



Testimony of Thomas Stack, DDS
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for the

Maryland House of Delegates
House and Government Operations Committee

on

**House Bill 1158: Maryland Medical Assistance Program - Comprehensive Dental
Benefits for Adults - Authorization**

March 14, 2017
Room 240, State Office Building
Annapolis, Maryland

Health Care for the Homeless is a non-profit, federally qualified health center that works to prevent and end the cycle of homelessness for vulnerable individuals and families in Baltimore and greater Maryland. We provide quality, integrated health care and promote access to affordable housing and sustainable incomes through direct service, advocacy and community engagement.

Deamonte Driver, as many know, was the Maryland boy who made national headlines 10 years ago when he died, at the age of 12, as a result of a tooth infection. Progress has been made in Maryland since his death. The Maryland Dental Action Coalition was established, Medicaid benefits were expanded to include more children at increased reimbursement rates, and an increased number of Medicaid enrollees became connected with dental care. These are positive changes that should be applauded. But if Deamonte Driver were alive today, he would be 22 years old. And if he died today at the age of 22 in exactly the same way that he died 10 years ago, his death would not make headlines and, apart from those who had a personal connection to him, no one would hear about his tragic death. When Deamonte died 10 years ago, there was a public outcry about Medicaid in Maryland. His death was attributed, at least in part, to the obvious flaws in the system. We were supposed to have a safety net, and in this case it failed to catch a 12-year-old child. Politicians gave emotional speeches in front of cameras. The idea of “access” to dental care for children became a national topic of discussion. Our legislators took action, and today many children in Maryland are healthier—and alive—for it.

If Deamonte were alive today, and still unable to afford health insurance, he would not be entitled to any benefits for his oral health. Federal law does not mandate any minimum dental coverage for adults through Medicaid, leaving states to decide whether and the extent to which they provide dental benefits to adults. **Maryland is one of only five states in the country that does not mandate any dental benefits whatsoever for adult Medicaid recipients under state law.**

In Maryland, managed care organizations (MCOs) offer adult Medicaid recipients reimbursement for an oral exam and cleaning twice a year, along with limited X-rays. Beyond this, each plan offers countless limitations on the number and type of extractions and fillings it will or will not provide. It is important to point out that Maryland law does not require the MCOs to provide any dental services, so they can change or discontinue services at any time. Again, there are no coverage requirements for those in Maryland who, generally, need oral health care the most. As a result, MCOs offer limited benefits to lure customers into their plans. **Our state can do better.**

Dental disease disproportionately affects low-income populations. Adults with incomes below 100 percent of the federal poverty level are three times more likely to have untreated cavities than adults with incomes above 400 percent of the federal poverty level. Left untreated, these cavities often result in dental emergencies. There are more than 1.3 million annual emergency department visits due to non-traumatic dental conditions in the United States. Estimates on the cost of these visits range from \$1 billion to \$2 billion. In Maryland we are failing to address oral health care, and **costs are being shifted to the emergency room, to provide palliative care for preventable dental conditions.**

As the dental director at Health Care for the Homeless in Baltimore, I am proud to say that our agency is firmly committed to providing medical services to all vulnerable individuals and families regardless of their ability to pay for those services. In fact, Health Care for the Homeless to my knowledge has never in its history accepted a single penny from a client in exchange for services. As a Section 330 funded Federally Qualified Health Center (FQHC), we are required to provide care to all, regardless of insurance status or ability to pay. Our dental operation is expensive, but we as an agency have prioritized this care for our clients.

While we at Health Care for the Homeless are required to see people regardless of their ability to pay, we must subsidize our care for adults with reimbursements we receive for treating children's teeth. And once adult clients are able to get off our waiting list to be seen, they face a significantly longer wait for an appointment. Adults face further difficulties in getting affordable oral health care, because of the improved Medicaid reimbursement rates for children in the last decade; more for-profit providers, like Kool Smiles, have begun operating and targeting the care of children and not adults. These agencies, while expanding access to care, reduce the capacity of FQHCs like Health Care for the Homeless to care for all Marylanders; without adult dental Medicaid coverage, our agency will continue accruing significant losses for our oral health care treatment.

In Maryland, we can do better. **In 2015, 28 states covered dental examinations and cleanings, 26 states covered restorative services, 19 states covered periodontal procedures, 19 states covered dentures, and 25 states covered oral surgery.** Reimbursing for common adult dental services allows FQHCs to build sustainable dental programs to serve the needs of low-income communities. Dental care is health care, and under current policy, low-income adults in Maryland cannot get healthy. **I urge the committee to favorably report out HB 1158, and commit to quality oral health care for all Marylanders.**

Thank you for the opportunity to submit testimony. If you have any questions on my remarks, please contact Health Care for the Homeless Director of Government Relations Eric Colchamiro at (443) 703-1165 or ecolchamiro@hchmd.org.