



June/July 2022

TRAGEDY LEADS TO RECOGNITION, ACTION, AND SYSTEMS CHANGE 15 Years later, thousands upon thousands nationwide are far healthier

Fifteen years ago this month (June 2007), in the wake of the death of 12-year-old Deamonte Driver from an untreated dental infection, the Dental Action Committee (DAC), precursor to the Maryland Dental Action Coalition, was convened by the Maryland Secretary of Health and Mental Hygiene John M. Colmers. The DAC assumed the charge of finding a way to assure dental access for all Marylanders, preventing such a tragedy from happening again. In the May 2022 issue of the *Journal of Public Health Dentistry*, Norman Tinanoff, DDS, MS, Harry Goodman, DMD, MPH, and Barbara Klein, MPA, provide a historical account and perspective on how a tragedy to a 12 year old boy continues to have a profound impact on oral health in Maryland and nationwide, particularly for children. [The Demonte Driver Legacy.](#)

PROVIDER AND MDAC COLLABORATIVE MEMBER PENS POIGNANT REMINDER ON WHY ACCESSING DENTAL CARE IS SO CRITICAL TO OVERALL HEALTH

Dr. Parita Patel shares journey to adult dental Medicaid coverage in Maryland



Something to smile about

Throughout my career, I've seen how hard it is for people to get the dental care they need without insurance, and how low-income communities are disproportionately impacted by these holes in our health care system.

The tragedy of 12-year-old Deamonte Driver, who died from an untreated tooth infection in 2007, sparked outrage and renewed calls for expanded dental coverage under Medicaid. As a result, the state voted to expand Medicaid dental coverage for children, but stopped short of ensuring dental care for thousands of eligible adults—like Jordan.

Diagnosed with Stage 4 cancer, Jordan was scheduled to begin chemotherapy. He just needed a dental provider to clear any infections first. This pre-op screening, known as dental clearance, is a routine procedure, but no dentist would see Jordan because his Medicaid plan didn't cover dental. His cancer treatment ground to an abrupt halt. "It felt like a death sentence," he told me.

Those of us who live with untreated tooth decay and gum disease are at greater risk of heart disease, diabetes, dementia and preterm births. And excruciating mouth pain affects our ability to speak, eat, work and sleep.

Like Jordan, clients often come to see us with advanced gum disease, cavities and tooth loss, because they've been denied access to dental care for years if not decades. Many need five dental visits or more.

Since our first dental clinic opened over a decade ago, Medicaid has covered just 4% of the dental services we provide at Health Care for the Homeless. The team and I have relied on grants and donations to shoulder the rest—and that simply isn't a sustainable way to fund these most basic services.

After years of advocacy alongside clients and the Maryland Dental Action Coalition, the Maryland General Assembly passed a bill (SB150/HB6) extending adult dental coverage to thousands of Medicaid recipients. This means access to oral exams, fillings, extractions, root canals, cleanings and more when the expansion goes into effect on January 1, 2023! This is a monumental step, but there is still more work to do. My

colleagues and I will continue to monitor the rollout of these new provisions to ensure that neighbors without homes get the same comprehensive dental coverage as you and me.

I saw Jordan as an emergency Saturday appointment. Years of chronic homelessness meant that he needed extensive care from an oral surgeon. But who was going to pay for it? Our funding at that time wouldn't cover the procedure, and together we spent the next several days calling Jordan's oncologist and the hospital as he urgently worked to get back into care.

Ultimately, we pooled enough funds to pay for the extraction and Jordan was finally able to put his cancer treatment back on track. Seeing a dentist shouldn't be this complicated for Jordan or any one of us.

Thank your legislator for voting YES to dental care!

Dr. Parita Patel is the Dental Director at Health Care for the Homeless. This article can be accessed on the Health Care for the Homeless website: <https://www.hchmd.org/>

EQUALIZING ACCESS TO DENTAL CARE

Racial and ethnic disparities in use of dental services were lessened after public dental insurance eligibility was expanded

Regular visits to the dentist can keep mouths healthy and keep tooth decay as well as other problems at bay. But studies confirm that most American adults do not see a dentist regularly. This is especially true for those with limited incomes, a group disproportionately represented by Hispanic and non-Hispanic Black adults. This group has significantly higher rates of untreated tooth decay compared to non-Hispanic White adults. Oral health disparities have notably persisted for at least two decades, as recently confirmed in the new NIH report [Oral Health in America: Advances and Challenges](#), a comprehensive overview of the nation's oral health.

