6%	65,777	9,593	14.6%	55,843	9,984	17.9%
Out of State	680	93	13.7%	711	107	15.0%	571	116	20.3%
Southern Maryland	41,373	6,503	15.7%	38,321	7,074	18.5%	32,279	6,868	21.3%
Washington Suburban	224,886	53,139	23.6%	208,970	54,008	25.8%	178,239	52,776	29.6%
Western Maryland	65,261	10,678	16.4%	60,698	11,171	18.4%	52,206	11,568	22.2%
Total	**781,681**	**155,167**	**19.9%**	**731,383**	**161,090**	**22.0%**	**625,623**	**158,121**	**25.3%**

[24] 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 2025, 32,952 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 2025

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	145,533	3,474	2.4%	5,369
4 - 5	74,627	1,445	1.9%	2,327
6 - 9	156,462	2,109	1.3%	3,380
10 - 14	192,992	1,440	0.7%	2,286
15 - 18	154,843	1,460	0.9%	2,312
19 - 20	66,785	836	1.3%	1,407
21 - 39	455,491	10,678	2.3%	20,558
40 - 64	364,465	11,510	3.2%	20,017
Total	**1,611,198**	**32,952**	**2.0%**	**57,656**

In CY 2025, the percentage of participants with an ED visit with a dental diagnosis or procedure was 2.0 percent (see Table 17) with a total of 57,655 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 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
CY 2025	1,611,198	32,951	2.0%	57,655

In CY 2025, 10,764 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 17,081 in CY 2025.

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 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
CY 2025	791,242	10,764	17,081

The percentage of former foster youth utilizing the ED was also low. In CY 2025, 4.4 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 2025

Region	Percent with at Least One ED Visit
Baltimore City	5.5%
Baltimore Suburban	3.7%
Eastern Shore	3.9%
Southern Maryland	6.1%
Washington Suburban	4.9%
Western Maryland	1.9%
Total	**4.4%**

III. Conclusion

Through existing programming, the Department will continue education, prevention, and outreach initiatives; and promote oral health literacy for the public. 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 Supplemental Nutrition Program for Women, Infants and Children and Head Start/Early Head Start programs, as well as in Title I schools.

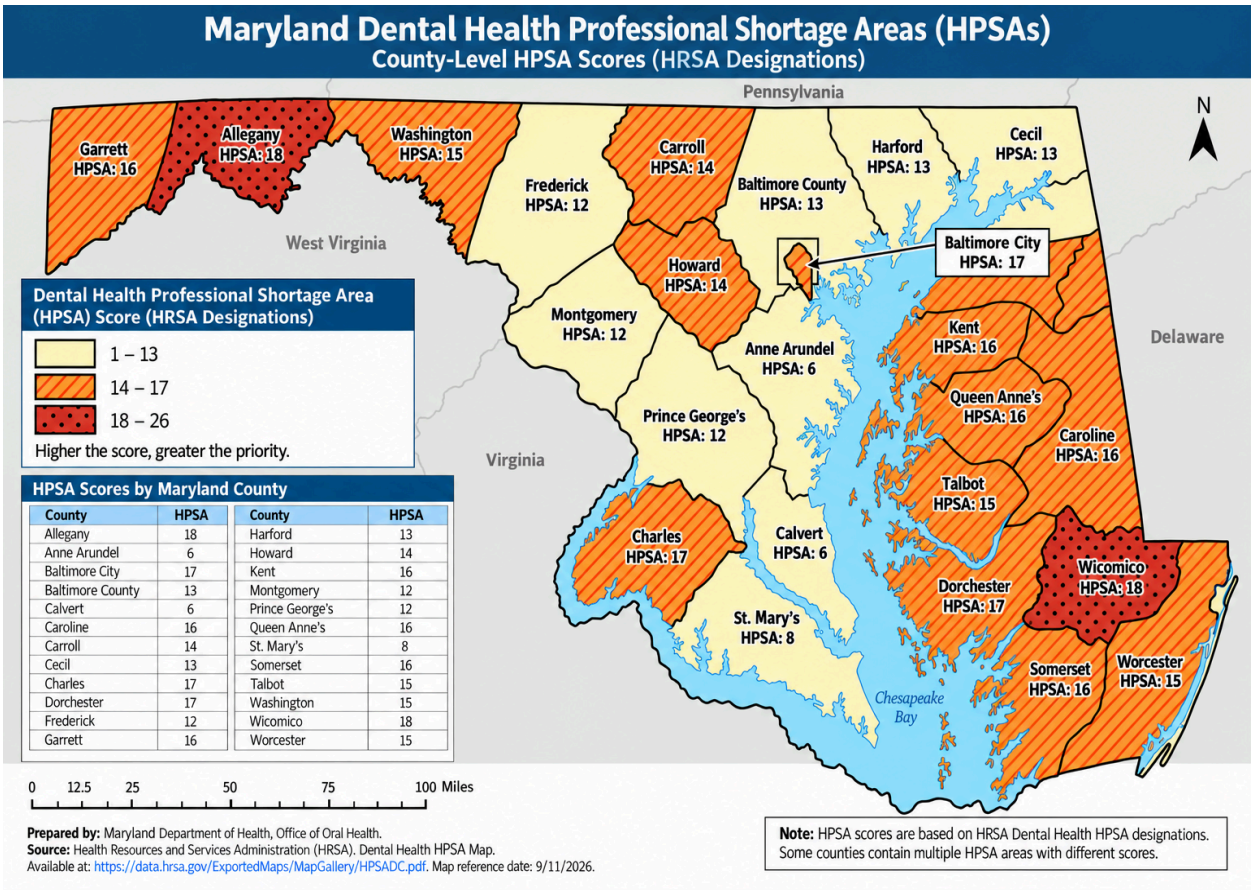
The Department greatly appreciates the strong commitment demonstrated by the Governor and the Maryland General Assembly to transform Maryland's capacity to provide oral health services.

