

**Table 2- Dental Action Committee’s Recommendations in 2007 and Current Status<sup>12</sup>**

DAC Recommendation	Status
<p><b>1.</b> Initiate a statewide single vendor dental Administrative Services Only (ASO) provider for Maryland.</p>	<p>Medicaid dental services were “carved out” of the managed care Medicaid program and awarded to a single vendor in 2009. Credentialing, application process and other bureaucratic issues simplified.</p>
<p><b>2.</b> Increase dental reimbursement rates to the 50th percentile for the American Dental Association's (ADA) South Atlantic region charges, indexed to inflation, for all dental codes.</p>	<p>Governor’s budget supported recommended rate increases for each of three fiscal years at the ADA 50<sup>th</sup> percentile median fee. Only the first of three increases were enacted due to the economy.</p>
<p><b>3.</b> Maintain and enhance the dental public health infrastructure by ensuring that each local jurisdiction has a local health department dental clinic or a community oral health safety net clinic serving low-income populations.</p>	<p>Due to grants from the Office of Oral Health (OOH) and the Maryland Community Health Resources Commission, the oral health safety in Maryland has been expanded. Residents in every county in Maryland now have access to a public health safety net dental clinical program.</p>
<p><b>4.</b> Establish a public health level dental hygienist to provide services within their scope of practice without a dentist present or having to see the patient first.</p>	<p>Enabling legislation passed in 2008 to create a new Public Health Dental Hygienist category. This legislation has contributed to public health programs utilizing these dental hygienists in clinical and outreach programs.</p>
<p><b>5.</b> Develop a unified oral health message for use throughout the state to educate parents, caregivers and health care providers of young children about oral health and the prevention of oral disease.</p>	<p>In 2010, the OOH received funding from the Centers for Disease Control and Prevention (CDC) for an Oral Health Literacy Campaign (OHLC). The campaign was launched in March 2012 and is scheduled to run through July 2014.</p>
<p><b>6.</b> Systematically provide dental screenings and case management for public school children.</p>	<p>The Maryland Dental Action Coalition (MDAC) received a Kaiser grant to pilot a school-linked screening and case management program in one county.</p>
<p><b>7.</b> Provide training to dental and medical providers to enhance their skills in establishing a dental home for children.</p>	<p>In 2009, Medicaid began reimbursing EPSDT medical providers for applying fluoride varnish. As of May 2012, 680 providers have been trained, of which 384 EPSDT providers are actively billing Medicaid. Over 56,000 fluoride varnish applications have been provided to children aged 9 – 36 months.</p> <p>Over 400 general dentists have been trained in pediatric dental principles.</p>