



August/September 2019

GOODMAN SPEAKS OUT IN SUPPORT OF MEDICAID DENTAL BENEFITS

Pens op-ed in response to article on adult oral health crisis in Maryland

Former Maryland State Dental Director Harry Goodman, DDS wrote the following op-ed, first published in The Baltimore Sun, in response to [an article](#) about the Medicaid Adult Dental Pilot Program. The pilot program, which went into effect on June 1, 2019, provides the more than 33,000 dual-eligible (Medicaid and Medicare) adults ages 21-64 statewide basic dental coverage, including preventative, diagnostic, and restorative services, as well as extractions.

Prior to the launch of the program, the Maryland Department of Health sent all eligible participants information on their new dental benefits, along with the name, address, and phone number of the health center to which they have been auto-assigned. Outreach efforts, including text messages and mail campaigns, have resulted in an increase in the number of new patients at dental clinics across the state. Dental Director Dr. Brooks Woodward reports that of those assigned to Chase Brexton Health Services, approximately 40% have already scheduled appointments or begun treatment at their clinics in Baltimore, Columbia, Glen Burnie and Randallstown.

The Medicaid Adult Dental Pilot program is an important step forward toward the ultimate goal of full dental benefits for all Medicaid adults. The lessons learned from this program will help demonstrate that a dental benefit that enables adults to establish a dental home, obtain preventative care, and avert costly dental conditions is a good investment in health outcomes and the fiscal health of Medicaid.

MDAC applauds the Maryland General Assembly for the unanimous passage of SB 284, which established the pilot program, Governor Larry Hogan, who signed it into law, and the Maryland Department of Health for its implementation.

As the former director of the Office of Oral Health at the Maryland Department of Health and Mental Hygiene, I was most gratified to see The Sun's high profile coverage of the pilot adult Medicaid dental program on the front page of the Sunday paper. It reminded me of another story on your front page many years ago about the then low access to dental services and high disease rates for poor Maryland children.

Maryland once was rated as having the lowest access to dental care in the country for Medicaid enrolled children. It wasn't until the 2007 death of Deamonte Driver, a 12-year old Maryland child who needlessly died from an undetected dental infection, that a sense of urgency developed regarding access to oral health care services. As a result of the seminal reforms that were instituted in the immediate aftermath of his tragic death, Maryland is now a national leader in oral health for children.

I am quite pleased to see the pilot dental program for dual eligible individuals in the Medicaid and Medicare program. However, it is just a start; hopefully this program will expand to all Maryland adults in the Medicaid program. State Medicaid dental coverage for children is mandated by the federal government, but dental coverage for adults is a state decision. And, despite being one of the wealthiest states in the nation, Maryland is one of only a few states without a systematic adult dental Medicaid benefit.

I honestly do not understand why there isn't once again a sense of urgency regarding adult dental care coverage. Oral health is health, and didn't we learn that with the death of Deamonte Driver? Former U.S. Surgeon General Dr. C. Everett Koop once said that "you can't have good health without good oral health." There are strong links between poor oral health and diabetes, between poor oral health and cardiovascular disease, between poor oral health and a combination of factors leading to aspiration pneumonia, a leading cause of hospital readmission visits. Often the first signs of HIV infection show up in the mouth.

Further, poor oral health can cause severe pain and can significantly contribute to the opioid crisis. Poor oral health in low-income adults all too often leads to emergency department visits and admissions; usually the only services patients receive in an ED for their toothache are pain medications that can include opioids as well as antibiotic therapy. It becomes a vicious cycle; these same patients often return to the same ED for the same problem within a matter of months and receive the same "therapy." Finally, quality of life due to dental problems can be horribly compromised. You can't eat, you can't sleep, you can't

think. Poor oral health in adults is a substantial cause of missed employment days; poor mouth aesthetics in adults often impedes finding employment.