Appendix A: Glossary of Key Abbreviations

Abbreviation	Definition
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
LHD	Local Health Department
MCO	Managed Care Organization

Abbreviation	Definition
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
Medicaid	Maryland Medical Assistance Program
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
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

Appendix B: Maryland Dental Health Professional Shortage Area Map, September 2026



HPSA Scores by Maryland County

County	HPSA	County	HPSA
Allegany	18	Harford	13
Anne Arundel	6	Howard	14
Baltimore City	17	Kent	16
Baltimore County	13	Montgomery	12
Calvert	6	Prince George's	12
Caroline	16	Queen Anne's	16
Carroll	14	St. Mary's	8
Cecil	13	Somerset	16
Charles	17	Talbot	15
Dorchester	17	Washington	15
Frederick	12	Wicomico	18
Garrett	16	Worcester	15

Prepared by: Maryland Department of Health, Office of Oral Health.
Source: Health Resources and Services Administration (HRSA). Dental Health HPSA Map.
Available at: https://data.hrsa.gov/ExportedMaps/MapGallery/HPSADC.pdf. Map reference date: 9/11/2026.

Appendix C: EPSDT Fluoride Varnish Certified Providers and Applications by Month in FY 2026

Month	Active Providers	Applications
July 2025	515	2,405
August 2025	523	2,877
September 2025	489	2,806
October 2025	491	3,306
November 2025	489	2,225
December 2026	492	2,325
January 2026	498	2,414
February 2026	498	2,256
March 2026	505	2,285
April 2026	512	2,393
May 2026	506	2,691
June 2026	507	2,004
Total		**29,987**

Appendix D: Impact Breakdown of ODIP at LHDs in FY 2026

County[25]	On-Site Children	On-Site Adults	On-Site Pregnant Women	On-Site Oral Cancer Screening	Off-Site Children	Off-Site Oral Cancer Screenings	Off-Site Adult Case Management
Allegany	236	829	76	905	2,243	0	0
Anne Arundel	2,406	312	63	270	220	0	294
Baltimore City	13	455	3	49	0	0	0
Baltimore	0	0	0	0	0	0	0
Caroline	0	0	0	0	0	13	13
Carroll	657	88	37	86	0	30	0
Charles	645	1,437	19	685	184	23	202
Dorchester	1,607	0	0	0	4,244	0	0
Frederick	2,651	0	0	0	329	0	0
Garrett	945	1,798	37	1,125	0	0	0
Harford	1,824	142	21	37	590	0	0
Howard	254	2,420	0	1,817	0	0	0
Kent	0	0	0	0	0	0	0
Montgomery	933	0	0	0	181	0	0
Prince George's	650	0	43	7	0	0	0
Queen Anne's	0	0	0	0	0	0	0
St. Mary's	0	0	0	0	0	0	9
Worcester	1,328	0	0	0	0	0	0
Total	**14,149**	**7,481**	**299**	**4,981**	**7,991**	**66**	**518**