A new analysis, however, offers some hope. A team led by George Wehby, PhD, a professor in health management and policy at the University of Iowa College of Public Health, found that expanding public coverage of dental care was linked to narrowing the racial and ethnic disparities for utilization of dental services. The NIDCR-funded research was published in [Health Affairs](#).

With the 2010 passage of the Affordable Care Act (ACA), expanding eligibility for Medicaid, Medicaid expanded eligibility which allowed many people to become newly eligible for medical and dental coverage starting in 2014.

To determine if the Medicaid eligibility expansions affected disparities in dental care, the scientists analyzed responses from a nationally representative survey that asked US adults about their health care, including their use of dental services. Among those adults who became newly eligible for Medicaid in 2014 based on income, the researchers compared responses from the three-year period before (2011-2013) and the five-year period after (2014-2018) many states broadened eligibility.

Based on survey responses from about 5,700 adults in states that expanded Medicaid eligibility and offered extensive dental benefits (coverage of at least 100 dental procedures), rates of dental visits by Hispanic and non-Hispanic Black adults increased from 14 to 21% and from 20 to 26%, respectively, while rates among non-Hispanic White adults remained unchanged at about 30%. The researchers found a similar narrowing in disparities in these states for use of preventive services like oral exams and teeth cleaning, and for dental treatments like fillings and root canals. But survey responses from a separate group of about 3,500 adults indicated that disparities did not diminish in states that expanded Medicaid coverage yet offered more limited dental benefits.

"Our findings show that expanding eligibility for generous public coverage of dental care makes a difference in increasing use of dental services, and particularly in reducing racial and ethnic disparities," says Wehby. Despite the improvements, the authors noted that overall use of dental services still remained low across all three racial and ethnic groups, regardless of states' expansion status or the extent of dental benefits offered. "Insurance coverage is only one factor that affects access to care," Wehby says. "There are many factors that are important for increasing access, enabling adequate use of services, and meeting dental care needs, particularly among low-income populations."

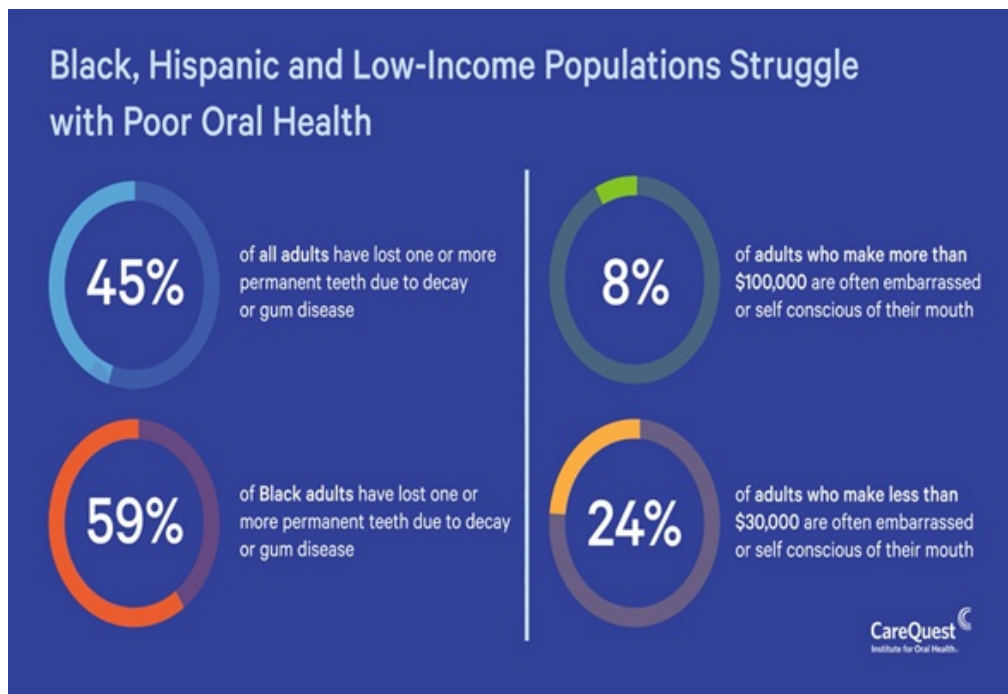
Dr. Wehby and his team are continuing to study the effects of public dental insurance expansions on other oral health-related outcomes.