Expansion of this pilot program to all Medicaid enrolled adults will also serve as a definite benefit to three other populations: 1) children who will benefit from a family centered health care approach if both the child and their parents/caregiver are given coverage; 2) expectant mothers who will receive dental coverage beyond the full term of their pregnancy, which is the current situation for this group; and 3) older adults who will enter their senior years with less accumulated untreated oral disease if they have access to necessary dental services during their preceding 40-plus years.

I am hopeful that in the aftermath of this pilot program, the executive and legislative branches of government as well as other key stakeholders will discover that this program will not only improve health but in the long term help the state's economy. In time, there will be both medical and dental health care cost savings with a healthier adult population, a reduction in opioid use, and a reduction in ED and hospital visits.

Maryland successfully addressed its child oral health crisis in the past when faced with a tragic death, and we must now double down on that effort with adults. But avoiding a negative should not be the primary motivation to expand this program; the most important rationale for its passage is that a healthier adult population cohort will emerge whose own quality of life will be improved, providing benefits to the state's economy, well-being and productivity.

KALYANARAMAN CONFIRMED AS ANNE ARUNDEL HEALTH OFFICER

Former MDAC board member, Chief Health Officer at Health Care for the Homeless

In a unanimous vote, the Anne Arundel County Council confirmed County Executive Stuart Pittman's nomination of Dr. Nilesh Kalyanaraman as the county's health officer. Passage of the resolution gives Maryland Governor Larry Hogan the authority to appoint Dr. Kalyanaraman as Anne Arundel County Health Officer. Dr. Kalyanaraman is expected to begin his new position on September 9. Prior to his nomination, Dr. Kalyanaraman was a MDAC board member and the Chief Health Officer for Health Care for the Homeless, a nonprofit organization with 245 staff that provides health care and housing support to 10,000 people annually.



"Anne Arundel County's long quest for a permanent health officer is finally over, and I am confident that we've found the right person for the job," said County Executive Stuart Pittman. "The work that Dr. Kalyanaraman did in Baltimore demonstrates that he knows how to confront not only the acute health needs of residents, but also the underlying social determinants of public health. He will bring together residents, providers, and the dedicated staff at our health department to implement our vision of healthy people and healthy communities."

Dr. Kalyanaraman has a bachelors of science degree from Yale University and received his doctor of medicine from SUNY Brooklyn School of Medicine. He is board certified in internal medicine and has nearly ten years of senior health management experience.

"We know that by addressing how people live, work, play, eat, and by understanding how these factors are connected to childhood traumas, education, economic stability, and access to health care, we can make tremendous strides toward reshaping communities where the highest disparities exist," said Dr. Kalyanaraman.

"By working with service organizations, county agencies and health care providers, both large and small, the health department can launch a true cross-sector collaboration that can create a seismic shift in the environment," Dr. Kalyanaraman said.

"Dr. Kalyanaraman has the experience, leadership skills, and extensive knowledge about the complexity of a public health department to direct the Anne Arundel County Department of Health successfully," said Councilwoman Amanda Fiedler, who served on the county executive's health officer search committee. "I'm excited to welcome him to our county."

Upon his appointment, Dr. Kalyanaraman will replace Billie Penley, who has served as acting health officer since August 29, 2018.

"Anne Arundel County owes Billie Penley a debt of gratitude," said County Executive Pittman. "She took on a difficult task during a time of transition and demonstrated outstanding leadership. I hope all residents will join me in thanking her for her service."

After the appointment of the new health officer, Ms. Penley will resume her previous role as chief financial officer in the health department.

CHESAPEAKE DENTAL CONFERENCE TO FEATURE PILOT PROGRAM

The Maryland Dental Action Coalition (MDAC), Maryland State Dental Association (MSDA) and Maryland Department of Health Office of Oral Health (OOH) will present a panel discussion on “*Medicaid and Maryland Healthy Smiles Program: Improving the Smiles of Marylanders*” at the [Chesapeake Dental Conference](#) on Friday, September 20, 2019.