[25] Through the ODIP Program, OOH provided funding to LHDs in 18 of Maryland's 24 jurisdictions.

Appendix E: Impact Breakdown of Dental Sealant Programs at LHDs in FY 2026

County	Schools Visited	Children Seen	Children Receiving Sealants	Sealants Placed	Children Receiving Fluoride Varnish
Allegany	17	2,070	1,320	6,635	1,906
Anne Arundel	32	514	208	710	514
Baltimore	4	157	96	313	157
Charles	14	650	381	1,804	649
Harford	7	416	158	639	416
Kent	10	1,027	641	3,458	995
Montgomery	20	636	398	1,793	636
Prince George's	5	176	84	360	175
Somerset	6	1,978	712	2,988	2,688
Wicomico	21	5,281	538	2,331	5,819
Total	**136**	**12,905**	**4,536**	**21,031**	**13,955**

Appendix F: Medicaid Dental Funding, Expenditures, and Utilization Rates, CY 2002 - CY 2025

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[26]	$55.4 M	$71.4 M	54.6%	20.8%
CY 2009[27]	$82.8 M	$39.6 M	60.9%	23.2%
CY 2010[28]	$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%

[26] 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.

[27] 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.

[28] 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[29]	$352.3 M	*	61.4%	18.9%
CY 2024[29]	$385.8 M	*	65.0%	20.1%
CY 2025[29]	$393.8 M	*	66.8%	20.5%

[29] 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 4-20[30]

Criteria	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
Age											
4-5	73.9%	73.2%	72.0%	72.4%	72.9%	55.0%	62.7%	63.9%	63.7%	67.7%	70.4%
6-9	76.5%	75.8%	75.0%	76.0%	76.4%	59.4%	66.5%	68.4%	69.0%	72.3%	74.2%
10-14	71.2%	71.2%	71.2%	72.2%	72.5%	56.6%	63.1%	64.0%	65.1%	68.1%	70.2%
15-18	60.3%	60.9%	61.3%	62.5%	62.9%	50.7%	55.6%	55.6%	56.5%	59.9%	61.3%
19-20	43.9%	42.8%	42.9%	44.7%	44.6%	36.1%	39.5%	38.5%	38.7%	42.8%	44.4%
All 4-20	**69.0%**	**68.5%**	**68.1%**	**69.1%**	**69.4%**	**54.0%**	**60.0%**	**60.6%**	**61.4%**	**65.0%**	**66.8%**
Region[31]											
Baltimore City	65.5%	64.6%	64.3%	64.8%	64.2%	45.6%	53.0%	55.1%	54.6%	59.4%	60.5%
Baltimore Suburban	66.9%	66.7%	66.4%	67.8%	68.1%	53.1%	59.1%	59.6%	60.5%	63.9%	66.3%

[30] 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.

[31] 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	CY 2025
Washington Suburban	74.0%	73.6%	73.2%	74.0%	74.3%	55.2%	65.7%	66.5%	67.6%	71.0%	64.2%
Western Maryland	68.7%	68.0%	67.3%	67.7%	68.2%	26.3%	57.6%	59.3%	60.1%	62.9%	59.5%
Southern Maryland	59.6%	59.8%	59.1%	59.8%	61.5%	49.7%	55.4%	54.3%	55.1%	57.9%	72.2%
Eastern Shore	69.6%	68.4%	67.7%	69.7%	70.5%	59.2%	58.1%	56.1%	58.0%	61.1%	64.7%
All Regions	**69.0%**	**68.5%**	**68.1%**	**69.1%**	**69.4%**	**54.2%**	**60.0%**	**60.6%**	**61.4%**	**65.0%**	**66.8%**