"This is just a small demonstration of how health services research could provide timely evidence on ways to address social disparities in oral health," said Wehby.

Reference

[Racial And Ethnic Disparities In Dental Services Use Declined After Medicaid Adult Dental Coverage Expansions](#). Wehby GL, Lyu W, Shane D. *Health Aff (Millwood)*. 2022;41(1):44-52. doi:10.1377/hlthaff.2021.01191

VIDEO: THE INEQUITIES HURTING ORAL HEALTH IN THE UNITED STATES



In an effort to better understand the state of oral health equity in America, CareQuest Institute created the largest nationally representative survey focused exclusively on adults' knowledge, attitudes, experiences, and behaviors. In a new video, Eric P. Tranby, director of analytics and data insights at CareQuest Institute, discusses the origins of the annual survey, highlights key findings, and explains the reasons behind the focus on equity. "When we actually dig deeper into the numbers for historically underserved and marginalized communities," Tranby says, "we see how far we need to go to make improvements a reality for all Americans." [watch video](#)

MEDICAID COVERAGE DROPOFF SIGNIFICANTLY IMPACTS ACCESS TO DENTAL CARE



In an AHRQ-funded review of the Medicare Current Beneficiary Survey, published in Health Services Research, researchers found that Medicare beneficiaries with modest incomes face substantial challenges accessing dental care, despite 47 states offering some form of dental coverage through Medicaid programs. These challenges are amplified among beneficiaries whose incomes slightly exceed the income limits for Medicaid, but who may lack other affordable dental coverage because Medicare does not cover dental care as a standard benefit. These Medicare beneficiaries face an abrupt dropoff, or "cliff" in dental coverage, which then can impact their access to needed dental care. Medicare beneficiaries whose incomes exceeded Medicaid eligibility limits were 5 percentage points more likely to report difficulty accessing dental care due to cost concerns or a lack of insurance—a one-third increase over the proportion of beneficiaries below these limits reporting difficulty getting dental care. Expanding dental coverage for Medicare beneficiaries could close gaps in access that arise from the current lack of comprehensive dental coverage in Medicare—particularly among beneficiaries with modest incomes. Access the [abstract](#).

DENTIST PERCEPTIONS ABOUT THE VALUE OF TELEDENTISTRY

[A new article](#) by researchers at CareQuest Institute and the University of Colorado School of Dental Medicine shows that nearly one-quarter of dentists surveyed are using teledentistry and 93% expect teledentistry to lead to a long-term change in how they practice.

The article shares results from a 2020 survey of nearly 3,000 dentists alongside 10 in-depth interviews with dentists. This study is one of the few to look at dentists' perspectives about using teledentistry.

Other key findings from the survey:

- Nearly one-quarter (23%) of dentists surveyed are using teledentistry.
- 11% of dentists planned on using teledentistry in the future.
- Younger dentists and those who treat a higher percentage (> 50%) of Medicaid patients were more likely to use teledentistry.

There were notable differences in perspectives between early and late adopters of teledentistry. Early adopters said teledentistry is a valuable tool to improve access to care and reduce chair time, allowing them to see more patients. Late adopters were concerned about quality of care and the ethics of charging patients for teledentistry. All early adopters were practicing in states with regulations and reimbursement policies that supported teledentistry. The authors of the survey noted that the sustainability of these measures will be pivotal for the growth of teledentistry.

DEVELOPING AN HIV ORAL HEALTH PILOT PROGRAM (ONE YEAR LATER) Updates from the Maryland Office of Oral Health



The article below was submitted by the Maryland Department of Health Office of Oral Health:

In June 2021, the Maryland Office of Oral Health (OOH) shared in an article with partners statewide their intentions to create an HIV Oral Health Pilot Program to address the oral health needs of People Living with HIV (PLWH). Since the 2021 article, they built a strong and diverse HIV Oral Health Advisory Committee that meets regularly to help guide the work of the HIV Oral Health Pilot Program. The Advisory Committee members also help to identify pilot participants, address potential community impact, create accessibility to resources, and ensure that the pilot will provide culturally appropriate care. The OOH is currently recruiting medical and dental providers for the pilot as well as to support on-going initiatives to address the issues listed above.