The panel, which includes moderator Charles Doring, DDS, MAGD - MSDA Legislative Affairs Committee Chair, Guli Fager - Director of the MDAC Medicaid Adult Dental Collaborative, and Debony Hughes, DDS – Dental Director at OOH, will discuss information about the program of interest to providers currently participating in the Healthy Smiles program and those interested in becoming a Healthy Smiles provider. Dorian Birkholz, MSDA Peer Review and Patient Relations Coordinator, will discuss the provider application process. CE credits are available for session attendees.

VOLUNTEERS NEEDED FOR MID-MARYLAND MISSION OF MERCY

September 12-14 at University of Maryland XFINITY Center

The Mission of Mercy, an entirely free adult dental clinic, seeks volunteers for the September 12-14 Mid-Atlantic Mission of Mercy at the University of Maryland XFINITY Center. Their goal is to provide 1,000 adults with dental care they otherwise would not receive, including cleanings, X-rays, root canals, restorative fillings and extractions.



If you are a dentist, hygienist, or dental assistant, [click here](#) to volunteer. Maryland credentials are required. Click [here](#) to request a temporary license. CE credits are available for dental and medical professionals. If you are a dental student, e-mail MOM@cc-dc.org for volunteer opportunities.

Patient support (general) volunteers are also needed, and must be at least 18 years old. Roles include escorting patients through the event, patient check-in and out, and event set up and break down. Groups of volunteers are welcome to serve together for a shift. Most volunteer shifts are for half a day. [Read about the volunteer roles and qualifications](#) and sign up [here](#) to volunteer.

POLL FINDS BROAD SUPPORT FOR MEDICARE DENTAL COVERAGE

Issue could sway votes in upcoming election

A [new poll](#) has found broad national support for adding dental coverage to Medicare, along with indications a candidate’s stance on the issue could sway votes nationally and in the upcoming Iowa presidential caucus.

The [Families USA/YouGov Poll](#) found seven out of 10 likely voters support adding oral health coverage to Medicare. Majority support for adding the benefit was found in both parties and across every age group, race, ethnicity, gender, region and ideology.

The poll was fielded nationally and [in Iowa](#) this month and found even higher support among Iowa Democrats, who will be winnowing a crowded field of presidential hopefuls. Eight in 10 Iowa Democrats favor adding a dental benefit to Medicare, and two-thirds say they would be more likely to support a candidate who shares that position.

Many candidates have publicly supported filling Medicare’s longstanding gap in dental coverage, but not all of them. The Oral Health for All campaign, led by Families USA and the DentaQuest Partnership for Oral Health Advancement, lists 11 of the 21 major Democratic candidates as publicly supporting adding dental coverage to Medicare, either as part of their health care plan, in public statements or in response to the group’s inquiries. (See chart below).

Almost two-thirds (64%) of Democrats nationally said they would be more likely to support a candidate who pledged to add dental benefits to Medicare. The number was even higher (70%) among voters who favor Medicare for All. Nationally, nine out of 10 Democrats (91%) agreed that dental benefits should be included in any health care system implemented.

“People are really concerned about oral health. It’s a nonpartisan issue that people support regardless of political party,” said Patrick Willard, senior director of state and national strategic partnerships at Families USA. “They know their oral health is critical to their overall health, and it’s like the government is saying, ‘we don’t think you have teeth.’ Well, most Americans now keep their teeth well into old age, and they need access to dental coverage in order to take care of them.”

Support for adding dental is fairly consistent across age groups: 66% among those 18-29, 70% of those 30-44, 69% among those 45-64 and 74% among those over 65. Self-identified liberals were the most

likely to be supportive, but the change was also supported by three out of four moderates (75%) and a majority (56%) of conservatives.

Most voters (79%) indicated they would be willing to pay for dental coverage, though 51% said that would depend on the cost.

Democrats in Iowa were even more supportive with 82% favoring the change. Nearly four in 10 Iowa Democrats (37%) ranked dental coverage as the missing Medicare benefit most important to them personally, more than vision care, nursing home care, hearing aids, cosmetic surgery or fitness programs. Two thirds (66%) said they would be more likely to support a candidate who pledges support for Medicare dental.

