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October 8, 2019

The Honorable Lawrence J. Hogan  
100 State Circle  
Annapolis, MD 21401

Dear Governor Hogan:

Thank you for your support of expanding access for thousands of Marylanders without dental coverage. Your administration has made dental coverage into a reality for 33,000 Marylanders served by the Medicaid Adult Dental Waiver. With the start of the waiver program in June, these Marylanders can now obtain the dental services that they need to be healthy. The waiver primarily provides coverage to adults with disabilities, as participants must be dually eligible for Medicaid and Medicare and between the ages of 21 and 65 years old. With the Department of Health leading the implementation of the waiver, we are confident that it will be a success.

We are writing today to let you know of an additional opportunity to increase access to dental services and improve overall health outcomes. Extending dental coverage to new moms in the Maryland Medical Assistance Program would improve their health and the health of their children. Maryland Medicaid already provides dental coverage to women while they are pregnant, but that coverage is discontinued once they give birth.

Maryland could support low-income new moms by extending Medicaid dental coverage for 60 days postpartum. Extending this coverage would be straight forward, as Maryland Medicaid already provides somatic health coverage for women postpartum. We believe this coverage would require between \$550,000 and \$1 million in general funds, based on estimates by the Department of Legislative Services.<sup>i</sup> Federal matching funds are available.

Dental coverage would improve both the health of the new mom and baby. Just as in somatic and behavioral health, there is a strong link between the dental health of a mother and child. Children are more likely to have dental caries if their caregivers, including mothers, have poor dental health.<sup>ii, iii, iv</sup> Early childhood caries (ECC) can begin soon after infants begin getting teeth, and it has serious long-term implications for the child. Children with ECC are at a higher risk of developing lesions on both baby and adult teeth. Infants are 32 times more at risk for ECC if they are from low-income families, have a diet high in sugar, and have mothers with low-income levels<sup>v</sup>. Poor oral health can lead to a lifetime of somatic health issues.

***Optimal Oral Health for All Marylanders***

Despite the prevalence and serious implications of ECC, few infants obtain dental care. While 89% of children have had a visit with a physician at age one, only 1.5% of children have had a dental visit in that time period.<sup>vi</sup> Clearly more infants need to have dental homes. One key strategy is to increase the number of postpartum women who have their own dental homes, leading to the establishment of a family dental home. However, this may be a challenge when new mothers lack dental coverage, including those under a Medicaid program. Consumers report that insurance coverage is the most important factor in accessing dental care.<sup>vii</sup>

The State of Maryland is already engaged in a comprehensive effort to improve maternal and child health with a special focus on addressing health disparities. Extending Medicaid dental coverage to women in the postpartum period would bolster the State's overall strategy.

Thank you again for your support of improving access to dental services for all Marylanders. We are looking forward to continuing to work with your administration on the Maryland Adult Dental Waiver and other efforts to improve access.

Sincerely,

A handwritten signature in cursive script that reads "Mary C. Backley".

Mary C. Backley  
Executive Director

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<sup>i</sup> Department of Legislative Services. Fiscal Notes for HB 792/SB 695 of 2014 and HB 355/SB 431 of 2015.

<sup>ii</sup> Smith RE, Badner VN, Morse DE, Freeman K (2002). Maternal risk indicators for childhood caries in an inner city population. *Community Dental Oral Epidemiology* 30:176-181.

<sup>iii</sup> Bedos C, Brodeur JM, Arpin S, Nicolau B (2005). Dental caries experience: a two-generational study.

<sup>iv</sup> Reisine S, Tellez M., Willem J, Sogn W, Ismail (2008) Relationship between caregiver's and child's caries prevalence among disadvantaged African Americans. *Community Dent Oral Epidemiology* 36:191-200

<sup>v</sup> American Academy of Pediatric Dentistry, Council on Clinical Affairs. *Perinatal and Infant Oral Health Care*. 2016.

<sup>vi</sup> Ibid

<sup>vii</sup> 2019 Consumer Survey of Barriers to and Facilitators of Access to Oral Health Services. Oral Health Workforce Research Center.