In addition to the work of the Advisory Committee, the OOH developed, conducted, and analyzed qualitative research throughout 2021 to identify barriers and facilitators to dental care for PLWHA Pilot Program and examined the challenges inherent in creating referrals from PCPs to dental providers. This research consisted of facilitating focus groups and in-depth-interviews with PCPs, dentists, and the PLWHA communities. This work helped inform the pilot's development by revealing several challenges that must be addressed to successfully implement the referral to dental care program, including:

- Educating PCPs about oral health for PLWHA,
- Educating Dentists on best practices for treating PLWHA,
- Creating and facilitating a referral to dental care structure,
- Addressing cost reimbursement for dental care,
- Addressing the potential experience of stigma in the dental setting, and
- Facilitating communication between PCPs and the dental practice.

As we look to the future, the OOH plans to host a Dental Symposium in Fall 2022 to focus on best practices in treating the PLWHA communities. In addition, the OOH will conduct workshops on Cultural Competency in the dental setting and are in the process of hiring two outreach coordinators to assist with community outreach and linkage to dental care services within the program.

“To provide whole-person, integrated, patient-centered, comprehensive care, it is important to connect the mouth with the rest of the body.”

Atchison, Kathryn A., Gary Rozier and Jane A. Weintraub. Integration of Oral Health and Primary Care: Communication, Coordination and Referral. October 8, 2018 | Commentary. National Academy of Medicine

NEWS & RESOURCES

Access to Care

[Senators Cardin and Stabenow Lead Colleagues to Expand Dental Coverage](#)

Cancer

MD ADULT DENTAL WAIVER PROGRAM BY THE NUMBERS

[Maryland Comprehensive Cancer Control Plan](#)

COVID-19

[COVID-19 Pandemic Impact on US Childhood Caries and Potential Mitigation](#)

Diabetes

[Maryland Diabetes Action Plan](#)

Disease Prevention

[FDA orders JUUL to stop selling e-cigarettes](#)

Health Equity

[Why We Created the Oral Health Equity in America Survey — and What We Found](#)

[State Authorities' Responsibility to Oral Health Equity](#)

[The 2021 report on oral health in America: Directions for the future of dental public health and the oral health care system](#)

[Addressing social determinants of oral health, structural racism and discrimination and intersectionality among immigrant and non-English speaking Hispanics in the United States](#)

[Racism in oral healthcare settings: Implications for dental care-related fear/anxiety and utilization among Black/African American women in Appalachia](#)

Maternal and Child Health

[The Impact of Oral Health on Low-Income Pregnant Women Living in the United States](#)

[Food insecurity and oral health care experiences during pregnancy: Findings from the Pregnancy Risk Assessment Monitoring System](#)

[Racial and oral health disparity associated with perinatal oral health care utilization among underserved US pregnant women](#)

Medical/Dental Integration



Thousands of Maryland adults are accessing dental care through the Medicaid Adult Dental Waiver Program.

According to Maryland Medicaid, from January 1, 2022 through June 28, 2022:

- **4,142** claims were submitted
- **2,834** unique members filed valid claims
- **110** members met the annual \$800 cap
- **467** unique providers submitted claims
- **\$652,830.51** paid

From January 1, 2021 through December 28, 2021

- **9,084** claims were submitted
- **4,495** unique members filed valid claims
- **371** members met annual \$800 cap
- **594** unique providers submitted claims
- **\$1,409,125.77** paid

From January 1, 2020 through December 31, 2020

- **7,942** claims were submitted
- **4,151** unique members filed valid claims
- **313** members met annual \$800 cap
- **576** unique providers submitted claims
- **\$1,286,280.60** paid

Since the launch of the Medicaid Adult Dental Waiver Program, Medicaid has paid **\$4,665,492.76** in dental services for thousands of Maryland adults.

2018-2023 MARYLAND ORAL HEALTH PLAN GOALS

[Oral Health Integration: Attitudes on Medical-Dental Collaboration](#)

Medicaid

[CMS Annual EPSDT Reporting in all 50 States plus DC](#)

Oral Health Data

[Recent Trends in Hospital Emergency Department Visits for Non-Traumatic Dental Conditions](#)

[Veteran Dental Care Stimulates the Economy and Improves Overall Health](#)

[National Oral Health Data Portal](#)

Oral Health Policy

[Important Facts About Medicare & Dental /Oral Health Coverage](#)

[Congress Should Follow States' Lead in Providing Dental Coverage to Medicaid Enrollees](#)

[Oral Health Policy Equity Tool](#)

Oral and Overall Health

[The top mistakes we make when taking care of our mouth](#)

[How Depression Is Linked to Oral Health](#)