Nationally and in Iowa, health care remains a top issue for voters, reported by 7 in 10 (71%) to be one of their top five issues. For many, oral health appears to be part of that picture: Nationally, eight in 10 likely voters (80%) agree that access to health care should include access to dental care. Two-thirds of Republicans and 91% of Democrats agreed with that statement.

But while the issue is popular, the gap in coverage is a surprise to many. Most voters (59%) either incorrectly believed Medicare offers dental benefits or were not sure. Traditional Medicare does not cover dental benefits, and Medicare does not require its Medicare Advantage managed care plans to offer it, though some do as an enticement to enrollees.

The Families USA / YouGov Poll was conducted by YouGov Aug 8th through August 15th, 2019 among a sample of 1,000 likely voters nationwide. The margin of error is +/- 3%. The Iowa poll was conducted by YouGov August 9th through August 19th, 2019 among a sample of 500 Democrat likely voters. The margin of error is +/- 4%.

National representativeness was ensured by using sample-matching methodology and propensity score weighting. The YouGov sample-matching methodology is a three-step process designed to select representative samples from non-randomly selected pools of respondents, such as opt-in online panels. First, YouGov data scientists create a population frame using Census data, along with auxiliary data from high-quality government data sources. This frame becomes the target(s) for the recruitment. Second, the sample is recruited based on matching to the frame using a set of interlocking demographic variables. Third, once the survey data collection period has closed, the recruited sample is cleaned for quality control and then matched against the frame using the full set of variables. This effectively discards those respondents that are over represented in the sample. Finally, any differences between the survey data and sampling frame are adjusted using propensity score poststratification weights.

The poll was conducted for Oral Health for All, a campaign to expand access to the oral health coverage needed to keep Americans healthy that is led by Families USA and the DentaQuest Partnership for Oral Health Advancement.

"It is a medical fact that children can have a better chance in life with better looks, better health and more vigor if the teeth, nose, throat and mouth are taken proper care of at the crucial time of childhood."

***-George Eastman, Entrepreneur, Philanthropist,
and Founder, Eastman Kodak Company***

NEWS

[National Decline in Child Enrollment in Medicaid and CHIP Slows but Steep Declines Continue in Problem States](#)

[The Trump Administration's New Public Charge Rule: Implications For Health Care & Public Health](#)

[Dental Students Will Soon Be Trained To Care For Those With Special Needs](#)

2018-2023 MARYLAND ORAL HEALTH PLAN GOALS

[Is Fluoride in Drinking Water Safe? A New Study Reignites a Long-Standing Debate](#)

[Resources Use Cognitive Behavioral Therapy to Ease Pediatric Dental Anxiety](#)

[14 Young People in Two States Hospitalized After Vaping, Health Officials Say](#)

[Irritating Compounds Can Show Up In 'Vape Juice'](#)

[Why Vaping Could Give You Cavities](#)

['Juul-alikes' Are Filling Shelves With Sweet, Teen-Friendly Nicotine Flavors](#)

ARTICLES

[Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices](#)

[Oral Health Coverage in the 2019 State Legislatures: Victories, Budget Cuts, and Opportunities for Future Progress](#)

[Immigration Rule Would Harm Children's Oral Health and Success](#)

[Motivational Interviewing: A Step in the Right Direction to Better Interprofessional Oral Care](#)

[Fluoride's Role as a Public Health Strategy](#)

[Fluoride and IQ Scores: A Closer Look at the Green Study](#)

[Building a Healthier Future by Training for Teamwork Across Medicine and Dentistry](#)

[Immigration Rule Would Harm Children's Oral Health and Success](#)

[How Literate are Your Clients on Dental Care?](#)

[Integrating Community Health Workers Into Health Care Teams Without Co-opting Them](#)

[The Impact of Racism on Child and Adolescent Health](#)

[The Latest Installment In The Saga Of The Medicaid Equal Access Guarantee](#)

[Dental Quality Alliance Releases Measures to Address Emergency Room Use, Diabetes](#)

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:

- All Maryland children have comprehensive dental insurance coverage through public (Medicaid/MCHP) or private insurance.
- All Maryland adults have comprehensive dental insurance coverage through Medicaid or private insurance.
- All Maryland residents have a dental home.
- Strengthen the oral health safety net provider system.
- Integrate the oral health care system within the medical health care system.