[Dental Fear Is Real. Providers Can Help](#)

[Oral Health in America: Implications for dental practice](#)

Fluoridation

[Mothers' Sources of Child Fluoride Information and Misinformation From Social Connections](#)

Work Force

[Medicaid Coverage of Community Health Worker Services](#)

[Community Health Workers and Oral Health: Improving Access to Care Across the Lifespan in Minnesota](#)

[Community Health Workers and Oral Health: Creating an Integrated Curriculum in Kansas](#)

Maryland Oral Health Plan

2018 - 2023



*Framework to Improve
the Oral Health of All
Marylanders*

MarylandDental
ActionCoalition

The 2018-2023 Maryland Oral Health Plan outlines 11 oral health goals in three key areas: access to oral health care, oral disease and injury prevention, and oral health literacy and education.

[DOWNLOAD THE PLAN](#)

The Maryland Oral Health Plan is financially supported by the Maryland Department of Health.

EVENTS

[Oral Health Progress and Equity Network \(OPEN\) Mid-Year Meeting](#)
[Theme: OPEN Together Again—Reconnecting for Progress & Equity](#)
[July 11–14, 2022, St. Louis, MO](#)

[2022 National Nurse Practitioner Residency and Fellowship Training Consortium Annual Conference](#)
[Registration is Now Open! July 24-25, 2022](#)
[Mandarin Oriental Washington, DC](#)

[National Health Center Week](#)
[August 7 – August 13](#)

[NASHP's 35th Annual Conference](#)
[Seattle, WA | September 12-14](#)

[2022 Maryland Rural Health Conference](#)
[October 24 – 25, 2022.](#)
[Rocky Gap Resort, Flintstone, Maryland](#)

[2022 National Nurse Practitioner Residency and Fellowship Training Consortium Annual Conference](#)
[July 24-25, 2022](#)
[Mandarin Oriental Washington, DC](#)

[The Backbone of Our Country's Healthcare](#)

[The Role of Community Health Workers in Developing Multidimensional Organizational Relationships](#)

[Using Community Health Workers to Improve Health Outcomes in a Sample of Hispanic Women and Their Infants: Findings from a Randomized Controlled Trial](#)

Teledentistry

[Lummi Tribal Health Clinic: Innovative Teledentistry and Access to Dental Care during COVID-19](#)

[National Network for Oral Health Access Conference](#)
[November 6–9, 2022 in Nashville, TN](#)
[Theme: Forward Together: Pursuing Equity, Access, and Quality](#)

[American Public Health Association Annual Meeting Theme: 150 Years of Creating the Healthiest Nation: Leading the Path Toward Equity November 6–9, 2022, Boston, MA](#)

WEBINARS

[Henry Schein Dental Academy Presents The More You Know: Treating Older Adult Patients. On-Demand recording from 1/12/2022](#)

[2022 National Day of Racial Healing for the Oral Health Community \(recorded video - 1/18/2022\)](#)

[Addressing Rural Health Needs: COVID-19, Equity and Access to Care - Recording from 2/28/22](#)

[Health Justice Now Webinar Series Part 1: Advancing Equity in 2022: Administrative Priorities and What's Next on the Legislative Landscape](#)
[Recorded on 04/12/2022](#)

LEGISLATIVE CONTACTS

[U.S. Senators \(MD\)](#)

[U.S. Representatives \(MD\)](#)

[Maryland State Legislators](#)

SUPPORT MDAC



Give a little to make a big impact! Your gifts, both large and small, will be used to promote good oral health behaviors, prevent oral disease and injury, and improve access to oral health care for all Marylanders, no matter where they live or what their special circumstances might be. Please help us continue this important work.

DONATE NOW!

MDAC is a 501(c)3 non-profit organization and contributions to support its activities are most appreciated. Thank you.



MDAC is pleased to welcome the following new members:

- Hillery Tumba, Primary Care Coalition, Director, Organizational Strategy
- Asad Memon, Baltimore City Health Department, Community Health Worker

Join us! To become a MDAC member, [click here.](#)

CONTACT

Do you have events or announcements you'd like to share? Contact MDAC, and we'll make every effort to include them in our next newsletter, as space permits.

Contact MDAC

JOIN

MDAC is statewide coalition of clinical care providers, governments, non-profits, academic institutions, managed care organizations, foundations and associations working collaboratively to improve the health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health care.

Join MDAC

www.mdac.us

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