Oral disease and injury prevention:

- Use data to advance optimal oral health for all Marylanders.
- Improve public awareness of oral disease and injury prevention.
- Promote community-based oral disease and injury prevention programs.

Oral health literacy and education:

- Increase understanding of the relationship between oral health and overall health, and promote good oral health practices and access to oral health care.
- Improve collaboration between oral health and other health and human services providers so that patients understand how to navigate the oral health care system and establish a dental home.
- Educate medical professionals and students about the importance of the

EVENTS

[MSDA Chesapeake Dental Conference, September 20-22, 2019](#)

[ASTHO Annual Meeting and Policy Summit, September 23-25, 2019](#)

[Health Literacy in Action Conference, October 10-11, 2019](#)

[2019 National Network for Oral Health Access Annual Conference, October 13-16, 2019](#)

[SOPHE Annual Advocacy Summit, October 19-21, 2019](#)

[2019 Maryland Rural Health Association Conference, October 20-22, 2019](#)

[APHA Annual Meeting and Expo, November 2-6, 2019](#)

[OSAP Dental Infection Control Boot Camp™ 2020, January 27-29, 2020](#)

[National Mobile Dentistry Conference, February 28-29, 2020](#)

oral/systemic connection and foster collaboration between medical and dental disciplines and communities.

[Download the plan now!](#)

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

WEBINARS

[Say What? Science and Skills for Talking About the HPV Vaccine, September 25, 2019](#)

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ORAL HEALTH RESOURCES

ACCESS TO ORAL HEALTH CARE

Medicaid

[Medicaid Dental Guidance to States: An Opportunity to Aim for Equity](#)

[A Checklist for Advocates: Improving Children's Oral Health Care in Medicaid/CHIP](#)

Medicare

[Creating an Oral Health Benefit in Medicare: A Statutory Analysis](#)

[An Oral Health Benefit in Medicare Part B: It's Time to Include Oral Health in Health Care](#)

Policy

[Putting Teeth in Medicare for All: An August Recess Toolkit for Oral Health](#)

ORAL DISEASE AND INJURY PREVENTION

[Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices](#)

[Promoting Oral Health in Schools: A Resource Guide](#)

[Healthy Habits for Happy Smiles](#)

[Sports Dentistry: Toolkit for Sports Organizations](#)

[FDA "The Real Cost" E-cigarette Prevention Posters](#)

[HPV Vaccine is a Lifesaver](#)

ORAL HEALTH LITERACY AND EDUCATION

[Study: Medicaid Block Grants and Per Capita Caps Would Risk Families' Oral Health](#)

[Improving Oral Health in Maine: Key Lessons for Policy Advocates](#)

RURAL HEALTH

[The Rural Primary Care Practice Guide to Creating Interprofessional Oral Health Networks](#)

[Maryland Rural Health Plan](#)

[CMS Rural Health Strategy](#)

LEGISLATIVE CONTACTS

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

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

[Maryland State Legislators](#)

[ASTDD Oral Health Educational Resources for Home Visitors and Families: Environmental Scan](#)

[CDC: Tips for Teachers](#)

[AAP: Protect Tiny Teeth Toolkit](#)

PROVIDER RESOURCES

[Nutrition Counseling for Obesity Prevention in Children: A Handbook for the Dental Community](#)

[Opioids and Children and Adolescents: Information for Oral Health Professionals](#)

[Addressing Tobacco in Dental Settings: A Resource for Dental Professionals](#)

[Sports Dentistry: Guidelines for Dentists and Sports Medicine Physicians](#)

[Oral Health Care During Pregnancy: Practice Guidance for Maryland's Prenatal and Dental Providers](#)

[Answering Questions About HPV Vaccine: A Guide for Dental Professionals](#)



MDAC is pleased to welcome the following new members:

- Kenneth Garove
- Andra D. Robinson

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.

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